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# Strengthening Local Governance for Health (HealthGov) Project

## First Quarterly Report October 1 to December 31, 2006

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## List of Acronyms

AO	Administrative Order
ARMM	Autonomous Region in Muslim Mindanao
BIR	Bureau of Internal Revenue
BLHD	Bureau of Local Health Development
CA	Cooperating Agency
CEDPA	Centre for Development and Population Activities
CHD	Center for Health Development
COP	Chief of Party
CSR	Contraceptive Self-Reliance
CTO	Cognizant Technical Officer
DBM	Department of Budget and Management
DCOP	Deputy Chief of Party
DILG	Department of Interior and Local Government
DOH	Department of Health
FP	Family Planning
FP-CBT	Family Planning-Competency Based Training
HHRDB	Health Human Resource Development Bureau
HHRMDS	Health Human Resource Management and Development Systems
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HPDP	Health Policy Development Project
HPDPB	Health Policy Development and Planning Bureau
ILHZ	Inter-Local Health Zone
IR	Intermediate Result
IT	Information Technology
LCE	Local Chief Executive
IHBSS	Integrated HIV-AIDS Behavioral and Serological Surveillance System
LEAD	Local Enhancement and Development
LGU	Local Government Unit
MARPs	most at risk population
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information Systems
NCDPC	National Center for Disease Prevention and Control
NEC	National Epidemiology Center
NEDA	National Economic and Development Authority
NGAs	National Government Agencies
OH	Office of Health
OIDCI	Orient Integrated Development Consultants, Inc.

PHIC or PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Office/Officer
PIDS	Philippine Institute of Development Studies
PNAC	Philippine National AIDS Council
PIPH	Provincial Investment Plan for Health
PNGOC	Philippine Nongovernmental Organization Council on Population, Health and Welfare, Inc.
POPCOM	Population Commission
PSEP	Public Service Excellence Program
RFA	Rapid Field Appraisal
RH	Reproductive Health
RNA	Rapid Needs Assessment
SBM-R	Standards Based Management and Recognition approach
SEC	Securities and Exchange Commission
SO	Strategic Objective
SOW	Scope of Work
SS	Sentrong Sigla
TA	Technical Assistance
TAPS	Technical Assistance Providers
TB	Tuberculosis
TB-DOTS	Tuberculosis- Direct Observed Treatment Shortcourse
TL	Team Leader
TOT	Training of Trainers
TWG/TF	Technical Working Group/Task Force

## 1. Introduction

RTI International and its partners are pleased to submit this first quarterly report for the HealthGov Project “**Strengthening Local Governance in Health**” in the Philippines, in accordance with USAID Cooperative Agreement Cooperative Agreement No. 492-A-00-06-00037. This report covers the period October 1 to December 31, 2006.

HealthGov is USAID’s flagship effort to strengthen LGUs’ commitment and support for public health services and their capacity to provide and manage quality health services sustainably, particularly FP, MCH, TB and HIV/AIDS services. In concert with HealthGov’s sister project, the USAID-supported Health Policy Development Project (HPDP), other USAID Office of Health (OH) projects (TB Linc, Shield ARMM, A2Z, PRISM) and the Department of Health (DOH), HealthGov will seek to ensure that sufficient high-quality health services can be sustainably provided, managed and financed by LGUs at provincial, municipal and city levels. HealthGov supports the USAID SO 3, “Desired family size and improved health sustainably achieved,” and responds to IR 1, “LGU provision, management and financing of FP, TB, Vitamin A, MCH and HIV/AIDS and other services strengthened.” Focusing on sustainable solutions, HealthGov will develop LGU capacity for continuous participatory problem solving, enriched and supported by advocacy – both within the LGU to build support for investing in health and to increase the participation and advocacy skills of civil society. At the same time, HealthGov will develop a network of technical service providers called TAPs (e.g., universities, NGOs, consultants and government agencies) that LGUs will engage to provide them with customer-oriented training and technical assistance services to solve key problems. In addition to improved health outcomes, sustainable “success” as a result of HealthGov assistance will be achieved when an LGU can properly identify its health sector problems and practical solutions in a participatory manner, and has access to sufficient resources (financial, technical, internal and external) to solve these problems.

This document presents progress made during the first quarter in the implementation of activities proposed in the Annual Work Plan dated December 13, 2006. This includes project management, project mobilization and the start-up of project activities. We present the major project activities and accomplishments from October 1 through December 31, 2006 as compared with expected outputs for the period; issues related to project implementation; and anticipated activities for the succeeding quarter.

## 2. Summary of Major Activities and Accomplishments during the Report Period

Overall, the project activities proposed in the first annual work plan submitted were completed and expected outputs were achieved. The highlights of these activities include the following:

- Manila, Mindanao and Luzon-based key staff hired and mobilized (Oct-Dec);
- Office space for the national office in Manila identified, contract signed and necessary renovation started (Oct-Dec);
- Initial office systems and operating procedures for IT, financial management and accounting, procurement, project reporting, travel policies and procedures and internal communication developed (Oct-Dec);
- Broad team participatory planning workshops held to develop the start-up work plan and the first Annual Work Plan and Monitoring and Evaluation Plan, which include major activities, milestones and benchmarks and project monitoring and evaluation indicators (Oct-Nov);
- HealthGov Marking Plan developed and submitted on November 21, 2006 for USAID review and approval;
- First Annual Work Plan developed and submitted December 13, 2006 for USAID review and approval;
- Monitoring and Evaluation Plan developed and submitted for USAID review and approval December 31, 2006;
- Senior HealthGov staff attended and contributed to the development of USAID/OH Operational Plan performance indicators (Nov-Dec);
- Final list of HealthGov provinces approved by USAID and DOH (Dec);
- Inventory of materials and technical assistance provider tools conducted (Nov-Dec);
- Key officials and personnel in the DOH, PHIC, POPCOM and DILG contacted; program objectives were introduced and discussed (Nov-Dec);
- Relevant bureaus and offices of the DOH ( i.e. BLHD, NCDPC, HHRDB, NASPC,NEC) consulted on alignment of technical assistance to LGUs; and,
- LGU engagement and rapid needs assessment (RNA) planning initiated (Dec).

### **3. Major Project Activities Planned for the Next Report Period (Second Quarter)**

The following activities, which indicate the commencement of HealthGov's field level project implementation, are expected to be completed in the next quarter:

- Finalization and implementation of the LGU engagement and roll out plan;
- Finalization of the RNA design and its implementation;
- Revision and finalization of the first annual work plan;
- Revision and finalization of the M&E plan;
- Collection and reporting of baseline data;
- Development of the voucher system for LGU procurement of HealthGov technical assistance;
- Development of menu of technical assistance for LGUs;
- Assessment and capacity building of potential TAPs;
- Development of HealthGov advocacy messages; and,
- Development of coordination mechanisms between HealthGov and other USAID CAs, DOH, NGAs and other Stakeholders.

### **4. Detailed Description of Activities Conducted During the Report Period**

#### **4.1 Project Management**

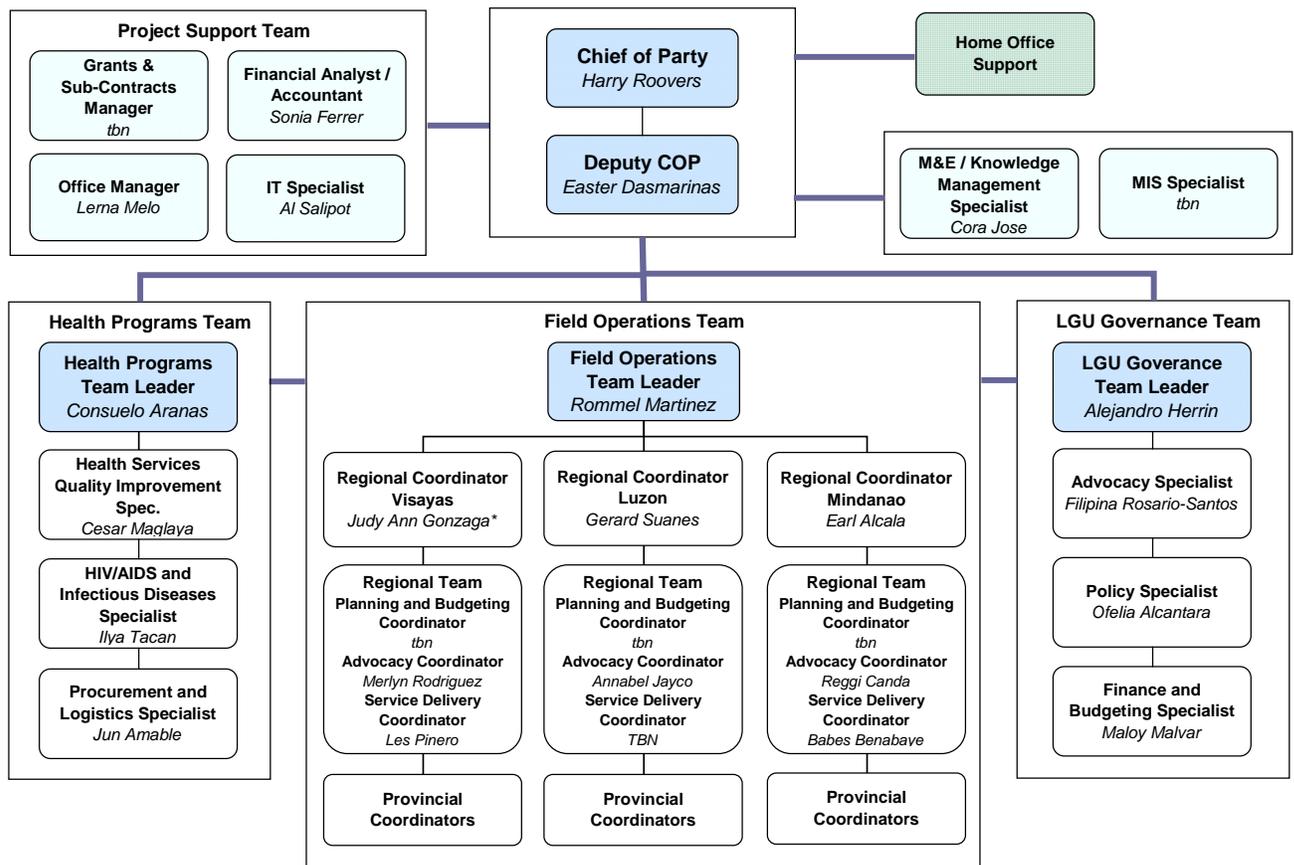
##### ***Organizational Structure and Staffing***

The HealthGov project mobilized in early October 2006 with all three key staff members engaged and on board. Other senior technical staff identified in RTI's proposal were also mobilized early during the quarter and the recruitment of additional project staff got under way quickly in time for them to participate in the annual planning workshop. By the end of the quarter, majority of the vacant positions were filled according to the required qualifications set. The organization chart below provides an overview of the team: staff contracted throughout the reporting period is indicated by name in the chart. Since no major LGU level activities were scheduled during the first quarter, the hiring of some regional staff was deferred. As the project gears up for LGU level technical assistance, it is anticipated that all remaining positions in the HealthGov national office and the regional offices will be filled up in the second quarter. These positions include the Visayas Regional Coordinator, the Grants and Sub-Contracts Manager and MIS Specialist for the national office, Service Delivery Coordinator for Luzon, LGU Financial Planning and Budgeting Coordinators and Provincial Coordinators for the three regional offices.

Cross orientation of the staff on topics essential to the overall understanding of project interventions was conducted as planned on December 13-15, 2006. Topics covered were: the local government code, Tiahr Amendment and the Mexico City Policy, advocacy concepts and processes, civil society dynamics, SBM-R, DOH/HRHMD, Inter-Local Health Zone (ILHZ) situationer and administrative orders (AOs) issued by the DOH that require the participation of and implementation by the LGUs and USAID CAs coordination.

Cross training will continue and will serve as one of the avenues for information updating and sharing among the staff.

**Figure 1. HealthGov Organization Chart**



\* contracted but not yet mobilized in December 2006

### **Set-up of Project Offices**

The project moved into temporary office space in Ortigas Center in October, while a permanent office was being identified. The permanent office has been selected and a lease agreement was executed. The national office will be located at the Tycoon Building on Pearl Drive in Ortigas Center and we anticipate being settled in the new offices by mid-February, after the completion of the internal fitting out and furnishings. The project invited a number of contractors to submit proposals for the outfitting of the

office and proposals were received in December. The award of the contract and implementation of the works and the purchase of office furniture and equipment will occur in January/February 2007. Space has also been identified for the Mindanao office, which will be located in Cagayan de Oro and a lease agreement will be signed in January. A suitable office for the Visayas, which will be based in Iloilo City, will be identified in January as well.

However, the timely procurement of office equipment like computers and project vehicles was delayed due to the fact that the authorized geographic code in the Cooperative Agreement was limited to 000. In the second quarter, RTI will request Contracting Officer approval to purchase budgeted nonexpendable equipment from the GSA schedule based on the following explanation:

ADS 310.5.4 provides that “store stock items purchased through GSA catalogs and items available under contracts negotiated and administered by the Federal Supply Service of GSA are considered US commodities since GSA applies the Buy America requirements of the FAR.” The USAID Ombudsman and the USAID Office of Policy in Washington have both agreed in the recent past that RTI can buy from GSA schedules and meet “000”, which is the authorized geographic code in the cooperative agreement. Approval will give RTI more flexibility to get the best price for IT equipment purchased in the States that meet Buy America requirements. RTI will also seek two waivers to purchase certain items in the Philippines: one for IT equipment not purchased off the GSA schedule and another for vehicles where the cost for local purchase is demonstrably lower and justifiable. IT equipment and vehicles are expected to be made available to the staff during the second quarter.

The initial office policies and procedures related to travel i.e. transportation and per diem financial management, procurement and office communication were established. The completed policies and procedures and the Human Resources Handbook will be completed in the next quarter.

### ***Registration and Payroll Services***

RTI has engaged the services of a Philippine-based firm of accountants and management consultants, KPMG Laya Mananghaya & Co., to assist with the registration of RTI as a legal entity in the Philippines. The registration will allow the project to hire local staff as RTI employees, withhold income taxes on their behalf and enroll employees in the local social security system and other government mandated benefits. KPMG will register RTI with the Securities and Exchange Commission (SEC) and the Bureau of Internal Revenue (BIR) and obtain all other licenses and approvals required by local law to set-up offices, hire staff, procure or import equipment and implement the project. KPMG will also manage the payroll services for all RTI employees of the project.

The registration of RTI with the SEC is in progress and it is anticipated that approvals will be obtained in January 2007 that would allow the project staff to be moved from a temporary consultant contract to fixed-term employee status by 1 February 2007.

### ***Preparation of the Marking Plan***

In accordance with the Standard Provision for marking under assistance instruments, with input from the COP, RTI Headquarters prepared and submitted to USAID for its review and approval a proposed Marking Plan for the cooperative agreement on November 21, 2006. The plan detailed which program communications, materials, commodities and deliverables will be marked with the USAID logo (as well as the logos of RTI, its partners and the project -- if applicable). The plan also indicated how and where these items will be labeled.

## **4.2 Project Start-up and Mobilization**

### ***Start-up Planning***

The HealthGov Program mobilized on 1 October 2006 and the first major activity was a start-up planning workshop held on October 25 – 27, 2006. A core team of project staff participated in the three-day event, including the COP, DCOP and the three Field and Technical Team Leaders in addition to RTI's home office Project Manager. Representatives from PNGOC and JHPIEGO, and selected team members from different key technical areas of the project (field operations, advocacy and health service delivery) also participated in this activity. The objectives of the workshop were:

1. To introduce team members and build a common vision for the new project;
2. To familiarize the start-up team with the SOW and project proposal and to solicit feedback on the proposed strategy and major activities before preparing an operational plan for the project;
3. To discuss the operationalization of the agreed strategy and major activities, taking into consideration critical assumptions and risks that will affect the delivery of the expected results.

An action plan was prepared for the first quarter of the project, detailing critical steps in the start-up process, including the registration of RTI in the Philippines, recruitment of additional staff, securing of office space, preparation of the year 1 Annual Work Plan and the M&E Plan, the development of project coordination mechanisms, a project communications strategy, and various project policies and procedures (employee manual, financial management guidelines, administrative manual, etc.)

### ***Preparation of Annual Work Plan***

The major activity for the quarter was the holding of a workshop to start the preparation of the draft First Annual Work Plan (AWP), conducted on November 15 - 18, 2006 at Tagaytay Dacha Hotel. The project team participated in a three-day planning cum write-shop to review the project design, develop the LGU engagement and site selection strategies and review the work plan for the first quarter. During the workshop, discussion on the health sector framework, USAID's SO3 and FOURmula 1 was an important exercise that enabled the team to situate the project's thrusts within the broader health sector reform initiatives of the DOH and USAID.

As a result of the workshop, the team came up with a comprehensive work plan of activities and timetable for the first year of project implementation. This work plan of activities and the recommendations for next steps also served as the bases for the preparation of the narrative description of the various sections of the AWP

Subsequent to the workshop, the respective project teams (health services, governance, finance, advocacy and field operations) held several meetings to develop detailed plans and timelines for LGU engagement and the four program component areas. The formulation of the detailed plans was also guided by the results of consultations undertaken with various partners and stakeholders. These were then presented to the entire team for their input and then integrated into one plan.

The preparation of the AWP went through an iterative process in order to accommodate the results from the CAs coordination meetings conducted by USAID and consultations with various offices of the DOH.

USAID approved RTI's request for the submission of the work plan from November 25, 2006 to December 13, 2006. The plan was submitted to the project CTO, Maria Paz de Sagun, on December 13, 2006 for her review and comments.

It was expected that the plan would be revised in the succeeding quarter based on the comments received from the CTO as well as further consultations with other HealthGov partners.

### ***Preparation of Monitoring and Evaluation Plan***

The HealthGov Monitoring and Evaluation Plan (October 1, 2006 to September 30, 2011) was drafted and submitted to CTO on 30 December 2006. The M&E Plan outlines the list of indicators to be tracked by the HealthGov M&E system, the various sources of data, and the timing of data collection and reporting. The M&E indicators include:

- project activity output indicators for the first year of implementation;
- project performance outcomes or results which are quantitative and/or qualitative measures of project performance in terms of policy outputs, health systems and health services utilization at the LGU level; and,
- USAID Operational Plan indicators which are outcome indicators that measure the effects of USAID and other health initiatives on health outcomes in the Philippines, including indicators of utilization of FP-RH, MCH, TB and HIV/AIDS services.

Drafting of the M&E Plan underwent a process of several consultations with USAID and other CAs as well as deliberations among senior project staff. While the M&E Plan basically adopted the project performance indicators listed in the project design document, the project activity output indicators were drawn from the project's first annual work plan. A series of coordination meetings with USAID and other CAs were undertaken in order to firm-up, finalize and define the set of Operational Plan indicators that the HealthGov and other USG-assisted projects will track.

All collected data will be stored in the data base which will be maintained by HealthGov M&E Team and field staff. OP indicators, on the other hand, will be further aggregated through the USAID/DOS FACTS database. Reporting will be done quarterly and annually to USAID.

M&E activities planned for the second quarter of the project include the following:

- Finalization of the HealthGov M&E Plan (synchronization with the SOAG M&E Framework, the F1's ME3 and LGU Score Card System as well as the revised HealthGov's first Annual Work Plan) incorporating USAID CTO's comments and suggestions;
- Creation of the HealthGov M&E Team (HealthGov Team Leaders, M&E Advisor, MIS Specialist and IT Specialist);
- Design and establishment of the HealthGov electronic data base;
- Design and creation of the HealthGov website; and,
- Collection of secondary quantitative data from LGUs and other sources, and qualitative data thru the RNAs, which altogether will constitute the baseline data.

### ***Coordination with USAID Cooperating Agencies and other National Partners***

USAID/OH organized a series of coordination meetings in November and December 2006 to ensure collaboration between the OH projects and national partners and stakeholders. Meetings and workshops were held with other Cooperating Agencies (i.e. TB Linc, A2Z, SHIELD ARMM, PRISM, HPDP and HealthGov), national government agencies (DOH, PHIC, PopCom, DILG), other donors, and the USAID Office of Health. The workshops were facilitated by USAID/OH with the support of consultants and resulted in a number of important agreements, covering the coordination with DOH and other national agencies; donor coordination; and coordination and collaboration with other OH CAs.

HealthGov, being USAID's flagship project for SO3, will prime the coordination of activities in a number of key areas that other cooperating agencies (CAs) have also identified as critical to the achievement of their respective key result areas. TWGs and Task Forces (TFs) were proposed as one the mechanisms to address these issues and to ensure that collective results are generated in support of SO3. During this quarter, HealthGov chaired the coordination meetings of the LGU logistics management TWG, which includes members from TBLinc, PRISM, Shield ARMM and A2Z.

Staff of HealthGov met with key counterpart organizations (Annex 2) during the first quarter, including DOH, PHIC and POPCOM among others. The purpose of these courtesy calls was to inform counterpart officials about the mobilization of the HealthGov project and to solicit ideas on the best way to proceed with project implementation and LGU engagement activities. Previous experience has shown that the regional offices of national government agencies are also critical players in ensuring the effective implementation of field-based projects.

During the next quarter, HealthGov will also organize the remaining TWGs and TFs for the following areas:

- **LGU planning/financing/health information systems** – including improved planning system, performance-based budgeting and use of data for decision-making and consistent use of health information system;
- **PhilHealth support** – related to speeding up accreditation processes, promoting LGU funding of indigent's premiums and expanding the participation of private facility accreditation;
- **Human Resource (HR) management** – related to compensation, benefits and incentives for local health care providers, staff supply and demand, performance appraisal and staff turnover; and,
- **Service quality improvement** – dealing with quality assurance, service standards and protocols, supervision, referrals and training.

In addition, HealthGov will take the lead in coordinating the LGU engagement process and implementation of the RNA to ensure that the issues and concerns of other USAID CAs are taken into consideration. Healthgov will also lead in the preparation and implementation of provincial CSR plans and in supporting the HIV/AIDS programs in selected high risk areas.

The HealthGov project will also assume leadership in managing the coordination of various committees under IR.1 of SO3 and the team will participate in a number of other TWGs/TFs organized by the other CAs.

HealthGov will continue to engage other CAs in the implementation of its activities at the field level. It will maintain coordination with national and local partners to ensure that common concerns are addressed during the implementation process.

### ***Site Selection and Development of LGU Engagement Strategy***

As part of the launching of the new SOAG, DOH and USAID held a series of meetings to discuss the geographic coverage of HealthGov and other projects. After the submission of the draft First Annual Work Plan on December 13, USAID informed the project about the agreement with DOH on the target provinces and the proposed engagement strategy. The final list of 23 provinces was agreed upon - two more than what was envisaged in the RFA. The final list of participating provinces and key characteristics of these provinces are shown in Annex 3). The 23 provinces comprise a total of 546 municipalities and cities, and HealthGov will aim to engage all these LGUs through a redesigned cluster-based approach. In addition, HealthGov will support 12 cities that are located in high risk zones for HIV/AIDS (4 of these are located in the 23 participating provinces; the rest are located in other parts of the country).

Instead of a phased roll-out of the project at the provincial level as originally envisaged, USAID proposed the launch of HealthGov (and other OH projects) in all 23 participating provinces during the first year. The early engagement of all provinces will help to sustain the momentum gained at the LGU level during previous USAID-funded projects. The following chart provides an illustration of the revised roll-out plan

to a total of 576 LGUs (provinces, municipalities and cities, including the HIV/AIDS sites).

Progress was made during the first quarter on the development of the LGU engagement strategy. The strategy includes the introduction of HealthGov and other OH projects to regional stakeholders and LGUs; the gathering of basic data and the analysis of health sector conditions, needs and priorities at the provincial level; the identification of immediate needs that require follow-up action; the preparation of a capacity development plan; and, an agreement with the provincial government on the assistance provided by USAID. The plan was presented to HealthGov's CTO for her input.

During the succeeding quarter, the plan will be finalized based on further consultations with USAID, other CAs and the DOH. Also, as an initial step prior to roll out of the LGU engagement, the regional field staff will conduct provincial scoping visits, the purpose of which is to give an informal introduction of the HealthGov project and solicit ideas on some key topics.

### ***Preparation for Rapid Needs Assessment***

The terms of reference for short-term consultant support to design the approach and methodology for the Rapid Needs Assessment (RNA) was developed in December and discussed with the CTO. (See Annex 4: TOR for the development of the RNA). RNAs will be conducted at the provincial, municipal and city level and serve two critical purposes: to invite broad stakeholder participation in identifying local needs and priorities for health sector reform and health systems strengthening; and to collect data for the project M&E baseline and to support evidence-based decision making.

Early during the second quarter, HealthGov will develop an RNA methodology and protocol to assess the current conditions, needs and priorities of LGUs related to the provision of health services. The RNA methodology will be developed by a local consultant and RNA expert who will be hired under a task order with RTI's project partner, Orient Integrated Development Consultants, Inc. (OIDCI). The RNA protocol and methodology will be developed in close collaboration with the HealthGov team, USAID and other CAs.

RNA will be conducted in each province during the second quarter to determine existing conditions, needs and demand for health services and to establish the baseline for engagement. The RNA approach will be applied in a flexible way, allowing LGUs which are already advanced to quickly proceed with the identification of priority intervention that can be supported by HealthGov or other CAs. The results of the RNA will form the basis for the preparation of an LGU Capacity Development Plan (see next section) that will be presented in a multi-stakeholder forum. We aim to commence RNAs in all 23 provinces before the end of the second quarter and before the start of the national and local government election period (April-June 2007).

The RNA process will be highly participatory and will require the involvement of the LGUs. Provincial and municipal RNAs will identify the problems, gaps and needs in the areas of (1) key LGU management systems, (2) LGU financing for health, (3) LGU

service provider performance, and (4) local advocacy for health. The RNA will tie specific issues or priorities to responsible functional units of LGU operations, e.g. provincial health office, municipal health office, rural health units, budget office, etc. The results of the RNA will provide the framework for the various interventions that HealthGov can assist LGUs in undertaking to achieve desired health outputs and outcomes.

### **4.3 Project Component Activities**

#### ***IR 1.1 Strengthening Key LGU Management Systems to Sustain Delivery of Selected Health Services***

The planning modules for PIPH (from DOH) and local health development plan and budget (from NEDA and DBM) were reviewed and a Technical paper on LGU diversification of financing for health was drafted. The PIPH module is intended to guide the LGUs in strengthening their own health development plans, identifying the appropriate coverage of the health plans, identifying priorities or critical investments, developing implementation strategies, and identifying internal and external sources for critical investments. The project will later review the existing PIPHS of LGUs (Pangasinan, Misamis Occidental, Capiz, Negros Oriental and Negros Oriental) and further enhance them by including the provincial strategies for CSR, consumer participation, inter-LGU cooperation for health, performance-based budgeting, multi-year budgeting and business planning. For those LGUs without PIPH yet, the enhanced PIPH process will be adapted in the formulation of their PIPH.

Preparatory activities for the roundtable discussion with NEDA, DBM, DILG and DOH and Leagues on enhancing the health module, which have been scheduled on the second quarter, were undertaken during the first quarter. These include initial meetings with DOH and the HSDP-Policy Team on the PIPH and the local planning process, and a courtesy call with DILG wherein areas for convergence in local health planning were explored.

Orientation of the HealthGov project team on the AO 0020 s 2006 on Consumer Participation (CP) was conducted by Dr. Alex Herrin during the quarter. Consultations with DOH-Central Office, DOH BLHD, CHDs, LGUs and Leagues regarding implementation of consumer participation strategies, which were originally scheduled for the second quarter, were also undertaken.

There were also initial discussions with DOH-HPDPB on the development of capacity building design for Consumer Participation AO and other related Fourmula One AO. The capacity building design includes strategy for dissemination, preparation of implementing guidelines, development of TA package (to include training of LGUs, advocacy to LGUs, etc.), training design and templates for the AO, monitoring and evaluation design, development of performance incentives for LGUs to adopt strategies, and mechanisms for the institutionalization of consumer participation strategies. The CP capacity development design will also be applied to other related AOs, e.g., PBB for public health and hospitals, and ILHZ incentives.

Review of the existing HMIS components regarding their usefulness/relevance for planning, budgeting, and evidence-based legislation was started during the quarter and will be continued in the second quarter as planned. An initial meeting with DOH-HPDPB, BLHD and NEC was carried out to discuss the existing HMIS and plans for its enhancement.

Groundwork towards developing an orientation package on Local Health Accounts was undertaken through initial discussions with DOH-HPDPB and PIDS during the first quarter.

The following table summarizes the accomplishments of the IR 1.1 component during the first quarter:

Planned Activities for the 1 <sup>st</sup> Quarter	Accomplishment during the 1 <sup>st</sup> Quarter	Gaps and Shortfalls during the Quarter	Remarks
1. Review Planning Modules of oversight agencies, e.g., NEDA, DBM	<ul style="list-style-type: none"> <li>Review planning modules for PIPH (DOH), and local health development plan/budget (NEDA and DBM)</li> <li>Technical paper on LGU diversification of financing for health drafted</li> </ul>	None	Over-all, the planned activities for the 1 <sup>st</sup> quarter service were implemented and some initial activities planned for the project second quarter were also undertaken (e.g. consultations with DOH-Central Office, DOH BLHD, CHDs, and LGUs re: implementation of consumer participation strategies).
2. Orient the HealthGov project team on the AO 0020 s 2006 on Consumer Participation (CP)	<ul style="list-style-type: none"> <li>Orientation of the HealthGov project team on the AO 0020 s 2006 on Consumer Participation</li> </ul>		
3. Review existing HMIS components regarding their usefulness/relevance for planning, budgeting, and evidence-based legislation	<ul style="list-style-type: none"> <li>Start of reviewing the existing HMIS components and it will be continued thru 2<sup>nd</sup> quarter as planned</li> <li>Initial discussion with DOH-HPDPB, BLHD and NEC re: existing HMIS and plan for its enhancement</li> </ul>		
4. Develop an orientation package on LHA (to run until the 2 <sup>nd</sup> quarter)	<ul style="list-style-type: none"> <li>Initial discussions with DOH-HPDPB and PIDS on developing the LHA orientation package</li> </ul>		

Planned activities of IR 1.1 component for the second quarter include the following:

- Continue consultation meetings with DOH Central Office and CHDs, LGUs and Leagues on the formulation and drafting of joint policy issuances and consumer participation strategies for enhancing participatory planning and policymaking;
- Develop the module for health to include basic principles and application of resource allocation, costing, performance-based budgeting, multi-year

budgeting, inter-LGU cooperation for health, and stakeholder participation in planning and decision making;

- Assist DOH, CHD and Leagues in developing capacity development design for stakeholders;
- Identify and train TAPs ;
- Continue reviewing in detail the existing HMIS components regarding their usefulness/relevance for planning, budgeting, and evidence-based legislation; and,
- Develop an orientation package on Local Health Accounts and demonstrate to LGUs (provinces) the usefulness of Local Health Accounts in health policy making at the local level.

### ***IR 1.2 Improving and Expanding LGU Financing for Key Health Services***

There were no planned activities of this component during the first quarter. However, initial steps towards assisting the LGUs diversify their financial base in order to increase the amount of funding available for health were already undertaken during the quarter. Documents on financial base diversification were compiled to serve as references for the drafting of the Technical Paper on menu of strategies for increasing financial base for health. These are basic documents on PhilHealth financing, Gender and Development funds, local revenues (property taxes, public enterprise, user fees, earmarked local revenues for health, loans (e.g., Municipal Development Fund); grants and donations, resource reallocation from non-health sectors, and efficiency gains from better financial management.

While activities leading to the development of national and local policy guidelines for client classification and market development (CCMD) were initially planned to commence during the third quarter, significant groundwork activities were already undertaken during the quarter. These include: (1) initial consultations with DOH-HPDPB on market mapping, ILHZ and referral systems, cost recovery schemes and means testing; (2) discussions with PHIC Project Management Group Membership and Marketing on the enhancement of the Means Testing design and PhilHealth coverage; (3) discussion on CCMD with PIDS, being a potential TAP; and, (4) review of existing documents on LGU classification and Means Testing.

Planned activities of IR 1.2 component for the second quarter include the following:

- Compile and analyze LGU financial data to provide overall profile of LGU financial base;
- Prepare technical paper on how to tap additional sources of financing (mechanics and requirements);
- Prepare guidelines for creating revolving funds and other mechanisms to ensure additional funds become available for health;
- Identify and train TAPs (e.g., PIDS); and require TAPs to develop technical and budget proposals; and,
- Orient LGUs (provinces) on the menu and mechanics for diversifying financial base, and for creating revolving funds from additional financing generated.

### ***IR 1.3 Improving Service Provider Performance***

The main output of the project component during the first quarter was the draft component work plan for Year 1, which specifies the key activities and action steps to be carried out in accomplishing the key interventions. In addition, operational plans for MCH, FP-RH, TB and HIV-AIDS for 2007 were formulated and submitted to USAID. Indicators for these different programs were defined and given baseline and projected targets.

The planned activities for the first quarter were focused on the review of existing policies, standards and guidelines, technical tools (e.g., SBMR and the PSEP for integration), program plans, status and priorities of programs, good practices and training modules for MCH, FP-RH, HIV-AIDS, Health Human Resource Management and Development Systems (e.g. Administrative Order 0031 s 2006) and health provider training system (e.g. FP-CBT manual/guidelines based on the 2006 FP Clinical Guidelines). Only partial assessment reports of the above policies and guidelines were produced during the first quarter.

A series of consultative meetings were conducted with DOH-HHRDB, NCDPC, Procurement and Logistics Service, Materials and Management Division and CHD-Central Visayas. Coordination meetings with other CAs – TB Linc, PRISM, and A2Z – were also done. The results of the discussions, specifically the recommendations for improving local health human resource management, developing technical assistance package on procurement and logistic system, and health provider training, guided the HealthGov team in the formulation of the Year 1 work plan.

With regard to improving the response to specific infectious diseases, major activities during the first quarter include: (1) partial review of the status of institutionalization of Integrated HIV-AIDS Behavioral and Serological Surveillance System (IHBSS) and services for most at risk population (MARPs) including existing tools, best practices and approaches for HIV-AIDS program implementation; (2) consultative meetings with DOH-NCDPC, NEC and Philippine National AIDS Council (PNAC) to review the status of intervention programs for MARPs ((most at risk population) and plans for the following year; and, (3) review of the LEAD Completion Report. The major recommendation that emerged during the consultations was to support HIV-AIDS high risk zones in sustaining the gains of the programs, improving access, and scaling up intervention programs for MARPs.

The following table summarizes the accomplishments of the IR 1.3 component during the first quarter:

Planned Activities for the 1 <sup>st</sup> Quarter	Accomplishment during the 1 <sup>st</sup> Quarter	Gaps and Shortfalls during the Quarter	Remarks
1. Prepare inventory and review of existing policies, guidelines, good practices, HHRMD tools and expertise	<ul style="list-style-type: none"> <li>Series of consultative meetings with the DOH–HHRDB, NCDPC and CHD-Central Visayas leading to specific recommendations for improving LGU health human resource management</li> </ul>	<p>Only partial assessments/ reviews have been conducted. Consultations with key stakeholders and reviews of policies/ guidelines is a continuing activity at least until the second quarter in order to complete and finalize the assessment reports.</p>	<p>Results of consultations and reviews undertaken during the 1<sup>st</sup> quarter guided the formulation of component activities for the first annual work plan.</p>
2. Review existing tools and progress of PSEP / SS implementation and identify areas for SBM-R support.	<ul style="list-style-type: none"> <li>Consultative meetings with DOH-HHRDB, NCDPC, Procurement and Logistic Service, Materials and Management Division, CHD-Central Visayas and other CAs on procurement &amp; logistics management , which produced specific recommendations (e.g., SBM-R and PSEP integration, TA package on procurement and logistic system)</li> </ul>		
3. Review existing health provider training system of DOH and CHDs and review existing skills training modules for MCH, FP-RH, TB, HIV-AIDS	<ul style="list-style-type: none"> <li>Consultative meetings with DOH- NCDPC and HHRDB and CHD-Central Visayas to assess the status of the training system in the CHDs and PHOs, which led to recommendations to update FP-CBT manual and popularize the integrated MCH / FP /TB counseling</li> </ul>		
4. Review existing policies, program plans, standard tools and status of AI program implementation, its strengths, challenges and priorities at national, regional and LGU level in 8 high risk areas	<ul style="list-style-type: none"> <li>Partial review of the status of institutionalization of IHBSS and services for most at risk population (MARPs) including existing tools, best practices and approaches for HIV-AIDS program implementation;</li> <li>Partial review of the status of intervention programs for MARPs and plans for the following year; and,</li> <li>Review of the LEAD Completion Report</li> </ul>		
5. Review of status of institutionalization of IHBSS and services for MARPs including existing tools, best practices and approaches for HIV-AIDS program implementation			

Planned activities of IR 1.3 component for the second quarter include the following:

- Continue inventory and review of existing policies, guidelines, good practices, HHRMD tools and expertise;
- Continue networking with DOH-NCDPC, PhilHealth and HPDC to define roles of NCDPC and PhilHealth in SS quality assurance;
- Facilitate the development of a monitoring system for informed choice and volunteerism on FP for nationwide adoption;
- Develop technical assistance packages including updating of core training manual for midwives and nurses and Family Planning Competency-Based Training manual;
- Develop capacity building design that will address critical areas of HRHMD, strategy for dissemination and advocacy, technical assistance package including training design and criteria for TAPs;
- Review existing systems, best practices and approaches to procurement and logistics management systems for essential drugs and commodities, and identification of provinces/LGUs requiring TA on procurement and logistics systems;
- Conduct of SBM-R Orientation among key project personnel and field teams, and TOT on Integrated SBM-R/PSEP/SS among CHDs, PHOs and TAPS; and,
- Coordinate with PHILHEALTH, CHDs and POPCOM in the formulation of action plans to mobilize LGUs for TB-DOTS accreditation.

#### ***IR 1.4 Increasing Advocacy on Service Delivery and Financing***

During the preparation of the Annual Work Plan, significant demands related to the firming up of the project's approaches and advocacy's cross-cutting role emerged. These have significant implications in designing messages and advocacy approaches as inputs to understanding and mounting an effective and sustained advocacy for health service delivery and financing at the local level.

Specifically, the IR 1.4 component accomplished the following tasks during the first quarter: (1) developed and updated the advocacy component (IR 1.4) of the first annual work plan; (2) initiated partnership meetings with PNGOC; (3) partial inventory of advocacy manuals, messages, tools, and best practices; (4) drafted the initial set of advocacy messages; and, (5) developed an initial menu of advocacy training and technical assistance for champions and local advocates and identified potential TAPs for advocacy.

During the first quarter, brainstorming sessions with the Governance Team Leader and CEDPA Technical Advisor were conducted to level-off and agree on the general contours of HealthGov's advocacy work and the key activities for Year 1 including the crafting of advocacy messages. A series of meetings with HealthGov team members was also held to identify the advocacy-related components of the governance and health programs. The staff training on various health governance issues held in December incorporated a discussion of advocacy concepts and processes, and

highlighted advocacy as a cross-cutting approach of the HealthGov project. A review of current issues in health governance (i.e. investments in health, investments in specific health services, investments in specific system development) was also started to deepen understanding of the health sector framework and health sector reform and the imperatives of good governance in health. Outputs of such meetings and discussions were inputted in the project's first annual work plan.

Start-up meetings with PNGOC were crucial in leveling-off understanding of HealthGov's advocacy work and advocacy requirements including the clarification of roles and responsibilities of both parties. As core project partner of HealthGov, PNGOC is expected to assist in the conduct of health advocacy skills training of NGOs/civil society and to collaborate with focal NGOs in the conduct of advocacy and community mobilization activities anchored on the LGU health advocacy plans. Two meetings with PNGOC were conducted in the first quarter (November 21 and December 21). The meetings were meant to: 1) define how to maximize PNGOC's expertise and network given the requirements of the AWP and USAID's emphasis on developing local advocacy capabilities and sustainability; and 2) determine the budgetary implications of advocacy training and TA to various LGUs, as HealthGov funding for advocacy training and TA is lodged with PNGOC. The initial set of data requirements related to advocacy, particularly in carrying out the RNA, was identified.

An inventory of advocacy manuals, curricula, messages, and other advocacy tools developed by CEDPA and other organizations was started during the quarter. The inventory was intended to help decide what additional advocacy tools need to be developed or adapted to ensure relevance and rapid up-take of partners. Initial inventory and scanning of best practices in health governance was likewise done, and this will be a continuing activity until the second quarter.

The first set of advocacy messages was drafted, putting together relevant data and studies on health challenges and the key role of financing in health sector development. A primer on Advocacy for Local Health Sector Development was also prepared. The draft messages and primer are currently under review and will be subject to discussion among HealthGov staff and partners.

Preliminary work on the menu of advocacy training and technical assistance for champions and health advocates was also started in the first quarter. The menu consists of TA intended to build capacity of champions, LGU advocates and civil society on health advocacy. Working closely with PNGOC, the project has also started identifying local partners (including PNGOC affiliates, other networks, and organizations from the government and private sector with strong advocacy skills including those previously trained under USAID/Philippines projects such as POLICY, TSAP and LEAD) with strong advocacy background in order to identify those that can be tapped for customer-oriented advocacy training and technical assistance.

The following table summarizes the accomplishments of the IR 1.4 component during the 1<sup>st</sup> quarter:

Planned Activities for the 1 <sup>st</sup> Quarter	Accomplishment during the 1 <sup>st</sup> Quarter	Gaps and Shortfalls during the Quarter	Remarks
1. Inventory/review of existing advocacy messages, modules, manuals from DOH, POPCOM, PHIC, leagues including their advocacy initiatives and best practices of other CAs/donors (will run until the 2 <sup>nd</sup> Quarter)	<ul style="list-style-type: none"> <li>• Drafted the initial set of advocacy messages;</li> <li>• Partial inventory of advocacy manuals, messages, tools, and best practices;</li> <li>• Developed an initial menu of advocacy training and technical assistance for champions and local advocates; and,</li> <li>• Identified potential TAPs for advocacy</li> </ul>	None	The partnership meetings with PNGOC (though not planned in the first quarter) were undertaken to prepare the ground for advocacy work at the local level particularly in terms of ensuring that advocacy is integrated into project-wide TA, particularly in carrying out the RNA and the LGU engagement process.
2. Identify current issues in health governance (i.e. investments in health, investment in specific health services and specific system development such as HMIS). This activity is supposed to run until the 2 <sup>nd</sup> Quarter.	<ul style="list-style-type: none"> <li>• Review of literature re: issues on health governance (on-going until the 2<sup>nd</sup> Quarter)</li> </ul>	None	
3. Cross-train staff on advocacy	<ul style="list-style-type: none"> <li>• Staff cross-training incorporating a discussion on advocacy concepts and process was held in December 2006.</li> </ul>	None	

Planned activities of IR 1.4 component for the second quarter include the following:

- Finalization and sharpening of advocacy messages and strategy document, advocacy TA plan or TA package;
- Completion and finalization of the inventory of tools, manuals, messages and best practices;
- Preparatory activities related to building LGU-NGO/civil society partnerships for health and NGO/civil society engagements including: a) inventory and scanning of NGOs/civil society groups, LGU-NGO/CS partnership modalities, b) mapping of support of LCEs and other LGU officials to health, and c) understanding advocacy gains and advocacy activities in target sites (F1+LEAD sites, LEAD areas, F 1 roll-out or start-up areas);
- Identification of TAPs and preparations for the TOTM including the finalization of the TOTM module; and,

- Selection/validation of focal NGOs and leveling-off activities on NGO/civil society advocacy for health.

## 5. Financial Report for the Quarter

First quarter expenditures for the HealthGov project totaled \$485,596. Labor and fringes, field office expenses and subrecipients costs compromise almost 80% of total expenditures for the quarter. Expenditures in these categories are expected to increase as the office in Manila and the two regional locations continue to ramp up and hire additional personnel and activities as described in the workplan are implemented.

Expenditures in the areas of allowances, relocation, and equipment have been less than expected, primarily due to activities occurring later in the mobilization phase than originally planned. Expenditures in these areas are expected to increase significantly in the second quarter. Specifically, now that Harry Roovers has relocated to the Philippines, expenditures for his relocation and allowances are expected to be recorded in January/February 2007. In addition, several items of equipment will be procured in January and February 2007.

HealthGov's burn rate for the first quarter was 10% (i.e., 10% of the Year 1 budget has been expended). Since the first three months have been devoted to mobilization and we expect mobilization activities will continue for at least the next two months, we are confident that our spending patterns for the first quarter have been reasonable and reflective of the needs of the project.

As of December 31, 2006, RTI had executed subagreements with two subrecipients, CEDPA and PNGOC. Negotiations were still underway for the remaining two subrecipients, JHPIEGO and OIDCI, at the end of the quarter; however we expect both subagreements will be executed by January 31, 2007. All subrecipients, except OIDCI, incurred costs for at least two months of the quarter. Costs reflected in the following table reflect accruals provided by each subrecipient.

Since efforts have been focused on mobilization activities, no cost share was claimed for the first quarter. As the HealthGov project is implemented, we expect several opportunities for cost share will be identified and claimed in future quarters.

## ANNEX 1

### Summary of Meetings/Consultations Conducted and Attended October – December 2006

Date	Who	Meeting	Topics Covered
<b>Start-up Meetings</b>			
October 25-27, 2006 (EDSA Shangri-la Hotel)	Project Core Team : COP, DCOP and the 3 Field and Technical Team Leaders, RTI's home office Project Manager, representatives from PNGOC and JHPIEGO and selected team members from different key technical areas of the project (field operations, advocacy, etc.)	Start-up Workplan Workshop	Introduction of Team members, Presentation of Approved Proposal, Discussion of Short-Term Action Plan (Rapid Mobilization Plan, Start-up Logistics, Communications Strategy), Finalization of Start-up Workplan (First Quarter), Generation of Project Name
October 20, 2006	Harry Roovers, Cathy Fort, Easter Dasmarinas	Meeting with OI DCI management staff	OI DCI Scope of Work
November 15-18, 2006	HealthGov Team with USAID CTO	First Annual Workplan Workshop	Teambuilding Activities, Presentation of Health Sector Framework, DOH FourMula One, HealthGov Project, Work planning for each Project Component, Preliminary Draft of First Annual Workplan
December 19, 2006		Meeting with PNGOC	Alignment of PNGOC work plan with HealthGov.
<b>Coordination/Consultation with USAID and other CAs</b>			
November 14-15, 2006, St Benilde Hotel, Manila	Consuelo Aranas and Cesar Maglaya	Launching, orientation workshop of the TBLINC Project with COP, DCOP	TBLINC workplan, collaboration with other CAs
Nov. 21, 24, 28, 29, 2006 Dec. 5, 7, 2006	Harry Roovers, Easter Dasmarinas	USAID/OH-CAs Coordination Meetings	Series of meetings to discuss project directions and agree on best way to synergize activities in the field.

Date	Who	Meeting	Topics Covered
December 18, 2006	Jun Amable	Meeting with TB Linc	Coordination of logistics plan/activities in common project sites; tools/materials available; plan to meet with other CAs
December 21, 2006	Jun Amable	Coordination Meeting with other CAs (TB LINC, PRISM, A2Z)	Synergy between HealthGov RNA and TB LINC Rapid Assessment survey plan; identification of common logistics issues, data/information needs from LGUs; formation of Health Logistics Study Group
December 22, 2006	PMG	Meeting with CTO Marichi de Sagun	LGU engagement process and RNA plan
<b>Coordination/Consultation with National Agencies and other Stakeholders</b>			
November 8, 2006	Consuelo Aranas and Cesar Maglaya	Initial coordination meeting with HHRDB: Health Human Resource with Dr Kenneth Ronquillo, Director, Health Human resource Development Bureau, DOH	Discussion of possible areas of collaboration in HRHMD as
November 13, 2006	Consuelo Aranas and Cesar Maglaya	Initial coordination meeting with NCDPC: Ensuring high quality in service delivery with Dr Y. Oliveros and Dr. H. Catibog	Discussion of possible areas of collaboration in HHRDB
November 21, 2006	Field Opns Team Leader, Regional Coordinators, LVM Advocacy Coordinators, Advocacy Specialist, Governance Team Leader, Inday Feranil, PNGOC Team , PNGOC Team (Eden Divinagracia, Rey Remonde, Helen Orande)	Start-up meeting with PNGOC	Role of PNGOC and mechanism for engagement of local partners , identification of focal NGOs, work arrangements, fund utilization and grant accessing

<b>Date</b>	<b>Who</b>	<b>Meeting</b>	<b>Topics Covered</b>
November 23, 2006	Ofelia Alcantara	Meeting with DOH	Coordinated with DOH Sector Management Cluster and conduct initial discussions on Health Gov Governance and Policy interface. Gather documents for the development of Technical paper under Governance Team: Performance Based Budgeting, LGU Coordination and ILHZ, Provincial Investment planning
November 27, 2006	Ofelia Alcantara	Meeting with DOH	Meeting with SMCT Asec Villaverde on FourMula One for Health and HealthGov
November 28, 2006	Ilya Tac-An	Meeting with Dr. Gerard Bellimac, NCDPC-NASPCP	National HIV/AIDS Program Plan for 2007; status of HIV/AIDS intervention at the local level.
November 29, 2006	Ofelia Alcantara	Meeting with DOH	Meeting with M and E Task Force on FourMula One for Health Monitoring and Evaluation
Dec 4 and 5, 2006	Ofelia Alcantara and Alex Herrin	Meeting with DOH and other stakeholders on F1 M and E	Participated in the National Consultation Workshop For the FourMula One For Health Monitoring & Evaluation System conducted by the Department of Health.
December 4-5, 2006	Ilya Tac-An	National Consultation on the HIV/AIDS Monitoring and Evaluation system	Current M&E System , experiences, insights on the implementation of M&E in pilot sights, development of plan of action on the implementation of the national and local M&E plan
Dec 6, 2006	Ofelia Alcantara and Alex Herrin	Capacity Building Design and F1 orientation NCDPC	Acted as resource person in the FourMula One for Health orientation and capacity building design for localizing F1 and public health policies with the National Center for Disease Prevention and Control Bureau.
December 7, 2006	Ilya Tac-An	Meeting with Dr. Aura Corpuz, DOH-NEC	Status of IHBSS institutionalization at the national level; future plans for IHBSS
Dec 15, 1006	Ofelia Alcantara	Meeting with DOH	Meeting with DOH HPDPB on the F1 policies for operationalization and coordinated the National

<b>Date</b>	<b>Who</b>	<b>Meeting</b>	<b>Topics Covered</b>
			stakeholders meeting and CHD engagement.
December 15, 2006	Consuelo Aranas and Cesar Maglaya	Human Resource for Health Management and Development Orientation Meeting with Dr Kenneth Ronquillo	HRHMD Masterplan; Status of implementation and critical areas.
December 18, 2006	Jun Amable	Meeting with DOH/PLS	Status of LGU implementation of the modified CDMLIS; contraceptive stock status at DOH central office and allocation/distribution to LGUs
December 19, 2006	Ilya Tac-An	Meeting with DOH/NEC and FHI	Discuss Global fund assistance for IHBSS in the 8 sentinel sites. Set schedule of consultative meeting to discuss IHBSS
December 19, 2006	Easter Dasmarinas and Ofelia Alcantara	Courtesy Call DOH/BIHC	Introduction of HealthGov Project and solicit ideas on how to engage the Regional CHDs and the LGUs.
Dec 19, 2006	Ofelia Alcantara	Meeting with DOH	Coordinated with DOH Sector Management Coordinating Team for the CO and CHD involvement
December 20, 2006	Alex Herrin and Ofelia Alcantara	Meeting with BLHD	Synergy between BLHD and HealthGov TA to LGUs
December 20, 2006	Jun Amable	Meeting with DOH/MMD	DOH procurement of program commodities (FP, TB, Vitamin A, HIV/AIDs, micronutrients; procurement and distribution system for essential drugs
Dec 21, 2006	Ofelia Alcantara	Meeting with DOH	Orientation of BLHD on Health Gov with Prof Alex Herrin and discussion on the operationalization of F1 policies conducted.

<b>Date</b>	<b>Who</b>	<b>Meeting</b>	<b>Topics Covered</b>
December 21, 2006	LVM Advocacy Coordinators, Inday Feranil, Advocacy Specialist PNGOC Team (Rey Remonde, Helen Orande)	2 <sup>nd</sup> Meeting with PNGOC	Local advocacy work complement and revisions on budget , as will be required for 23 provinces
Dec 22, 2006	Ofelia Alcantara and Alex Herrin	M and E with Policy and DOH	Participated in the M and E meeting with DOH and Policy team.
December 22, 2006	Easter Dasmarinas and Ofelia Alcantara	Courtesy call DOH/ BLHD	Introduction of HealthGov Project and solicit ideas on how to coordinate with the relevant bureaus of the DOH.
<b>Consultations with Centers for Health Development (CHDs)/Regional Partners</b>			
December 5, 2006	Earl Alcala Babes Benabaye	Meeting with CHD 10 Regional Director and Staff	Introduction of Health Gov Project ; scoping
December 19, 2006	Les Pinero and Merlyn Rodriguez	Meeting with CHD VII Regional Director	Introduction of HealthGov project and the proposed national level orientation with CHDs and other partners.
<b>Other Project Related Meetings</b>			
December 18, 2006	Alejandro Herrin	Meeting with Pangasinan LGU Staff	Analysis of LSI data for Pilgrim ILHZ, demonstration on the use of SPSS software to estimate LSI scores. Training in the actual computation of LSI scores
December 28, 2006	Easter Dasmarinas and Ofelia Alcantara	Meeting with FACO/ PHIC	Introduction of HealthGov Project and solicit ideas on how to coordinate with the Regional PHIC offices Conducted courtesy call with PHIC Foreign Assisted Coordinating Office with the DCOP. Explored coordination mechanism, continued updating and involvement of PHIC and the concerned PhilHealth Regional Offices. Scheduled the courtesy call with Acting President and CEO Ms. Lorna O. Fajardo and orientation of

Date	Who	Meeting	Topics Covered
			technical staff for Jan 5, 2007.
December 28, 2006	Easter Dasmarinas, Alex Herrin	Meeting with Tony Drexler, Consultant, EU	Discussions on EU assistance DOH's F1 and exploration of potential areas of collaboration with HealthGov

## Annex 2 Final List of HealthGov Provinces

Province	Region	Island Group	Population (2000) NSO	# of municipalities NSO & LMP	# of cities (component unless indicated) NSO & LMP	TOTAL LGUS	GOVERNOR LPP Website  Name	Term	CPR (2005) FPS	POVERTY RATE (2003) NSCB
Pangasinan	1	Luzon	2.4 million	44 (6 districts)	4	48	VICTOR E. AGBAYANI	3rd	41.23	25.8
Bulacan	3	Luzon	2.2 million	24 (5 including San Jose del Monte City)	2	26	JOSEFINA M. DELA CRUZ	3rd	56.62	8.5
Tarlac	3	Luzon	1 million	17 (3 congressional districts)	1	18	JOSE V. YAP	3rd	54	14.8
Nueva Ecija	3	Luzon	1.7 million	27 (4 districts)	5	32	TOMAS N. JOSON III	3rd	64.69	22.2
Cagayan	2	Luzon	993,000	28 (3 congressional districts)	1	29	EDGAR R. LARA	2nd	57.01	16.5
Isabela	2	Luzon	1.3 million	35 (4 districts)	2	37	MA. GRACIA M. PADACA	1st	58.53	23.9
Albay	5	Luzon	1 million	15 (3 congressional districts)	3	18	FERNANDO GONZALES	1st	51.21	34.4
<b>SUBTOTAL</b>						<b>208</b>				
Aklan	6	Visayas	451,000	17 (1 congressional district)	0	17	CARLITO S. MARQUEZ	1st	43.32	33.5
Capiz	6	Visayas	654,000	16 (2 congressional districts)	1	17	VICENTE B. BERMEJO	3rd	54.67	21.6
Negros Occidental	6	Visayas	2.6 million	19 (7 districts including Bacolod)	13 (12 component & 1 highly)	32	JOSEPH G. MARAÑON	3rd	51.9	31.4
Bohol	7	Visayas	1.1 million	47	1	48	ERICO B. AUMENTADO	2nd	43.99	29.2
Negros Oriental	7	Visayas	1.1 million	20 (3 districts)	5	25	GEORGE P. ARNAIZ	3rd	65.55	37.1
<b>SUBTOTAL</b>						<b>139</b>				
Agusan del Norte	13	Mindanao	285,770	11 (2 congressional districts)	1	12	ERLPE JOHN M. AMANTE	1st	56.05	33.2
Misamis Oriental	10	Mindanao	1.1 million	24 (3 districts including Cagayan de Oro City)	2 (1 highly urbanized & 1)	26	OSCAR S. MORENO	1st	50.51	28.5
Bukidnon	10	Mindanao	1 million	21 (3 congressional districts)	2	23	JOSE MA. RUBIN R. ZUBIRI	2nd	64.12	36.9
Misamis Occidental	10	Mindanao	486,723	14	3	17	LORETO LEO S. OCAMPOS	2nd	65.19	48.1
Zamboanga del Norte	9	Mindanao	823,000	25 (3 districts)	2	27	ROLANDO E. YEBES	1st	57.11	64.6
Zamboanga del Sur	9	Mindanao	1,333,456	26	2	28	AURORA E. CERILLES	2nd	52.13	34.4
Zamboanga Sibugay	9	Mindanao	497,239	16		16	GEORGE T. HOFER	2nd	0	0
Davao del Sur	11	Mindanao	758,000	20 (2 districts)	1	21	BENJAMIN P. BAUTISTA, JR.	2nd	55.54	24.2
Compostela Valley	11	Mindanao	580,000	11 (2 districts)	0	11	JOSE R. CABALLERO	3rd	54.86	34.4
Saranggani	12	Mindanao	410,000	7 (1 district)	0	7	MIGUEL RENE A. DOMINGUEZ	1st	49.04	41.5
South Cotabato	12	Mindanao	690,728	10	1	11	DAISY A. FUENTES	2nd	55.65	26.4
<b>SUBTOTAL</b>						<b>199</b>				
<b>TOTAL</b>						<b>546</b>				

Province	Region	Island Group	IMR (2004) <i>FHSIS 2004</i>	FIC (2005) <i>FHSIS 2005</i>	LGU Plan (# of mun/cit) <i>LEAD</i>	HIS (# of mun/cit) <i>LEAD</i>	CSR PLAN (# of mun/cit) <i>LEAD</i>	EXEC. ORDER (# of mun/cit) <i>LEAD</i>	BUDGET (# of mun/cit) <i>LEAD</i>	NHIP (# of mun/cit) <i>LEAD</i>
Pangasinan	1	Luzon	9.7	76.9	32	33	33	23	23	2
Bulacan	3	Luzon	7.2	99.8	24	21	24	20	21	1
Tarlac	3	Luzon	5.3	87.2	0	0	0	0	0	0
Nueva Ecija	3	Luzon	3.1	64.5	32	0	32	3	4	14
Cagayan	2	Luzon	6.4	86.4	0	0	0	0	0	0
Isabela	2	Luzon	7.3	82.1	0	0	0	0	0	0
Albay	5	Luzon	4.8	90.3	18	17	18	17	17	10
<b>SUBTOTAL</b>										
Aklan	6	Visayas	14.5	81.9	0	0	0	0	0	0
Capiz	6	Visayas	9.8	69.7	17	14	17	16	15	3
Negros Occidental	6	Visayas	8.0	74.9	31	16	30	30	14	20
Bohol	7	Visayas	8.5	76.3	0	0	0	0	0	0
Negros Oriental	7	Visayas	6.9	75.2	23	7	23	21	21	13
<b>SUBTOTAL</b>										
Agusan del Norte	13	Mindanao	3.4	85.6	12	11	10	11	11	1
Misamis Oriental	10	Mindanao	5.4	93.7	0	0	0	0	0	0
Bukidnon	10	Mindanao	4.4	97.7	22	22	22	22	22	22
Misamis Occidental	10	Mindanao	10.2	86.3	17	0	17	0	17	14
Zamboanga del Norte	9	Mindanao	6.8	79.8	0	0	0	0	0	0
Zamboanga del Sur	9	Mindanao	2.8	76.4	0	0	0	0	0	0
Zamboanga Sibugay	9	Mindanao	8.0	80.4	0	0	0	0	0	0
Davao del Sur	11	Mindanao	6.3	81.0	15	0	15	2	5	0
Compostela Valley	11	Mindanao	15.3	77.0	6	6	6	6	4	1
Saranggani	12	Mindanao	3.2	77.0	0	0	0	0	0	0
South Cotabato	12	Mindanao	7.0	81.1	11	11	11	10	11	2
<b>SUBTOTAL</b>										
<b>TOTAL</b>										

## ANNEX 3

### TERMS OF REFERENCE Juan Mayo Ragrajio

#### USAID HealthGov

1. The consultant shall undergo a project briefing from the HealthGov management team and review relevant materials, including but not limited to:
  - USAID's Framework for HSDP;
  - DOH Fourmula One;
  - HealthGov documents (Cooperative Agreement, technical proposal);
  - (Draft) Work Plan for Year 1.
2. Based on the above, the consultant will prepare an outline of the RNA tool which will cover the key intervention areas listed in the health framework. The objective is to identify the gaps, problems, issues, needs, strengths of the LGU in these areas. It is important to see the cause & effect chain throughout the process of identification. As appropriate, the design should also be able to categorize the needs per functional area of LGU operations e.g. provincial health office, municipal health office, rural health units, budget office, etc. This will allow the proper direction of technical assistance to the concerned party in the LGU organizational structure for health systems reform. Sample questions are:
  - a. What are the gaps, problems and strengths experienced as regards to health service delivery?
  - b. What are the causes of these gaps/problems/strengths?
  - c. What previous activities were undertaken to address these gaps/problems/strengths and what were the results?
  - d. What possible solutions or alternative courses of action have been identified to respond to these issues?
  - e. What resources are needed to execute or undertake the identified solutions?
  - f. What are the risks associated with any of the solutions that will need mitigating action?
3. The proposed outline will be presented and discussed with the HealthGov team (and possibly USAID) for review and comments.
4. Once the general outline is agreed upon, the consultant shall design the approach and methodology with which to undertake the RNA (a combination of data collection and analysis, small surveys, in-depth interviews, FGD, and meetings/workshops). In the RNA design, we want to achieve a participatory approach in the conduct thereof so as to cultivate the sense of ownership for this activity. However, we also want to make sure that those participating in the design process will also be effective as respondents for the probing areas in the RNA design. We also need to consider how the other USAID projects can integrate their activities with our RNA. These other projects include TBLinc, A2Z, and HPDP. There is also a need to discuss the proposed RNA with DOH to explore possibilities to integrate the RNA with DOH's health sector Situation Analysis (conducted as part of the preparation of the Provincial Investment Plan for Health).

5. The consultant shall conduct a 2-day Training of Trainers workshop on the application of the RNA methodology and tools to HealthGov staff and possibly participants from other USAID Health projects selected Technical Assistance Providers (TAPs). The training will be held in Manila at a venue to be decided.

Suggested Components of the RNA are:

- Review of LGU plans and priorities (Comprehensive Development Plan, Local Development Investment Plan, Annual Investment Plan; sectoral plans, NGO/CBO action plans, civil society agendas, etc.)
- Analyze the local budget and financial projections
- Analyze local health data and assess local health conditions
- Interview local stakeholders (LCE, Health Board, Health Officer, council members, civil society and community representatives, health service providers, university and NGO/CBO staff)
- Assess capacity of local health institutions (MHO/CHO, Local Health Board, Local Development Council)
- Coordinate with other relevant (donor-assisted) programs active in the LGU
- Identify availability and capacity of local TAPs.

## **MILESTONES**

The following activities are identified as the illustrative milestones for implementation:

<u>Activity</u>	<u>Responsibility</u>
1. Project briefing	HealthGov
2. General outline of RNA methodology	Consultant
3. Joint review of outline	Consultant/HealthGov
4. Submission of revised methodology	Consultant
5. Review of revised methodology	Consultant/HealthGov
6. Approval of RNA tool	HealthGov/USAID
7. Training of Trainers in the use of the RNA tool	Consultant/HealthGov
8. Preparation of (Draft) Final Report	Consultant

## **CONSULTANT'S DELIVERABLES**

The following deliverables by contractor are identified for purposes of payment:

<u>Item</u>	<u>Target date</u>
1. Submission of general outline	January 15
2. Submission of draft design	January 30
3. Submission of revised design	February 9
4. Submission of Final Report	February 15