

**EVALUATION TRIP REPORT (PHASE III)
MANAGEMENT INFORMATION SYSTEMS
DEVELOPMENT FOR THE PHILIPPINES
LOCAL GOVERNMENT UNIT
PERFORMANCE PROGRAM (LPP)**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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ACRONYMS

BHS	Barangay Health Station
BSPO	Barangay Service Point Officer
CA	Collaborating Agency
CDLMIS	Contraceptive Distribution Logistics Management Information System
DHS	Demographic and Health Survey
DIRFO	DOH Integrated Regional Field Office
DOH	Department of Health
FGD	Focus Group Discussions
FHSIS	Field Health Services Information System
FPS	Family Planning Service
HAMIS	Health and Management Information Systems
IEC	Information, Education and Communication
IFPMHP	Integrated Family Planning and Maternal Health Project
LGU	Local Government Unit
LPP	Local Government Unit Performance Program
MIS	Management Information Systems
MSH	Management Sciences for Health
NGO	Non-governmental Organization
OPHS	Office of Public Health Services
POPCOM	Population Commission
RHU	Rural Health Unit
UFPMS	Unified Family Planning Monitoring System

CONTENTS

I.	EXECUTIVE SUMMARY	1
II.	INTRODUCTION	3
III.	EVALUATION METHODOLOGY AND SCOPE OF WORK	3
IV.	PROJECT SETTING	4
V.	FPMD'S MIS MANDATE	5
VI.	FINDINGS	7
	A. FPMD's Management of the MIS Component	
	B. MIS Support to Pangasinan and Iloilo City	
	C. Benchmark Monitoring	
	D. LGU Tracking System	
	E. Support to Other DOH Information Systems	
	F. Other MIS-related Support	
VII.	CONSTRAINTS	14
	A. Organizational Uncertainty Following Devolution	
	B. Workload Demands and Technical Approach of the MIS Expert	
	C. Complex Responsibilities of the Project Managers	
	D. Organizational Difficulties within the FPS	
	E. Technical Weakness of the Local MIS Technical Advisor	
VIII.	LESSONS LEARNED	16
	A. Management Control	
	B. Focused Workplanning	
	C. Consistent Technical Assistance	
	D. Computerized Data Processing	
IX.	RECOMMENDATIONS	17
	A. Community Based Monitoring System	
	B. Benchmark Monitoring	
	C. Computerization	
	D. UFPMS and FHSIS	
	SELECTED BIBLIOGRAPHY	19
	ANNEX 1 Evaluation Framework	
	ANNEX 2 List of Persons Seen	
	ANNEX 3 Monitoring Forms	

I. EXECUTIVE SUMMARY

Devolution of health services to the LGUs and the transfer of FP responsibility from the POPCOM to the DOH pose significant challenges to FP service delivery in the Philippines. Since October 1993, FPMD has assisted the Government in responding to these challenges through a Local Government Unit Performance Program (LPP). The evaluation of the LPP has proceeded in three phases. Phase III, the subject of this report, focuses on Objective 4 of the FPMD/LPP Workplan, namely its support to developing management information systems to monitor implementation and impact of LGU performance grants. To reach this objective, FPMD was to (a) develop data collection and analysis methods at three levels: service delivery, provincial/city health department, and the DOH; (b) assist in the design of a structured LGU planning process; and (c) develop an LGU plan monitoring system.

Management of the MIS component: The primary responsibility for managing the MIS component rested, until late 1994, with the main Boston-based MIS expert. Over the first year of technical assistance, FPMD's Boston and Manila based managers began increasingly to question the MIS technical approach. Debriefings in Boston and Manila failed to serve as a forum either for building a consensus about the technical direction or effective communication about key technical decisions. Timely debate was hindered further by the delays of several months in the submission of trip reports that resulted from the heavy workload and frequent overseas travel of the Boston based MIS expert.

Competing priorities made it difficult to maintain an appropriate level of technical direction and supervision from Boston either over the MIS workplan or the locally hired, full-time MIS technical advisor on FPMD's LPP team in Manila. Several other consultants were brought to share the MIS workload, fragmenting the technical assistance effort further. The problem was compounded by the weakness of the local MIS technical advisor. The concerns about the MIS technical direction were resolved by reviewing the MIS workplan jointly, and transferring the responsibility for MIS technical assistance to a new Boston-based MIS expert, whose technical approach, coupled with his ability to devote more time to this area of activity, allowed FPMD to overcome the previous problems.

Community based FP monitoring: FPMD did not anticipate the extent of its involvement in Pangasinan and Iloilo City, because the commitment to work in these two LGUs had been made by the USAID/Manila in 1993, prior to the start-up of the FPMD buy-in. The lack of specificity in the scope of work FPMD inherited led into differences of interpretation. A community based FP monitoring system was the main priority of the two LGUs, but its development progressed very slowly. In 1995, the work progressed faster, and was better in line with local capacity and expectations.

The final FP monitoring system is clearly valued by both the BSPOs and their supervisors, and the FPS is considering its incorporation into the UFPMS. It consists of two forms and an accompanying instruction manual. Form 1 is in two parts: (a) an annually revised master list of eligible couples, and (b) a monthly service delivery ledger. Form 2 is a summary form of FP services, which can be used by barangay level workers to consolidate data monthly, and by their supervisors to analyze data by geographic area. The monitoring manual contains detailed

instructions on completing the forms, and gives guidance for community based staff and their supervisors on how to analyze and interpret the data, and what actions to take as a result.

Computerization: A considerable amount of earlier TA effort went into developing a "prototype" custom-designed database application, called DataPro, for Pangasinan and Iloilo City. Computer capacity in these LGUs was very limited, and the concept of a "prototype" software program was alien. The LGU staff remained unclear about the relationship of the DataPro to their priority needs and existing information systems. Data entry was complicated by software bugs, and the incongruity between data collection forms and data entry screens. In October 1994, the DataPro was abandoned, and the data transferred to a new, non-programmable database software, Alpha Four. Little evidence was found of substantial benefit to program management as a result of the introduction of computerized database technology.

Benchmark monitoring: The annual disbursement of funds is based on the achievement of performance benchmarks. The priority focus of FPMD's technical assistance in benchmark monitoring has been at the LGU level. With only minimal external MIS technical assistance, the LPP team in Manila developed an excellent monitoring system to keep track of LGU benchmarks. The system consists of several lucid, easy to follow, and useful guides and reports. The most important of these is the LGU Benchmark Monitoring Guide for Year II Performance Benchmarks. Monitoring objectives and key activities for achieving a benchmark are listed, with clear identification of persons responsible, and the date by which each activity is to be completed.

LGU tracking system: The helpful LGU tracking system maintains data on various performance indicators, and on key elements in the LGU proposal process. Its development also received only very limited expert MIS support. The reasons for this are not clear. The MIS expert felt that the support lagged because the system was not a priority for the Resident Advisor. The staff in Manila explained that they had to go ahead in developing the system themselves because they could no longer wait for assistance.

UFPMS and FHSIS: The DOH's Family Planning Service is engaged in an ambitious undertaking to develop a unified family planning monitoring system (UFPMS.) Many fundamental issues remain unsolved, and the effort has now been delayed due to lack of funding. FPMD has offered technical assistance to the development of the UFPMS, but the DOH is not ready to receive it. Only minimal FPMD input has been provided to the Field Health Service Information System (FHSIS). This is appropriate, given the questionable future of this system.

Prominent among the external and internal constraints to FPMD's technical work are (a) the organizational uncertainty following devolution; (b) workload demands and technical approach of the first Boston-based MIS expert; (c) competing priorities of FPMD's project managers; (d) organizational difficulties within the FPS; and (e) technical weakness of the local MIS technical advisor. The lessons learned include: (a) the importance of maintaining management control over *all* components of a complex program of assistance in one unit; (b) focusing workplanning on a set of priority activities, within an agreed framework for MIS development; (c) consistency in technical assistance; and (d) ensuring that computerized

management information systems are designed in accordance with the local capacity, and that preference is given to improving computer literacy before making a heavy investment in computerization.

Recommendations include (a) ongoing support to the community based FP monitoring system, familiarizing other LGUs with it, and incorporating it into the UFPMS; (b) making the "Implementing Guidelines and Benchmark Monitoring Workshops" a regular mechanism, and simplifying the benchmark monitoring guides; (c) providing LGUs with a standard set of software, and encouraging them to budget for computer training; and (d) offering specific, targeted TA to the UFPMS and the FHSIS, as local needs dictate and resources allow.

II. INTRODUCTION

The Family Planning Management Development (FPMD) project contract mandates the contractor, Management Sciences for Health, to undertake an extensive evaluation of project activities. A key component of the overall evaluation framework, which was approved by the USAID/Washington, is an in-depth evaluation of FPMD's work in five major focus countries, Bangladesh, Bolivia, Kenya, Mexico and the Philippines.

Since October 1993, FPMD has assisted the Government of the Philippines in its implementation of the Local Government Unit Performance Program (LPP), under a delivery order from the USAID/Manila. Working with the Office of Public Health Services (OPHS)^{*} of the Department of Health (DOH), FPMD's scope of work is to:

- assist local government units (LGUs) with the development of comprehensive plans for the expansion of targeted maternal and child health (MCH) and family planning (FP) services,
- develop a system to monitor the implementation of these challenge grants and their impact on selected MCH and FP indicators, and
- develop capacity within the OPHS/DOH to monitor projects and assist provinces.

FPMD support to the LPP was designed as a bridge project to the new USAID-funded Integrated Family Planning and Maternal Health Program (IFPMHP), scheduled to start in September 1995. The LPP is performance based, with each tranche of funding to the Department of Health (DOH) and to LGUs dependant on their meeting previously agreed performance benchmarks.

III. EVALUATION METHODOLOGY AND SCOPE OF WORK

The evaluation of the Philippines LPP subproject has proceeded in three phases. Phase I, conducted by this evaluator in December 1994, consisted of interviews on overall project

^{*}Previously, the Office for Special Concerns (OSC).

design and implementation with Manila and Boston based managers. (Kolehmainen-Aitken 1994) Phase II was comprised of focus group interviews with LGU managers, and completed by Kabalikat, a Filipino NGO, in January/February 1995. (Kabalikat 1995) Phase III, the subject of this report, targeted FPMD's work on developing management information systems to monitor implementation and impact of LGU performance grants (Objective 4 of the FPMD/LPP Workplan).

The scope of work for Phase III consisted of (a) the overall design and implementation of FPMD's support to MIS development; (b) its interlinkages with the DOH's future Unified Family Planning Monitoring System (UFPMS); and (c) the progress in MIS development at the field level in Pangasinan province and Iloilo City. A document review in the home office of FPMD in Boston preceded semistructured interviews, which were conducted in Boston and Manila in May 1995. Key managers from the USAID/Manila; FPMD/Manila and Boston; DOH; and Pangasinan province and Iloilo City Population and Health Offices were interviewed. The detailed scope of work for Phase III evaluation is included in Annex 1. Annex 2 includes a list of people interviewed.

IV. PROJECT SETTING

Over the last decades, the responsibility for family planning in the Philippines has alternated between the Population Commission (POPCOM) and the DOH. The most recent transfer of responsibility to the DOH was accompanied by the dismantling of POPCOM's information system, which was community based, developed over several years, and operated relatively efficiently.

The DOH's Family Planning Service (FPS) was not sufficiently staffed to assume effective leadership for such a major management function as MIS. Multiple different forms and reporting responsibilities now exist at each service delivery level. Provincial Population Offices continue to operate a community based MIS; the Health Offices use a facility based system (FHSIS); and the NGOs report using the POPCOM form. The FPMD MIS needs assessments, discussed in more detail later in this report, showed that many of the most fundamental elements of family planning monitoring at the LGU level are in disarray, including indicators, periodicity of reporting, data flow, analysis, and use for program planning.

Various MIS consultancies have recommended that the DOH should clarify and reduce its list of indicators, including those for family planning. A DOH workshop, which was funded through another USAID-funded project (Data for Decision Making), attempted to do so, but the final list still left much undecided. FPS also established its own list of "core" indicators, which also posed some problems, because it was not fully compatible with the FHSIS.

The FPS is currently engaged in an effort to design a new Unified Family Planning Monitoring System (UFPMS). This effort arose from a desire to develop an MIS for IEC activities under a UNFPA funded project. It has since expanded into an ambitious endeavor to collect data on a large number of variables. These range from service statistics to personnel,

facilities, IEC, and logistics. Pilot testing of the first UFPMS forms was to commence in December 1994. The development of the UFPMS is now delayed, reportedly because the next UNFPA project, expected to fund the activity, has not yet been approved.

The Field Health Services Information System (FHSIS) was the DOH's first computerized system to be implemented nationwide. It was designed to provide summary data on health service delivery, including family planning activities, at different service delivery levels, consolidating previously vertical data collection mechanisms into one system. It has been plagued with substantial problems, mostly related to computerization, and its future is now an open question. While data collection still takes place at the municipal level, computer hardware and software problems at the provincial and city levels frequently delay or stop FHSIS data compilation and analysis. Some of those interviewed were of the opinion that the DOH will abandon the FHSIS, and substitute a new, yet undefined MIS, yielding data only on minimum national indicators (also yet to be agreed upon).

The diversity of organizational structures for managing population and family planning programs at the LGU level is another legacy of family planning history in the Philippines. During the POPCOM years, Barangay Service Point Officers (BSPOs) were an important FP cadre at the community level, but this service delivery mechanism was allowed to wither. The BSPOs appear now to be returning to popularity in many LGUs, and with them the need to collect FP data at the community level.

Service delivery structures and the management information systems accompanying them are coping with another major organizational transition. Devolution of health services to the local government units has fundamentally changed the way the central DOH relates to the LGUs. The DOH can no longer compel the more than 1,600 LGUs to submit their management data to the central level in a timely manner. Data flow has become patchy, and the quality questionable. An example of the current difficulties is the recent vote by the Association of Municipal Health Officers, which opposes devolution, to stop sending data through the FHSIS system. While this decision has not been uniformly implemented everywhere, it has slowed data gathering even further in many provinces.

V. FPMD'S MIS MANDATE

FPMD's mandate to develop FP management information systems under the LPP buy-in follows from prior FPMD technical assistance in the Philippines. Over a period of one and a half years, FPMD consultants conducted three MIS needs assessments. These assessments were done by different individuals, visiting different provinces, and focusing on different topics. Each consultant made his own set of recommendations, resulting in considerable changes in the proposed set of activities for FPMD support. Some of the subsequent implementation issues in MIS development can be traced back to this disjointed evolution of FPMD's final mandate in MIS development.

The first FPMD needs assessment was conducted in June 1992. The FP monitoring system was found to be too complicated, with poorly defined indicators. A range of potential FPMD interventions was recommended, including:

- designing training and systems packages for the FHSIS at the LGU level
- training local officials to use FP information in development planning
- strengthening HIS supervisory, technical and trouble-shooting capabilities, and
- developing sentinel MIS technical trouble-shooting teams.

In January 1993, FPMD participated in a second MIS consultancy. The purpose was to identify strategies for providing MIS technical assistance, and to develop a plan of action to test these strategies under the then-current bilateral in three different sites: a province, a region, and a chartered city. FPMD staff recommended that the TA focus on:

- the development of a unified system of reporting from all provider organizations
- training in data analysis and utilization, and
- institution of simple survey techniques.

The third needs assessment was conducted in May 1993, as part of the formulation of the LPP Management Development Plan. It defined the following scope of work for FPMD:

- develop data collection and analysis methods at three different levels: service delivery, provincial/city health department, and the DOH
- assist in the design of a structured LGU planning process, with standardized key elements
- develop an LGU plan monitoring system.

The technical scope of work under the first Delivery Order of the LPP buy-in, issued in September 1993, was based on the second needs assessment. The MIS work was to be integrated into the three *geographic* models of the USAID (regional grouping, single province, and a designated city). This was changed under the second Delivery Order of January 1994 which superseded the first, before any substantive MIS work had commenced.

The second Delivery Order returned the MIS focus to the three *service* levels of the third needs assessment (service delivery, province/city, and the DOH). Unbeknownst to FPMD, the USAID had also committed it to implementing the second needs assessment recommendations in Pangasinan and Iloilo City. This commitment only emerged later, but came to consume most of the external TA time, diverting expert MIS attention away from the rest of the MIS mandate.

The evolution of the FPMD's mandate coincided with the DOH's own work in MIS development. These efforts occurred largely without the involvement of the FPMD, but had significant implications for its work. Notable among them were the FPS's effort to develop a community based, unified FP monitoring system, and the HIS's revision of the FHSIS computer application.

VI. FINDINGS

According to the FPMD Delivery Order, FPMD's mandate is to assist the DOH in developing the systems and capacity for monitoring the implementation and impact of the performance based grants. MIS is only one component of FPMD's overall scope of work in the Philippines. For maximum impact, technical assistance in this area must be well integrated into FPMD's overall program of assistance. Because such integration depends on the way FPMD has managed its MIS technical assistance, the findings section commences with a review of this topic. The congruence between the MIS mandate and its implementation is assessed as part of this review.

The MIS work in Pangasinan province and Iloilo City is evaluated in more detail. The performance benchmark monitoring system, a very important component of FPMD's MIS work, is examined next. This is followed by a review of the LGU tracking system. The findings section concludes with an analysis of FPMD support to the central DOH. The MIS technical assistance to the UFPMS and the FHSIS is discussed first. Finally, a few additional MIS activities that do not easily fall into the previous categories are reviewed briefly.

A. FPMD's Management of the MIS Component

In the LPP Management Development Plan, a striking separation occurs in text and style between its sections on proposed assistance to the LGUs and the DOH, and the section on monitoring and evaluation under which the MIS assistance falls. This is indicative of the way in which the MIS component has been managed. The management oversight for the *overall* LPP program has resided with the Resident Advisor in FPMD's Manila field office, under the supervision of FPMD's home office-based regional director. In contrast, the primary responsibility for the MIS component seems to have rested, until late 1994, with the Boston-based MIS expert in MSH's MIS Program.

Over the first year of technical assistance, FPMD's Boston and Manila based managers began increasingly to question the MIS technical direction. The work in the LGUs of Pangasinan and Iloilo City had come to consume most of the external support, whereas MIS expert support to the development of an LGU plan monitoring system remained meager. Little was done to develop any local capabilities in the analysis of DHS data sets, or in carrying out mini-surveys, all included in the Management Development Plan. Debriefings in Boston and Manila, which followed technical assistance visits, somehow failed to serve as a forum for effective communication about key technical decisions. Timely debate over the technical direction was hindered further by the delays of several months in the submission of trip reports that resulted from the heavy workload and frequent overseas travel of the Boston based MIS expert.

Competing priorities made it difficult to maintain an appropriate level of technical supervision from Boston either over the MIS workplan or the locally hired, full-time MIS technical advisor on FPMD's LPP team in Manila. Given the time limitations of the main MIS expert, a decision was made to bring in several other external consultants, from outside the MIS Program, to share the MIS workload. Rather than maintaining momentum, this approach fragmented the technical assistance effort even further. The linkages between the different

assignments were not clear, and the TA support became too scattered to leave many tangible results. The problem was compounded by the weakness of the local technical advisor on the FPMD's LPP team.

To resolve this growing concern among the home office and field managers about the MIS technical direction, a meeting was arranged in Boston in August 1994, involving the Boston and Manila based managers and the MIS expert. The discussions confirmed that while there was a general consensus about the planned MIS activities at the national level, a considerable amount of confusion prevailed about MIS work at the LGU level. The communication difficulties were acknowledged. Steps taken to correct the deficiencies included the transfer of responsibility for the MIS technical assistance support to a new Boston-based MIS expert who could devote more time to this area of activity.

Anecdotal information suggests that at about the same time, the USAID/Manila office had also become concerned about the MIS component. During the October 1994 visit, accompanying the transfer of responsibility from the previous to the new MIS expert, USAID proposed that the MIS activities in the Philippines henceforth be coordinated by the USAID Resident Advisor to the National Statistics Office.

Following the August 1994 MIS review meeting, the MIS workplan of the remaining months of the buy-in was reviewed. The workplan was focused to completing the work that had been started in Pangasinan and Iloilo City. Good progress has since been made in redesigning the community based monitoring system, developed for these two LGUs. One can not fail to observe, however, that with a timely review of technical direction, more coordinated technical management, and better communication, this point could have been reached a year ago.

B. MIS Support to Pangasinan and Iloilo City

FPMD did not anticipate the extent of its subsequent involvement in MIS support to Pangasinan and Iloilo City. It had not participated in developing the LGU workplans under which the work was to proceed, and it inherited a scope of work that was very general. As the work progressed, this lack of specificity led into differences of interpretation between the staff of these two LGU and FPMD.

FPMD's understanding of its MIS objectives for Pangasinan and Iloilo City was explained in an October 1994 letter from the first MIS expert to the Population Office staff of Iloilo City and Pangasinan. The letter identified the following objectives:

In Iloilo City:

- Establish a computerized information system for BSPO service delivery statistics.
- Clarify definition of terms and select appropriate indicators.
- Provide for computerized storage and retrieval of basic operational data, and trial computerization of client master lists, based on a locally performed 1993 census.

In Pangasinan:

- Develop an information system focusing on structural and operational aspects of the Provincial Population Office's Plan, including the tracking of facilities and personnel.
- Promote a manual service delivery statistics system, which would consolidate data from the BHS and RHU levels.

Both documentary evidence and the evaluation interviews show that as 1994 wore on, the staff of both LGUs became increasingly frustrated about what they perceived as FPMD's unresponsiveness to their needs. Their priority was to implement community based monitoring of FP service delivery, but the progress in developing such a system was very slow. Furthermore, a considerable amount of effort went into the development of the custom-designed database application, DataPro. The LGU staff remained unclear how this work related either to their priority needs or the existing information systems of the DOH, such as the FHSIS.

Community based FP monitoring system: The MIS work in Pangasinan during the January 1994 visit focused on assessing FP data from municipalities, and in Iloilo City, on reviewing the terms and variables of family planning services. Sample forms were developed in Iloilo City to record client visit information by the BSPOs, and to consolidate such data monthly. When these data items and definitions were reviewed, the MIS expert elected not to attempt to influence the decisions of the LGU staff. The result was a multiplicity of confusing terms (transfers in, transfers out, shifters, restarters, graduates, current users, continuing users, default users, drop-outs, etc.) which had to be incorporated into the draft data forms.

The refinement of the data collection and consolidation forms was done by a locally hired MIS consultant. He took several months to accomplish the task, thus delaying the pilot testing. Pangasinan and Iloilo City received no TA visits by Boston-based consultants between April and October of 1994. When the pilot test results were finally reviewed during the October 1994 TA visit, difficulties in completing the forms and misunderstandings about indicators were found to be a problem. Forms had to be redesigned to make them compatible with field staff capabilities, and to target them better at the DOH's FP program priority area of high risk pregnancies. This process of arriving at a sound FP monitoring system could have been considerably speeded up by engaging the local staff at an early stage in critically examining the data they wanted to track.

FPMD's MIS technical assistance in the last six months stands in contrast to the previous TA. It has been frequent, consistent, and in line with local capacity at the LGU level. The TA was based on a premise that monitoring procedures for family planning providers should be designed to measure progress toward program objectives. In the Philippines, this means the identification of women in their reproductive years, and focusing particularly on women in high-risk categories. Emphasis is on collecting data for local use to help service providers to improve the quality of their work, and assess their progress in expanding access.

These considerations led to a considerable simplification of the community based family planning monitoring system in Pangasinan and Iloilo City. It was targeted closely on

identifying high-risk women of reproductive age. The final monitoring system which is the outcome from this more recent technical assistance consists of two forms (See Annex 3). Form 1 is in two parts: (a) an annually revised master list of eligible couples (women 15-49) with their obstetric risk categories, and (b) a monthly service delivery ledger. Form 2 is a summary form of FP services, which can be used by barangay level workers to consolidate data monthly, and by their supervisors to analyze data by geographic area.

The revised FP monitoring system is clearly valued by both the BSPOs and their supervisors. They find it a great improvement over the previous forms, and very helpful for their work. To accompany the monitoring forms, FPMD is producing a very useful barangay monitoring manual for family planning, which is in final revision. The manual contains detailed instructions on completing the forms. It will also give guidance for community based staff and their supervisors on how to analyze and interpret the data, and what actions to take as a result. Staff are shown how to conduct a trend analysis of family planning users using a line graph; how to examine the method mix by doing a pie chart, and how to compare users, non-users, and eligible women by drawing a bar chart. Supervisors are also instructed on how to use the service data to look at coverage and method use.

Because the community based MIS has much wider application than just Pangasinan and Iloilo City, FPMD has made every effort in the last six months to keep the FPS apprised of its development. At the time of writing this report, the FPS was considering the eventual incorporation of this system into its own proposed UFPMS.

Computerization: The development of the custom-designed database application, called DataPro, for Pangasinan and Iloilo City was started in Boston, prior to the second TA visit of April 1994. DataPro was installed in both LGUs during the April visit. It had a modular design, and was intended to hold data on service delivery, facilities, personnel, etc. More data modules could be added later, if required.

In the April 1994 trip report, the DataPro was classified as a "prototype" software. The following explanation was given of its purpose:

The purpose of the software is to provide a mechanism for the LGUs to use in exploring the potential of computerizing certain aspects of their data collection and analysis. It is *not* intended to be or become a standardized system for recording and reporting service statistics data to compete with or replace the FHSIS or other systems being developed by the DOH. It *is* intended only to provide a simple system for LGUs to begin to store and access electronically some of the key information that will be required in the management of their IFPMHP activities.

Computer capacity in Pangasinan and Iloilo City was—and remains—very limited. Neither office had computer literate staff in the beginning of 1994. Both LGUs had one donated laptop computer, and Iloilo City was in possession of an additional old 286 desktop. While more hardware was promised by the USAID, it took a considerable time to arrive. Data entry to the DataPro was complicated by software bugs, and the incongruity between data collection forms and data entry screens. These software problems were beyond the capacity of the LGU staff to

resolve. While the local full-time MIS technical advisor was willing to be of assistance, he could be of little help, since the source code was held in Boston. To resolve these issues, it was finally decided to abandon the DataPro in October 1994, and to transfer the data to Alpha Four, a new, non-programmable database software.

The concept of a "prototype" software program appears to be alien in the Philippines, not only to computer novices, but also to those with more advanced MIS skills. As mentioned before, both correspondence in the files and interviews in the field confirmed that the staff in Pangasinan and Iloilo City are very unclear about why they were given the software, what these applications were intended for, and how the staff were expected to use them. They did not know what they were supposed to do to "pilot test" them, and remained uncertain about the relationship of these two software packages with the DOH's standard data collection systems. An example of this lack of understanding was the original attempt by Iloilo City to enter data on all women of reproductive age into the DataPro - far more than what the program was originally programmed for. Almost 10,000 records, about a third of the total, were entered.

The Boston based MIS expert provided brief on-the-job training in DataPro to a very limited number of LGU staff. The training consisted of being shown how to enter data and run simple reports (listings of data items with little analysis). This was clearly insufficient, particularly since the gaps of several months between technical assistance visits from Boston further impeded skill development. FPMD's Manila-based staff could not provide much training support either, not least because they themselves were confused about the purpose of the DataPro, and later because they were unfamiliar with the Alpha Four.

There is little evidence that staff in either LGU have developed sufficient skills to use the computerized database technology to benefit program management. Only in Pangasinan is there any proof that the Alpha Four is even in limited use at the moment. This is due to a very recent initiative by the son of the Provincial Population Officer, who has some computer skills, to familiarize himself with the application by reading the instruction manual.

FPMD has recently revised the Alpha Four application so that it now allows for easy tabulation of service delivery records from the redesigned community based FP monitoring system. In July 1995, FPMD will install this application in Pangasinan and Iloilo City, transfer existing data to it, and train staff in its use. The transfer of data from existing applications is not straightforward, and may require some computer programming. FPMD will also install a suite of software (Perfect Office) for general use during this final TA visit.

C. Benchmark Monitoring

The annual disbursement of funds from the USAID to the Government of the Philippines is based on the achievement of certain performance benchmarks. These benchmarks, in turn, trigger the release of DOH performance based grants to the LGUs. The three types of benchmarks pertain to the DOH, the LPP, and the LGUs themselves. The LGU benchmarks are intended to move over time from measuring "readiness" to appraising "capacity-building," "service expansion," and finally "impact."

The national and LPP level performance benchmarks did not have major MIS support implications for FPMD, with one potential exception. This was the third national benchmark for Year 1 which called for the DOH to "design and implement a system for monitoring FP/MCH status and issue a National Family Planning Status Report." In January 1994, it was decided, however, that the reporting on this benchmark would be the responsibility of the DOH. Other than periodic review of documents, FPMD MIS experts have not been involved in its further development.

The priority focus of FPMD's technical assistance in benchmark monitoring has been the LGU level. The FPMD/Manila team adopted a participatory approach, involving the DOH and the participating LGUs, to generate the LGU performance benchmarks for Year 2 and subsequent years. With only minimal external MIS technical assistance, the FPMD team in Manila developed an excellent monitoring system to keep track of LGU benchmarks. The system consists of several lucid, easy to follow, and useful guides and reports, listed below :

- guidelines for a workshop on LPP Implementing Guidelines and Benchmark Monitoring
- LGU Benchmark Monitoring Guide for Year II Performance Benchmarks
- LPP Monitoring Guide for National Level
- regional and LGU-level monitoring calendars, and
- LGU-specific Monitoring Summary Report (with benchmark status update)

The most important of these documents for tracking family planning capacity development at the LGU level is the LGU Benchmark Monitoring Guide for Year II Performance Benchmarks. It lists each benchmark, explains the rationale for it, describes the documentation required, and specifies the due date. Monitoring objectives and key activities for achieving a benchmark are listed, with clear identification of persons responsible, and the date by which each activity is to be completed. Explicit advice, with suggested formats for reporting, is given to DOH regional offices and the central DOH office on monitoring each benchmark.

D. LGU Tracking System

The FPMD Management Development Plan identified the need to develop "a system to monitor the status of plans from submittal to approval." The first MIS consultancy in January 1994 also recommended MIS support to developing project monitoring procedures. It did not, however, program such assistance until the second half of the year. In the meantime, the Manila based FPMD staff developed a spreadsheet program for this purpose.

The LGU tracking system maintains data on various performance indicators, and on key elements in the LGU plan review process (dates when plans were submitted, reviewed, revised, approved, etc.). In addition to data on the planning process, useful data on important indicators of performance is stored on the system. Such data range from average household size and income to population per health staff, infant mortality rate, and contraceptive prevalence rate. These data were analyzed in April 1995 in a useful table, titled "Comparative LGU Performance Indicators," which highlighted the LGUs' strengths and weaknesses.

The only expert MIS support to the development of the LGU tracking system consisted of transferring the original Excel files to QuattroPro for Windows, and developing links between data tables and pages presenting the same information by LGU. It is not clear why the system did not receive more intensive and early Boston-based MIS expert support. The opinion of the initial Boston-based MIS expert was that this support lagged because the system was not a priority for the Manila based FPMD manager. In contrast, the staff in Manila explained their frustration of not receiving expert assistance in this area early on, emphasizing that they had to develop their own system because they could not wait any longer.

E. Support to Other DOH Information Systems

Unified Family Planning Monitoring System: The DOH's Family Planning Service has been engaged for some time in the development of the UFPMS. This is a very complex and ambitious undertaking, intended for monitoring service delivery, IEC, equipment and supplies, and staff training. The system is now approaching the pilot testing phase, but many fundamental issues remain unsolved. Key among them is the feasibility of integrating a community based monitoring system for family planning, such as the UFPMS, with a clinic based field services information system, such as the FHSIS. The development of the UFPMS has been funded by the UNFPA, but the progress now is delayed. The new UNFPA project is awaiting approval, and the paucity of resources has prevented pilot testing of the forms.

At the invitation of FPS, FPMD staff from Manila and Boston attended two workshops in November and December of 1994 to develop the routine reporting forms for the UFPMS. Following the second workshop, FPMD offered technical assistance to the FPS to support the development of the UFPMS. The proposed assistance included (a) revising forms and procedures, (b) drafting instruction manuals, (c) monitoring the planned six month pilot test, and (d) conducting a seminar to review progress midway through the pilot test. By February 1995, it became clear that the FPS's schedule had become much less certain than anticipated, and that the DOH would not be ready to receive the proposed assistance within the duration of the FPMD buy-in.

Field Health Services Information System: The FHSIS continues to experience severe problems at the data consolidation and processing level in spite of the DOH's effort to revise the software application. The role of a centralized management information system, such as the FHSIS, in a devolved health care structure is not clear. There are indications that the DOH may abandon the FHSIS over time in favor of a new MIS, targeted more closely at collecting data on national level indicators which remain to be chosen. The early FPMD scopes of work, preceding the LPP buy-in, envisioned a large FPMD role in support of the FHSIS. In reality, such input has been minimal. This is appropriate, given the uncertain future status of this system.

F. Other MIS-related Support

Financial MIS: FPMD recruited a U.S. based consultant to provide technical assistance in management accounting to the LGUs. He recommended the selection of an off-the-shelf software package, Quickbooks for Windows, for this purpose. Quickbooks is a well regarded

application in its field, and appears very appropriate for the LGUs. It is currently being customized with data from one LGU, Davao del Norte, which will be used for pilot testing. First reports should be ready for review in July 1995. If the pilot testing is successful, this system can be adopted by other LGUs.

LGU Information Resource Briefs: A member of FPMD's billable MIS staff was hired to produce a set of fact sheets on organizations and agencies, involved in information systems design, database analysis and other areas of MIS. This set was widely disseminated to the LGUs, but at least in Pangasinan and Iloilo City, there was little to suggest that it was found useful by the LGUs.

LGU Assessment Tool: The second tool developed by the FPMD's billable staff member was intended for rapidly assessing LGUs' FP and MCH information systems, and the status of their computerization. The tool consisted of a fairly detailed checklist for evaluating MIS capability at the LGUs, consisting of questions ranging from available computer hardware and software to health services delivery, training programs, and logistics. The checklist was never used.

Computerized planning: In 1995, the original format for the LGU planning workshops was altered to include a separate session for LGU computer operators. The FPMD Manila team contracted with a Filipino company to provide training in Wordperfect and QuattroPro for these operators. As the new LGUs worked on their plans and the accompanying budgets, the data were entered on the spot. This was an excellent innovation. It enhanced computer skills at the LGU level, and also greatly facilitated LGU plan revision, since all new LGU plans were submitted in disk format.

VII. CONSTRAINTS

FPMD's technical work in MIS has been subject to external and internal constraints. Prominent among these are issues related to the environment in which the MIS development has taken place, namely a health care system undergoing a dramatic organizational change but with insufficient capacity to devote to addressing the issues which this change raises. FPMD's own, internal staff constraints have also played a role in the way its MIS support to the Philippines has unfolded.

A. Organizational Uncertainty Following Devolution

The DOH remains divided about which data it should collect, how congruent the existing information systems are with its new role, what changes are required to adapt to devolution, and how the responsibilities over various aspects of information collection and processing should be divided. This level of organizational uncertainty is a major constraint to any external technical assistance.

The DOH still maintains several, separate management information systems. These include the problem-plagued FHSIS, HAMIS (Health and Management Information Systems), CDLMIS (Contraceptive Distribution Logistics Management Information System), etc. Each is the

responsibility of a different unit or branch of the central office, further complicating any effort to reach consensus about the goals and structure of a post-devolution, national-level MIS.

B. Workload Demands and Technical Approach of the MIS Expert

The FPMD project does not employ dedicated technical experts in MIS. The first Boston-based MIS expert was contracted for the Philippines work from a unit of the Management Sciences for Health other than the FPMD, and had to divide his time among a number of assignments under different projects. At the same time, he was also asked to assume an increased management responsibility within his own unit. The focus on technical progress in the Philippines became diluted by the attention he had to give to his other responsibilities. His work involved frequent overseas travel which further impeded regular interaction with the Philippines.

The first MIS expert's technical approach did not include questioning, from a programmatic point of view, the data items that the client wished to include in its new MIS. This technical approach, coupled with inadequate development of consensus about the MIS strategy and workplan prior to starting work activities, became a considerable constraint to progress.

C. Complex Responsibilities of the Project Managers

As discussed in the Phase I evaluation report, the complexity of FPMD's undertaking under the LPP was underestimated by all involved: the USAID/Manila, the DOH, and the FPMD. The primary attention of the FPMD's Resident Advisor in Manila and her supervisor in Boston was taken up by the multifarious tasks that devising the new, post-devolution operating relationships between the central and local levels demanded. This primary scope of work left them with little time to maintain a close watch on MIS development, particularly as the primary technical leadership for this component resided with the home office-based MIS expert.

D. Organizational Difficulties within the FPS

Organizational difficulties within the FPS have left the unit without sufficient technical capacity to provide both effective leadership for family planning program development and the design of a very complex new unified information system. UNFPA funding has paid not only for the development costs of the UFPMS, but also for the salaries of the contractual staff, responsible for its design. This results in organizational instability, linking the design efforts closely to the funding cycle of the UNFPA project.

E. Technical Weakness of the Local MIS Technical Advisor

FPMD's technical assistance in MIS was further constrained by the technical weakness of its locally hired MIS technical advisor on the LPP team. The technical deficiencies, combined with his considerable personal problems, finally resulted in dismissal in December 1994. Some of these technical weaknesses could possibly have been overcome through closer technical

supervision which the long-distance relationship with the first Boston-based MIS expert unfortunately did not provide.

VIII. LESSONS LEARNED

The management information systems that FPMD has set up for benchmark monitoring are excellent, and their development has proceeded smoothly. In contrast, FPMD's technical assistance to MIS development at the LGU level has had a tortuous course, even if it has finally resulted in a monitoring system of great promise. There are many lessons to be learned from this experience.

A. Management Control

A clear agreement about roles and responsibilities for technical and managerial leadership is essential for good outcome. In a complex program of assistance, with multiple component activities, management control over *all* the components should be located in one unit. The most logical is the project management unit in the field. It is closest to program implementation, most in touch with real needs, and the first to face the results from implementation difficulties or miscommunication between consultants and local staff.

Technical expertise in a particular project component, such as MIS, is a crucial ingredient, but it should not be confused with management control. Technical recommendations should be thoroughly reviewed with the Resident Advisor or his/her delegate in a timely manner. Their implications for the overall project should be assessed jointly by the project management staff in the field and at the home office and the technical consultant. Responsibilities and timelines for implementing the component scope of work should also be developed jointly by the technical expert and the project management staff. This should take place prior to the technical expert's departure from the country, reviewed with the management supervisors in the home office, and documented promptly and in writing.

B. Focused Workplanning

The workplan must be regularly updated, and focussed on priority activities. It should be based on a framework for MIS development about which there is a general consensus. Without such a framework, the workplan will be pulled in many directions by competing sets of priorities that are likely to emerge during implementation. A vague workplan, without a clear timeline and assignment of responsibilities, makes for a very poor road map toward a long term impact.

C. Consistent Technical Assistance

Consistency in technical assistance means several things. Staff changes among technical assistants should be minimized to avoid confusion and mixed messages at the local level. Where several TA visits are required, each subsequent visit should build on the earlier ones. Maintaining clear communication about work progress is particularly crucial when a change in the person providing primary technical expertise to the project becomes necessary. Where

various aspects of one project component require technical assistance from different experts, their work must be well integrated for work to progress in a synchronized manner. Finally, the role of all technical consultants should be to assist the client in defining the essential data requirements for evaluating program performance, not to adopt without questioning what the client thinks he or she needs.

D. Computerized Data Processing

Computers should not be seen as an automatic solution to MIS problems. Electronic data processing can certainly speed up data analysis considerably, but the design of computerized management information systems must be done in accord with the local capacity to operate and maintain such systems. In situations where even basic computer skills are lacking, preference should be given to improving computer literacy, before a heavy investment in computerization is made.

When appropriate off-the-shelf software is available, it should be favored over the design of custom-tailored applications. Local backup support is much more likely to be readily available for such off-the-shelf software than for a custom-tailored program. Furthermore, neither the MSH nor the FPMD are likely to have sufficient human and financial resources to move software development from the initial alpha and beta test phases to final products that operate bug-free.

IX. RECOMMENDATIONS

FPMD's support under the LPP buy-in finishes in September 1995, but the involvement of the Management Sciences for Health in the Philippines will continue under the IFPMHP. As the current buy-in is now in close-down mode, most of the following recommendations are intended for the DOH and the next MSH team.

A. Community Based Monitoring System

The DOH and MSH/FPMD should continue to support the implementation of the community based monitoring system that has been refined in Pangasinan and Iloilo City. Such support should include the following activities:

- installation of the Alpha Four software application (currently under development in Boston) and training in its use in Pangasinan and Iloilo City
- dissemination of the instruction manual for the community-based monitoring system,
- evaluation of the usefulness of the system in these two LGUs, and
- translation of the manual to Tagalog, and other main local languages

The DOH and MSH/FPMD should familiarize other LGUs with the community based monitoring system through the planning workshops and local TA. Finally, the DOH should brief the UNFPA/Manila on the system, and incorporate it into the future UFPMS.

B. Benchmark Monitoring

The "Implementing Guidelines and Benchmark Monitoring Workshops," which were first arranged in early 1995, have been very useful. They should become a regular mechanism for ensuring that LGUs understand the benchmark monitoring requirements and formats. The DIRFOs should have primary responsibility for running these meetings to strengthen their role in LPP management.

The DOH, in collaboration with the FPMD/MSH, should simplify the Benchmark Monitoring Guides to make them more user-friendly. It should also continue to provide a training of trainers (TOT) course for the DOH's regional staff in benchmark monitoring.

C. Computerization

The project should purchase a standard set of software, such as Perfect Office for those new LGUs who are interested in computerized data management and have the necessary hardware. It should provide all LGUs with the Quickbooks and Alpha Four software, if the field tests of these two packages prove positive.

All LGUs who have computers and wish to use them for LPP monitoring should be encouraged to make adequate budgetary provision under the LPP plan for locally available computer training. This is particularly urgent for Pangasinan and Iloilo City, where FPMD will soon install the new Alpha Four application, and a suite of software for general use. Such training is relatively inexpensive in the Philippines. A small investment in appropriate training can pay big dividends in the LGUs' ability to maintain computerized management systems.

If funding under the new project allows, repeating this year's computerized planning training is recommended. This would be a useful component of the LGU planning workshops for each new batch of LGUs. Any such assistance should be reassessed annually in view of the level of computer capacity and LGU staff interest that the entering LGUs possess.

D. UFPMS and FHSIS

MSH/FPMD should continue to offer specific, targeted TA to the development of the UFPMS and the revision of the FHSIS, as local needs dictate and MSH/FPMD resources allow. It should support and follow the DOH's leadership in managing these activities.

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ANNEX 1

EVALUATION FRAMEWORK

PHASE 3 EVALUATION OF THE PHILIPPINES LPP PROGRAM

SCOPE OF WORK

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(May 21 - June 2, 1995)

The FPMD contract mandates the contractor, Management Sciences for Health, to undertake extensive evaluation of project activities. A key component of the evaluation framework, approved by the USAID/Washington, is an in-depth evaluation of five major focus countries, Bangladesh, Bolivia, Kenya, Mexico and the Philippines.

The evaluation of the Philippines LPP Program subproject is conducted by Dr. Riitta-Liisa Kolehmainen-Aitken of the FPMD/Boston Evaluation Unit, according to FPMD's common evaluation framework. The methodology includes a document review in the home office, and on-site interviews in the Philippines. The overall scope of work for the evaluation consists of three phases, the first two of whom have been completed. Phase 1, in December 1994, consisted of interviews with Manila based managers on overall project design and implementation, and finalization of arrangements for Phase 2 focus group interviews with LGU staff. In Phase 2, Kabalikat, a local organization, conducted focus group discussions with LGU managers in January/February 1995.

This scope of work refers to Phase 3 which focuses on the MIS component of FPMD's work. During this visit, the evaluator will:

1. Meet with USAID staff, relevant DOH and LGU managers, LPP Program staff, and other key individuals to interview them for their views on the overall design and implementation of FPMD's support to MIS development, and its interlinkages with the future Unified Family Planning Monitoring System.
2. Visit Pangasinan and Iloilo to assess the progress in MIS development at the field level and to interview local level staff.
3. Synthesize the findings into a preliminary report of the third phase of the evaluation.
4. Meet with representatives of Kabalikat to review their report on the Phase 2 focus group discussion.

This scope of work for Phase 3 is expected to take about 12 days in country.

FRAMEWORK FOR THE PHASE 3 EVALUATION OF FPMD SUPPORT TO MIS DEVELOPMENT IN THE PHILIPPINES

FPMD has provided technical assistance under the Philippines LGU Performance Program on developing management information systems to facilitate proper management of family planning programs under a newly devolved health system. This has involved working with the Family Planning Unit of the central Department of Health, and with the LGUs of Pangasinan and Iloilo.

METHODOLOGY

The evaluation will be conducted through consultation of documents, semistructured interviews with knowledgeable individuals in Manila, the LGUs of Pangasinan and Iloilo, and FPMD home office in Boston.

a) Consultation of documents

Information will be collected from trip reports, in-country consultant reports, other relevant documents, and MIS outputs, on:

- the expected outcomes from FPMD support in the area of MIS
- the evolution of FPMD's support to MIS development in the Philippines, the planning and introduction of the technical inputs, and the relationship of FPMD inputs to the work of other CAs in the Philippines
- a description of the MIS systems planned and introduced, and their expected functions
- environment within which the MIS system development operates
- major obstacles to implementation and how they have been addressed

b) Semistructured interviews

Key managers at the central DOH and the LGUs of Pangasinan and Iloilo, officials of USAID/Philippines, relevant FPMD staff and consultants, and other knowledgeable individuals will be interviewed, using a semistructured approach. Information to be gathered includes the following suggestive, but not complete list of questions:

1. FPMD-support

What MIS development activities were planned under the FPMD support? What were actually implemented? What caused the changes in the FPMD scope of work?

How effective have FPMD consultants been in implementing the selected MIS interventions? What lessons have been learned about the staffing and project management models used?

What constraints has FPMD faced in implementation, and how has it addressed these?

2. Management information system development

Are the MIS systems, developed by the FPMD, the appropriate ones for the Philippines in view of the priorities, objectives, and environment in which the DOH and the LGUs are situated after the devolution of power?

Do/will the systems yield data which improve the management of family planning programs in the Philippines?

Can the data be processed in a timely way and in a manner that they are readily available to and understandable by all management levels which need them?

What provisions are made to train the managers to analyze the system output data and apply them for decision making?

What provisions are made to develop capacity to maintain the systems and develop them further, if needed?

ANNEX 2

PERSONS INTERVIEWED

USAID/Manila

Ms. Eilene Oldwine, OPHN
Ms. Marichi de Sagun, OPHN
Mr. Glenn Ferri, Consultant to the NSO

FPMD/Manila

Ms. Taryn Vian, Resident Advisor
Ms. Eireen Villa, Senior Technical Advisor
Ms. Alicia P. Lacaba, Technical Advisor
Ms. Rose Ann Gaffud, Technical Advisor
Mr. Sonny Santa Maria, Consultant

FPMD/Boston

Ms. Alison Ellis, Regional Director, ANE

MSH/Boston

Mr. James (Kip) Eckroad, Deputy Program Director
Dr. Robert Timmons, Senior Program Associate

Department of Health

Ms. Emily Maramba, FPS
Mr. Adele Marave, FPS
Dr. Isidore C. Nepomuceno, Medical Specialist II, HIS

Pangasinan province

Mr. Aguedo F. Agbayani, Governor of Pangasinan
Ms. Luzviminda N. Muego, Provincial Population Officer
Dr. Myrna N. Mendoza, Provincial FP Coordinator
Ms. Aurora P. Doria, Nurse II
Ms. Ruby P. Doria, Nurse III
Ms. Flordeliza O. Bernabe, Nurse II
Ms. Victorina S. Bañez, Planning Officer
Ms. Otelia O. Fernandez, Nurse IV
Mandalgan barangay BSPOs

Iloilo City

Ms. Mary Endurese, City Population Officer
Ms. Fermina Hamsani, PPO III
Mr. Rodel Lapastora, PPO II
Dr. Annabelle Tang, FP Coordinator, Medical Officer V
Ms. Ilovita P. Daluz, FP Nurse Coordinator, PHN III
Ms. Ma. Theresa D. Garganera, Nutritionist-Dietitian III
Ms. Pat Caticon, EPI Coordinator, Nurse V
Dr. Remedios B. Enzala, CDD Coordinator, Medical Officer V
Ms. Susan R. Cuevas, CDD Nurse Coordinator
Ms. Mercedes C. Depra, FHSIS Coordinator, Statistician II
Dr. Mae D. Dehno, CARI Coordinator, Medical Officer V
Dr. Lourdes C. Naragdar, Medical Specialist II, Regional Field Office
Ms. Milagros Sarcedo, BSPO/BHW
Ms. Remedios Lopez, BSPO

Kabalikat

Ms. Ruthy Dionisio-Libatique, Deputy Executive Director

ANNEX 3
MONITORING FORMS

