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Sub-project Final Report:
TECHNICAL ASSISTANCE TO THE INTEGRATED FAMILY PLANNING
AND MATERNAL HEALTH PROGRAM
PHILIPPINES
October 1995 - September 1997

Family Planning Management Development (FPMD)
Project Number: 936-3055
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Office of Population, USAID

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JANUARY 1998

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I. SUMMARY

Since the promulgation of the Local Government Code in 1991 and the devolution of management and budgetary authority for FP/MCH service delivery from the central level to the level of the Local Government Unit (i.e., provinces or independent chartered city), the Philippines Department of Health (DOH), donors, and international assistance partners have struggled to articulate, develop and implement a cohesive vision for information management in the post-devolution era. During the period October 1995 - September 1997, with Field Support funding provided by USAID/Manila, the Family Planning Management Development (FPMD) Project of Management Sciences for Health (MSH) has provided technical assistance for the assessment of management information system (MIS) needs in a devolved setting, the development of a National MIS Strategy, and the implementation of most components of the strategy, including the development or refinement, and application of MIS-related management tools.

Activities undertaken during this brief period represent enormous progress in addressing management of information at central and local levels within a devolved setting. Technical assistance has sought to rationalize and systematize data collection, analysis, and reporting, taking into consideration the evolving and changed roles of managers at central, regional, provincial, and local levels. At the same time, assistance has emphasized the need for close coordination among various units within the DOH involved in MIS-related activities, and to building capacity within the DOH, regional DOH offices, and at the local level, to use information for improved management and policy making.

The main outputs of technical assistance by FPMD that complemented PMTAT activities during this period are:

- An approved National MIS Strategy for FP, MCH, and Nutrition Services;
- Guidelines and questionnaires for conducting integrated FP/MCH cluster surveys for LGUs which have been conducted in 46 LGUs;
- A revised/refined FP questionnaire and a new MCH questionnaire (riders) to the annual Labor Force Survey conducted by the National Statistics Office (the MCH survey was conducted for the first time in 1997);
- New health facility assessment instruments drafted to monitor quality of care and certify health centers (PMTAT is completing the instruments and establishing protocols);
- Community-based monitoring for family planning introduced in interested LGUs; and
- The 1996 Family Planning and MCH Status report.

USAID/Manila FY95 Field Support funds provided to FPMD were spent in full by the end of September 1997. Implementation of the National MIS Strategy, including further refinement and application of the various information management tools, will continue under the MSH/Manila contract with USAID/Manila, led by the MSH Chief of Party and National Monitoring Advisor. This report synthesizes the activities and outcomes of FPMD technical assistance during 1995-97. Recommendations for next steps and activities to be conducted by MSH/Manila staff are offered.

II. BACKGROUND

In response to challenges posed by the devolution of government health services, including family planning, in 1993 USAID/Manila provided funds through a series of buy-ins to the Family Planning Management Development (FPMD I) Project of the Boston-based Management Sciences for Health (MSH). The purpose of the FPMD I program in the Philippines was to:

- develop the capacity of Local Government Units (provinces and selected cities) to plan and implement a comprehensive program of targeted integrated family planning/maternal and child health (FP/MCH) services; and
- assist the Department of Health's Office of Public Health Services (DOH/OPHS) to define and adapt to its new role of providing technical assistance to and monitoring the performance of the Local Government Units (LGUs).

Between October 1993 and September 1995, FPMD I assisted the DOH to start-up the LGU Performance Program (LPP), one component of the large bilateral program called the Integrated Family Planning and Maternal Health Program (IFPMHP). The goal of the LPP is to increase the management capacity of both national and local government offices to provide integrated population, family planning, and child survival services to their communities.

In collaboration with the DOH/OPHS and USAID/Manila, FPMD provided technical assistance and financial support to participating LGUs. At the central level, FPMD helped the OPHS to define and adapt to its role in the LPP of providing technical resources and assistance to the LGUs. At the local level, FPMD worked directly with the LGUs to plan and implement comprehensive population, family planning, and child survival (CS) programs.

Between 1993 and 95 FPMD I did the following:

- Operationalized a decentralized population/FP/CS program, consisting of:
 - ✓ a performance-based benchmark monitoring system
 - ✓ a system of training and technical assistance
 - ✓ funds flow mechanisms
 - ✓ procurement mechanisms (guidelines, vendors, equipment lists, prices)
- Developed a management model for integrated population, FP and CS programs
- Leveraged technical resources from the DOH, Population Commission (POPCOM), and other Cooperating Agencies (CAs) via:
 - ✓ joint LGU planning workshops and plan review
 - ✓ shared technical assistance
 - ✓ Profiles of Cooperating Agencies
 - ✓ other resource materials
- Developed a model community-based management information system (MIS) for local level FP

workers

In August 1995 USAID/Manila awarded a contract to MSH under IFPMHP, one component of which is continuation of the LPP. In September 1995, a new Chief of Party was appointed and the Manila-based Project Management Technical Advisors Team (PMTAT) was established, consisting largely of the same technical and administrative staff who implemented the FPMD project. In collaboration with the OPHS, LGUs are continuing to receive technical assistance to expand and develop their capability to provide family planning and child survival services and to assist the DOH to adapt to the management challenges of devolution. The MSH contract includes five strategies in its national services component: continued development of an MIS strategy; development of an urban strategy; development of accredited training courses in family planning and certification of family planning provider; development of a quality of care initiative; and development of a sustainability plan.

In 1995 USAID/Manila earmarked \$250,000 in FY95 Field Support Funds to FPMDII for a program of short-term technical assistance (TA) to the IFPMHP. FPMD's TA was designed to complement PMTAT's scope of work. FPMD assistance during 1995-97 has focused on the development of a National MIS Strategy for the DOH and LGUs to improve policy making and program management within the context of devolution. This area of focus is consistent with the goals of the IFPMHP and PMTAT, as stated in its Strategic Plan. It also supported and complemented activities undertaken by the PMTAT as stated in its 1996 and 1997 Annual Workplans.

The scope of work for TA under FPMDII was discussed and negotiated with USAID/Manila during the period October 1995 - May 1996. This process included review of draft scopes of work prepared by FPMD, and on-site discussion with Mission personnel in Manila. Final approval was received in June 1996, and FPMD's Management Development Plan for the program was finalized that month. (See *FPMDII Management Development Plan: Technical Assistance to the Integrated Family Planning and Maternal Health Program, Philippines, January 1, 1996 - September 30, 1997, Finalized June 1996.*)

III. OBJECTIVE

The primary objective of the FPMD program was to provide technical assistance to the IFPMHP in the development of a strategic plan for information management of FP/MCH service delivery for use by the DOH and LGUs, including the development or refinement of information management and monitoring tools and techniques for LGUs.

The need to monitor and evaluate FP and MCH services coupled with the interests of donors have led to a variety of parallel and at times, duplicative or conflicting, MIS efforts within the DOH. MIS-related activities conducted by the DOH and other health-related institutions over the years have included: the Field Health Services Information System (FHSIS); production of reports by the

Health and Management Information System (HAMIS) using clinical and medical data; measurement of national couple years of protection (CYP) by the Commodities Distribution and Logistics MIS (CDLMIS); a FP questionnaire added to the annual Labor Force Survey conducted by the National Statistics Office (NSO); the design and pre-testing of a unified MIS by the Family Planning Services Division of the DOH, etc.

In spite of all these MIS activities, the DOH has had no clear or consistent strategy. And, the DOH has struggled to adapt its information management needs to the realities of the post-devolution era, where LGUs should assume considerable responsibility for monitoring and evaluating the services they deliver while the DOH focuses on its new role of setting the national agenda and providing technical assistance to LGUs. None of the functioning, or partially functioning, management information systems and activities have successfully resolved such strategic questions as: What information is needed at different levels of a devolved health care system? What sources of data should be exploited: client records, surveys, or other sources? Should monitoring of FP/MCH services be facility-based or community-based? How should programs monitor facility functions, administrative operations, trained personnel, and supplies and equipment that support service delivery?

FPMD technical assistance was designed to give direction to the development of a cohesive national strategy for MIS, and to modify, refine or develop information management tools for appropriate levels of the health care service delivery system. As stated in the FPMD MDP, by the end of the period of FPMD assistance, estimated to be September 1997, the following outcomes were expected:

- A fully developed and approved MIS strategic plan for FP and MCH services;
- A situation analysis (health facility assessment) instrument and strategy for the use of the situation analysis by LGUs and the DOH;
- MCH Rider to NSO Labor Force Survey;
- Questionnaire and field manual for conducting integrated FP/MCH cluster surveys for LGUs;
- Implementation strategy and plan for conducting integrated FP/MCH cluster surveys in LGUs; and
- Community-based monitoring system for family planning available to interested LGUs.

IV. ACTIVITIES AND OUTCOMES OF ASSISTANCE

The vast majority of expected outcomes were achieved by September 1997, the date by which it was estimated that USAID/Manila Field Support funding to FPMD would be exhausted.

National MIS Strategy

Over the course of several assignments during late 1995 and 1996 by an MSH/Boston MIS expert (Dr. Robert Timmons), technical assistance was provided to: review and assess the current situation at the central, LGU, and community levels as regards MIS-related benchmarks for LGU and national services performance; to prepare a position paper on a strategy for consolidating MIS activities; and to contribute to the development of a plan for the PMTAT to address benchmarks and the implementation of the National Strategy.

Dr. Timmons prepared a MIS position paper which was reviewed by a Technical Working Group organized by the PMTAT within the DOH. The Technical Working Group included participation of all programs/projects of the DOH involved in MIS-related activities. Feedback on the position paper was obtained, which was considered in the development of the National MIS Strategy.

The National MIS Strategy was finalized and approved by the DOH and USAID/Manila and on schedule (December 1996) as required by USAID/Manila as one of the 1996 performance benchmarks of the IFPMHP. The National Strategy summarizes the existing opportunities and gaps surrounding the FP/MCH/Nutrition MIS of the DOH and at the LGU level. It provides the overall vision and framework for MIS, formulated within the context of devolution, as well as key strategies and implementation arrangements to be pursued by the DOH in operationalizing the framework.

The MIS Strategy asks both the DOH and LGUs to play important roles in monitoring and evaluating FP and MCH program activities. The strategy emphasizes the use of program data for decision making at local levels; the use of provincial-level cluster surveys to measure FP and MCH performance by public, NGO, and commercial sectors; and the use of riders to the NSO's Labor Force Survey and periodic demographic and health surveys to evaluate impact on the population.

The MIS Strategy promotes use of different, independent sources of data from a variety of funding sources. The strategy focuses on using health service statistics and health facility assessments for local decision making, capacity building of regional research institutions to help LGUs conduct cluster surveys, and riders added to the NSO's annual Labor Force Survey. These are elements of a framework intended to produce comprehensive, high-quality information at reasonable cost.

The strategy requires that the DOH and LGUs coordinate information activities and share in their funding. It stresses a reduction in record-keeping by providers at barangay health stations and rural health units, and the use of different methods to get the kind of information needed at each level of

the health care system. By emphasizing the use of data from client records for decision making at barangay health stations (BHS), rural health units (RHU), and the municipality level, it articulates a vision for MIS in the post-devolution era, in that:

- ▶ providers will collect only the data they can use to track clients and improve services;
- ▶ provinces and cities will monitor contraceptive prevalence, coverage for immunizations and vitamin A among children, and coverage for tetanus toxoid among women by conducting multi-indicator cluster surveys with technical assistance from local research institutions;
- ▶ the DOH will rely on surveys attached to the National Statistics Office's Labor Force Survey and periodic demographic and health surveys to monitor the national impact of the programs.

During and subsequent to the finalization of the National MIS Strategy, FPMD provided technical assistance for the initial development of draft information management tools to be used at various levels of the health care system. These tools relate to the expected outcomes of FPMD assistance listed above:

Health Facility Assessments

To assess service delivery sites' state of preparedness to deliver high-quality services, it is proposed that municipalities regularly conduct health facility assessments to determine what assistance is needed from provinces or the DOH. The health facility assessment modules include the collection of data on staff training, supplies and equipment, accommodations at the barangay health station (BHS) or rural health unit (RHU), and management. The assessments will be conducted annually or as needed.

The complete set of health facility assessment modules and an accompanying guide will be finalized by the PMTAT as part of the continuing assistance to the DOH. These materials will complement a revised situation analysis guide and forms currently used by PMTAT and developed under FPMD I. Drafts of instruments for supplies and equipment, health worker interviews, and record reviews have been prepared for testing. The Population Council's situation analysis questionnaires and PMTAT's situation analysis forms have been incorporated where applicable. These modules will be used first in municipalities by RHUs to assess their facilities' readiness to deliver high quality services and to be certified based on a standard set by the DOH.

Facility- or Community-based Monitoring

To track utilization of services, improve coverage, reach high-risk woman, women with unmet need, and remote families, a simple community-based monitoring form that assists barangay health workers (BHWs) and barangay supply point officers (BSPOs) identify all households in the catchment area and track services to clients has been introduced in LGUs that are expanding community health worker networks. Pangasinan Province and Iloilo City are the first to use the community-based monitoring method for family planning, developed under FPMD I. Iloilo Province implemented it after observing it in Iloilo City.

Developing and expanding community-based monitoring for family planning, MCH, and nutrition services is part of PMTAT's workplan for 1998. PMTAT plans to revise the current instrument for family planning and to develop a system that incorporates monitoring of MCH and nutrition services. A handbook will be prepared for distribution and training will be available to interested LGUs.

Multi-indicator Cluster Surveys

With the technical assistance from local research institutions, provinces and cities will regularly conduct surveys to determine whether the programs have achieved the expected outcomes. The surveys include indicators of contraceptive prevalence, the fully immunized child, vitamin A coverage, and tetanus toxoid coverage. Twenty-nine research institutions began conducting these surveys in 46 LGUs participating in the LGU Performance Program early in 1997.

FPMD provided TA to the PMTAT in the organization and conduct of four preparatory workshops on cluster surveys for LGUs participating in the IFPMHP, and for relevant DOH Regional Offices and local research institutions identified to conduct the FP/MCH cluster surveys. FPMD also contributed to the development and finalization of the sampling methodology, questionnaires, and a field manual for the surveys. The plan was for 46 LGUs to each to conduct a survey of 930 households focusing on contraceptive practice, immunization, vitamin A, and tetanus toxoid services. Research institutions were to deliver preliminary reports by mid-July 1997 and final reports by the end of August. LGUs were scheduled to make presentations of the results in September and deliver copies of the final reports to the DOH in early October. Completion of these FP/MCH cluster surveys is a 1997 benchmark for the MSH contract.

As of September 1997, all LGUs had completed or were in the process of completing their multi-indicator cluster surveys. Presentation of cluster survey results of selected LGUs (Capiz and Iloilo Provinces; Baguio City) were made to provincial and municipal officers and PMTAT staff that month. Although the presentations were enthusiastic, good use of the results will depend more on standardization of analysis, sound interpretation, and appropriate action. For example, contraceptive prevalence in Capiz and Iloilo Provinces was higher than expected (56%) which on the surface left most participants thinking that their efforts had been rewarded and no specific alternative action was needed. Yet, a deeper look revealed that about half of the current contraceptive users were traditional method users, a significant percentage of the users of program methods was natural family planning, and modern method use was mostly pills.

In addition to sound interpretation of results, the experience of this first round of cluster surveys has indicated a need for some methodological changes. Notably, what is interpreted as artificially elevated coverage rates can probably be explained by the random walk method missing more remote and impoverished households in favor of more accessible ones. Dr. Timmons has recommended pilot testing cluster segmentation where possible, sampling of slums, and poor and non-poor areas in highly urbanized LGUs, and for LGUs to allocate sufficient funds for the cost of reaching remote barangays.

Family Planning and MCH Riders

Since 1995 the National Statistics Office (NSO) has conducted a family planning survey as a rider to the annual Labor Force Survey. In 1997, an MCH survey was added, drafted by Dr. Timmons in consultation with the NSO. The MCH survey includes questions on pre- and post-natal care, tetanus toxoid vaccination, breastfeeding, and EPI. Dr. Timmons also reviewed and recommended revisions to the FP survey instrument used in past years by the NSO. More cost effective than stand-alone surveys for evaluating national FP and MCH program performance, results from these surveys will assist the DOH to make policy and develop national plans for family planning and maternal and child health services.

FP and MCH Status Report, 1996

Prepared annually by the OPHS, and an annual performance benchmark required by USAID/Manila, the annual status report allows the DOH to review program performance on a national scale, to identify progress in and impact of service delivery, and to highlight areas for improved performance. Working with the PMTAT National Monitoring Advisor, Dr. Timmons developed a draft detailed outline and bibliography for the report. Data analyzed drew upon results of the 1996 FP survey conducted by the NSO. The report was completed by the PMTAT National Monitoring Advisor in mid-1997.

Utilization of FHSIS

During this reporting period the Health Intelligence Service (HIS) of the DOH requested technical support from PMTAT to develop a training course to accommodate local decision making for FP and MCH services, and specifically to improve data utilization at health centers, and to redirect the use of FHSIS data to facilities, municipalities, cities and provinces. To produce training materials to international standards, a proposal was made by Dr. Timmons and staff from MSH's Information for Management Program (INFORM) and the PMTAT in August 1997 to FPMD's Technical Unit to support the adaptation of existing MSH training materials for use in the Philippines. Unfortunately, FPMD does not have sufficient resources -- either Philippines Field Support or Core funds -- to accommodate this request. Funding for this activity is being covered by the MSH/Manila contract, with continued technical assistance by Dr. Timmons and assistance from INFORM staff.

Other technical assistance

In addition to technical assistance in the development of the National MIS Strategy and related information management tools, FPMD provided the following assistance:

“Transition” assistance provided to PMTAT and OPHS: While the MDP was under development and negotiation, with approval from USAID/Manila, FPMD supported technical assistance to PMTAT and OPHS in areas previously implemented by FPMD during the period 1993-95.

Specifically, FPMD provided a technical consultant (Ms. Peg Hume) who facilitated the review and revision of standard workshop curricula for LGUs in light of needs and gaps identified by the PMTAT and OPHS staff through TA to participating LGUs, especially as regards issues faced by LGUs as they implement local-level FP and MCH service delivery plans. Workshop curricula were also revised in view of new benchmarks and end-of-project indicators.

Further “transition assistance” was provided during a subsequent assignment by Ms. Hume. The primary purpose was to review the planning and management tools PMTAT has developed for LGUs and to propose additional tools that would be useful to LGUs as they confront issues of implementation and monitoring. The consultant made several recommendations to the PMTAT for its consideration concerning management tools which could be made available to individual LGUs (e.g., monitoring tool for use at the LGU level; guidelines for conducting client focus groups to assess perception of quality of care; computerized spreadsheet for managing training status or inventory checklists) and for mechanisms for communication and exchange among LGUs. On this latter point, the consultant recommended and wrote illustrative proposals for two new activities: recognition awards for high performing LGUs and an annual conference with LGU presentations.

V. CONCLUSIONS/RECOMMENDATIONS

The development of a National MIS Strategy and implementation of most components of the strategy represents enormous progress in the MIS area in the Philippines. Since the promulgation of the Local Government Code in 1991 and the devolution of management and budgetary authority for FP/MCH service delivery from the central to the LGU level, the DOH, donors, and assistance partners have struggled to develop, articulate and implement a cohesive vision for information management in the post-devolution era. The National MIS Strategy builds on existing systems for data collection, but adapts them to the needs and responsibilities of various levels of the health care delivery system under devolution. The Strategy also articulates an emphasis on strengthened coordination among various DOH units and offices, as well as donors, undertaking or supporting MIS-related activities. Technical assistance undertaken by FPMD and the PMTAT since finalization of the National Strategy has contributed to the necessary changes to management systems and processes that decentralization demands, and established clear priorities and directions for designing new or revising existing management systems that are feasible within the existing resource constraints. In addition, technical assistance has emphasized and contributed to the development of local capacity. For example, FPMD and PMTAT assistance to the MIS Technical Working Group has supported the evolution of the national level’s role as a source of technical assistance and support to LGUs. Involvement of local research institutions to conduct the multi-indicator FP/MCH cluster surveys has contributed to the development of capacity at the LGU level, including the identification of technical resources to assist LGUs in carrying out their new management responsibilities. And Dr. Timmons’ work with the PMTAT National Monitoring Advisor has strengthened his capacity to serve as a technical resource to the OPHS, LGUs, and other Cooperating Agencies.

USAID/Manila FY95 Field Support funds provided to FPMD were spent in full by the end of September 1997. Implementation of the National MIS Strategy, including further refinement and application of the various information management tools, will continue under the MSH/Manila contract, led by the PMTAT Chief of Party and National Monitoring Advisor.

Activities recommended and to be conducted under the MSH/Manila contract in the coming months include:

1. Finalization and dissemination of the health facility assessment instruments and protocol, and revision of the current situation analysis tool for use by LGUs.
2. Continued coordination with and assistance to the HIS to improve data utilization at local levels.
3. Dissemination of revised/expanded community-based monitoring system tools and guidelines to LGUs and follow-up assistance in its application to those LGUs interested in introducing community-based monitoring for family planning, MCH, and nutrition services.
4. Refinement of the methodology for the multi-indicator cluster survey based on the experience in 1997 and development/finalization of a manual for use by research institutions contracted by LGUs to conduct the surveys. Continued assistance to research institutions and LGUs in the analysis and interpretation of results of the surveys.
5. In collaboration with the NSO, analysis of results of the first MCH survey attached to the annual Labor Force Survey, and improving the capacity of DOH services to analyze data from the FP and MCH survey riders.

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