

# **Annual Report**

**October 1, 1996 - September 30, 1997**

Management Sciences for Health  
Philippines Program Management Technical Assistance Team Services (PMTAT)  
USAID Contract Number: 492-0480-C-00-5093-00

## ANNUAL PERFORMANCE REPORT

Program : Integrated Family Planning Maternal Health Program (IFPMHP)  
Contract No. : 492-0480-C-00-5093-00  
Contractor : Management Sciences for Health  
Reporting Period : From October 1, 1996 to September 30, 1997

### SECTION 1 - SUMMARY OF ACCOMPLISHMENTS

During the period October 1, 1996 to September 30, 1997, the PMTAT worked with DOH counterparts at the national and regional levels in providing assistance to 46 continuing and 21 newly selected LGUs. As a result, all the 67 LGUs are expected to meet their 1997 annual benchmarks. The technical assistance provided by the team included the following:

- Updating of LPP tools and systems;
- Coordination of assistance from the national level to the LGUs;
- Organizing formal benchmark reviews and follow through of the documentation of benchmark achievement;
- Monitoring visits/troubleshooting to track the LGUs progress towards meeting their annual benchmarks and resolve problems related to implementation.

An important focus of the previous year's activities was the institutionalization of the tools and systems developed through the LPP. Orientation Workshops and on-the-job training activities were organized to train counterparts from the national and regional levels on the use and application of LPP tools and procedures.

In terms of providing assistance to the DOH, the PMTAT was able to help the DOH accomplish the following:

- Updating of the RH/FP Clinical Standards Manual which included a new section on reproductive health services;
- Completion of the 1996 national FP, MCH, and Nutrition Status Report which relied primarily on population-based data sources;
- Drafting of 21 self-instructional modules, 16 learning guides, 16 clinical assessment checklists and 16 trainer's guides which will be utilized to implement the new

competency-based training system;

- Development of a comprehensive assessment of the urban health situation as an input to the development of appropriate program strategies for urban areas;
- Assessment of compliance to the Presidential Memorandum on Human and Ecologic Security (HES) as input to a proposal for appropriate indicators and benchmarks for program sustainability.

The provision of these assistance was facilitated by an internal restructuring of the PMTAT based on the contract modification proposal as approved by USAID in February 20, 1997.

## SECTION II - DETAILED REPORT

### A. BACKGROUND

The primary objective of the IFPMHP Program and USAID's S.O. 3 is to reduce population growth and fertility rates, increase contraceptive prevalence and expand family planning utilization by high risk women, following an integrated approach of linking family planning with key maternal and child health interventions. Particular attention is being given to accelerating FP/MCH activities in urban areas and in improving sustainability of FP/MCH services at the LGU level.

The Contractor provides assistance to the Department of Health and to selected LGUs in developing, managing and sustaining their FP/MCH programs. As such, the Contractor is responsible for technical support in a number of specialized areas, including information collection and dissemination activities.

The Contractor's major performance objectives for the duration of the Contract are:

- A. Performance Objective 1: Not less than 75 local government units (LGUs) will be able to plan, implement, manage sustainable FP/MCH services.
- B. Performance Objective 2: The Department of Health (DOH) will expand and improve a set of core activities inherent to the government managed FP/MCH programs that are most efficiently and effectively handled on a nationwide basis (e.g. IEC, OR, Training, Advocacy, Service Delivery Standards, MIS).

In addition, eight specific outputs have been included in the Contract towards the attainment of these Performance Objectives. These are:

1. System for strengthening the provision of FP/MCH training to service providers.
2. System for monitoring and provision of information to program managers that will facilitate improving the efficiency and effectiveness of FP/MCH programs.
3. System for developing and implementing special program strategies for FP/MCH in urban areas.
4. System for updating and disseminating service standards and mechanisms for their compliance at the health facility level to ensure high quality services
5. System for ensuring the continued implementation of appropriate FP/MCH programs.
6. System for managing the LGU Performance Program (LPP).
7. System for monitoring and documenting the progress of benchmark achievement under S.O.3. for purposes of the performance based tranche disbursements.

## **B. ANNUAL TARGETS**

Towards the attainment of these Performance Objectives and Outputs, the following annual targets have been developed and agreed to jointly by MSH and USAID for the period.

Table I: Annual Performance Targets

Performance Objectives and Outputs	Targets
<p>Performance Objective I- Not less than 75 local government units (LGUs) will be able to plan, implement, manage sustainable FP/MCH services.</p> <p>Performance Objective II- The Department of Health (DOH) will expand and improve a set of core activities inherent to the government managed FP/MCH programs that are most efficiently and effectively handled on a nationwide basis (e.g. IEC, OR, Training, Advocacy, Service Delivery Standards, MIS).</p> <ul style="list-style-type: none"> <li>• Output 1 - System for strengthening the provision of RH/FP training to service providers</li> <li>• Output 2 - System for monitoring and provision of information to program managers that will facilitate improvement of efficiency and effectiveness of FP, MCH and Nutrition programs</li> </ul>	<p>New competency-based RH/FP training curriculum pilot-tested in selected LPP LGUs by November 1997</p> <p>At least 41 continuing LGUs able to coordinate the conduct of FP courses and able to meet their training benchmarks for 1997</p> <p>Completion of the 1996 National FP, MCH and Nutrition Status Report by June 30, 1997</p> <p>At least 41 continuing LGUs able to conduct multi-indicator cluster surveys in collaboration with research institutions</p>

Performance Objectives and Outputs	Targets
<ul style="list-style-type: none"> <li>Output 3 - System for developing and implementing special program strategies for urban areas</li> </ul>	<p>Development of an urban strategy by September 30, 1997</p>
<ul style="list-style-type: none"> <li>Output 4 - System for strengthening mechanisms within the DOH to ensure that FP and MCH service standards are kept updated and current, and that these service standards are being disseminated and applied nationally</li> </ul>	<p>Completion of the updating of RH/FP clinical standards by end of December, 1996</p> <p>Organize and facilitate the conduct of a study tour on quality improvement by end of September, 1997</p>
<ul style="list-style-type: none"> <li>Output 5 - System for ensuring the continued implementation of appropriate FP, MCH and Nutrition programs</li> </ul>	<p>Assessment of compliance to the HES memorandum as an appropriate indicator of sustainability for LPP conducted</p> <p>Identification of appropriate LPP indicators and benchmarks on program sustainability by end of September, 1997</p>
<ul style="list-style-type: none"> <li>Output 6 - System for managing the LGU Performance Program</li> </ul>	<p>At least 41 continuing LPP-LGUs able to meet their 1997 benchmarks</p> <p>At least 16 newly selected LGUs able to meet their start-up benchmarks</p> <p>Proposal on the holding of LGU technical conference, awards and recognition and good practices developed</p>
<ul style="list-style-type: none"> <li>Output 7 - System for monitoring and documenting the progress of benchmark achievement under S.O. 3 for the purposes of the performance based tranche disbursement</li> </ul>	<p>Presentation of accomplishment of 1996 benchmarks conducted by December 1996</p> <p>Review of status of 1997 benchmarks accomplishments conducted by end of June 1997</p>

**Table 2: Targets and Accomplishments During the Year**

Performance Objective 1- Not less than 75 local government units (LGUs) will be able to plan, implement, manage sustainable FP/MCH services.

Performance Objective 2 - The Department of Health (DOH) will expand and improve a set of core activities inherent to the government managed FP/MCH programs that are most efficiently and effectively handled on a nationwide basis (e.g. IEC, OR, Training, Advocacy, Service Delivery Standards, MIS).

Outputs	Targets	Accomplishments
Output 1 - System for strengthening the provision of RH/FP training to service providers	New competency-based RH/FP training curriculum pilot-tested in selected LPP LGUs by November 1997	<p>During the past year 21 self-instructional modules were developed, primarily by the TWG through PMTAT-supported writeshops conducted in February. The activity was organized by the Training Section of the DOH Family Planning Service. An editor was competitively selected and contracted to edit and help prepare the SIMs for testing in September.</p> <p>A workshop for trainers from the DOH was conducted in May to develop learning guides and assessment checklists. A total of 16 learning guides were developed corresponding to the number of topics/sessions for the CBT courses. These materials will be used by trainers during the implementation of the revised RH/FP training program.</p> <p>Arrangements were made to field test the materials in La Union, Bulacan, Negros Oriental and Bohol during September/ October and regional staff and LGU trainers oriented through a training workshop conducted in August. The workshop provided trainers with an overview of the new training system as well as a refresher course on CBT methods and training in NFP and LAM.</p> <p>During discussion with the Research Institution (UPPI) proposed to evaluate the effectiveness of the SIMs and CBT, it was suggested that recently developed training materials be field tested and further developed before undergoing a full pilot test of the entire training program.</p>



Outputs	Targets	Accomplishments
		<p>As of 30 September, 45 of a total of 47 cluster surveys have been completed through the data analysis phase. Final reports of all surveys are expected to be finalized and submitted by the end of October. Two LGUs, Nueva Ecija and Davao del Norte, are now completing data analysis of the results which will lead to 100% percent compliance with this benchmark. The attached table "Status of the 1997 LPP Multi-Indicator Cluster Survey Activities" provides a complete overview of the locations where the surveys were conducted and the current implementation status of the cluster surveys.</p> <p>Our experience with the cluster surveys has generally been very positive. The LGUs/Research Institution partnership has proven to be an effective mechanism, evident by the fact that all LGUs were able to complete a cluster survey. Quality standards have been acceptable, and LGUs health personnel and Chief Executives have been receptive.</p>
Output 3 - System for developing and implementing special program strategies for urban areas	Development of an urban strategy by September 30, 1997	<p>The development and finalization of the strategy has been slightly delayed due in part to our inability to identify and field an advisor to anchor this effort. The position of Urban Advisor has been vacant since April when the Urban Advisor transferred to another position on the PMTAT. Although the position remains open and filling this position is still considered a program priority, efforts to actively recruit the Advisor have been put on hold until the strategy is finalized. Recruitment efforts will actively begin again after the strategy is finalized and the specific skills needed in the ideal Urban Advisor become clearer and/or a strong candidate surfaces. The COP, Systems Development Coordinator and Short-term Technical Assistance from Boston have supported activities in developing the strategy in the absence of an Urban Advisor. Our original target date to have an approved strategy in place was the end of September 1997 but this has been extended until November 1997.</p>

Outputs	Targets	Accomplishments
		<p>Several meetings were conducted with the TWG during the year. In reviewing early drafts of the Urban Strategy document, the TWG recommended that additional data to support the strategies proposed and expertise in urban disciplines were needed to strengthen the development of the strategy. Based on this recommendation, two consultants were hired from the University of the Philippines, an Urban Planner and Economist/Demographer, to provide technical assistance in the writing of the document. These two consultants continue to assist in finalizing the document and will be available to discuss and defend data and recommendations with the TWG.</p>
<p>Output 4 - System for updating and disseminating service standards and mechanisms for their compliance at the health facility level to ensure high quality services</p>	<p>Completion of the updating of RH/FP clinical standards by end of December, 1996</p> <p>Organize and facilitate the conduct of a study tour on quality improvement by end of September, 1997</p>	<p>An institutional structure to support a quality initiative within the DOH was put in place during the past year. Following the preparation and sharing of a concept paper by the PMTAT, a series of meeting was conducted with representatives from the three services of the DOH (FP, MCH and Nutrition) which resulted in the establishment of "The Quality Circle" within DOH during April. This structure was formalized through a DOH Department Order issued in late July which expanded membership of the Quality Circle and outlined the groups' functions. Additionally, within the PMTAT, a new advisor position was added to the team to anchor this new initiative. Dr. Lagrosa assumed the new position of Quality Improvement Advisor effective 1 July 1997.</p> <p>Considerable progress has been made in framing the strategic direction for this initiative over the past few months. Meetings with IFPMHP program managers and discussion within the TWG have focused on defining the scope and form proposed for starting the Quality Initiative. Key issues addressed include the following:</p> <ul style="list-style-type: none"> <li>• Definition of the programs (FP, MCH, Nutrition, others) to include in the initiative.</li> </ul>

Outputs	Targets	Accomplishments
		<ul style="list-style-type: none"> <li>• Development of illustrative indicators for each program.</li> <li>• Outlining the scope and phasing of implementation for the program.</li> </ul> <p>Current plans call for final decisions on these and other operational issues to be determined during a TWG planning workshop scheduled for November 1997.</p> <p>During August/September the PMTAT organized a study tour for three senior DOH officials to Egypt and Malaysia to see first hand how other countries are managing and implementing quality assurance/improvement programs. The tour went well and the participants were able to learn from the two countries' experiences. A list of findings and recommendations were prepared which will be presented to the Quality TWG in November and will be used to finalize the overall strategy and framework for the Quality Initiative.</p> <p>Updating of FP Clinical Standards. A Technical Working Group, with the assistance of the PMTAT and an international consultant, conducted a workshop in October 1996 to revise and update the Philippine FP Clinical Standards Manual. Drafts were circulated and sent to reviewers and comments consolidated. Lifewatch Communication Services, Inc. provided design and layout services to make the technical material more user friendly and accessible to the targeted health providers. This process was completed in late June. Original estimates were for the document to be submitted to the printer in early July and ready for distribution in late July. This target date was not met because a final review of the document prior to submission to the printer determined that additional technical revision was required prior to publication. This process is currently ongoing with publication and distribution now scheduled for November 1997.</p>

Outputs	Targets	Accomplishments
<p>Output 5 - System for ensuring the continued implementation of appropriate FP, MCH and Nutrition programs</p>	<p>Assessment of compliance to the HES memorandum as an appropriate indicator of sustainability for LGUs conducted</p> <p>Identification of appropriate LPP indicators and benchmarks on program sustainability by end of September, 1997</p>	<p>Mr. Romy Mascardo joined the PMTAT as Sustainability Advisor in early July to anchor this program area. During this quarter he has been involved in conducting field visits, LGU interviews and completed a comprehensive literature review toward identifying an appropriate indicator/proposed benchmark to assess LGUs ability to financially support and sustain FP/MCH/Nutrition programs. These efforts have resulted in the PMTAT recommending a shift away from using HES as a sustainability indicator to recommending that LGUs be required to create a specific budget line item for FP/MCH/N and budget increasing appropriations to this line item over each of the next three years. The general rationale for proposing this benchmark being that an explicit budget line for FP/MCH/N will allow these services to better compete for limited health funds against high demand for funding hospitals and curative services. Additionally, after reviewing the LGU budgeting process, our assessment indicates that once a line item is established and funded there is high probability that it will receive funding in subsequent years. During the quarter, models to project and support proposed annual LGU budget allocations for FP/MCH were developed to support the benchmark recommendation and to use in advocacy efforts with LGU.</p> <p>Initial efforts have begun in assessing and rationalizing roles and responsibilities of the various layers (municipality, provincial, national) in delivering FP, MCH and Nutrition services. Assisting to identify and communicate the specific roles of each layer is considered essential in helping to facilitate the sustainability of programs over the longer term. The proposed benchmark focuses on the provincial level, although information was also collected for the municipal and national levels. The rationalization process and discussions begun with DOH and LGU officials over the last quarter will be continued and expanded over the months ahead.</p>

Outputs	Targets	Accomplishments
		<p>The PMTAT hosted a Paul Alexander Fellow, Mr. Stephen Martel, for six weeks during July and August. The fellowship is an annual MSH award to a health professional interested in pursuing a career in international health. Steve worked with the Sustainability Advisor assisting him conduct literature review and helping to document health care costs for each level of the health delivery system. His services were made available to the PMTAT without cost as the entire funding for the fellowship was provided by MSH using non-PMTAT funds.</p>
<p>Output 6 - System for managing the LGU Performance Program</p>	<p>At least 41 continuing LGUs and 16 newly selected LGUs able to meet their 1997</p>	<p>All 46 continuing LPP-LGUs and 21 newly selected LGUs are expected to meet their 1997 benchmarks. Below is a summary of the inputs provided by the PMTAT in achieving this target</p> <p><u>Establishing Selection Criteria and Standards:</u></p> <ul style="list-style-type: none"> <li>• assisted DOH in selecting the fourth batch of LPP LGUs using the same set of criteria and standards that were adopted in the previous years.</li> <li>• facilitated the decentralization of the selection process to the regions by transferring to them the main responsibility of validating the LGUs interest and commitment and in making the recommendation regarding their final inclusion or exclusion.</li> <li>• assisted the NTAT/RTAT validate the commitment of 6 LGUs whose LCEs were reported not supportive to the Family Planning Program and with some political and organizational problems.</li> </ul>

Outputs	Targets	Accomplishments
		<ul style="list-style-type: none"> <li>• updated the Orientation Guide for newly elected LGUs incorporating the other IFPMHP components (national services and NGO/private sector) especially those whose assistance flow down the LGUs.</li> <li>• accompanied the RTAT in 6 regions conduct their first orientation visits to the LGUs and the rest were done by the RTATs in their own.</li> </ul> <p><u>Development of start-up and annual LPP and LGU benchmarks:</u></p> <ul style="list-style-type: none"> <li>• assisted the DOH define the 1997 benchmarks, identify corresponding documentation requirements in coordination with other cooperating agencies and packaged these into a document for dissemination to the regions and the LGUs</li> <li>• collected and analyzed data to help DOH set the 1998-1999 benchmarks on FIC/TT2</li> <li>• documented observations and findings regarding HES which provided substantial information regarding the actual status and operationalization of the Human Ecology Security (HES) as a potential sustainability indicator</li> <li>• conducted a more focused/in-depth analysis on other potential sustainability indicators at the LGU level</li> <li>• facilitated discussions regarding the expansion of the CDLMIS benchmark to include DMPA and IUD</li> </ul>

Outputs	Targets	Accomplishments
		<p><u>Development of planning guides:</u></p> <ul style="list-style-type: none"> <li>• assisted IFPMHP-Management Team modify and refine the LPP planning process based on feedbacks/comments obtained from the regions and LGUs</li> <li>• develop/updated the following planning tools and guides as reference <ul style="list-style-type: none"> <li>– For new LGUs : Planning Workshop Curriculum Facilitator’s Kit for the NTAT/RTAT Reference materials</li> <li>- For the continuing LGUs: SA Guide and LPP Inventory Forms Planning guidelines for 1998-1999</li> <li>- For the NTAT/RTAT: Plan Review Guide Facilitator’s Kit for the New LGUs Planning Workshop Guide for RTATs in assisting continuing LGUs develop their plans for 1998-1999</li> </ul> </li> <li>• continued to assist DOH update the guidelines for reprogramming the uncommitted funds of the continuing LGUs and facilitated the review and approval of said requests by the DOH</li> </ul> <p><u>Development of monitoring tools</u></p> <ul style="list-style-type: none"> <li>• updated the monitoring guide for the NTAT in monitoring the regions and the tool for the RTAT in monitoring the LGUs and adopted the modeling approach where the tool and the activity itself is modeled by the PMTAT Advisors to the RTAT members in one LGU before the latter take on the full responsibility for the rest of the LGUs</li> </ul>

Outputs	Targets	Accomplishment
		<p data-bbox="1032 342 1454 375"><u>System for deselecting LGUs</u></p> <ul data-bbox="1032 418 2300 753" style="list-style-type: none"> <li data-bbox="1032 418 2300 526">• assisted DOH conduct negotiations with LGUs which were to be dropped from the LPP and helped troubleshoot issues that were preventing these LGUs accomplish their benchmarks</li> <li data-bbox="1032 532 2300 602">• assisted DOH follow-up the retrieval of unused funds from the LGUs dropped in the previous years</li> <li data-bbox="1032 646 2300 753">• helped DOH organize a special group among the legal, auditing and accounting offices to validate and address legal/financial matters raised by the LGUs as a process prior to their suspension or termination from the program</li> </ul> <p data-bbox="1032 797 2300 829"><u>Development of strategies to help DOH extend material and financial assistance to LGUs</u></p> <ul data-bbox="1032 873 2300 1284" style="list-style-type: none"> <li data-bbox="1032 873 2300 1013">• assisted the DOH in facilitating the release of the tranche to the LGUs by updating and amending of the LPP MOA provisions and in negotiating the Department of Budget and Management for the early release of the allotment and corresponding cash to the DOH</li> <li data-bbox="1032 1057 2300 1164">• helped facilitate the submission from the LGUs other documents needed to effect the release of the funds such as the Fund Utilization Reports and reprogrammed plans</li> <li data-bbox="1032 1208 2300 1284">• assisted the DOH compute the grant allocation for each participating LGU for 1998-1999 based on the same formula adopted in the previous years</li> </ul>

Outputs	Targets	Accomplishments
		<p><u>Ensuring involvement of appropriate DOH staff in the management of the LPP</u></p> <ul style="list-style-type: none"> <li>• organized cluster meetings among the NTAT and PMO counterparts as the venue for coordinating efforts undertaken to assist the regions and LGUs in implementing the LPP</li> <li>• organized the expanded LPP Group Meeting with additional representatives from DOH counterparts and coordinating agencies directly involved with the LGUs to keep track of the LGUs progress and address issues and problems</li> <li>• facilitated small group meetings among CAs, DOH counterparts and other foreign-funded projects providing assistance to the LGUs on particular set of interventions</li> <li>• helped IFPMHP-PMT in presenting LPP Updates during the National Staff Meetings</li> <li>• designed and facilitated 16 annual regional orientation-cum-planning workshops that evolved in each region a Technical Assistance Plan for their respective LGUs.</li> </ul> <p><u>LGU-LGU Sharing</u></p> <ul style="list-style-type: none"> <li>• Drafted a concept paper on the Good Practices Initiative that would help LGUs identify, document and share their good practices for possible adoption by other LGUs. The PMTAT has also undertaken initial consultations with selected regions, LGUs and DOH offices in building consensus regarding the definition and scope of good practices. In terms of disseminating these good practices, the PMTAT has</li> </ul>

Outputs	Targets	Accomplishments
	<p>At least 41 continuing and 16 newly selected LGUs able to develop plans</p> <p>At least 41 continuing LGUs able to meet benchmarks for appropriately equipping their health facilities to provide services</p>	<p>also drafted the concept for the LGU Technical Conference as the venue for sharing them including other technical updates to the LGUs. Preliminary consultations with Pangasinan and AVSC regarding the establishment of an observation tour on the provision of VSS were also facilitated by the team.</p> <ul style="list-style-type: none"> <li>• Drafted the concept paper and preliminary guidelines and criteria in awarding and recognizing outstanding LPP LGU performers and in the holding of an LGU Technical Conference. These initiatives are currently under discussion with USAID and the DOH to further refine the proposal prior to implementation.</li> </ul> <p><u>Developing plans, and activities that meet DOH standards for program participation:</u></p> <p>The PMTAT helped organize and facilitate 5 batches of planning workshops for the 21 new LGUs including a one-day facilitators' meeting among NTAT/RTAT prior to each batch of LGU planning workshop. Efforts of the PMTAT on planning during the period were focused to the new LGUs while the RTAT took the lead in helping the continuing LGUs develop their plans. As of the end of the period, a total of 15 new LGUs have already completed their plans and all have been reviewed by the NTAT/RTAT/PMO with assistance from the PMTAT. For the continuing LGUs, the PMTAT technically back-stopped 6 regions as they oriented the continuing LGUs on the revised planning guidelines for 1998-1999.</p>

Outputs	Targets	Accomplishment
		<p><u>Identification, development and implementation of needed management systems to support FP/MCH service delivery.</u></p> <p>A number of management systems have been installed in the continuing LGUs which include the procurement tracking system to facilitate the procurement of LPP-funded items, financial tracking form to help LGUs monitor their disbursements, LPP Team management meetings to help them monitor their own progress in implementing their programs as well as the conduct of program reviews/consultative meetings with the devolved units to strengthen coordination and flow of assistance. Through the LPP Inventory Forms, the LGU managers have also developed capacity to manage their training and allocation of equipment/supplies. The same set of management systems and arrangements were also introduced to the newly selected LGUs. During the period, the PMTAT back-stopped 2 regions in conducting the LPP Implementing Guidelines Workshop for the 3rd batch of the LGUs who were implementing LPP for the first time.</p>
Output 7 - System for monitoring and documenting the progress of benchmark achievement under S.O. 3 for the purposes of the performance based tranche disbursement	Benchmark review conducted by June 30, 1997	<p><u>Setting up procedures for regular monitoring and review of progress towards benchmark achievement:</u></p> <p>As in the previous years, the PMTAT helped DOH establish and refine the mechanisms for assessing and documenting the LGU's progress towards meeting the LPP and LGU benchmarks. During the period, the PMTAT helped the PMT decentralize to the regions the monitoring, validation and certification of the LGUs compliance to the benchmarks.</p>

Outputs	Targets	Accomplishment
		<p>It was decided that the regions will be mainly responsible in validating the LGUs' accomplishment of the benchmarks, and based on their endorsement, the PMT will certify the LGUs' final compliance. Except for CDLMIS and VSS benchmarks, the certification on all the 1997 benchmarks will emanate from the regional offices. For this purpose, the PMTAT assisted the NTAT conduct 1-2 rounds of monitoring visits to all the regions to keep track of the LGUs performance status using the updated monitoring tool.</p> <p>For the national level, the PMTAT designed a tracking form which monitors the performance of each LGU per benchmark which is currently maintained by the PMO. One of the innovations introduced this year was the conduct of a mid-year Regional Update/Consultative Meeting where all the regions were made to report before the PMT regarding the LGUs' progress including problems/issues encountered during implementation. This mid-year meeting was timed prior to the mid-year meeting between DOH and USAID as the basis for making their presentation. It is planned that another meeting will be conducting during the 4th quarter (prior to the final presentation of DOH to USAID) to give each region the opportunity to present and submit the LGUs compliance documentations to the PMT instead of the LPP component manager doing this as last year. Starting this year, the PMTAT is also please do note the PMO has already assumed the follow-up, documentation and submission of benchmark documentations (both for LPP and the national services) with minimal assistance from the PMTAT compared to 1996.</p>

Outputs	Targets	Accomplishment
		<p><u>Institutionalization of LPP.</u></p> <p>While the PMTAT is helping develop the capability of the DOH (national and regional level) in monitoring LGUs' program performance through the LPP, the PMTAT has also started to explore areas for the possible adoption of performance benchmarking and monitoring of other DOH package of assistance outside the LPP. Towards the end of the period, the PMTAT initiated discussions with concerned DOH offices (LGAMs, CHS, IPS) involved in flowing down the Health Development Fund and Poverty Alleviation Funds to the LGUs, and conducted preliminary consultations with a selected region and selected LGUs. Further discussions are needed prior to full implementation of said initiative.</p>

**SECTION III:OUTSTANDING ISSUES NEEDING FOLLOW-UP ACTION**

<b>Outputs</b>	<b>Issues</b>	<b>Actions Taken/Recommendations</b>
Output 1- System for strengthening the provision of RH/FP training to service providers	The pretesting and subsequent revisions of the training materials for the new training system needs to be completed at the soonest time possible in order to have an early phase-out of the existing training system and maximize the utilization of project funds for the new.	Recruitment of a consultant to help in the pretesting of materials is ongoing. The Training Advisor must facilitate this process especially in getting the support of the FPS training section.
	The LGUs need to be informed when they will trained on the new training system especially among LGUs that have substantial numbers of facilities with untrained personnel. This is important in order that the LGUs can anticipate and plan adequately for meeting their training benchmarks.	The Training Advisor and the FPS Training Section should prepare a plan for phasing in the new training system (and phasing out the existing) and communicate this to the regions and LGUs at the soonest time possible.
Output 2 - System for monitoring and provision of information to program managers that will facilitate improvement of efficiency and effectiveness of FP, MCH and Nutrition programs	<p>The preparation of the 1996 National FP, MCH and Nutrition Status Report demonstrated the need to revise the approach of preparing the report to allow for more involvement and participation of the 3 services concerned.</p> <p>Some LGUs encountered delays in entering into a contract with research institutions for the conduct of LGU cluster surveys. One of the reasons for this delay is the</p>	<p>The 1998 benchmark on the preparation of the status report shall include a provision which would require the identification and subsequent involvement of staff from the services in the preparation of the report.</p> <p>The MIS Advisor will obtain a document which allows government institutions to give grants to research institutions in the conduct of research activities. This would obviate the need to conduct local bidding.</p>

Outputs	Issues	Actions Taken/Recommendations
	reluctance of some LGU officials to negotiate with the research institutions without the benefit of a formal bidding process. They could not conduct a bidding as there are not enough “certified” institutions in their area.	The MIS Advisor will coordinate with the RTAs, regions and LGUs to identify and train more research institutions relative to the cluster survey benchmark so that the LGUs can conduct a competitive bidding if they so desire.
Output 3 - System for developing and implementing special program strategies for urban areas	Draft urban strategy needs approval.  Recruitment of Urban Advisor needs to be completed.	Working with short-term consultants, the PMTAT has helped the DOH prepare a draft urban strategy. This will be presented and discussed with the TWG for comments prior to finalization and approval.  The PMTAT will fast-track the recruitment of the urban advisor.
Output 4- System for strengthening mechanisms within the DOH to ensure that FP and MCH service standards are kept updated and current, and that these service standards are being disseminated and applied nationally	The resources required to implement a quality improvement program needs to be considered by the TWG in the preparation of the quality improvement plan	The Quality Improvement Advisor shall trigger/explore possibilities of tapping existing resources within the DOH and other projects for the quality improvement initiative

Outputs	Issues	Actions Taken/Recommendations
Output 5 - System for ensuring the continued implementation of appropriate FP, MCH and Nutrition programs	The lack of clarity of the roles and responsibilities of the national/regional agencies, provinces, cities, municipalities and barangays frustrate current efforts to develop more sustainable approaches for the program.	The Sustainability Advisor will trigger a process which would ultimately result to a clear definition of roles and responsibilities of different levels in the implementation of FP, MCH and Nutrition program.
Output 6 & 7	<p>The participation of counterparts at the national and regional level in terms of the LPP management, monitoring and documentation while already substantial, needs further strengthening.</p> <p>The whole concept of LGU-LGU technical exchange needs to be discussed further as there are a number of issues that need clarification. These include: the definition and manner of identification of good practices, the manner and mechanisms for sharing good practices and lessons learned and the roles of the various entities involved in this activity.</p>	<p>The PMTAT will exert more effort towards developing the capability of national and regional staff in the various roles and responsibilities under LPP.</p> <p>The PMTAT will initiate the holding of discussions and build consensus regarding the concept of LGU-LGU technical exchange.</p>
	The LGUs need assistance in strengthening the link between provinces and municipalities	The LPP cluster of the PMTAT is currently improving mechanisms such as local planning consultations as a way of strengthening the link between provinces and municipalities. Other mechanisms such as subgranting by provinces are being explored.

**SECTION IV****STTA/Consultant Visits During the Reporting Period**

<b>Name of Consultant</b>	<b>Date of Visit</b>	<b>Tasks Completed</b>
1. Dr. Gary Stewart	October 23- November 2	<ol style="list-style-type: none"> <li>1. Served as a resource person during a workshop to update, and revise Clinical Standards Manual</li> <li>2. Provided a draft for review by TWG</li> </ol>
2. Dr. Stephen Solter	January 13 - 25	<ol style="list-style-type: none"> <li>1. Prepared first draft of Urban Strategy document</li> <li>2. Drafted framework for quality improvement "Center for Excellence" initiative</li> <li>3. Provided general/technical/management support to COP and PMTAT</li> </ol>
3. Mr. Edward Dennison	January 28 - February 5	<ol style="list-style-type: none"> <li>1. Completed selection process for hiring of new Training Advisor</li> <li>2. Finalized arrangement for transition period between departing and newly hired Training Advisors</li> </ol>
4. Dr. Stephen Solter	March 31 - April 12	<ol style="list-style-type: none"> <li>1. Led discussions on approaches to revise draft urban strategy</li> <li>2. Continued work on "Centers of Excellence" quality initiative</li> <li>3. Provided technical support and input to COP in areas of training and program requirement</li> </ol>

<b>Name of Consultant</b>	<b>Date of Visit</b>	<b>Tasks Completed</b>
5. Dr. Rachel Racelis	May 5 - 16	<ol style="list-style-type: none"> <li>1. Conducted an assessment of the urban health situation as an input to the preparation of the urban strategy for FP, MCH, and Nutrition programs</li> <li>2. Produced information on health status of urban populations based on secondary data analysis</li> </ol>
6. Dr. Stephen Solter	May 28 - June 12	<ol style="list-style-type: none"> <li>1. Developed a checklist for the quality improvement program</li> <li>2. Drafted a proposal for the study tour for the quality improvement program</li> <li>3. Participated in the PMTAT team building and reorientation workshop</li> <li>4. Expanded the concept paper on the quality improvement program based on discussion with the TWG</li> </ol>
7. Ms. Margaret Hume	May 31 - June 14	<ol style="list-style-type: none"> <li>1. Acted as lead facilitator during the PMTAT team building and reorientation workshop</li> <li>2. Provided inputs into the document on identifying and sharing best practices</li> </ol>

<b>Name of Consultant</b>	<b>Date of Visit</b>	<b>Tasks Completed</b>
8. Dr. Malcolm Bryant	June 2-11	<ol style="list-style-type: none"> <li>1. Facilitated the conduct of the PMTAT team building and reorientation workshop</li> <li>2. Resolved structural and functional relationships within the PMTAT</li> <li>3. Clarified the list of technical backstops based in Boston</li> </ol>
9. Dr. Rachel Racelis	July 14-August 30	Drafted the section on urban health situation of the urban strategy paper.
10. Dr. Emmanuel Astillero	August 1-September 15	Drafted the section on strategies and interventions of the urban strategy paper.
11. Stephen Solter	July 26-August 9	<ol style="list-style-type: none"> <li>1. Provided public health inputs to the urban strategy paper.</li> <li>2. Finalized study tour proposal.</li> </ol>
12. Margaret Hume	September 23-October 3	<ol style="list-style-type: none"> <li>1. Facilitate the annual PMTAT team planning.</li> <li>2. Participated in discussions with the PMTAT on LGU to LGU sharing and related issues.</li> </ol>

**Annex II**

**Summary of Training Accomplishments of FP Courses  
Conducted by EDF for the period October 7, 1996 to September 30, 1997**

<b>Type of Course</b>	<b>Number of Participants by Type</b>			<b>Total</b>
	<b>MD</b>	<b>RP</b>	<b>RM</b>	
Basic Compre	105	167	406	678
Basic FP	15	117	992	1124
ICS	39	130	630	799
Preceptors	14	29	28	71
DMPA	2	25	97	124

**GRAND TOTAL**

**2796**

30 October 1997

**Mr. P.E. Balakrishnan**

Contract Officers' Technical Representative

OPHN - USAID

Manila

Dear **Mr. Balakrishnan**,

We are respectfully submitting 6 copies of the PMTAT annual report covering the period October 1, 1996 to September 30, 1997.

We have revised the format of this report to conform to the suggestions made by your office with some minor revisions.

We look forward to discuss this report as well as our 1998 Workplan with you and other OPHN staff next week.

Very truly yours,

**JOSE R. RODRIGUEZ, M.D., M.P.H.**

Chief of Party

cc: Ms. Mary Reynolds, ORP