

Second Quarterly Performance Report

May 14, 2004

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Second Quarterly Performance Report

Project: Local Enhancement and Development
(LEAD) for Health

Reporting Period: 1 January to 31 March 2004

Contract No.: 492-C-00-03-00024-00

Period: 1 October 2003 – 30 September 2006

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Local Enhancement and Development (LEAD) for Health

Second Quarterly Performance Report (January 1 – March 31, 2004)

A. Technical Information

Background

USAID awarded Contract No. 492-C-00-03-00024-00 to Management Sciences for Health (MSH) in September 2003, to provide the required technical and logistical assistance for implementing the Local Enhancement and Development (LEAD) for Health Project. This project is USAID's biggest activity to attain its Strategic Objective No. 3, which is "Desired Family Size and Improved Health Sustainably Achieved". Specifically, LEAD for Health was designed to achieve Intermediate Results No. 1 (LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened), and No. 4 (Policy environment and financing of services improved), which are two of the four IRs that have to be met in order to attain SO # 3.

The LEAD Project is being implemented within the framework of the health sector reform agenda, as it is designed to support the priority public health programs of the Department of Health (DOH), primarily family planning, TB-DOTS, Vitamin A, HIV-AIDS, and MCH. It will strengthen the service provision capacities of municipalities and cities, to which the responsibility of delivering and financing these services has been devolved under the Local Government Code of 1991. Improving LGU capacities will involve: a) strengthening the financial, managerial, and technical capacity to provide FP and the selected health services; and b) improving the policy and legislative framework at both national and local levels to finance and support these programs.

The project will also work towards developing commitment to and ownership of the project by LGUs. Because of this major focus on the LGU service systems, the project has the target LGUs as its primary clients, with the DOH, PhilHealth, POPCOM, and the leagues of cities and municipalities as collaborating agencies consistent with their national programs and policies.

The implementation of the LEAD for Health Project will follow national health policies and standards, and it will coordinate with and support the regulatory and certification requirements of the DOH and PhilHealth. It will also coordinate its activities with those of other government agencies such as DILG, collaborating agencies of USAID and other donors, and leading NGO initiatives addressing these priority programs.

The submission of this quarterly performance report is in fulfillment of the terms of Section F.4. of Contract No. 492-C-00-03-00024-00, which requires the Contractor to submit a report on its quarterly performance 45 days after the end of the period being covered.

Project Scope and Expected Results

The LEAD for Health Project has an initial life of three years beginning October 1, 2003, and ending on September 30, 2006. At the end of the initial contract period of three years (2006), the project should have achieved significant progress towards attainment of the following national targets:

1. Total Fertility Rate – 2.7
2. Contraceptive Prevalence Rate (Modern) – 40 %
3. TB Treatment Success Rate – at least 70 %
4. HIV Seroprevalence Among Registered Female Sex Workers - <3 % annually
5. Vitamin A Supplementation Coverage – 85 % Annually

Additionally, the project has included as end-of-project targets the increase of TB case detection rate to 70 %, and the behavior surveillance of other HIV-AIDS high-risk groups such as men having sex with men, and injecting drug users. No quantitative target has yet been set for the second additional end-of-project deliverable.

In order that LEAD can impact significantly on the five national targets listed above over its three-year project life, it will enroll at least 530 selected cities and municipalities, whose aggregate population will be equivalent to around 40 % of the total Philippine population. Each target LGU will aim to cover approximately 80 % of its barangays.

The LEAD Project will provide technical and logistical assistance to these target LGUs so that each of them will achieve the following goals or ends:

Governance

- a. Increased share of FP/TB/HIV-AIDS/MCH in the total municipality or city budget, especially for contraceptive procurement;
- b. Ordinances enacted, such as a local health code, that articulates official support and provides adequate financing for FP and selected health services;
- c. Formulation and adoption, as an official policy, of a local CSR+ plan (that covers FP, TB-DOTS, HIV-AIDS, and Vitamin A supplementation);
- d. Enrolment of indigents under the National Health Insurance Program; and
- e. Adoption, as official policy, and implementation of an LGU plan for strengthening services and improving quality of FP, TB-DOTS, HIV-AIDS, and Vitamin A supplementation, including private sector services, to meet community needs.

Family Planning and Health Systems

- a. A functional health information system;
- b. Increased access to quality modern contraceptive supplies and services, including voluntary surgical sterilization and IUDs;

- c. The Rural Health Unit (RHU) is Sentrong Sigla Level 1 certified, and accredited by PhilHealth as provider of TB-DOTS and outpatient benefit packages;
- d. The RHU is providing routine vitamin A supplementation to sick children;
- e. All LEAD HIV-AIDS sites are implementing interventions and improved surveillance and education activities, especially for high-risk groups such as injecting drug users and men having sex with men;
- f. Decrease rate of dropouts among pill and DMPA users;
- g. An expanded health volunteer network; and
- h. Increased collaboration with the private sector.

Performance Objectives and Expected Outputs for the Quarter

The performance objectives for the quarter are generally geared towards achieving the targets set for the project's test phase. Majority of the deliverables, therefore, center on the development of appropriate tools, instruments, and guidelines, and designing the necessary systems and processes. The test phase also involves the actual engagement of at least 20 LGUs from Visayas and Mindanao where the various tools developed will be tested.

These outputs will be evaluated and modified accordingly based on the results of their initial implementation in the test LGUs. Revised versions of these tools, instruments, and processes are expected to be ready by end of July as the project enters the initial rollout phase that starts in August and will run until December. Another quick assessment will be conducted towards the end of the year to introduce further refinements, if any. This is in preparation for the onset of the peak performance phase in January 2005.

The specific outputs expected of the project during the second quarter are discussed in the section "Status of Deliverables" on pp. 8-22.

Summary of Major Accomplishments During the Quarter

With most of the necessary administrative systems and procedures already installed, efforts for the quarter under review was devoted to laying the technical groundwork for the project's successful implementation. As the project entered the test phase, which runs from January to July 2004, priority was given to the development of relevant technical tools, approaches, and guidelines after a review and assessment of existing models, approaches, and policies. The list of target LGUs was finalized and approved, and the LGU engagement process was initiated using some of the tools and approaches developed by the project.

Despite a few deviations from the work plan, the project team managed to meet the performance objectives and deliverables for the quarter. In the process of accomplishing these deliverables, the units worked closely with the project's clients that include the DOH, POPCOM, PhilHealth, and the LGUs as well as with the various leagues, partner organizations, and USAID. The Project Advisory Group (PAG) and the Technical Advisory Group (TAG) provided the necessary guidance and support to the project's efforts to meet all

18 deliverables set for the quarter. Following is a summary of the major activities undertaken by the project, by unit:

Family Planning and Health Systems Unit (FPHSU)

The responsibilities for improving management information systems, enhancing the quality of FP, TB, HIV/AIDS, and MCH services, and upgrading the capability of service providers in the target LGUs are lodged with the FPHSU. In line with these, the Unit focused its attention on the development of approaches for the project's family planning strategy. Alongside this were the conduct of activities leading to the development of tools that will be used by LGUs to assess the readiness of their health facilities to provide services and quantify and map the demand for family planning and selected health services. In collaboration with JHPIEGO, the project reviewed an existing draft of a how-to guide for setting up IUD services. The guide will be adopted, with some modifications, to facilitate the establishment of IUD services in project sites and, consequently, will help ensure the availability of long-term family planning methods.

A major undertaking during the quarter was the drafting of the project strategy for improving health information systems at the local level. The strategy is directed at improving the capacity of LGU health managers in data collection, analysis, and measurement as well as in using these data for planning, project/policy development, and resource allocation.

Through an STTA, the project identified current DOH and cooperating agencies' processes for training, determined service providers' training needs, and initiated the review of existing training modules on no-scalpel vasectomy (NSV), mini-lap, IUD insertion, and itinerant NSV services. Available training modules on family planning group counseling techniques were also reviewed, the results of which will be used in developing a similar curriculum for non-professionals like the BHWs. The counseling guide developed earlier by Save the Children will be adopted for health professionals. A similar review of pharmaceutical procurement interventions at the LGU level was conducted through an STTA to serve as basis in developing a framework for logistics management improvement.

A workshop was held in February to brief stakeholders on the project's FP strategy development initiative and to gather inputs in crafting the overall and specific strategies. A consultant was also commissioned to conduct literature review on the factors affecting the behavior of FP providers and clients.

To jumpstart project activities with regard to HIV/AIDS, project briefings were conducted for the mayors of the five sentinel sites in Visayas and Mindanao, i.e. the Cities of Iloilo, Cebu, Davao, Gen. Santos, and Zamboanga. Similar briefings were held for the cities' respective Multisectoral STD/AIDS Councils, City Health Officers and Social Hygiene Clinic Physicians to explore possible areas for collaboration. The drafting of the HIV/AIDS strategy was also initiated during the quarter.

LGU Unit

Primarily responsible for ensuring the enrolment of the targeted number of LGUs to meet project goals, the LGU Unit focused its efforts during the quarter on generating interest among LGUs to participate in the project. As a result, the project was able to secure signed letters of intent from 46 LGUs, more than double the targeted number for the period. Thirty-eight (38) or 82% of these LGUs were able to complete and submit the required self-assessment form. This form, which was developed by the project, generated information on the following: 1) LGU demographics, budget, and governance; 2) quality of health services; 3) financing of health services; 4) drugs; 5) information systems; 6) public-private health service provision/mix; and 7) availability of health services, among others.

Participatory workshops to assess LGU needs, capacities, and priorities were conducted for the Provinces of Capiz, Iloilo, Davao del Norte, and Tawi-Tawi. These workshops were intended to identify relevant strategies to address the LGUs' expressed needs and the corresponding technical assistance required.

An orientation workshop for the field operations staff was likewise conducted. This was done to enable the field operations staff (11 field coordinators and 2 finance/administrative staff) to have a clear understanding of the LEAD project and the priority programs that it supports. The workshop was also intended to help the staff understand their roles and responsibilities as the primary source of technical assistance in the LGU engagement process. It also served as an opportunity to orient them on the project's financial and administrative processes.

Discussions on the potential role of the Leagues of Cities/Municipalities in the project were initiated and a scope of work (SOW) for a short-term consultant to assist in fleshing out the details and finalizing work in this area was prepared. A SOW was similarly prepared for Save the Children, who will take the lead in developing the ARMM strategy.

Finally, the LGU Unit closely collaborated with the Project Performance Monitoring Unit in the development of the LGU performance indicators and in the formulation of an integrated communication and advocacy framework for LEAD.

Policy Unit

The Policy Unit pursued its activities in line with the project's mandate of improving national-level policies to facilitate the delivery and financing of quality family planning and selected health services by LGUs. In this regard, it initiated, with technical assistance from the Harvard School of Public Health and CEPR, the inventory, review, and analysis of existing policies, laws, and regulations affecting the provision of services pertinent to family planning, HIV/AIDS and tuberculosis control and prevention, and Vitamin A supplementation for purposes of introducing modifications to make them more relevant and responsive. It developed a market segmentation framework for sustaining the family planning program of LGUs where the LGUs would focus on the poor while the private sector would take care of the needs of those who can afford to pay for services. A companion concept

paper on the different approaches to client segmentation was also developed. The Unit likewise formulated an Operations Research/Technical Assistance Plan for Pangasinan, the province chosen to serve as the site for examining operational issues affecting local implementation of the Contraceptive Self-Reliance (CSR) Initiative, such as service provider behavior, client segmentation, logistics management, and private sector participation, among others.

In addition, it initiated collaborative work with PhilHealth towards enhancing the responsiveness of the National Health Insurance Program in improving coverage and benefits in support of family planning, TB, HIV/AIDS and MCH. The project will work closely with PhilHealth in the following areas: a) Indigent Program: increase in enrollment, tracking and monitoring, and improving benefit coverage; b) financial management: establishment of revolving fund for the capitation fee, PhilHealth accreditation of RHUs, income retention by provincial and district hospitals, social insurance for TB and HIV/AIDS, and conduct of studies, e.g. comparison of quality of service between PhilHealth-accredited RHUs and non-accredited RHUs; and c) review of policies for outpatient services, to include the provision of oral contraceptives.

The Policy Unit also drafted a concept paper for collaborating with DKT International in the development of a procurement and distribution system that would ensure participating LGUs of consistent, reliable, and timely supply of contraceptives. DKT is a social marketing firm that currently sells the lowest-priced contraceptives in the Philippine market. DKT has launched an LGU program that seeks to establish a revolving fund system for contraceptives. The objective is to help interested LGUs set up and implement a revolving fund program which involves the LGUs in the retail marketing of DKT contraceptives using an initial seed stock provided free by DKT. If managed properly, the scheme could lead to LGU self-reliance in contraceptive supply. As conceptualized, LEAD-DKT collaboration will be established in the areas of forecasting, procurement, distribution, financial management, and IEC and advocacy.

The Policy Unit, assisted by the Center for Economic Policy Research (CEPR), provided technical assistance to the TWG on Contraceptive Self-Reliance of the DOH in drafting the implementing guidelines for the allocation and distribution of the reduced contraceptive supplies from donors. This TWG, which was organized to respond to the challenges besetting the family planning program, is tasked to develop plans, systems, policies, and guidelines in the implementation of contraceptive self-reliance in the country. Assistance was also provided to the TWG in developing a methodology for evaluating and categorizing LGUs, particularly in ranking LGUs based on poverty incidence. The TWG was also assisted in the preparation of relevant presentation materials on the CSR strategy, e.g. Undersecretary Milagros Fernandez's presentation for a donors' meeting.

Project Performance Monitoring Unit (PPMU)

The PPMU is tasked with the measurement and tracking of project performance, including those of target LGUs. During the quarter, it spearheaded and coordinated the formulation,

organization, and submission of the Project's First Year Work Plan, the development of the Performance Monitoring and Evaluation Plan (PMEP) with the corresponding LGU Performance Indicator Matrix, the establishment of a functional indicator monitoring system, the preparation and submission of the 1st Quarter Performance Report, the holding of the 1st Benchmarking and PAG meeting, and drafting of the Advocacy and Communication Plan Framework.

The PPMU also initiated the inventory of information sources and collection of relevant reports and reference materials in preparation for the setting up of the project's resource information center. It took the responsibility for the setting up, configuration, and installation of the project's local area network and establishment of a wireless Internet connection. Finally, the Unit coordinated the finalization and submission to USAID of the list of Life-of-Project target LGUs, including the selection criteria and process used.

LGU Performance-Based Grants and TA Contracting Unit

This unit is responsible for procuring technical assistance to strengthen governance and service delivery capacities of target LGUs, and administering the performance-based grants to selected target LGUs. For the period under review, priority was given to fleshing out the details of the project's performance-based granting mechanism, e.g. how LGUs may qualify, competition among LGUs, and how to assign money values to the grants. This was undertaken through a TWG that includes representatives from the USAID, which is also tasked to assist in formulating the performance-based benchmarks using the table of indicator matrix.

The guidelines and procedures for contracting Service Implementation Organizations (SIOs) were finalized and a master list of SIO bidders for all regions was prepared. The project team and the contracts office of MSH/Boston are currently reviewing the RFP, including the Statement of Work for SIO subcontracting. The project expects to send out the RFP by mid-May and have two SIOs on board by the first week of July.

Finance and Administrative Unit

By the end of the second quarter, the majority of the technical and administrative staff for the central and field offices have been hired. An additional senior staff was hired to manage field operations. Eight (8) field coordinators were recruited, with three being provided by Save the Children. Another key senior staff for the Policy Unit will be on board by June.

All the requisite financial and administrative systems, policies, and procedures are already in place and an employee handbook has been drafted. The procurement of major office equipment was also completed during the quarter. The project is now in the process of setting up its regional offices.

Status of Deliverables

This section presents the project's performance vis-à-vis the benchmarks or deliverables, which the project committed to achieve during the quarter January to March 2004. All 18 deliverables for the period were met.

Family Planning and Health Systems Unit

Deliverable # 1: Assessment tools, instruments, and guides developed for LGU engagement

Under the project, target LGUs are expected to engage in a set of processes leading to the development of responsive plans for strengthening family planning and selected health services, including the formulation and adoption of supportive policies to sustain the provision and financing of same services.

To assist the LGUs in undertaking these processes, the project developed several tools that would facilitate the achievement of the desired outputs. These tools will be used in the engagement of the initial batch of LGUs as part of the test phase and will subsequently be reviewed for possible modifications, in preparation for the initial rollout phase. These will particularly be used by LGUs to establish baseline data and/or to conduct in-depth assessment of key areas. Majority of these tools built upon those developed by other projects and institutions. These include:

1. **LGU Assessment Form:** This self-assessment tool, which was developed for use during the LGU engagement process, is aimed at gathering initial data on the following areas: (1) LGU characteristics: demographics, budget, and governance; (2) health services quality; (3) health service financing; (4) drugs; (5) information systems; (6) public-private health service provision/mix; and (6) health service availability, among others. LGUs interested in participating in the project are required to complete and submit this form together with the signed letter of intent.
2. **Community-Based Monitoring and Information System (CBMIS):** This was developed to facilitate community-level needs assessment. It aims to enable the systematic identification, categorization, and prioritization of clients with unmet needs for family planning and MCH services.
3. **Facility Self-Assessment Checklist (FSAC) for Rural Health Unit/Health Center:** This is an instrument to assist health facilities assess their status vis-à-vis a given set of quality standards. The current FSAC was modified to include additional elements useful for LGU management of services for FP, TB, Vitamin A, and STIs.
4. **Barangay Service Profile:** This will enable LGUs to analyze data across barangays and identify service gaps. The data will also feed into the LGU planning process.

5. LGU Management Situation Analysis Tool: This tool is useful for reviewing the LGU environment as regards policy, governance, commodities management, financing, and other service management elements.

The above tools are ready for adoption by the test LGUs. Project efforts will now focus on orienting LGU teams on the complete set of tools, with the LGUs eventually conducting their assessments using these tools, and using the information generated during their respective planning workshops. The first tool was already used by the LGUs that signified their interest to participate in the project.

Documentation: Assessment Tools for the LGUs

Deliverable # 2: Specifications, guidelines, and alternative models of LGU-level health information systems development initiated

One of the major commitments of the project is to improve the health information systems at the LGU level in support of project initiatives to ensure the sustained delivery of quality family planning and other health services. In this regard, the project formulated an HIS strategy that is anchored on the review, assessment, and consolidation of existing systems to arrive at a simplified approach to LGU health service monitoring. The formulation of the strategy is just the first phase in the project's overall efforts to develop alternative local-level HIS models that can provide LGUs with relevant data needed for planning, program management, and policy-making.

The HIS strategy focuses on a) enhancing the capacity of the LGU health managers and staff in data collection, analysis, planning, and measurement of their health performance situation, b) developing local capacity for designing interventions and strategies to improve health services, and c) assisting in setting up local health monitoring procedures by building on, supporting, and/or improving the existing LGU information system. The strategy calls for the development and introduction of tools and techniques for collecting population-based information on health status, profile of clients, health facilities, financing, and governance. It also emphasizes the development and introduction of training tools and approaches to enhance health staff skills on data collection, processing, analysis, and utilization.

The entire process of performance and management assessment, strategic and implementation planning, finalization of the Memorandum of Agreement, and setting up of the LGU's monitoring system will be used as an opportunity to enhance the LGU teams' ability to collect, structure, process, analyze, and utilize data.

Following the development of the strategy will be a series of initiatives that include an assessment of existing LGU-level health information systems to pinpoint common problem areas; a review of innovations undertaken by LGUs with regard to HIS and cataloguing those that have the potential for broader application; pre-testing and finalization of the design and format of the in-depth assessment and LGU planning processes; identification of a central-level SIO that could assist in enhancing the assessment and planning processes and in

training regional-level SIOs in facilitating the same; and, finally, documentation of alternative LGU monitoring frameworks and procedures for the LGUs' consideration. The project will work closely with the National Epidemiology Center on all matters concerning LGU data management and utilization.

Documentation: Strategy for Improving Health Information Systems at the LGU Level (Draft)

Deliverable # 3: Initial review of training modules on NSV, mini-lap, IUD insertion, and itinerant NSV services conducted

In February, a short-term consultancy team composed of family planning clinical experts was mobilized to assist in developing strategies to improve contraceptive prevalence as well as provide technical assistance in designing training and provider performance interventions. The team visited the RHUs and health centers in Tanza (Cavite), Bacolod City and Bago City (Negros Occidental), Talisay (Cebu), and Pantukan and Lupon (Davao Oriental) to meet with service providers, supervisors, and administrators. Also visited were the district hospitals in Urdaneta and Valladolid in Pangasinan, and the Davao Regional Medical Center. The site visits were conducted to better understand provider performance and the resources to support them, and identify specific areas where LEAD resources can focus on to improve access to and quality of FP services. The team likewise reviewed existing FP training curricula and materials, as well as the recent critical analysis of the DOH training and standards guidelines conducted by the Social Acceptance of Family Planning in the Philippines Project.

Based on these, the team provided an initial review of the strengths and noted areas for improvement in the existing training guides and resource materials for health care workers. The team identified areas for updating, consolidation, and improvement in terms of content. Among the recommendations of the team are: 1) use the JHPIEGO IUD Insertion and Removal Training Package (with minor adaptations) to teach a stand-alone course; 2) advocate with the DOH for the revision of the course design and training approach of the DOH comprehensive 6-week FP course; 3) finalize the draft NSV training package used by EngenderHealth and have it endorsed by the DOH; 4) revise the module on NSV training in a rural setting to have a more structured process for effective transfer of knowledge, skills, and provider attitude; to include complication management and treatment; improve the section on infection prevention practices, etc.; and 5) synchronize the materials used in the DOH mini-lap training package to ensure that changes made in the 1999 reference manual are reflected in the participant's and trainer's materials.

Through JHPIEGO clinical support, the project will revise the existing NSV, mini-lap, and IUD training and service guides taking into consideration the recommendations of the team. Materials from JHPIEGO will also be reviewed for elements that might be useful for incorporation in the existing IUD services and insertion guidelines and the utility of the self-paced CD for strengthening insertion technique will also be assessed. Elements from the new Tiaht guidelines will likewise be incorporated in the NSV service guidelines.

The recommendations affecting the DOH are yet to be discussed with the proper authorities. Meanwhile, the project will coordinate with the AED and relevant DOH units that are similarly undertaking a review of FP training packages to synchronize activities and ensure complementation of efforts.

Documentation: Report on the Initial Review of Training Modules on NSV, Mini-lap, IUD Insertion, and Itinerant NSV Services

Deliverable # 4: Guide in setting up IUD services developed

LGUs currently have very poor access to sterilization services and long-term methods, such as IUD. The issue of access is a major contributory factor to the high level of unmet need for family planning. In line with this and in its effort to make quality FP services more widely available at the LGU level, the project will assist LGUs in setting up IUD services in their respective localities.

To facilitate the process of setting up IUD services, the project will provide the LGUs with a guide that spells out the details and mechanics for establishing one. This guide is a modified version of the guide drafted by MSH's Program Management Technical Advisors Team (PMTAT) in 2002.

The original guide, which was developed by a short-term consultant, spells out the physical requirements, the ideal client flow, the required equipment, instruments and supplies, staffing pattern, staff functions, and ways to promote the use of IUD services. It will be revised to incorporate the recommendations of a team of consultants commissioned by the project. The team noted that as a "how to" guide, the document must focus on the process of developing political commitment, to integrating the service into the menu of health services offered by the SDP, down to a demand generation effort. Monitoring and evaluation is another component that will be useful in this guide.

Inputs from the various stakeholders will also be obtained prior to finalization of the guide. Upon completion of the final version, the project will seek official endorsement from the DOH to facilitate adoption by the LGUs.

The follow-through activities related to this deliverable will be undertaken with support from JHPIEGO.

Documentation: Intra-Uterine Devices: Increasing Options for Long-Term Contraception (A Guide for Local Government Units)

Deliverable # 5: Training modules on FP group counseling techniques drafted

At present, there are many missed opportunities in the provision of FP services. Women who come for ante-natal and post-natal visits are not routinely given FP counseling. Service

providers are either reluctant or unable to provide good counseling and the full array of contraceptive methods to clients.

Given this scenario, the project deemed it necessary to develop a training module on FP group counseling as part of its overall effort to upgrade capacities among service providers. The group counseling approach will be utilized by the project to increase the acceptance of highly reliable methods that are less familiar to couples, and to help reduce dropout rates from oral contraceptives and DMPA. Positive experiences with group counseling in the past make this approach promising. Although time-consuming, providers find group counseling sessions to be gratifying and useful as they reach more couples at one time. The approach is also more effective in ensuring a thorough understanding of how the different FP methods work and their possible effects.

In 2003, Save the Children prepared a module on FP group counseling under the auspices of MSH-PMTAT. This was developed to help facilitators conduct group counseling sessions to promote modern family planning among couples of reproductive age. The counseling sessions are designed to increase appreciation of family planning and encourage greater utilization of family planning services at health centers. The module has two parts: a Family Planning Action Session Guide and a Family Planning Session Reference. The Session Guide provides step-by-step instructions for facilitating group sessions while the Session Reference contains technical notes and illustrations and serves as the facilitator's main resource in conducting the group sessions.

This same module will be adopted by the project for use by health professionals. A similar module for non-professionals, e.g. Barangay Health Workers (BHWs), will be developed by the project as recommended by the team of consultants who reviewed the module. It is believed that the midwives and BHWs are the most appropriate people to be engaged in such a community-based activity. JHPIEGO will support all related project activities in this area.

Documentation: Facilitators Module: Group Counseling for Promoting Modern Family Planning

Deliverable # 6: LGU procurement models and FP supplies management guidelines reviewed/improved

The availability of contraceptives and other essential commodities at the LGU level is critical, especially with the eventual phase-out of donated contraceptives. The decentralization of health services also highlighted the need to systematize the provision of logistics support to nationally initiated health programs at the local level. In the light of these realities, the project is giving priority to the establishment of a model LGU pharmaceutical management system that would ensure the availability and accessibility of high-quality affordable drugs at the local level. A review of existing LGU procurement models and FP supplies management guidelines was therefore imperative.

To achieve this deliverable, the project contracted a drug management expert to review existing pharmaceutical procurement interventions at the LGU level to be able to propose or recommend the elements and features of a model pharmaceutical management system. The recommendations were arrived at based on a review of documents, interviews with key personnel, and the personal experience of the consultant.

Based on the consultant's report, the model LGU pharmaceutical management system starts with selection of the most effective treatment for the target conditions. These should be based on evidence-based and critically appraised standard treatment guidelines. The selected drugs then become the basis for bulk procurement through one of several models: informed buying, coordinated informed buying, group contracting, central contracting and purchasing, and electronic procurement. The sources of medicines for bulk procurement could include parallel drug imports and the DKT. Health Plus outlets and pharmacies are another source of quality FP commodities at low cost. They may also be tapped in the distribution of the commodities. Bulk and centrally procured medicines may be delivered to the RHUs through either the CDLMIS or CDS system. When the medicines arrive at the RHUs, the ILHZ Therapeutic Committees using drug use reviews can monitor their use. The purchase of these drugs could be financed by a revolving drug fund that would be reimbursed by the RHU's capitation fund. The CDLMIS will provide feedback information on the inventory status in the RHUs. A drug price comparison guide will help the different LGUs assess the efficiency of their procurement process. Personnel who are involved in this system should be properly trained to assume their responsibilities. Finally, appropriate policies are needed to facilitate the implementation of these interventions.

The proposed system will be finalized for implementation upon incorporation of the comments from USAID.

Documentation: Improving the Management of Selected Health Commodities at the LGU Level

LGU Unit

Deliverable # 7: The first batch of 20 LGUs with signified intent to participate in the program

Based on the project's work plan, LGU enrolment and engagement will be phased. An initial 20 LGUs will be engaged during the 7 month-test phase that includes the quarter under review, another 90 during the initial rollout phase, 375 for the peak performance phase, and the final 40 during the project assessment phase.

The project's LGU engagement process involves five steps, namely, 1) LGU orientation on the project; 2) LGU submission of letter of intent; 3) assessment of LGU capacities/ identification of TA needs; 4) signing of MOA; and 5) provision of technical assistance. The past quarter was specifically devoted to the conduct of a series of briefings for local chief

executives, regional directors, and local health officers to generate interest on and enlist support for the project.

To start its search for the initial 20 LGUs to be engaged, the project held initial meetings with selected local chief executives with proven track record in leadership. These included the governors of Capiz, Davao del Norte, and the municipal mayor of Concepcion, Iloilo. The ARMM governor was also singled out, the ARMM region being a priority area for project initiatives. Similar meetings were conducted with the CHD Directors of Regions VI and XI, regional health officers of DOH-ARMM, and Provincial Health Officers of Tawi-Tawi and Capiz.

Following these meetings, the concerned governors sent out letters of invitation to their respective LGUs to attend an orientation/briefing on the project. Attending these provincial briefings were the governors, mayors, municipal/city health officers, budget officers, population officers, and municipal planning and development officers.

As a result of all these efforts, 46 LGUs sent signed letters of intent to participate in the project: 17 from Capiz, 9 from Iloilo, 10 from Davao del Norte, and 10 from Tawi-Tawi.

Documentation: Compilation of Signed Letters of Intent to Participate in the LEAD Project

Deliverable # 8: Completed self-assessment forms from the 20 LGUs reviewed and evaluated

The project developed a self-assessment tool that could assist the LGUs do a preliminary assessment of their health situation, as well as provide the project staff with preliminary LGU data useful in establishing LGU profiles and making LGU comparisons. The four-page assessment tool covers the following areas: (1) LGU characteristics: demographics, budget, and governance; (2) health services quality; (3) health service financing; (4) drugs; (5) information systems; (6) public-private health service provision/mix; and (6) health service availability, among others.

The project requires the LGUs to complete and submit the self-assessment form as further indication of their willingness to participate in the project. This form has to be submitted together with the letter of intent. Submission of a letter of intent and accomplishment of the self-assessment form are the two conditions to be met for an LGU to become a LEAD target. Thirty-eight (38) out of a total of 46 LGUs, which sent letters of intent to participate, were able to complete and submit the required self-assessment form (15/17 for Capiz, 9/9 for Iloilo, 7/10 for Davao del Norte, and 7/10 for Tawi-Tawi). The forms were submitted during the assessment workshops.

Completion of the self-assessment form was required for the following reasons:

- It forced the LGUs to gather data and assess their needs and capacities.
- It offered preliminary data that are useful during the assessment workshop.
- It generated data that are not usually available to the city/municipal health officers, e.g. budget.
- At the level of the project staff, the data enabled comparison across LGUs within a province.

Following are the recommendations to further improve the utility of the self-assessment form:

- Revise some portions of the form.
- Ensure that the forms are submitted before the conduct of the assessment workshops.
- Set aside some time during the workshops for the participants to validate and correct the data in the completed self-assessment forms, and discuss the implications of the data.

Documentation: Report on the Self-Assessment Forms

Deliverable # 9: One participatory workshop conducted to assess LGU needs, capacities, and priorities

The assessment of LGU capacities is the third step in the LGU engagement process. For this purpose, participatory or assessment planning workshops are organized to 1) orient the participants on the LEAD Project, 2) assess the situation of the LGUs in the areas of family planning, Vitamin A supplementation, STD/HIV/AIDS, and tuberculosis, 3) formulate strategies to address gaps and needs as well as opportunities, 4) identify areas for technical assistance, and 5) plan the next steps. Four (4) such workshops were conducted during the

were representatives from the concerned Centers for Health Development, Philhealth regional offices, Save the Children, and AICDI-VOCA.

The workshops elicited the needs, capacities, and priorities of the LGUs in the areas of family planning, Vitamin A supplementation, STD/HIV/AIDS, and tuberculosis using the Technology of Participation (ToP) method. The participants were also able to identify initial strategies to address the emerging needs and gaps based on available data at the time of the workshops, as well as the technical assistance required. All workshops led to planning for the next steps, which include a) orientation of LGUs on the different assessment tools; b) collection of additional community- and facility-level data, and data on governance and management systems; c) in-depth assessment of community needs as well as review of managerial and financial capacities of facilities and LGUs; and d) formulation of the LGUs' Governance and Health Service Capacity Development Plan.

Documentation: Documentation of the Assessment Planning Workshop for Capiz
Documentation of the Assessment Planning Workshop for Iloilo
Documentation of the Assessment Planning Workshop for Tawi-Tawi
Documentation of the Assessment Planning Workshop for Davao del Norte

Policy Unit

Deliverable # 10: Inventory, review, and analysis of and recommendations on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV-AIDS, and MCH (Vitamin A) initiated

Component 2 of the project involves the improvement of national policies to facilitate efficient delivery of quality FP and health services. Along this line, the project will pursue policy changes to improve system efficiency in the provision of services by working with various national government agencies.

As a starting point, a legal and regulatory review team composed of experts from the Center for Economic Policy Research and Harvard School of Public Health was organized to conduct an inventory, review, and analysis of existing policies, laws, and regulations that affect the effective provision of services for FP, TB, HIV/AIDS and Vitamin A supplementation. The initial activities involved the gathering and compilation of laws, regulations, and policies and the interview of key personnel of the DOH, POPCOM, PhilHealth, COA, provincial and municipal governments in Pangasinan and other concerned government agencies; representatives from the private and NGO sectors like DKT, Organon, the League of Cities, League of Municipalities, etc. The team reviewed, summarized, and made initial comments on 59 laws, regulations, and policies broken down as follows: family planning (15), Anti-TB (10), HIV/AIDS (15), Vitamin A (9), and cross-cutting (10).

The final report on the review, analysis, and recommendations will be submitted on or before the end of June 2004. The results of the review will be used as basis in the identification of

follow-up studies and activities that need to be undertaken in pursuit of either policy changes or approval of appropriate legal instruments. The highlights of the report will be presented during a multi-sectoral health forum to be organized by the project to promote family planning, TB-DOTS, etc.

Documentation: Inventory of legislations affecting the provision of family planning services, TB-DOTS, HIV-AIDS and MCH (Vitamin A).

Deliverable # 11: Workable systems/mechanisms for defining and identifying market segments developed

Ensuring CSR has become a major concern for the sector with the forthcoming phase-out of donated FP commodities. If no concrete steps are undertaken to address this issue, there will be a major shortfall in available supplies considering that the bulk of the public sector's FP commodities come from these donations. This could set back any gains already achieved in increasing family planning use among target groups and in increasing CPR.

Given the reality of limited government resources, it would be difficult to rely solely on the public sector to supply the Family Planning Program's total commodity requirements. A key component to the task of ensuring CSR, therefore, is market segmentation. Market segmentation will allow the government to concentrate its resources on those who can not afford to pay while those who can afford to pay will be increasingly encouraged to avail of services and supplies from the private sector. This is also useful to LGUs in formulating effective family planning policies and in designing appropriate programs and services for each market.

Along this line, the project developed a framework for defining market segments using two criteria: poverty incidence and CPR. The former is an indicator of who can afford to pay while the latter is an indicator of where the need for ensuring CSR is greatest. The framework was developed in consultation with the project's partners in Pangasinan, where the framework will be tested, and the CEPR. Based on the Pangasinan experience, the framework will be finalized and documented for adoption and replication in other areas.

Using the Quadrant model, the framework defines four possible scenarios in segmenting the market for FP products and services, to wit: 1) Q1, where areas or groups of people are poor and have a relatively low CPR, the public sector should **prioritize** them since they are not a viable market for the private sector; 2) Q2, where areas or groups of people are poor but have a high CPR, the public sector may want to **optimize** the situation by keeping commodities and services available to them while encouraging the private sector to come in to maintain the high CPR; 3) Q3, where areas or groups of people are non-poor but with low CPR, the objective is to **privatize** this market segment and attract the private sector through marketing and promotions, advocacy work, etc.; and 4) Q4, where areas or groups of people are non-poor and with high CPR, the public sector should **minimize** its involvement and leave the market almost entirely to the private sector.

Along with this framework, the project identified appropriate targeting approaches to enable local governments to concentrate resources, particularly those for social programs, on the people who need them most. Failure to target can result in a substantial share of public funds supporting the non-poor while poor groups remain either unserved or underserved.

The market segmentation framework and the targeting approaches will be further refined. This entails further elaboration of the scenarios for each of the quadrants; defining the characteristics of each of the quadrants, both qualitatively and quantitatively; defining the appropriate interventions for each quadrant; testing the interventions in Pangasinan; and documenting the model and process for possible replication in other project sites.

Documentation: Concept Papers on Market/Client Segmentation

Deliverable # 12: Operations research (OR) plan /TA plan for Pangasinan developed

In 2003, the USAID Policy Project provided technical assistance to the provincial government of Pangasinan in implementing the CSR initiative. The TA was designed to help the provincial government and 10 LGUs in the province develop operational plans for CSR using primary and secondary data on FP behavior and financing, and targeted to address the unmet need for FP as well as decrease abortion rates. By building on the Pangasinan experience, the LEAD project can take advantage of the golden opportunity to advance the implementation of its own CSR strategy. At the same time, provision of technical assistance to the Province of Pangasinan will enable the 10 LGUs to implement their respective CSR plans.

It is in this context that the proposed TA plan for the Pangasinan CSR was prepared. This OR/TA plan for Pangasinan was formulated based on the LGUs' operational and advocacy plans and the outputs of the two workshops conducted in February and March 2004. The focus of the project's technical assistance to Pangasinan are along the areas of client classification, forecasting FP commodity requirements, market segmentation/transformation, private sector mobilization, contraceptive procurement and logistics, distribution and service delivery, resource mobilization and management, and advocacy. Using the lessons learned from implementing the CSR initiative in the Province of Pangasinan, the project will develop a protocol or model that can be adopted by other LGUs.

The draft TA plan will still undergo internal review by the relevant project units and will be revised accordingly. The revised version will be presented to the Pangasinan Provincial Government and subsequently modified, as necessary. The plan will then be finalized and submitted to USAID for review and approval.

Documentation: OR/TA plan for Pangasinan

Project Performance Monitoring Unit

Deliverable # 13: LEAD Project's First Year Work Plan (October 2003 – December 2004) submitted to and approved by USAID

The revision and finalization of the LEAD Project's First Year Work Plan was completed during this reporting period, and was approved by USAID last March 19, 2004. The revised work plan incorporated significant comments made by USAID and other partners. The document provides direction to project activities to ensure that they all eventually lead towards attaining the end-of-project deliverables. It serves as the principal basis for programming and allocating project resources. It was also produced to fulfill the terms of Section F.4 of Contract No. 492-C-00-03-00024-00, which stipulates that the project prepares and submits yearly work plans for USAID review and approval.

The goals and targets for the first year of the project, along with the implementation approaches that will be tried and tested are carefully detailed in the plan. The first year targets are assigned performance indicators, and the planned accomplishments are broken down by quarter in order to facilitate quarterly performance review. The work plans of the three implementing units and three support units are also incorporated as separate chapters to provide further details.

Documentation: LEAD First Year Work Plan (October 1, 2003 – December 31, 2004)

Deliverable # 14: LEAD Performance Monitoring and Evaluation Plan (PMEP) developed and submitted to USAID

The project's Performance Monitoring and Evaluation Plan (PMEP) is the main guide that the LEAD project will follow to ensure the systematic and timely collection, monitoring, analysis, and reporting of all performance data. It lays out the plan and mechanism for monitoring and evaluating project performance and outcome, LGU performance, and project impact. The PMEP will guide all monitoring and evaluation activities to be undertaken by the project.

The PMEP was developed to establish a functional M&E system that would ensure continuous assessment and evaluation of project implementation and LGU performance in relation to agreed deliverables, timelines, and resources. The system is expected to provide the project with timely feedback and help the implementing teams identify potential problems and obstacles, as well as opportunities and threats, even at the early stages of project implementation, to allow for timely adjustments in project operations. This system involves the periodic assessment of project-level and LGU-level performances, as well as the measurement of impact (both expected and unexpected) vis-a-vis target goals and objectives.

Documentation: Performance Monitoring and Evaluation Plan (PMEP)

Deliverable # 15: Functional Indicator Monitoring System established

To be able to manage results effectively and efficiently and make informed and sound decisions on project implementation, the implementing units need reliable and timely performance data that gives accurate information particularly on LGU performance. Such information will be collected, monitored, and analyzed through an indicator monitoring system established by the project.

In this connection, the project developed measurable indicators that will be used for monitoring and tracking LGU performance. The process of developing the indicators, their definitions, sources, and frequency of collection are described in the LEAD Indicator Monitoring System document. In addition, a Performance Monitoring and Evaluation Form that will be updated quarterly by the LEAD technical staff was developed. It is expected that two sets of information (covering 2 quarters) will be reviewed during the Semi-Annual Review of Indicators.

Documentation: LEAD Indicator Monitoring System

Deliverable # 16: First Quarter Performance Report submitted to USAID

The first quarterly performance report summarizes the project's overall accomplishments during its start-up phase (October 1, 2003 – January 31, 2004). The report's coverage period was extended to correspond to the project's start-up phase. This document was completed and submitted to USAID on time last February 16, 2004. The LEAD Project is required to submit quarterly reports 45 days after the end of the reporting period.

The project's start-up phase focused on such activities as partners mobilization, project mobilization (staff recruitment, setting up of permanent office, establishment of administrative and financial management procedures, etc.), preparation of the First Year Work Plan, selection of target LGUs, and initial implementation of technical work. All the performance objectives set for this phase were met.

Documentation: First Quarterly Performance Report (October 1, 2003 – January 31, 2004)

Deliverable # 17: First Benchmarking Meeting and PAG/TAG Meeting held

The project uses quarterly performance benchmark reviews as a method to track project performance. This is to ensure that inputs and outputs of the LEAD Project are delivered on time and that processes, instruments, and mechanisms, through which the stated objectives are to be realized, are all in place for a more effective project implementation.

Each project unit sets quarterly performance benchmarks towards accomplishing its annual targets. These benchmarks, which are derived from the project's work plan, serve as the project's yardstick in measuring what it wants to achieve at a particular point in time and give an indication of where the project is in terms of implementing its work plan.

The project's progress in achieving these benchmarks is presented and assessed during said quarterly performance reviews. Tangible outputs such as products (tools, methods, and procedures), plans and systems developed, training activities conducted, etc. are reported out as part of the review process. The proposed benchmarks for the next quarter are also presented for discussion and finalization. The reviews not only serve as venues for updating the members of the Project Advisory Group (PAG) and the Technical Advisory Group (TAG) on the status of benchmarks achievement but also for ventilating and discussing policy and implementation issues and formulating appropriate interventions to address identified gaps.

The benchmark reviews also provide the opportunity to assess the project's continuing relevance from both the donor's and clients' perspectives and, to some extent, the degree of client satisfaction with the outputs and services being provided by the project.

The First Benchmarking Meeting was held on February 10, 2004 to assess project performance for the period October 1, 2003 to January 31, 2004. Invited to the meeting were representatives from the project's principal clients, namely, the DOH, POPCOM, PhilHealth, the Leagues of Cities and Municipalities, and USAID, who are also members of the PAG/TAG. The PAG provides advice and guidance on project strategy and helps assess implementation progress periodically. The TAG consists of program managers from the DOH and PhilHealth.

Documentation: Proceedings of the First Benchmarking Meeting

Deliverable # 18: Draft Advocacy and Communication Plan Framework developed

The project formulated an integrated framework for both advocacy and communication so that project advocacy and communication campaigns and activities may proceed in concert, following a common process flow, and in accordance with a common set of goals.

Based on the framework, advocacy and communication activities will occur at the national, regional, and local levels. Key audiences will include government officials, government agencies, non-government organizations, and private business organizations.

In keeping with the project's special emphasis on the ARMM, the design of advocacy and communication activities in the region will be sensitive and responsive to ARMM's culture and religion. Other approaches include building on other projects' initiatives and successes, rather than reinventing the wheel; ensuring political and technical correctness, considering the arena is highly political; staying "under the radar", and proceeding in a low-key manner.

Context: Where there is a need to speak up and draw attention to an important issue, there is a need for advocacy. Advocacy has as many meanings as there are organizations and coalitions advocating, but it is primarily a process directed towards influencing decision-making at the highest levels of public or private sector institutions. Part of the advocacy

process is mustering and strengthening support for a specific issue or set of issues and fostering a favorable environment toward the specific cause or issue.

Documentation: Draft Advocacy and Communication Plan Framework

While the deliverables of the LGU Performance-Based Grants and TA Contracting Unit and the Administrative and Finance Unit are not discussed and documented in this report, they were monitored and assessed as part of the project's internal monitoring system.

Outstanding Issues and Implementation Priorities

The project performed well during the period under review, having met all of its performance benchmarks. There are, however, operational issues and constraints that are worth mentioning in this report that need to be addressed soonest in order that LEAD can continue to meet its benchmarks on a timely basis. This will be of special importance beginning in August when the project will rapidly roll out and expand its engagement process.

LEAD needs to strengthen and refine its engagement process as part of its self-assessment at the end of the test phase in July. This will include the establishment and implementation of clearly defined selection criteria for LGU participation. The initial LGU engagement process has already been reviewed, and an improved version is being proposed, which will entail stronger involvement and participation of the regional offices of DOH, PhilHealth, and POPCOM, and the process will be under the direct leadership of the Field Operations Unit.

LEAD needs to move immediately to formulate project strategies for increasing CPR, lowering TFR, increasing TB case detection and treatment success rates, maintaining low HIV-AIDS sero-prevalence rates among high-risk groups, and sustaining the high vitamin A supplementation coverage rates. These strategies will include specific guidelines on interventions that can be supported under the project. Thus, LEAD will double its efforts within the current quarter and invest in the necessary STTA to complete the preparation of the technical strategies for the four programs that it is promoting because intensive work will soon begin in the first batch of project LGUs. The technical strategies are also needed immediately to serve as important guide to the work of the field coordinators, who have already undergone their initial training and have been deployed.

Progress was slow in the design of the performance-based grants, which is one of the tools that LEAD intends to utilize (if approved by USAID) to enable project LGUs to achieve their governance and service capacity development targets. The concept of a performance-based grant being entrusted to a private contractor to manage is entirely new and still untested in the Philippines, and the development of the systems and procedures for formulating performance benchmarks, assigning monetary values to them, measuring completed deliverables, etc. is expected to be a slow process because there are no existing patterns or models to go by. An expanded technical working group, whose membership includes USAID's OPHN and ORP, has been organized to identify, discuss, and address the different technical, legal, and contractual issues to make the concept workable. The LGU

Performance-Based Grants and TA Contracting Unit plans to accelerate its work, with the help of the TWG, so that the design of the entire performance-based granting system will have been completed, reviewed, and approved by USAID soonest. Ideally, the grants will be ready for initial implementation by the time the Iloilo group of LGUs complete their in-depth assessment and formulate their governance and service capacity development plans in late June.

LEAD plans to strengthen its internal coordination, particularly in work and activity planning. The project has begun to apply remedial measures such as doing technical work planning through technical working groups whose composition comes from the different operating and support units. This approach has provided the forum for discussing interesting and innovative ideas from the different units, and facilitated their synthesis, integration, and eventual reflection in the project's various activity plans. However, additional work will be done in terms of enhancing the processing of ideas, clarification of staff roles, and improving communication flows within individual units.

Furthermore, LEAD plans to strengthen the quality of its technical products and to include a more in-depth review of the qualitative and technical adequacy of performance for the project benchmarks. The presentation of the status of performance benchmarks during the next performance review will begin with the full technical definition of each performance benchmark, including a specification of the requirements for its satisfactory fulfillment.

Status Towards Achieving Sustainability of Efforts

Not applicable at this time.

Performance Objectives for the Next Quarter

The LEAD for Health Project expects to achieve the following deliverables during the next three months (April-June) of the project's test phase:

Family Planning and Health Systems Unit:

1. Specifications, guidelines, and alternative models of LGU level health information systems fully developed/completed; catalog of successful information system interventions developed
2. Training modules on NSV, mini-lap and IUD insertion services improved and currently available
3. Provider perspective tool to assess barriers to quality care developed
4. Guidelines for addressing missed opportunities for FP developed
5. Tool for assessing community mobilization and ability to identify and manage more TB symptomatics and cases reviewed, modified, and tested
6. 9 NGOs engaged in capacity building in identifying and reducing threat to HIV/AIDS
7. LEAD Strategies developed for:

- Family Planning
- TB-DOTS
- HIV-AIDS
- MCH

LGU Unit:

8. PHN Strategy / LEAD Strategy for ARMM developed and submitted to USAID, including an assessment of the applicability of the LGU performance indicators in ARMM
9. At least one (1) additional participatory workshop conducted
10. Draft advocacy plan developed
11. Detailed LGU performance monitoring plan developed and integrated into the overall project performance monitoring plan
12. Field operations plan for Luzon, Visayas, and Mindanao developed
13. Training of field coordinators on ToP conducted
14. Inventory of management and leadership courses
15. Health management capacity development needs analysis conducted (for the first 46 Project sites)

Policy Unit:

16. Inventory, review, and analysis of and recommendations on existing policies, laws, and regulatory constraints affecting the provision of family planning services, TB-DOTS, HIV-AIDS completed
17. Review and analysis of demographic data and results of regular national health demographic and FP surveys completed
18. CSR distribution plan and allocation formula approved and implemented by the DOH TWG on CSR
19. Technical report on lessons learned from Pangasinan CSR experience completed
20. Research objectives, coverage, methodology, and framework for the analysis of current PhilHealth benefits for FP and existing indigents formulated; related data gathering initiated
21. Technical report on the policy framework for increased financing for health and family planning in LGUs completed
22. Research objectives, coverage, methodology, and framework for the analysis of national policies that can facilitate or block allocation of funds for local governments' health and FP programs formulated; related data gathering initiated
23. Quarterly market survey on buying behavior of consumers for pharmaceutical products, especially FP products conducted
24. Mapping and identification of potential allies and partners in advocacy work completed
25. PR outfit to cover advocacy events selected and mobilized
26. Initial report on pharmaceutical sales in the 20 LGUs prepared

Project Performance Monitoring Unit:

27. Second Benchmarking Meeting and PAG/TAG meeting conducted
28. 2nd Quarter (Jan. -Mar. 2004) Performance Report submitted to USAID
29. LGU baseline data compiled for project monitoring
30. Communication Plan developed and initially implemented
31. Information Resource Center established
32. Performance Monitoring TWG/ Coordinators organized
33. System for identifying and servicing data needs of implementing units functional
34. Links established with different data sources (NSCB, NSO, NEDA, etc.)
35. LEAD Website concept fully developed

B. Administrative and Financial Information

	CLIN 01	CLIN 02	CLIN 03	Total
Budget for Base Contract Period	\$17,351,134.00	\$13,490,810.00	\$9,921,983.00	\$40,763,927.00
January 1 to March 31, 2004 Expenditures	\$321,492.88	\$358,054.36	\$225,102.69	\$904,649.93
Cumulative Expenditures To Date	\$531,236.33	\$567,300.41	\$375,708.16	\$1,474,244.90
Balance	\$16,819,897.67	\$12,923,509.59	\$9,546,274.84	\$39,289,682.10

CLIN 001 – Increasing Local Level Support

CLIN 002 – LGU Capacity Strengthening

CLIN 003 – Policy Development