



USAID
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HealthPRO QUARTERLY REPORT

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Submitted to:

Ms. Reynalda Perez, COTR
USAID/Philippines
Manila, Philippines

Submitted by:

Dr. Napoleon K. Juanillo, Jr. Chief of Party
HealthPRO
Makati, the Philippines

University Research CO., LLC

Health Promotion and Communications (HealthPRO) Project

Quarterly Report
October 1 – December 31, 2008

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List of Abbreviations

| | |
|-----------|--|
| A2Z | A to Z Project (The USAID Micronutrient and Child Blindness Project) |
| BCC | Behavior Change Communication |
| CA | Cooperating Agency |
| CHD | Centers for Health Development |
| CPR | Contraceptive Prevalence Rate |
| COTR | Contracting Officer's Technical Representative |
| DCOP | Deputy Chief of Party |
| DOH | Department of Health |
| DOTS | Directly Observed Therapy Short-Course |
| FC | Field Coordinator |
| FP | Family Planning |
| HEALTHGOV | A USAID Project on Strengthening of Health Systems |
| HEPO | Health Promotions Officer |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| HPC | Health Promotion and Communication |
| HPDP | Health Policy Development Project |
| IPC/C | Interpersonal Communication and Counseling |
| IR | Intermediate Results |
| LCE | Local Chief Executive |
| LGU | Local Government Unit |
| LOP | Life-Of-Project |
| M&E | Monitoring and Evaluation |
| MCH/N | Maternal and Child Health, Nutrition |
| NCHP | National Center for Health Promotion |
| NGO | Nongovernmental Organization |
| PHO | Provincial Health Office/Officer |
| PIO | Provincial Information Officer |
| PIPH | Provincial Investment Plan for Health |
| PMP | Performance Management Plan |
| PMEP | Performance Monitoring and Evaluation Plan |
| PRISM | Private Sector Mobilization for FP and MCH |
| RTI | Research Triangle Institute |
| SO | Strategic Objective |

| | |
|---------|--|
| SHIELD | Sustainable Health Improvement through Empowerment and Local Development |
| STTA | Short-Term Technical Assistance |
| TA | Technical Assistance |
| TB | Tuberculosis |
| TB-DOTS | Tuberculosis-Directly Observed Therapy Short-Course |
| TB Linc | Linking Initiatives and Networking to Control TB |
| TWG | Technical Working Group |
| URC | University Research Corporation |
| USAID | United States Agency for International Development |

1 EXECUTIVE SUMMARY

HealthPRO, a project designed to assist LGUs in the Philippines through the Department of Health (DOH), conducted activities in the first quarter towards broadening the reach, improving quality and sustaining efforts to increase the adoption of healthy behaviors and practices in order to improve the health status of the people. During this period, major strategies and activities were developed and implemented to mobilize and capacitate appropriate institutions that can assist in promoting healthy practices among target groups.

1.1 Finalize Strategic Communication Plans

HealthPRO provided technical assistance to the following LGUs in finalizing their Strategic Communication Plans: the HIV/AIDS sentinel sites of Angeles City, Pasay City, Davao City, and Quezon City, and the provinces of Bulacan, Pangasinan, Capiz, Negros Oriental, Negros Occidental, Sarangani, and South Cotabato. The plans were products of the Strategic Communications Planning (SCP) workshops conducted by HealthPRO, in collaboration with NCHP, LGUs, and USAID CAs, as a part of developing local institutional capacities. The SCP workshop was a three-day activity specifically intended to equip LGU health providers with basic skills on health promotion and communication (HPC) and planning,

After each SCP, HealthPRO, together with other CAs, held follow-up consultative meetings with each of the LGUs in order to refine HPC plans, prioritize activities across health programs (i.e., MNCHN, FP, TB, HIV/AIDS, etc.), and carefully review budgets and resources for HPC. The meetings were also intended to a) identify specific requests for technical assistance from HealthPRO on using interpersonal communication, group mobilization, and mass media for behavior change communication; and b) create the local health promotion and communication mentoring team composed of PHO program staff, HEPO, provincial information officers and NGO partners.

The narrative sections of the SCP plans were also developed during this quarter.

The DOH-ARMM held its Strategic Communication Planning workshop in November 10-13, 2008.

1.2 Identification of LRAs and othe partners

The URC held discussions with various local replicating agencies in the USG-assisted sites to for possible partnerships with LGUs in carrying out BCC and other health promotion activities on MNCHN, FP, TB, and HIV/AIDS.

1.3 Developing effective health messages

HealthPRO helped LGUs in crafting health messages that are locally and culturally appropriate, technically accurate, and responsive to the health information needs of target audiences. In the province of Compostela Valley, it conducted workshops on how to develop effective messages on breastfeeding practices and immediate newborn care. In Sarangani province, HealthPRO held a similar workshop to develop the MNCHN and FP storybook primarily for the use of indigenous people (IP) communities and based on field observations of IP communities in the province. In Zamboanga del Sur, it conducted a message development workshop in preparation for the Garantisadong Pambata (Pre-Schoolers' week) event. In Capiz, HealthPRO held workshops for the PHO on writing radio plugs, public service announcements, radio plays, copywriting for print materials, and writing press releases on MNCHN, FP, TB and other health concerns.

1.4 Developing the provincial and LGU behavioral profiles on health

Based on the new data presented in the SCPs and the program implementation reviews of USG-assisted LGUs in Luzon, Visayas, Mindanao, and ARMM, HealthPRO updated the behavioral profiles of USG-assisted provinces and cities and ARMM for use and easy reference of project staff and other USAID CAs, particularly in developing BCC interventions.

1.5 Engagements in the PIR, PIPH and AIPH

HealthPRO actively participated in the preparations and actual conduct of the USAID-OH Project Implementation Reviews in Luzon, Mindanao and ARMM. Likewise, the team was engaged in the subsequent PIR follow up meetings among USAID CAs. Based on the PIR discussions, HealthPRO noted the critical areas that required health promotion interventions, particularly in relation to the provincial handles.

HealthPRO also worked with other USAID CAs in reviewing the PIPH appraisal tools developed by HealthGov which will be used by the CAs during the joint development of MIPHS and PIPHS spearheaded by HealthGov (for non-ARMM areas).

1.6 Planning and development of TA products

HealthPRO started to develop and produce TA products in response to needs and requests of LGUs. It produced the first draft of *Guide for Organizing Local Health Events* and *Guide for Organizing Groups for Health*. In drafting these two guides, HealthPRO drew from existing templates such as the DOH's *Organizing Women's Health Teams*.

In Capiz province, HealthPRO provided technical assistance in the conduct of a workshop called *Strategies for Engaging Media*. As a result of this TA, the Provincial Health Office conducted the following health promotion and communication activities in October:

- a) Developed and aired Garantisadong Pambata (Pre-Schooler's Week) radio plugs in a local radio station;
- b) Developed, printed and distributed GP streamers for Roxas City and all municipalities that were strategically posted during the month of October in markets and near churches; and
- c) Guested on radio on the day of the GP launch to announce the event and discuss details of the GP.

HealthPRO provided a video documentation of the GP activity which would then be used to produce an educational video. The PHO committed to reproducing and distributing the educational videos to rural health units which will in turn show the material to mothers in the waiting areas of rural health units (RHUs).

Consultative meetings were conducted in the following provinces to discuss and/or follow up on TA requests and plans:

- a) Bulacan: Discussion on the *Basic Messages Development Workshop* for newly designated HEPOs, and to include as part of the workshop a session about basic principles of health promotion.
- b) Tarlac: Discussion about an earlier request by the provincial health office for HealthPRO to extend assistance in helping an Aeta community by helping promote basic hygiene practices. Although Tarlac has yet to develop its SCP, the province requested HealthPRO to extend technical assistance in developing basic messages for the aetas, taking into account the latter's culture, literacy level, norms and local dialect.
- c) Negros Oriental: Discussion about the following technical assistance requirements
 - 1st priority – TA on counseling for Women's Health Team (WHT) members;
 - 2nd priority – TA for rural health midwives on conduct of social mobilization to promote proper child health care practices; and
 - 3rd priority – TA for rural health midwives on message development (HealthPRO), after the conduct of maternal death review (HealthGov)

HealthPRO's technical assistance on Women's Health Team was initiated this quarter. In coordination with HealthPRO MNCHN Specialist, field visits were done on November 25-27

to two municipalities (Bindoy & Zamboanguita) and two cities (Tanjay and Bais) to observe Women's Health Team status and to explore ways of enhancing WHT as health promotion and communication channel.

Technical assistance was also provided to the province through the conduct of a workshop on *Message Development* on November 18-19. Workshop participants developed messages using as a guide the continuum of pre-pregnancy to post-pregnancy framework. These messages were subsequently used as the core talking points by the PHO at radio guesting and TV program appearances. The messages would also be used in posters, IPC, and couples classes.

- d) Bohol: Discussion and presentation to the PHO through the Provincial Governor's Media Affairs Office the five family planning public service announcements (PSAs), which were culled from a previous USAID project. For the month of October, the PSAs were played once a day for ten (10) days in DYTR's "Governor's Action Line" radio program 4:00-5:00pm.
- e) Compostela Valley: Roll out of the second part of workshop on *Message Development on Breastfeeding and Immediate Newborn Care*. Sessions centered on a) assessing feedbacks on the message tests; b) identification of a feasible and appropriate communication strategy mix and formulation of messages for each of the strategies; and c) development of a detailed plan to implement and monitor the strategy mix identified. Based on the reports of the midwives, nurses, day care teachers and BHWs a total of 1,024 clients were provided the messages. Difficulties encountered and good practice in the delivery of the messages were noted and taken into consideration in the crafting of the strategy mix.
- f) Zamboanga Sur: Conduct of an orientation (jointly with A2Z project) to Garantisadong Pambata and a workshop on Message Development for the Provincial HPC Mentoring Team, DSWD-ECCD, CHD-DOH Reps, and representatives of the Municipal BHW Federation. The workshop reviewed the technical basis for Vitamin A supplementation and inclusion of zinc in the management of diarrheal diseases, newborn and breastfeeding. It identified specific messages for specific target audience to promote the 8 child survival interventions based on evidence. It provided participants with an opportunity to plan for long-term health promotion interventions on GP. The Provincial HPC Mentoring Team took the responsibility of finalizing the messages after the orientation workshop. The messages were refined by A2Z and HealthPRO. The messages were then translated into the Visayan language. The BHWs and the Barangay Nutrition Scholars were tasked to disseminate the messages to the mothers and caregivers. A total of 108 BHWs and 287 mothers were provided the messages in October. The Provincial HEPO would send a report by the end of March 2009.

1.7 Capacity-Building

HealthPRO started to develop a number of innovative training modules on interpersonal communication and counseling skills for health service providers, health workers and local champions (e.g., satisfied users/patients) on MNCHN, FP, TB and HIV/AIDS.

Currently, HealthPRO is developing two job aids namely,

- a) IPC Guide to Promoting Family Planning Methods: the guide is an important tool in reaching the target for number of individuals counselled for FP/RH which is pegged at more than 780,000 for the year 2009. It will also strengthen the efforts to meet the target to reduce the women citing fear of side-effects as reason for non-contraceptive use; to increase couples who discuss the use of contraceptives; and who endorse the practice of family planning to others; and

b) The Five-Minute Encounter: An IPC Tool for Effective Client Engagement: a job aid for service providers responding to their needs to convey key messages while saddled with multiple tasks and without sufficient time for longer sessions. Likewise, the job aid ensures that clients receive key messages and important information to support behavior change while providing a productive exchange between them and the service provider. Opportunities for brief “encounters” abound and can help improve access to health services and information thru integration of message delivery across health themes. For example the 5-minute encounter can also be used as an opportunity for a mother waiting for her child’s pneumonia check-up to be educated on TB messages. This TA package will help HealthPRO pursue targets across health themes for increasing knowledge among women on where to access basic health services.

1.8 Media Monitoring

URC distributed daily media monitoring reports covering family planning, MNCHN, TB, and HIV/AIDS to USAID-OH, CAs, and other implementing partners.

1.9 Coordination with DOH-National Center for Health Promotion

HealthPRO continued to work very closely with the National Center for Health Promotion through regular meetings and consultations. The NCHP had worked with HealthPRO on designing and conducting the GP orientation workshops, and participated at the Family Health Day event in Albay province.

In collaboration with the DOH-National Center for Health Promotion (NCHP), HealthPRO helped in designing and facilitating a three-day workshop to develop a BCC Strategy for MNCHN and FP. Workshop resource persons included a) Dr. Honorata L. Catibog (*The Family Health Program in the Philippines: Where are we now and where do we go from here?*), b) Dr. Ricardo B. Gonzales (*The programmatic thrusts on Maternal and Child Health and Family Planning: Implications on the Philippines*), c) Ramon Tuazon of Asian Institute of Journalism and Communication (*An inventory and review and of BCC /HPC Initiatives in the Philippines on MNCHN and FP, 2004-2008*), d) Dr. Imelda Villar (*Interpersonal Communication: Its Role in Health Information Seeking and Behavior Change*), e) Corazon Juliano Soliman (*Mobilizing Groups and Communities for Health Behavior Change*), f) Emily Abrera (*Strategic Use of Mass Media for Behavior Change Communication*), and g) Fernando Villar (*Developing Effective Health Messages*).

The workshop had six modules which were carried out through interactive small group discussions and exercises.

Module 1, REVISITING BCC/HPC INITIATIVES focused on lessons learned and insights gained from past HPC or BCC initiatives.

Module 2, IDENTIFYING THE DESIRED BEHAVIORS, translated the programmatic directions on MNCHN and FP into desired behaviors and actions.

Module 3, IDENTIFYING THE AUDIENCES/ACTORS, provided participants the chance to look in-depth into the following questions: a) who do we have to talk to? b) whose knowledge, attitudes and behaviors do we have to change in order to achieve the desired behaviors, such as: clients, institutions, service providers, influentials (e.g., LCEs, community leaders, opinion makers), and social support network (family, friends, neighbors)? and c) who and what are their sources of information?

Module 4, IDENTIFYING THE MESSAGES, focused on WHAT should be conveyed to each of these actors/target audiences.

Module 5, CONVEYING THE MESSAGES, centered on message development and identifying appropriate channels of communication. Lectures, discussions and exercises were conducted on

developing effective health messages, and how should we talk about these messages to each of the identified actors. Participants were asked to examine the role of interpersonal communication in health information seeking and behavior change, strategic use of mass media for behavior change communication;

Module 6, SETTING MILESTONES and MONITORING BEHAVIOR CHANGE, took participants through discussions on: a) What are the tools we can use in order to monitor change among the target audience? b) What is the realistic timeline for the planned activities in order to achieve the desired behaviors? c) What are the possible resources we can tap in order to actualize the planned activities? and d) what specific guidelines should we recommend to provinces in implementing or customizing the BCC plans on MNCHN and FP?

Together with other data, the outputs from the plenary presentations from various resource persons, group discussions and exercises would be used in jointly crafting with the NCHP the national BCC strategy for MNCHN and FP in the first quarter of 2009.

1.10 Grants/sub-contracts for supporting local TA for IPC and social mobilization

Initial consultations were held with national intermediaries (Probe Media Foundation, Gerry Roxas Foundation and Ateneo de Manila School of Medicine and Public Health) and local partners to announce HealthPRO's sub-grant program on behavior change communication in FP, MNCHN, TB and HIV/AIDS. The Gerry Roxas Foundation was invited to export possibilities of working with selected LGUs on IPC/Counseling and Group Mobilization interventions for BCC. Probe Media Foundation was asked to look into enabling LGUs to mobilize media support for health programs and providing LGUs with skills on writing press releases and public service announcements for radio and TV, organizing press conferences and media forums, and media events. Ateneo de Manila School of Medicine and Public Health was asked to design modules on IPC/Counseling, provide technical updates on MNCHN-FP, TB, & HIV/AIDS for health service providers, and develop guidelines for generating support for health programs from local chief executives.

In addition, URC met with potential local partners for providing technical assistance to project sites. For Albay, the group MIDAS, which had worked with the PHO on UNFPA and Global Fund projects, was identified as a potential partner and was invited to submit a proposal based on the initial discussions. This proposal is currently being reviewed for consideration in 2009 technical assistance to Albay.

In Mindanao, the Mahintana Foundation, a non-government organization established in 1972 initially to carry out Dole Philippines Inc.'s social responsibility in South Cotabato, was identified as a possible local replicating agency to provide assistance to the provinces of Sarangani and South Cotabato in Region XII in the implementation of its health promotion and communication activities. Specifically, Mahintana will be tasked to organize and mobilize groups in target municipalities of the two provinces to support the IPC activities at the facility level conducted by the service providers and those at the household level implemented by the BHWs.

Other local partners that attended the initial discussions on sub-grant partnership included Process-Bohol, ACDI/VOCA, and Kinasang-an Foundation.

1.11 Technical Working Group Engagements

As lead CA for BCC, HealthPRO organized the BCC TWG meeting in November 28, 2008 to finalize the curriculum and design of the NCHP workshop on BCC Strategy Development for MNCHN and FP.

HealthPRO continued to be an active member of various inter-CA TWGs: M&E, CSR-FP, MNCHN, PhilHealth Benefit Delivery, HIV, Service Delivery, and TB.

In the CSR-FP and MNCHN TWGs, HealthPRO, with the help of HPDP, provided an easy-to-use template and instructions for health promotion and communication planning and suggested a menu of

HPC activities in relation to the P150-Million Congressional funds for MNCHN/FP. The MNCHN and FP funds can be used by LGUs for the following purposes: (1) information dissemination, IEC and counseling, referral, including informed choice and volunteerism orientations; (2) service delivery by procuring FP commodities and ensuring that FP services are available in different cost levels, that is, free FP commodities for the poor, subsidized FP commodities for those who want to avail of lower prices, and FP commodities area available in commercial outlets and private clinics; (3) linking FP with other health services; and (4) data and information management.

1.12 Staff recruitment

URC continued to recruit for the Grants Manager and BCC Advisor positions during this period. For Luzon, Ms. Rose Ann Gaffud has been recruited as the Luzon Provincial Coordinator and Mr. Robert Baguno, completes the Luzon team as Luzon project Administrative Assistant. Although not physically a standalone office like the Mindanao and Visayas office, Luzon has also established administrative policies for the office and also maintains a separate bank account for minor expenses.

In the Visayas, Dr. Jovette Guinal came on board as Provincial Coordinator and Ms. Karen Engracia as project Administrative Assistant. In Mindanao, Ms. Estrella Jolita joined URC as Provincial Coordinator.

1.13 Support for Major Health Events

HealthPRO assisted several LGUs in staging major health events like Garantisadong Pambata (Pre-Schoolers' Week) and World AIDs Day. It provided technical assistance to Albay province in holding a Family Health Day as a culminating activity of Garantisadong Pambata. The activity was a vehicle for assisting the province and the municipalities of Camalig and Guinobatan in providing basic MNCHN and FP information and health services (e.g., weighing, feeding, and vitamin A supplementation) to 1000 families in relocation sites who continued to reel from the devastating effects of Typhoon Reming and volcanic landslides. During the same activity, the US Ambassador, Hon. Kirstie Kenney, also turned over shelter homes donated by the U.S. government to the families in the relocation areas

During the World AIDS Day, HealthPRO, together with other donors and HealthGov, participated in LGU organized activities in Angeles City, Cebu City, Quezon City and Pasay City. HealthPRO also supported Pasay City and Quezon City during their AIDS Council activities, ensuring that the council members were aware of the need to support the HIV/AIDS program in these LGUs.

In Mindanao, technical assistance was provided to the cities of Davao, General Santos and Zamboanga in their observance of the World AIDS Day which aimed to create awareness by gathering people from different sectors to respond to the HIV epidemic and empower the Local AIDS Council to lead in the response and deliver the universal access to HIV prevention, treatment, care and support.

In Zamboanga City, the activity was organized by the Zamboanga City Multisectoral AIDS Council. The highlight of the commemoration included the showing of the Zamboanga City testimonial video on AIDS, interpretative dance contest, on-air trivia questions, ceremonial lighting of the bonfire, IEC materials distribution, and singing of the Hawak-Kamay song to symbolize unity and solidarity in HIV prevention, treatment, care and support. Three hundred people attended the program.

HealthPRO supported the week-long on-air trivia questions via Radio Mindanao Network-Radio Agong in Zamboanga City. The program generated 110 callers. 21 were declared winners. Estimated listenership in Zamboanga City is 465,000. The program also reached the provinces of Zamboanga Sibugay, Zamboanga Norte and Zamboanga Sur. Davao City held the program in three different areas in Davao City. The commemoration in General Santos City was focused on the youth and featured a concert among local show bands. A total of 976 people attended.

1.14 M&E

The period was spent for data collection and reporting (preparations through actual gathering) for the 2008 annual reporting on the OP indicators. HealthPRO participated in two regional inter-CA M&E meetings with field personnel, one for Luzon and Visayas, and the other for Mindanao and ARMM to discuss the draft data gathering manual. As a result of both meetings, indicator definitions were clarified, sources of data were identified, and protocols for data gathering were agreed upon. Data on the OP indicators in all provinces were gathered from the area managers and were consolidated by the M&E specialist before it was submitted to the respective lead CA.

OP indicator targets for both 2009 and 21010 were also revisited and recalibrated based on the 2008 results. At the HealthPRO level, national targets were calculated for allocation to set provincial targets for all 4 health themes and were submitted to the lead CAs for the health themes and to USAID.

1.15 Collaborations with other CAs

HealthPRO collaborated with other CAs in several activities at the LGU level. These include:

- TB Rapid Assessment in Regions 1 and 2
- CBEWS (Community based Early Warning System) training for Isabela, Bulacan and Isabela (Avian flu sites)
- CHLSS Planning in Isabela Province
- ICV Monitoring of technical staff

Together with HealthGov, HealthPRO set up the photo exhibit at the Leagues of Municipalities (LMP) General Assembly.

B. Management

Management and organization related activities during the first quarter included the regular monthly staff meetings, weekly meetings between the COP, DCOP and Finance Director, and periodic technical staff meetings.

URC Headquarters support

HealthPRO provided consistent and effective administrative services and support to the URC Headquarters in Bethesda, via planning and executing a comprehensive range of administrative services related to project components.

The following program areas continue to be addressed during the mentioned period:

Personnel Management & Human Resources

URC had continued to provide human resource support for the project by recruiting and hiring a productive work force, implementing effective policies on all personnel management levels, while providing accurate, timely and helpful information and assistance to both the USAID and our HQ.

In the areas of human resources management, URC coordinated with the field office on facilitating salary approvals for full time positions applicants, as well as providing necessary documentation in support of consultant concurrences. In addition, URC Headquarters had continued to provide assistance to the field office on the issues of human and physical resources, on administrative policies, procedures, and practices, and with physical presence of the Corporate Monitor during this time period.

Financial Management

In terms of the financial management, the project coordinated with URC in supplying necessary financial information in a timely, effective and efficient manner, providing guidance and insight on the financial management issues, as needed. This included monitoring of the office budgets, prompt payments of invoices and travel advances/reimbursements, as well as providing the documentation that supports all expenditures of project funds, while ensuring management oversight over the funds and allocation of resources.

Field operating manual and personnel handbook

HealthPRO management conducted personnel evaluation for local staff, namely Area Managers and Health Specialists, as a systematic assessment of their performance as it relates to their professional role as a part of the project.

Additionally, URC continued to prepare materials for updating and enhancing the Operations Manual containing policy, procedures, and guidelines that assist HealthPRO with effective and efficient project management.

Project offices

The project identified potential Regional offices in Cebu and Davao and the selection of final office space and plans for establishing regional offices are on-going. It also had consultations with the DOH-ARMM, SHIELD and other CAs regarding opening of the HealthPRO ARMM field office. These consultations resulted in a selection of Cotabato City as site for the ARMM field office.

Office and data processing equipment – HealthPRO email accounts

Throughout this quarter, the project followed-up with URC in regard to acquiring additional data processing equipment, related software, and services in order to increase the computing capability of Manila and regional offices. The process of acquiring new equipment, in accordance with purchasing regulations for the acquisition of data processing equipment, software, supplies, and services.

Staff recruitment for vacant positions

HealthPRO team went through a recruitment process for the position of the BCC Specialist during this quarter. The evaluation committee has interviewed and evaluated three candidates: Mr. Randy Jay Solis, Mr. Fernando Esguerra, and Ms. Gilda Custodio. Based on the relevant and postgraduate educational background, experience in Behavior Change Communication for health programs, background on research, participatory learning and strategic communication planning, as well as solid working knowledge on integrated MNCH and AI, and an exposure to community-based program planning and implementation, the team had selected Mr. Randy Solis for the above position and have met with USAID-COTR for initial round of discussions on receiving his concurrence.

Communications

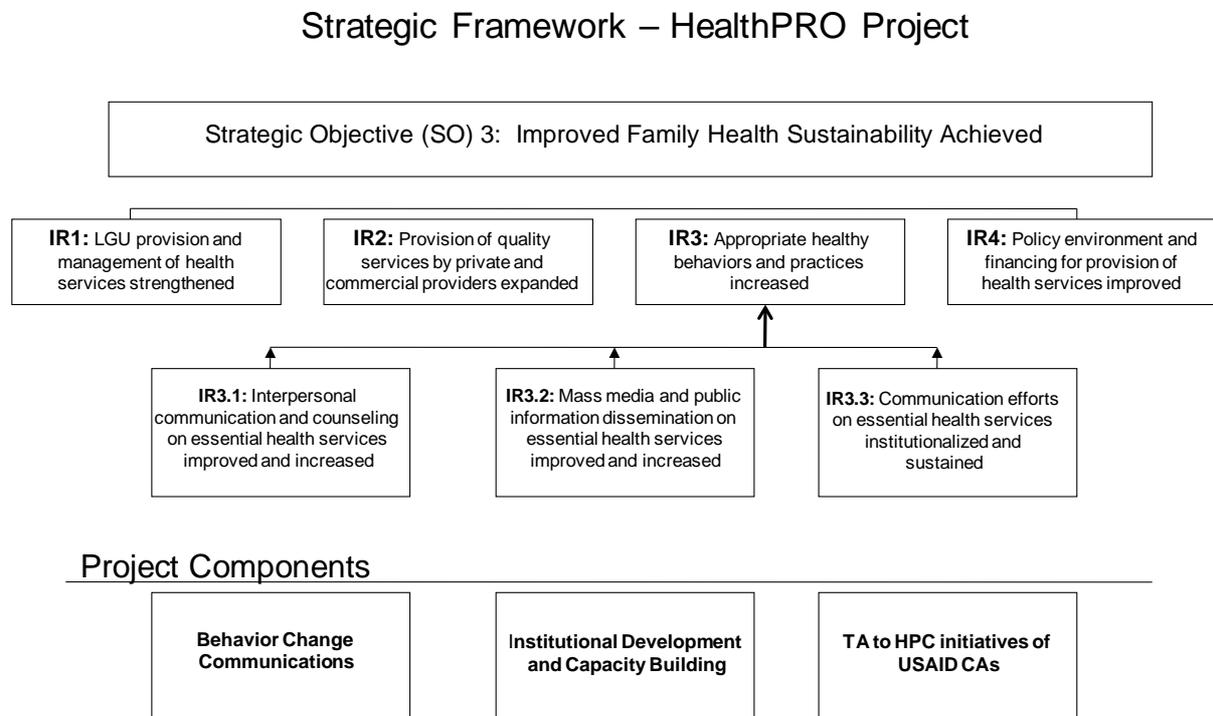
HealthPRO email addresses had been in place and mobile phones were been distributed to all of the staff.

First general staff meeting was held last December 15, 2008 to gather all field staff and discuss policies – technical, administration and finance. A separate technical consultation was conducted to review accomplishments and set future directions.

2 INTRODUCTION

The Health Promotion and Communication Project or HealthPRO is the lead health promotion and communication project supporting USAID Strategic Objective 3. Its primary area of focus is the third intermediate result (IR3), “appropriate healthy behaviors and practices increased”. Although HealthPRO will contribute in some ways to the other three intermediate results, the overall objective of HealthPRO is **to assist local government units (LGUs) LGUs in improving, expanding, and strengthening the quality and sustainability of health promotion and communication efforts.** Three sub-results will support the achievement of the overall objective. These are (1) to increase the reach and impact of Behavior Change Communication (BCC) interventions, (2) to develop institutional capacity and sustainability of those efforts and (3) to assist USAID’s health partners and other relevant organizations in maximizing the effectiveness of their own efforts in health promotion and LGU development. These results form the three major components of the HealthPRO Project.

Figure 1: Results Framework



The expected outcomes of the HealthPRO Project are: substantial behavioral results among individuals and care givers. In brief, the results will be in improved awareness and changed behavior related to the specific results targeted in USAID’s strategy of support to the country in Maternal and Child Health (MCH), Family Planning (FP), Tuberculosis - Directly Observed Treatment Short Course (TB-DOTS), and Human Immuno Deficiency Virus-Acquired Immune Deficiency Syndrome (HIV-AIDS) as well as other infectious diseases like Avian Influenza (AI). Local institutions, supported by USAID’s partners, will know how to conduct high quality, cost-effective health promotion interventions using multiple approaches in interpersonal communications/counseling (IPC/C) supplemented with mass media and other promotional materials and tools. The capacity of the local institutions to carry on this work will be demonstrated by their ability to either budget for or mobilize the requisite resources to carry out the health promotion activities.

The main strategy of HealthPRO is to work closely with the Department of Health (DOH) and LGU staff to review the lessons learned and best practices from previous investments in health promotion,

and expand and improve upon them. The emphasis is on mobilizing existing community organizations, volunteers and NGOs to support the health promotion work of the LGUs and their health staff. This includes improving skills and strategic coordination of programs. The project will continue collaborating with partners that are already engaged in innovative and successful health promotion strategies to assess and expand such strategies. New partnering arrangements will allow the LGUs to make the most of the resources and creative talents in media to support and reinforce the critical IPC/C work at the local level. At the forefront of all activity will be the effort to develop institutional capacity to sustain such programs beyond the period of support from USAID. The DOH, particularly the National Center for Health Promotion (NCHP), will be the project's main partner at the national level and will coordinate closely with this office as early as the pre-implementation phase to ensure a smooth implementation of activities from the national, regional and LGU levels.

The report describes each component's objectives, PMP indicators and results, activities implemented during the quarter, and limitations and challenges. Planned activities for the next quarter are also part of the report. Finally the report presents administrative issues and budgetary status.

2.1 Component 1: Behavior Change Communication

HealthPRO continued to work closely with the DOH-National Center for Health Promotion, particularly on ways to enhance behavior change communication initiatives. In December 3-5, 2008, HealthPRO and NCHP worked jointly on a BCC workshop participated by provincial HEPOs, CHDs, and NCDPC program managers to develop a national BCC strategy and plan for MNCHN and FP. Generally, the participants gave high ratings to the process and content of the workshop. Indeed, after the workshop, the NCHP team met with HealthPRO in order to flesh out some of the critical BCC interventions as well as administrative prerequisites that came out of the group discussions and which needed technical assistance from HealthPRO such as:

- a) Revision of DOH-AO 58, including implementing guidelines, based on the "new" NCHP framework that emphasizes behavior change communication;
- b) Development/refinement of HPC monitoring instrument (to be accomplished quarterly by provincial HEPOs);
- c) Development of tool/ protocol in evaluating health campaigns/special health events. The last two items will be incorporated in the revised version of AO 58;
- d) Review of existing DOH job aids on HealthPRO program themes;
- e) Development/refinement of job aids for service providers, e.g., Household Teaching Manual, Family Health Guide, and Flipchart for MDG priority programs;
- f) Conduct of "HEROs for Health" training, by province. This will be 2-day training on the basics of interpersonal communication, something like a training on enhanced relational skills for service providers, specifically midwives. NCHP shall sub-allot the training funds to the concerned DOH regional offices, which shall in turn disburse the funds during the provincial training.

2.1.1 Family Planning/RH

Available materials on FP/RH were inventoried and analyzed in terms of their content, availability at the LGU level and usefulness as reference materials for IP/C, group communication, and community and mass media mobilization. The existing FP/RH materials were also used in planning out activities and in preparing job aids, fact sheets, and presentation materials, among others, according to the technical assistance needs of the USG-assisted provinces.

Provincial behavioral profiles on FP/RH were also prepared based on the SCP and PIR results. The behavioral profiles were used as reference in crafting specific BCC strategies on family planning for the 10 provinces and ARMM.

The province of Bohol, through the Provincial Governor's Media Affairs Office, continued to play the five family planning public service announcements (PSAs), which were culled from a previous

USAID project. For the month of October, it was played once a day for ten (10) days in DYTR's "Governor's Action Line" radio program 4:00-5:00PM.

2.1.2 Maternal, Neonatal, Child Health and Nutrition

HealthPRO's engagement with LGUs on a number of MNCHN concerns included the following:

- a) Situational/Needs Assessment of HPC priority Group/clients such as the Women's Health Team in Negros Oriental, BHWs and selected IP groups in Sarangani.
- b) Launch of Garantisadong Pambata (GP) on October 10 at the Dadivas Civic Center in Municipality of Panit-an, Capiz led by the municipal mayor and attended by the Governor, key staff of the Department of Health-Western Visayas, barangay officials, and community volunteer health workers.

Accompanied by their parents, two hundred fifty (250) children aged 0-5 years old were provided GP services. The theme for the celebration was "GP8 Essential Child Survival Strategies, KIDS CAN'T WAIT". These strategies were vitamin A supplementation, immunization, deworming, and information dissemination on maternal care, breastfeeding, complementary feeding, birth spacing, and child injury prevention. Other related services were also provided, such as dental health care, salt testing, and distribution of health & nutrition information materials.

The Panit-An mayor rallied the community and local leaders to support and ensure the success of Garantisadong Pambata. She mentioned the benefits that can be derived from the GP package, among which are reduction of deaths and illnesses among infants and children. She also stressed the gains of improved health care system, among which are reduced health care cost, healthy citizenry and improved economic condition of the municipality.

- c) Conduct of Strategies for Engaging Media workshop on September 2008 resulting in the following PHO-initiated health promotion and communication activities in October: 1) development and broadcasting of GP radio plugs in a local radio station, 2) development, printing and distribution of GP streamers for all municipalities and a city in the province, and 3) guesting on radio on the day of the GP launch to announce the event and discuss details of the GP.
- d) Workshop on *Message Development on Breastfeeding and Immediate Newborn Care* in Compostela Valley. Sessions centered on a) assessing feedbacks on the message tests; b) identification of a feasible and appropriate communication strategy mix and formulation of messages for each of the strategies; and c) development of a detailed plan to implement and monitor the strategy mix identified. Based on the reports of the midwives, nurses, day care teachers and BHWs a total of 1,024 clients were provided the messages. Difficulties encountered and good practice in the delivery of the messages were noted and taken into consideration in the crafting of the strategy mix.
- e) In collaboration with the A2Z project, conduct of an orientation workshop on Garantisadong Pambata and Message Development for the Provincial HPC Mentoring Team, DSWD-ECCD, CHD-DOH Reps and representatives of the Municipal BHW Federation in Zamboanga Sur. The workshop reviewed the technical basis for Vitamin A supplementation and inclusion of zinc in the management of diarrheal diseases, newborn and breastfeeding. It identified specific messages for specific target audience to promote the 8 child survival interventions based on evidence. It provided participants with an opportunity to plan for long-term health promotion interventions on GP. The Provincial HPC Mentoring Team took the responsibility of finalizing the messages after the orientation workshop. The messages were refined by A2Z and HealthPRO. The messages were then translated to the Visayan language. The BHWs and the Barangay Nutrition Scholars were tasked to disseminate the messages to the mothers and

caregivers. A total of 108 BHWs and 287 mothers were provided the messages in October. The Provincial HEPO will send a report end of March 2009.

2.1.3 HIV/AIDS

In the cities of Angeles, Davao, Zamboanga, Pasay and Quezon), the SCPs provided the framework for health communication activities aimed at keeping HIV prevalence rates below 1% among the MARPs. Planning for these activities was conducted among City Health Office/Social Hygiene Clinic staff, NGO representatives and other local government participants such as the Department of Education, Department of Social Welfare and Development, Philippine National Police who developed a common agenda on HIV/AIDS prevention education.

HealthPRO helped develop the behavioral profiles on HIV/AIDS for Pasay, Iloilo and Zamboanga cities and provided technical assistance to the cities of Davao, General Santos and Zamboanga for health promotion activities during the World AIDS Day. The World AIDS Day observance is aimed to create awareness by gathering people from different sectors to respond to the HIV epidemic and empower the Local AIDS Council to lead in the response and deliver the universal access to HIV prevention, treatment, care and support.

In Zamboanga City the activity was organized by the Zamboanga City Multisectoral AIDS Council. Highlight of the commemoration included the showing of the video documentary of Zamboanga City, interpretative dance contest, on-air trivia questions, ceremonial lighting of the bonfire, IEC materials distribution, and singing of the Hawak-Kamay song to symbolize unity and solidarity in HIV prevention, treatment, care and support. Three hundred people attended the program.

HealthPRO supported the week-long on-air trivia questions via Radio Mindanao Network-Radio Agong in Zamboanga City. The program generated 110 callers. 21 were declared winners. Approximate listeners in Zamboanga City is 465, 000. The program also reached the provinces of Zamboanga Sibugay, Zamboanga Norte and Zamboanga Sur.

Davao City held the program in three different areas in Davao City. The commemoration in General Santos City was focused on the youth and featured a concert among show bands. A total of 976 people attended.

In Bacolod, the City Health Office participated in the World AIDS Month celebration by putting up a mall exhibit. A news article featuring HIV/AIDS, and citing the exhibit, was prepared and disseminated by the City Information Office to local dailies. The article came out on December 18, the day after the exhibit opened, in the following major local dailies: a) SunSTAR Bacolod with a circulation of 10,000 Negros Occidental and 10,000 Negros Oriental; and b) Daily Star with a circulation of 9,400 Negros Occidental, 300 Iloilo City and 500 Negros Oriental

In Cebu City, the city Government, through the Cebu City Local AIDS Council and the Cebu City Sanggunian Kabataan, held a concert on November 30, the eve of World AIDS Day, entitled “Tambayayong 2008 Youth Concert”. There were one thousand five hundred (1,500) adolescents and young adults who participated in this activity at the Cebu City Sports Complex. HealthPRO provided the audio-visual presentation on HIV/AIDS, to which the city weaved in the Cebuano sub-title in the AVP. The AVP was repeatedly shown during the three-hour concert. The emcee was provided with a spiel on HIV/AIDS, which she mentioned during the concert.

As part of the city’s World AIDS month-long celebration, the local government also conducted a Ms.Gay Pageant at the Plaza sa Sugbu on December 10. It was part of the local government’s Pasku sa Sugbu celebration. This was attended by an audience of about one thousand three hundred (1,300). HealthPRO provided a four-paged basic guide for the question and answer portion of the pageant, which dealt with HIV/AIDS trivia.

The Cebu City Social Hygiene Clinic also produced six (6) 30-second radio public service announcements on HIV/AIDS general information, three in Cebuano dialect and three in English. This was distributed by the city to local radio stations so as to generate/increase awareness on the disease and its prevention.

The City Health Office continued to show a 20-minuter educational video during their education rounds in the city. In collaboration with the city's Social Hygiene Clinic Physician, HealthPRO's coverage of the Cebu City Candlelight Memorial in May 2008 was developed into a 20-minuter educational video, which included the testimony of a male Cebuano who has been living with the disease for eighteen (18) years. About seventy (70) MSMs and eighty (80) male and female high school students viewed the video during trainings/symposia conducted by the Social Hygiene Clinic from October to December 2008.

2.1.4 TB and other Infectious Diseases

On August 2008, HealthPRO provided the Regional HEPO of DOH-CHD Western Visayas with a radio public service announcement on TB-DOTS produced by a previous USAID project (PhilTIPS). The Regional HEPO facilitated the complimentary airing of the PSA in one radio station in Iloilo City. This was played on prime time twice a day for eleven days; and once a day for five days. The radio broadcast reached some municipalities of Negros Occidental that are near Iloilo City.

2.2 Component 2: Institutional Development and Capacity Building

2.2.1 Finalization of the SCPs of the provinces of Capiz, Negros Occidental, Zamboanga del Sur, Compostela Valley, Sarangani and South Cotabato and TA Planning.

A follow-up SCP session was conducted in Capiz on October 28-29 attended by nineteen (19) participants from the Provincial Health Office, from DOH-CHD (HEPO & Provincial Health Team Leader), Office of the Governor, Provincial Information Office and Provincial Information Agency.

This resulted in the identification of the following technical assistance needs:

- a) TA on development of billboard (message and layout) for maternal health, family planning and tuberculosis control programs
- b) TA on development of print communication materials for family planning, child health, avian influenza and HIV/AIDS programs
- c) TA to identify/develop/enhance a creative supplier who can assist the PHO in crafting the materials (billboard, print, etc.)
- d) TA on translation in local dialect of FP wall chart
- e) TA on development of radio plugs for maternal health program
- f) TA on health service provider research
- g) TA for CVHWs and RHMs on interpersonal communication for family planning, maternal/child health, avian influenza and HIV/AIDS programs
- h) TA on monitoring & evaluation of target clients reached via radio plugs, billboards and print materials

In Negros Occidental, the follow-up SCP session conducted on November 18-19 was attended by twenty-four (24) participants from the Provincial Health Office, DOH-CHD (HEPO and DOH Rep), HEPOs of the component cities of the province and the Provincial Information Office. This resulted in the identification of the following technical assistance needs:

- a) Development of audio visual presentation for TV, and for showing in RHUs, and development of radio plugs that can also include success stories;
- b) Development of billboards and tarpaulins;
- c) Packaging of Buntis Congress (around Quarter 2);
- d) Development of an integrated advocacy kit for LCEs/local officials; and
- e) Evaluation mechanics for health promotion and communication activities

In Sarangani and South Cotabato, the SCP closeout workshops were conducted among members of the Provincial HPC Mentoring Teams. Data revalidation, including budget allocation, was made to modify the SCP worksheets. The mentoring teams then came up with the list of priority activities for FP, MNCHN and TB for 2009. The HealthPRO team helped reconcile the lists with their respective SCPs, PIR results, PIPs and budgets. Both provinces identified FP & MNCHN as their priority programs for HPC. South Cotabato is performing well in TB having been a part of the World Vision Program. TB LINC is currently implementing its BCC program in Sarangani. While International AID is operating in Sarangani, its coverage is limited to 3 municipalities only.

Since nearly half (47%) of the population of Sarangani are Indigenous People (IPs) and South Cotabato has about 40% IPs, the HPC on MNCHN and FP in Sarangani and South Cotabato would need to carefully consider the culture, language, and social norms of the indigenous communities. The other technical assistance requirements that had been identified in the SCPs of the two provinces include: a) IPCC Skills Training/Refresher, b) IPCC Job Aids for BHWs, c) Strengthening of the provincial NGO Network for Social Mobilization in IP communities, d) Engaging the Provincial and Municipal Information Officers in HPC, e) Mobilization of Tricycle and Habalhabal Drivers as Information Messengers (South Cotabato), and f) Operationalization of the Provincial Health Resource and Information Center (South Cotabato).

2.2.2 Conduct of Message Development on MNCHN (Breastfeeding and Immediate Newborn Care)

In Compostela Valley, HealthPRO conducted a workshop on *Message Development on Breastfeeding and Immediate Newborn Care*. The sessions centered on a) assessing feedbacks on the message tests; b) identification of a feasible and appropriate communication strategy mix and formulation of messages for each of the strategies; and c) development of a detailed plan to implement and monitor the strategy mix identified. Based on the reports of the midwives, nurses, day care teachers and BHWs a total of 1,024 clients were provided the messages. Difficulties encountered and good practice in the delivery of the messages were noted and taken into consideration in the crafting of the strategy mix.

In collaboration with the A2Z project, conduct of an orientation workshop on Garantisadong Pambata and Message Development for the Provincial HPC Mentoring Team, DSWD-ECCD, CHD-DOH Reps and representatives of the Municipal BHW Federation in Zamboanga Sur. The workshop reviewed the technical basis for Vitamin A supplementation and inclusion of zinc in the management of diarrheal diseases, newborn and breastfeeding. It identified specific messages for specific target audience to promote the 8 child survival interventions based on evidence. It provided participants with an opportunity to plan for long-term health promotion interventions on GP. The Provincial HPC Mentoring Team took the responsibility of finalizing the messages after the orientation workshop. The messages were refined by A2Z and HealthPRO. The messages were then translated to the Visayan language. The BHWs and the Barangay Nutrition Scholars were tasked to disseminate the messages to the mothers and caregivers. A total of 108 BHWs and 287 mothers were provided the messages in October. The Provincial HEPO will send a report end of March 2009.

2.2.3 Conduct of Field Observation in the IP communities of Sarangani

HealthPRO, in collaboration with the Provincial HPC Mentoring Team, conducted field observations in the IP communities of Sarangani province. The field visits aimed to determine the health practices of the IP communities in Sarangani (T'boli, B'laan, Tagakaolo, and Muslim) and to use the information as basis for developing MNCHN & FP messages and materials. The information was gathered thru focus group discussions, key informant interviews and informal discussions. The respondents were: a) mothers b) TBAs, c) BHWs, d) Care Leaders, e) tribal leaders, and f) religious leaders in the municipalities of Kiamba, Malungon and Maasim.

Among the key results from the FGDs and field observations were:

- a) Most member of the tribes marry at age 13. The tribal chieftain officiates the marriage regardless of the age of the couple provided they come in their own will. No marriage certificate is issued.
- b) In Barangay Talus in Malungon, an ordinance was passed requiring the families to submit their children for immunization and the pregnant woman for prenatal. Should they fail to do so both husband and wife will be served with a summon from the barangay captain.
- c) In Barangay Daliao, Maasim where most of the residents are Muslims, the hilots are trained to attend to deliveries and patients are referred to them by the health center. This barangay also has “ no prenatal, no immunization policy”
- d) In Barangay Tambilil, Kiamba, where most of the T’boli tribes reside, the most respected and trusted persons are the tribal leaders and the TBAs.
- e) In Barangay Lamlifew, Malungon, a B’laan community, the residents look up to a 105 year old TBA said to be the oldest traditional healer who can still cross the rivers and climb hills to provide the service. There is no BHW operating in this community. There are women tribal leaders who were trained to do first aid by a Canadian group. There is a supposed health center but not in use due to lack of manpower. The midwife comes here every other month and the doctor once in 4 months. There are also no Care Leaders in the area.
- f) In all the tribes the husband is the decision maker in the family. Women have to defer to their husbands for any decision related to her health and that of the children.
- g) On informational materials referred language is Cebuano and they can easily understand if there are pictures with colors. Most families listen to the radio.
- h) Most of the residents in the area have completed only the primary grades
- i) The usual practice among the Muslims here is to throw away the colostrum for fear of their baby getting sick or the growth stunted with the “yellow milk”. Most mothers start breastfeeding their babies only after 3 days. The baby is given first drops of honey intended to release the impurities in the baby’s body.
- j) Babies are only given solid food when they are 6 months old. This they learn from during Mothers Classes.

2.2.4 Garantisadong Pambata Orientation and Message Development in Zamboanga Sur

HealthPRO, in collaboration with the A2Z project, provided an orientation to the GP8-Child Survival interventions upon request by the provincial health office of Zamboanga Sur. The GP8 orientation aimed at a) reviewing the technical basis for Vitamin A supplementation and inclusion of zinc in the management of diarrheal diseases, newborn and breastfeeding b) determining audience-specific messages to promote the 8 child survival interventions based on a clear analysis of audience, and c) planning on how to communicate the GP8 messages to the identified audiences, and how evaluate the GP health promotion activities. The 35 participants to the Zamboanga Sur GP8 orientation included the Provincial HPC Mentoring Team, DSWD-ECCD, CHD-DOH Reps, and representatives of the Municipal BHW Federation.

The Provincial HPC Mentoring Team took the responsibility of finalizing the messages after the orientation workshop. The messages, which were refined by A2Z and HealthPRO, were subsequently translated into the Visayan language. The BHWs and the Barangay Nutrition Scholars were tasked to disseminate the messages to the mothers and caregivers. A total of 108 BHWs and 287 mothers were provided the messages in October. The Provincial HEPO will send a report end of March 2009.

2.2.5 Message and Materials Development for the MNCHN Storybook in Sarangani

Based on the findings from the field observations and FGDs and the recommendations of the IPHO and the Center for Indigenous people, it was decided that the different messages on FP and MNCHN should be communicated using a “storytelling” format. Although the messages were anchored on the five elements of MNCHN Continuum of Care framework, i.e., a) the mother during pregnancy, b) the mother during delivery and immediate post partum, c) the mother during post partum period, d) the newborn and e) the child at 1 month- 5 years old, the channel to be used would that of a “storybook.”

Thus, the workshop output was a storybook tentatively titled “Juanita” in 5 series following the 5 elements. Each of the 5 groups of participants conceptualized a story of the life of Juanita in each of the 5 stages. This concept was inspired by a popular advertisement on TV of a detergent soap- “The story of Lumen.”

This storybook was designed for use by BHWs and other community volunteers working in IP communities. HealthPRO provided guidance on to present or deliver health messages in high stress and low stress situations. A critiquing among workshop participants on the delivery of the story in each of the series was conducted.

HealthPRO would further provide assistance to the province in refining and illustrating the storybook. Both text and illustrations would then be pretested in selected IP communities. The packaging of the storybooks would also take into account the physical handling of the storybook by the BHWs as they conduct their visits to the IP communities.

2.2.6 Assistance to the cities of Davao, General Santos and Zamboanga in their observance of World’s AIDS Day

The World AIDS Day was aimed to create awareness by gathering people from different sectors to respond to the HIV epidemic and empower the Local AIDS Council to lead in the response and deliver the universal access to HIV prevention, treatment, care and support.

In Zamboanga City, HealthPRO worked with the Zamboanga City Multisectoral AIDS Council in organizing the event. Some of the important highlights of event included the showing of the video documentary of Zamboanga City, interpretative dance contest, on-air trivia questions, ceremonial lighting of the bonfire, IEC materials distribution, and singing of the Hawak-Kamay song to symbolize unity and solidarity in HIV prevention, treatment, care and support. Three hundred people attended the program.

HealthPRO supported the week-long on-air trivia questions via Radio Mindanao Network-Radio Agong in Zamboanga City. The program, which generated 110 callers and declared 21 winners, had an approximate listenership of 465,000. The program also reached the provinces of Zamboanga Sibugay, Zamboanga Norte and Zamboanga Sur. Davao City held the program in three different areas in Davao City.

In General Santos, the World AIDS Day focused on the youth, and held a concert of local showbands. A total of 976 people attended the event.

2.2.7 Increase in amount of LGU budgetary allocations for health promotion activity

In finalizing the Strategic Communication Plans of the provinces and cities, PHOs/CHOs included requests for additional appropriation for health promotion and communication activities, and expressed commitment to lobby for support and approval by their local chief executives. These were linked with initial investments that have been included in LGUs with approved PIPH like Pangasinan and Albay, and in Angeles City, where the city mayor attended and articulated his support in terms of funds indicated in the plan.

2.2.8 Increase in private sector institutions involved in LGU health promotion activities

In the development of the provinces and cities, private sector involvement is tapped in health promotion activities. Part of the situation analysis is looking into partnerships and links with the private sector. This is particularly true in LGUs also assisted by PRISM like Bulacan and Pangasinan.

2.2.9 Increased and strategic implementation by communities and LGUs of health promotional activities using their own resources

HealthPRO assisted the province of Albay in organizing and mobilizing resources for the GP+ Family Health Fair in Bungkaras Village, Barangay Tagaytay on Oct. 24. This activity was a vehicle for assisting the Albay PHO and the municipalities of Camalig and Guinobatan in providing basic information and health services under the DOH GP+ Program. Specifically, it was aimed at increasing vaccination of children under 5 and the number of pregnant women on importance of pre and post natal care, newborn screening & care. It also served as an occasion to celebrate the World Food Day in the province. The Fair targeted families of both municipalities (but mostly those in Camalig) who were affected by the 2006 Typhoon Reming.

In Sarangani, the SCP generated interest in and value for localized and culturally appropriate health messages on MNCHN, hence the local initiatives to develop such messages through low-cost communication channels and using their own resources. Similar initiatives could be noted in Capiz, Bulacan, Compostela Valley, Negros Occidental where PHOs had become much more confident about planning and implementing their own BCC and HPC activities.

2.2.10 Health promotion strategies and tools shared and utilized by LGUs and other local partners

The NCHP BCC workshop on MNCHN-FP introduced to NCHP a BCC framework and health promotion and communication planning process that generated significant interest from the DOH-NCHP & NCDPC. As a result of the national workshop, NCHP specifically requested for HealthPRO's assistance in incorporating BCC into the revised AO58, providing specific mechanisms and guidelines on how to seamlessly integrate national BCC plans with the provincial level BCC campaigns through the CHDs. The NCHP would also use the HPC planning template introduced by HealthPRO.

The GP orientation and message development workshops that HealthPRO introduced are widely used by A2Z and NCHP.

The SCP is also being used now by LGUs that have gone through the SCP workshops. CHD5 voluntarily attended the SCP in Albay province and expressed commitment to cascade the technology to other provinces in Region 5. TBLinc, A2Z, and HealthGov communication specialists use the SCP as the overarching framework for their HPC interventions.

2.3 Component 3: Technical Cooperation between HealthPRO with CAs and Program Partners

2.3.1 Participation in the Program Implementation Review of the USAID-Office of Health

HealthPRO participated in the USAID-OH PIRs in Tarlac (Luzon), Bacolod (Visayas), Dapitan, Zamboanga del Norte (non-ARMM Mindanao), and Butuan City, Agusan Norte (ARMM). HealthPRO collaborated with USAID CAs in developing the provincial and municipal profiles and the provincial presentations, not to mention the assistance in logistical arrangements.

2.3.2 High quality health promotion tools are being used across USAID health projects

TBLinc, A2Z, and HealthGov communication specialists use the SCP as the overarching framework for their HPC interventions. The family health fair, which HealthPRO introduced, is now an oft-repeated request from USAID-OH and other CAs whenever there is a need for a vehicle that can

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integrate health themes, disseminate health information to a wide audience, and provide health services.

3 ACTIVITIES THIS QUARTER

SUMMARY OF TECHNICAL MEETINGS HELD DURING THE QUARTER

| Name/Institution | Purpose | HealthPRO Staff |
|---|---|---|
| HealthPRO, all CAs | Attended the Monitoring and Evaluation Workshop and meetings on &E Indicators | Dr. Cecile Manuel, Agnes Sugang, Rhona Montebon, Rose Ann Gaffud |
| HealthPRO | Inter CA meeting for PIR Development – Luzon | Dr. Cecile L. Manuel |
| HealthGOV, other CAs | Inter CA meetings to discuss the PIR dry run | Dr. Cecile L. Manuel |
| | PIR presentation, conducted at La Maja Rica, Tarlac | Dr. Cecile L. Manuel, Dr. Carmina Aquino, Dr. Nap K. Juanillo and Rose Ann Gaffud |
| HealthPRO | Bulacan HEPO Training | Dr. Cecile Manuel, Phoebe Maata, George Belardo, Dr. Nap Juanillo, Rhona Montebon |
| HealthPRO | Meeting regarding Strategic Communication Planning – Close Out of Pangasinan | Dr. Cecile Manuel, Dr. Jeanne Valderama, Rose Ann Gaffud |
| Department of Health, HealthPRO | Meeting with facilitators on the DOH BCC workshop | Dr. Cecile, Dr. Mina Aquino, George Belardo and Dr. Nap Juanillo |
| Department of Health, HealthPRO | Meeting with NCHP for the DOH funds sub-allotment to regions and provinces | Dr. Cecile Manuel and Dr. Nap Juanillo |
| TBLinc, HealthPRO | Rapid Assessment of TB Program, Bulacan | Rose Ann Gaffud |
| HealthGOV, HealthPRO | Inter CA Technical Review of MIPH Tarlac | Rose Ann Gaffud |
| HealthGOV, HealthPRO | Inter CA Meeting for ICV Compliance Monitoring | Rose Ann Gaffud, Agnes Sugang, Amin Abubhakar, Dr. Jeanne Valderama, Rhona Montebon |
| HealthGOV, HealthPRO | Orientation on CBEWS for Isabela, Cagayan, Bulacan & Nueva Ecija | Rose Ann Gaffud |
| HealthGOV, HealthPRO | Post Health Summit Meeting, Pangasinan | Rose Ann Gaffud |
| Inter-CA | ICV Compliance and Monitoring | Lydio Espanol, Carmina Aquino |
| USAID | MNCHN / FP Grant Facility for LGUs | Lydio Espanol, Jr. |
| | | |
| 1. M&E Regional Meeting/USAID CAs (Angeles City, October 1, 2008) | To discuss and understand USAID OH OP and other indicators/theme | Carmina Aquino |

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| Name/Institution | Purpose | HealthPRO Staff |
|---|---|------------------------|
| 2. SCP Finalization & TA Planning/Angeles City CHO, SHC, AIDS Council (Angeles City, October 2-3, 2008) | To finalize SCP plan, validate findings and develop priority TA activities | Carmina Aquino |
| 3. SCP Finalization & TA Planning/Davao City CHO, SHC, AIDS Council (Davao City, October 14-15, 2008) | To finalize SCP plan, validate findings and develop priority TA activities | Carmina Aquino |
| 4. COP Meeting/USAID CAs, OH Staff (Pasay City, October 20, 2008) | To update USAID OH and COPs on inter CA progress towards achieving SO3 goal | Carmina Aquino |
| 5. Consultative meeting with potential HealthPRO subgrantees/Probe Foundation, Gerry Roxas Foundation, Ateneo School of Medicine (HealthPRO Office, October 24, 2008) | To orient potential subgrantees on HealthPRO's subgrant procedures and technical guidelines | Carmina Aquino |
| 6. Program Implementation Review-Luzon/USAID CAs (Tarlac City, October 27-29, 2008) | To review program accomplishments per province and priority activities at the provincial level | Carmina Aquino |
| 7. ARMM Strategic Communication Planning Workshop/DOH ARMM Staff, USAID CAs (Davao City, Nov 10-11, 2008) | To conduct SCP and consolidate communication efforts through better understanding of needs and appropriate approaches | Carmina Aquino |
| 8. TA for WAD 2008/Cebu City Health Office, LGU staff (Cebu City, Nov 20-21, 2008) | To provide TA for the coordinated health events on WAD: concert, radio PSAs, beauty pageant, TV appearances | Carmina Aquino |
| 9. Program Implementation Review 2-Mindanao/USAID CAs (Butuan City, November 23-26, 2008) | To review program accomplishments per province and priority activities at the provincial level | Carmina Aquino |
| 10. Participation in WAD 2008/Cebu City Health Office, LGU, SK (Cebu City, November 30-Dec 1, 2008) | To support and participate in WAD activities | Carmina Aquino |
| 11. HIV/AIDS TWG/USAID CAs, OH Staff (HealthGOV Ortigas, December 11, 2008) | To discuss priority BCC activities for HIV/AIDS as reflected in the PIRs | Carmina Aquino |
| 12. HealthPRO First General Staff and Technical Meeting/HealthPRO staff (HealthPRO office, December 15, 2008) | To discuss technical directions, review accomplishments and recommend appropriate actions | Carmina Aquino |

SUMMARY OF FIELDS VISITS HELD DURING THE QUARTER

| Place | Purpose | HealthPRO Staff |
|--|---|--|
| Tuguegarao, Cagayan | Gathered reports of health education and promotion activities | Rose Ann Gaffud |
| Legazpi, Albay | Follow-up preparation needed for the Family Health Fair | Rose Ann Gaffud |
| Lingayen, Pangasinan | Completion of SCP worksheets | Rose Ann Gaffud |
| Angeles City, Pampanga | Attended the review of PIPH appraisal tools for Tarlac PIPH | Rose Ann Gaffud |
| Tarlac, Tarlac | To discuss the TA needs for the IPs of Tarlac | Rose Ann Gaffud |
| Malolos, Bulacan | Finalization of SCP worksheets | Rose Ann Gaffud |
| Angeles City, Pampanga | Attended the WAD celebration and Stigma Reduction Orientation of the LGU | Rose Ann Gaffud |
| Isabela | Met with LCE and PHO regarding TA provision to the province | Rose Ann Gaffud |
| Family Health Fair, Albay | Conduct of Family Health Fair – GP | Dr. Cecile L. Manuel, Rose Ann Gaffud, Ronald, Jabal |
| Luzon PIR | Conduct review of status of program implementation in project sites | Dr. Cecile L. Manuel, Rose Ann Gaffud |
| | | |
| Sarangani – Lamlifew, Kiamba, | To learn about the maternal and child health-related behaviors among the selected Indigenous Peoples - B'laans, Tagakaulo, T'boli & Muslims (part of TA process agreed with IPHO) Note: IPHO wanted that BHW be developed as the main vehicle for HPC and focus population were selected IPs | MCH HS with Mindanao AM and PCs |
| Negros Oriental – Bindoy, Tanjay II, Bais City, Zambongita | To assess status of WHT in selected municipalities (preparation for TA) Note: IPHO identified the WHT as the main HPC vehicle to address maternal deaths | MCH HS with Visayas AM and PC |
| Indigenous People (IP) Communities in Sarangani Province (T'boli, B'laan, Tagacaolo, and Muslim Community) | Conducted field observation on MCH and FP practices of IPs | Phoebe Maata, MCH Specialist Lydio Espanol, FP Specialist Anita Bonsubre, Are Manager for Mindanao |
| | | |
| 1. Angeles City | Participate in TA Planning and SCP finalization | Carmina Aquino |
| 2. Davao City | Participate in TA Planning and SCP finalization | Carmina Aquino |

| Place | Purpose | HealthPRO Staff |
|--------------|--|-----------------|
| 3. Cebu City | Provide TA in organizing WAD event | Carmina Aquino |
| 4. Cebu City | Participate and monitor WAD activities | Carmina Aquino |

4 PLANNED ACTIVITIES FOR THE UPCOMING QUARTER

| Activity | Responsible Project Staff/Consultant | Timeframe/Comments |
|--|---|-----------------------------|
| HealthPRO Technical Assistance to LGUs | | |
| Basic Message Development – Bulacan | Dr. Cecile Manuel, Phoebe Maata, Rhona Montebon, Dr. Nap Juanillo, Dr. Jeanne Valderama | January 2009 |
| Revision of Midwife Info kit pre Buntis Congress | Rose Ann Gaffud, Phoebe Maata | February 2009 |
| Buntis Congress | Rose Ann Gaffud, Phoebe Maata | February 2009 |
| Preparatory Meeting pre-FGD training | Dr. Cecile Manuel | January 2009 |
| Focus Group Discussion Training – HIV Pasay City | Dr. Cecile Manuel and Dr. Mina Aquino | February 2009 |
| Revision of SCP Design | Dr. Nap Juanillo and other technical staff | February 2009 |
| Pre-Basic Message Development visit – Albay | Rose Ann Gaffud | February 2009 |
| Basic Message Development (BMD) – Albay | Dr. Cecile Manuel, Rose Ann Gaffud and Phoebe Maata | March 2009 |
| Pre-Basic Message Development visit – Pangasinan | Rose Ann Gaffud | March 2009 |
| Basic Message Development – Pangasinan | Dr. Cecile Manuel and Phoebe Maata | March 2009 |
| Pre-SCP visits to Isabela and Tarlac | Rose Ann Gaffud | March 2009 |
| Strategic Communication Planning – Isabela and Tarlac | Dr. Cecile Manuel, Phoebe Maata, Dr. Jeanne Valderama, Rhona Montebon, Lydio Espanol | April 2009 |
| Other Regular Activities | | |
| Inter CA Meetings - Luzon | Dr. Cecile Manuel | January 2009 , as scheduled |
| BCC TWG Meetings | HealthPRO staff | February 2009 |
| | | |
| Develop orientation module for BHWs on their roles on health promotion and communication for FP/RH | FP Specialist | February |

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| Activity | Responsible Project Staff/Consultant | Timeframe/Comments |
|--|---|---------------------------|
| Develop training module for Midwives on HPC and FP Counseling for FP/RH | FP Specialist | February to March |
| Prepare job aids for FP counseling and group communication | FP Specialist | February to March |
| Prepare IEC materials for dissemination during the Family Planning Month (August) | FP Specialist | March |
| Review radio plugs and coordinate with Area Managers in the distribution of radio plugs on FP to local radio stations | FP Specialist | March |
| Prepare concept papers for all materials that need clearance from USAID | FP Specialist | February |
| Develop BCC strategies on FP for 10 provinces and ARMM | FP Specialist | January |
| Prepare implementation plans for 10 provinces and ARMM | FP Specialist | January to February |
| Provide TA to provinces during SCPs, development of FP messages for TV and radio, and mobilizing communities for FP/RH | FP Specialist | March |
| Development of an Inter CA TA Plan for HIV/AIDS | Carmina Aquino | January – February 2009 |
| Provide TA on Qualitative Data Research for Pasay City CHO/SHC staff as part of message development program | Carmina Aquino | January 2009 |
| Participate in on-site ARMM Inter CA BCC TWG and determine complimentary activities with SHIELD | Carmina Aquino | January – February 2009 |
| Finalize ARMM SCP Narrative to provide inputs to SHIELD Regional Communication Plan | Amin Abubakar | January – March 2009 |
| Finalize space requirements to set-up and make ARMM field office operational | Amin Abubakar Carmina Aquino | January – February 2009 |
| Post ad for Mass Media and Grants Manager, identify, interview and participate in selection process | Carmina Aquino | January – March 2009 |
| Finalize BCC Specialist hiring process and secure USAID approval | Carmina Aquino | January – February 2009 |
| Develop individual technical workplan for HIV/AIDS, FP, MCH, TB | Health Specialists | January 2009 |

5 MANAGEMENT AND ADMINISTRATION

5.1 Work plan and project indicators

During the quarter the project has worked in reporting Operational Plan and PMP indicators. The following table is a summary list of the PMP indicators that are also listed and interpreted under each component section.

PMP OBJECTIVES

The primary objective of the **Performance Management Plan (PMP)** is to track project performance against key indicators that are measurable quantitatively and/or qualitatively. The HealthPRO Project's success will largely rely on the URC HealthPRO Team's ability to develop effective strategies for strengthening health promotion and communication programs at various levels as well as IPC/C and mass media strategies for promoting specific behaviors in target groups in 29 provinces in the country. The HealthPRO Team will conduct monitoring and assessments to: (1) identify project activities that are progressing as planned and should be continued, (2) introduce improvements and enhancements to activities that are not progressing as planned, and (3) identify activities that achieve their objectives ahead of schedule and can be replicated in other areas. In addition, PMP results will assist in identifying which interventions are producing impact and are sustainable and which need to be modified to produce desired impact.

URC will design and implement a performance monitoring and evaluation system, the **Project Management Information System (PMIS)**, to track project input, output and outcome indicators:

- *Input* indicators will provide information related to expenditures, equipment and supplies, training and skills development, funding of studies, and technical resource utilization
- *Process* indicators will provide information regarding compliance with standards and guidelines by service providers particularly relating to IPC/C
- *Output* indicators will provide information such as utilization of specific health services by men, women and children, number of health workers and managers trained, number of training covering IPC/C programs initiated for community and facility workers, etc.
- *Outcome* indicators will provide information related to improvements in the levels of compliance with IPC/C guidelines by healthcare workers as well as changes in patient behaviors (e.g., early health seeking behavior, acceptance of modern contraceptive methods, etc.).
- *Impact* indicators (which will not be directly measured by HealthPRO) will include CPR, case detection rates, cure rates, and mortality and morbidity rates.

URC will produce quarterly and annual reports highlighting achievements on various indicators. These reports will also include vignettes on how interventions are helping change patient and community behaviors, improve IPC/C service quality, and expand health behavior change activities in both urban and rural areas of the country. These reports/vignettes will be stored in the PMIS database to allow rapid retrieval for reports and presentations.

The URC team's success will largely rely on our ability to assist national institutions (NCHP and National Center for Disease Prevention and Control or NCDPC), LGUs as well as non-governmental agencies in testing innovative ways to promote specific behaviors in various target groups. HealthPRO will learn from experiences with both proven and new approaches, and to apply lessons learned. **Attachment A** provides an overview of our results framework for the project. **Table 1** provides an overview of our project indicators.

Establishing baseline levels, benchmarks or targets, and periodic surveys

URC will review existing survey and service statistics data to establish baseline values for key performance indicators. We will work closely with our counterparts and stakeholders, including TB LINC, HealthGov, Health Policy and Development Project (HPDP), PRISM, ARMM SHIELD, to establish targets using baseline results for various outcome indicators for HealthPRO project. These indicators will be used to assess the impact of various HealthPRO interventions on behavior change among specific target groups. URC will commission population-based surveys to assess changes in community knowledge and attitudes as well as health seeking behaviors. Rather than commission standalone surveys, URC will work with USAID partners as well as participate in omnibus surveys to collect data. The frequency of standalone surveys will be determined in consultation with USAID. Health service statistics data from LGU will also be tracked to assess changes in service utilization rates due to HealthPRO activities. In addition, HealthPRO will undertake small cluster surveys so that the project will be able to measure trends in outcome indicators that are related to the project's objectives.

Mid-term and final evaluations

A mid-term evaluation is planned and the results will be used to change the project strategies if needed. An end-of-project evaluation is planned and the results will be provided to USAID to determine future programmatic and policy options to continue supporting health promotion activities in the country. A final evaluation of project will be conducted towards the end of the project. The objective of the evaluation would be to assess overall project impact and to identify future directions for technical assistance and programmatic interventions for continued improvements.

PMP DESIGN

The Pre-Implementation Phase

During the pre-implementation phase the project will conduct two major activities, the first one is the Participatory Action Research (PAR) for all LGUs prior to their engagement (which also starts the technical assistance to LGUs) to establish a complete LGU profile; and determine what motivates the clients in the LGU to practice healthy behaviors on family planning, maternal and child health, TB and HIV/AIDs. The PAR will determine the local situation in terms of healthy behaviors and health promotion practices and consequently make concrete plans to address the problems identified. The second activity is the designing and developing of a baseline data collection system.

Designing, Developing and Conducting a Participatory Action Research. Together with results of previously conducted studies and surveys, a clear understanding of factors and conditions that affect or impede the adoption of healthy behavior is essential to help in the development of appropriate and evidenced- based communication strategies, tools and approaches that are relevant and highly effective in changing client behaviors. HealthPRO will undertake a Participatory Action Research with partners (CHDs) and the target local government units (LGU) rapid assessment to establish a complete LGU profile; and determine what motivates the clients in the LGU to practice healthy behaviors on family planning, maternal and child health, TB and HIV/AIDs. PAR helps understand the local situation in terms of healthy behaviors and health promotion practices and consequently make concrete plans to address the problems identified. This activity intends to be the basis and commencement of engaging the LGUs in health promotion. PAR makes use of a qualitative descriptive research design involving key informant interviews (KII), and focus group discussions (FGDs) and facility/service observation among selected groups and facilities identified above. The study will also include the verification of the target audience media habits.

Designing and Developing a Baseline Data Collection System. Activities under this component include establishing the baseline values for the set of project indicators, drafting a data collection plan, and generating baseline data for selected key outcomes¹. One of the earliest priorities will be to undertake assessments of existing health promotion data derived from end of project reports and reports from previous projects and available national health surveys. Best practices in the area of health promotion will be compiled in order to take advantage of lessons learned from previous initiatives. During this pre-implementation phase, **baseline assessments** will be conducted in areas where the HealthPRO's intervention will be focused—LGUs, health facilities, groups and institutions, providers, stakeholders and clients. Primary data collection in the form of (a) **situation analysis** focusing on determination of baseline values on project indicators. (b) **inventories**, profiling of LGUs in terms of their capabilities and commitment to undertake health promotion, and (c) **behavioral**

¹ *These activities will be preceded by a review of the baseline assessments already conducted by other CAs to ensure that there are no duplications.*

cluster surveys focusing on the component on behavior change will be conducted. These activities will extend not only at the LGU and health facility levels, but also at the community level in order to assess potential private groups' involvement in community health promotion.

Situational Analysis. A situational analysis of public and private facilities will be conducted to describe and evaluate the current health policies and service delivery standards and practices in the health facilities, especially as these relate to **interpersonal communication and counseling** that occur between health providers and clients, on four areas of concern: MCHN, FP, TB and STI/HIV/AIDS. It will examine the readiness of the subsystems (record keeping, monitoring and supervision, IEC materials, technical competence of providers, etc) to deliver quality of care to clients, and assess the actual quality of care received by clients (particularly in IPC/C).

Inventories, Mapping and Profiling. One major emphasis of the project will be to build and sustain institutional capacity for health promotion activities at the LGU and community levels. In this regard, an inventory of LGUs capabilities and commitment to allocate resources for health promotion will be undertaken, and identify community-based stakeholders and champions, especially among civic, business, media and NGO groups who are potential of LGU partners in sustaining health promotion activities in the community. These inventories will yield baseline data on the level of community involvement and local resources allocated for health promotion, as well as a serve as a starting point for the engagement of these groups and institutions. Field personnel will take the lead in these activities. Some of the information may likewise be gathered during the PAR.

Conduct of Behavioral Surveys. The project will measure specific trends associated with the ICP/C and media intervention. This will be largely quantitative studies but will be supplemented by in-depth interviews of key informants such as health providers, and local influentials, as well as 30 cluster surveys to examine trends in awareness and behavior. The objective is to assess current health knowledge and practices among the primary targets of interventions—men and women of reproductive age, at the start of project implementation, and determine whether knowledge is increased and the desired results in behavior change are achieved. This activity will be subcontracted to appropriate research organizations, preferably to partners in the project sites.

There are current initiatives by other USAID CAs in this area; the project will coordinate with these other initiatives, particularly by SHIELD and HealthGov especially in regard to ensuring synergies and cost efficiency in the collection and utilization of these data. In the ARRM areas, collaboration with SHIELD on the collection of relevant BCC related data will be pursued.

The Implementation Phase

Project Routine Monitoring and Review. A project monitoring system is intended to keep track of the conduct of project activities and the general progress towards achieving project objectives.

Monitoring also determines whether the project's expected inputs, activities, and outputs are accomplished as planned.² In this regard, a standard system of recording and reporting will be set up, where customized forms will be developed and the process and output indicators (drawn from the list of project indicators in Table 1) will be tracked down based on the project activities laid out in the annual and life of project work plans. These forms include facility and service provision checklists, log book review forms, provider-client interaction observation, and client exit forms. The project staff and health facility supervisors will be oriented on how to use these recording and reporting tools. Subsequently, other recording and reporting tools may be developed and introduced as necessary. All these forms will be pre-tested before they are used in the field.

There will be two internal reporting forms that will be developed: (1) the **HealthPRO Project Activity Monthly Report** form which lists the highlights of the activities for the month, to be accomplished by the provincial area coordinators for collation by the Area Manager, to be submitted to the Central office in Manila, and (2) the **Project Documentation Report** that should be reported by the field staff responsible for the conduct of a particular activity or intervention.

The provincial coordinator, in partnership with the CHD and LGU Representatives, will conduct regular quarterly monitoring visits to the field to assess the status of project implementation using the developed monitoring tools. They will submit a project monitoring report to their respective Area Managers. These project-monitoring visits will be included in the Project Activity Monthly Report of the concerned project staff. Other project activities listed in the Project Monthly report include (1) updates on major accomplishments, (2) issues and problems encountered, and (3) projected activities for the next reporting period.

The project M&E team based in the Manila office will consolidate quarterly and yearly reports for submission to USAID and partner agencies. A copy of the reports will be retained at all levels as this will be utilized to guide project management and staff in decision making regarding project implementation.

Project documentation will be carried out to capture the process that explains how the project created the outputs and outcomes on the target population. This will consist of an accurate description of the level of inputs provided, the procedures that were followed and the outputs that resulted. A data bank will be established and maintained at the Manila Office to hold all documentation and data gathered in the field.

² *Monitoring program inputs involves the drafting of operational guidelines, preparation of scopes of work, recruitment of short-term consultants/ experts, contract signing, monitoring payments and progress reports, procurement schedules, activities which are generally handled by project management.*

KEY ELEMENTS OF THE PMP

Description of Indicators, Baseline Values, Expected Results, Sources, Methods of Data Collection or Distribution, and Frequency and Staff Responsible for Ensuring the Collection and Processing of Information

Attachment 2 provides indicators for measurement, an overview of current (or baseline) values, expected results, sources, method of data collection or distribution, and staff responsible for ensuring the collection and processing of information. The baseline values will be established by reviewing existing reports and surveys. The URC staff will review provincial data to establish values for various indicators. The URC team will establish target performance goals for various indicators by reviewing past trends as well as level of effort being put on achieving specific results. A consultative process will be used to finalize the performance targets for various indicators with stakeholders in each LGU covered by the project. Much of the baseline data will also be used to refine project strategies and interventions.

Reporting format

Attachment 3 presents an outline of the format that will be used to present project results quarterly.

DATA SOURCES AND QUALITY ASSURANCE

URC will identify the appropriate methods to collect data so that verifiable information is compiled for various indicators. **Attachment 4** provides an overview of various data collection tools and methods). Periodic community-based studies using qualitative and quantitative tools, small cluster surveys, chart reviews, observations, document reviews, and facility assessments will measure the same indicators as those used for the baseline survey to yield intermediate program results to measure improvements from project interventions. We will use the DOH service statistics to track change in service utilization rates. Additional studies and surveys will be commissioned annually/bi-annually to collect qualitative and other data that are not available through the routine information system.

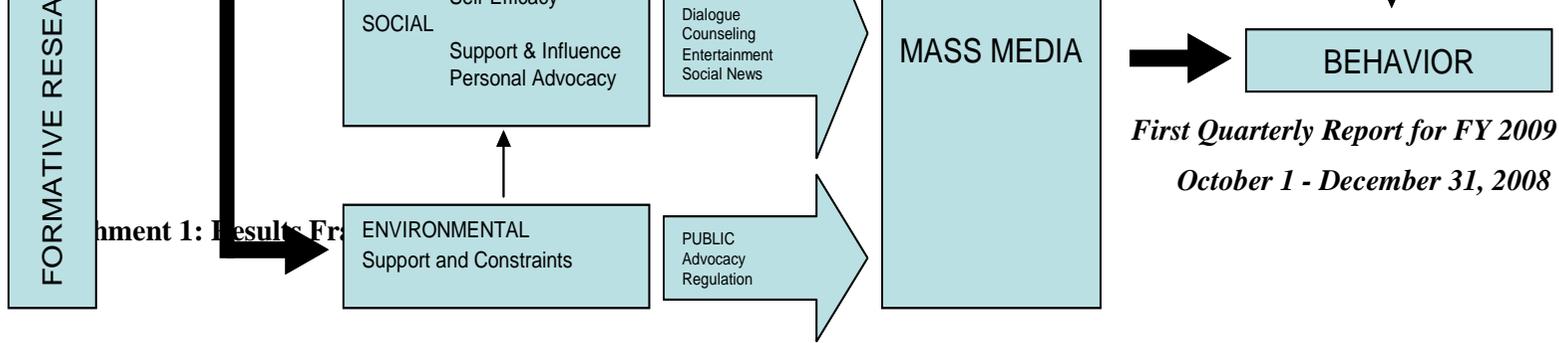
URC, following USAID/Philippines guidelines, will develop standards for data quality and carefully review the protocols. In addition, we will establish a Technical Advisory Group that will check adherence of protocols to the required standards, give approval for the implementation of the surveys, and monitor the ongoing research activity.

At project start, URC will establish baseline levels for various indicators by reviewing existing data as well as commissioning a special survey, if needed. This process will be completed by July 2008. A consultation process with the DOH, CHD, LGUs and other stakeholders will establish targets and performance levels for all indicators.

VALIDITY CHECK OF SELF-REPORTED DATA

The URC team will commission external audits from time to time to validate the quality of data collected from the health facilities, DOH Information System, as well as other internal mechanisms. The external validation, **using a third party which is not vested in the current project**, will use a combination of chart audits, provider-patient interaction observations, as well as interviews with clients and providers as part of data collection. The URC team will also provide details regarding how much of the changes in a specific indicator can be attributed to the impact/effect of project interventions.

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January 1 – March 31, 2008



First Quarterly Report for FY 2009
October 1 - December 31, 2008

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ATTACHMENT 2: QUARTERLY REPORTING FORMAT

URC will use the following format to report change in various indicators to USAID.

1. Executive Summary (1 Page)

- a) Key Activities
- b) Major Outputs and Results/Accomplishments
- c) Major implementation issues and strategies used for resolving the issues
- d) Next Quarter Highlights – Major Activities

Summary Table: Linking the activities to the results and accomplishments

2. Activities and Results

- a) General activities carried out in the quarter
- b) Results and Accomplishments
- c) Consultancies

3. Major problems faced in implementation and strategies used for overcoming the challenges

4. Coordination with LGUs, CHDs, USAID partners, and Other Stakeholders

5. Project Administration

6. Budget and Expenditures

7. Timeline and Workplan for the Next Quarter

ATTACHMENT 3: MONITORING TOOLS AND METHODS

The following is a brief description of various sources of information:

1. Population-based surveys (30 cluster surveys) will be used to assess needs and evaluate changes in health status, including knowledge, attitudes, and behavior regarding HIV, TB, maternal and child health, FP, etc. The survey results will be useful to develop profiles of various target groups with their needs that continue to be unmet, as well as in developing BCC strategies to create demand for or compliance with specific health services and protocols. Demographic and social data profiles of communities and patients will be developed using the survey data. Surveys may be carried out in conjunction with other partners or omnibus surveys to reduce costs.

URC has developed a “community rapid survey” methodology as part of the Primary Health Care Management Advancement Programme.³ The rationale behind this methodology is to give health managers a tool to assess or evaluate health problems in their catchment areas. The “rapid survey” is an alternative to traditional large-scale sample surveys. Originally developed to assess immunization⁴ coverage, the methodology has been adapted to include other epidemiological areas. Family planning and primary health care programs used it recently to help plan and monitor health services. A typical rapid survey can be completed in two to three weeks, from design to final report. It involves 200–300 household interviews, drawn from 30 clusters of 7–10 respondents each. They are typically carried out once every two years, but frequency can be determined based on project needs. We will also examine the possibility of participating in omnibus surveys.

2. Focus group discussions (FGDs) will be used for formative research to identify needs and for summative evaluations to assess programmatic impact. These FGDs (qualitative methods) will help to identify areas that require quantitative data (such as surveys) or to gain in-depth knowledge about specific issues previously identified through a large population-based survey. The purpose of the FGDs with health service users will be to elicit perceptions of behavior change challenges that service providers experience when dealing with patients or care providers. In addition, FGDs will also help in identifying attitudinal issues that affect the adoption of healthy behavioral practices or care-seeking behavior for particular health conditions.

3. Health provider surveys, patient-provider interactions and standardized and mystery clients will be used to determine whether providers follow IPC/C guidelines and protocols. Health provider surveys will be conducted to determine knowledge and skills needs for continuing education and to help determine whether they know and agree with the guidelines. Patient-provider interaction observations will be used to assess provider compliance with clinical and interpersonal communication guidelines. Standardized and mystery clients will be used to assess providers’ compliance with protocols.

³ Reynolds, J. “Assessing Community Health Needs and Coverage.” *Module 2: Primary Health Care Management Advancement Programme*. University Research Co. and Aga Khan Foundation. Geneva, 1992.

⁴ Henderson, R.H., and Sunaresan, T. “Cluster sampling to assess immunization coverage: A review of experience with a simplified method.” *Bulletin of the World Health Organization* 60(2):253-260, 1982.

- 4. Facility observations and interviews** identify clinical and non-clinical areas that need improvement. Exit interviews of clients can be used to assess and monitor client knowledge, practices, and satisfaction.
- 5. Patient records** will be reviewed regularly to determine completeness of records and compliance with treatment protocols.
- 6. Cost analysis of various BCC interventions** will be conducted to assess effectiveness of various messages and modes of communications.

ATTACHMENT 4: DATA QUALITY ASSESSMENT

The HealthPRO project team will periodically review the process of collecting data for each indicator as well as the primary sources of the data for accuracy. All data sources (work-plan reports, surveys, etc) will be checked to ensure integrity of the data. Two tools will be used as part of the project's Data Quality Assessment. These are the Performance Indicator Reference Sheets and the Survey Audit Form.

Performance Indicator Reference Sheets

This is a tool to plan how to collect the relevant data; it includes the exact definition of the indicator and walks through key questions such as who is responsible for collecting the data, how they will collect it and how often, among other things. An indicator reference sheet will be used for each indicator included in the PMP, and updated annually, as shown in the example below.

Maternal and Child Health and Nutrition

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Pregnant women with at least 4 antenatal care consultations |
| DESCRIPTION |
| <i>Precise Definition:</i> The proportion of pregnant women surveyed aged 15-49 who made 3 or more antenatal visits for their last pregnancy |
| <i>Unit of Measure:</i> Percent. Numerator: number of pregnant woman surveyed who made at least 3 antenatal care visits to a health facility (public or private) for their last pregnancy Denominator: total number of women age 15-49 surveyed who reported a pregnancy |
| <i>Disaggregated by:</i> province, age, type of facility (public/private) |
| <i>Justification/Management Utility:</i> Measure of use of antenatal clinics and services could provide insight into subsequent health of mother and infant as well as issues of access and acceptability of services |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Population-based national surveys and facility-based survey |
| <i>Method of Acquisition by USAID:</i> For the Family Planning Survey (FPS), a limited scope grant agreement with the Philippine National Statistics Office (PNSO); every 5 years in DHS |
| <i>Data Source(s):</i> facility-based and household surveys; census data |
| <i>Timing/Frequency of Data Acquisition:</i> Annual |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually by PNSO; Every five years by Macro International and PNSO |
| <i>Presentation of Data:</i> FPS Reports; PDHS Report |
| <i>Review of Data:</i> Annually for FPS by OPHN/Manila, USBUCEN and PNSO. Every five years for PDHS by OPHN/Manila, PNSO and Macro International. |
| <i>Reporting of Data:</i> Annually through FPS Report; Every five years through PDHS Report |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> data does not account for women utilizing antenatal clinics that may be supported by local funding or other country's governments |
| <i>Actions Taken or Planned to Address Data Limitations:</i> use supporting data and address these questions |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> 1) Regions are sampled to ensure representativeness; 2) Questionnaires are pretested and revised; 3) Enumerators are carefully trained; 4) Field work is closely supervised; and 5) Data tables are checked for non-sampling errors. |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD |
| Data Storage: USAID/Manila; HealthPRO |
| THIS SHEET LAST UPDATED ON: April 15, 2008 |

Survey Audit Form

This is a checklist for conducting periodic data quality assessments. The checklist solicits answers for the following questions:

1. Validity - Do the data adequately represent performance?
2. Reliability - Are data collection processes stable and consistent over time?
3. Timeliness - Are data collected frequently and are they current?
4. Precision - Do the data have an acceptable margin of error?
5. Integrity - Are data free of manipulation?

| SURVEY AUDIT FORM | |
|----------------------------|--|
| 1. Validity | |
| Face validity | <ul style="list-style-type: none"> • Solid logical relation between activity/program and what is measured |
| Measurement Error | |
| <i>Sampling Error</i> | <ul style="list-style-type: none"> • Samples representative • Questions clear, direct, easy to understand • Adequate instructions provided • Response rates sufficiently large • Non-response rate followed-up |
| <i>Non-sampling error</i> | <ul style="list-style-type: none"> • Data collection instrument well designed • Incentives for respondents • Definitions operationally precise • Enumerators well trained • Efforts to reduce potential for personal bias by enumerators |
| Transcription Error | <ul style="list-style-type: none"> • Potential for error in transcription process • Steps taken to limit transcription error • Data errors tracked to original source • Correct formulae used for indicators • Same formula applied consistently • Procedures for dealing with missing data correctly applied • Final numbers reported accurate |
| Representativeness of Data | <ul style="list-style-type: none"> • Sample representative of population • All units have equal chance of being selected • Sampling frame up to date • Sample adequate in size • Data complete |

| |
|--|
| 2. Reliability |
| <p><i>Consistency</i></p> <ul style="list-style-type: none"> • Consistent data collection process • Same instrument used to collect data • Same sampling method used |
| <p><i>Internal Quality Control</i></p> <ul style="list-style-type: none"> • Procedures to ensure data free of significant error and bias not introduced • Procedures for periodic review of data collection, maintenance, processing • Procedures provide periodic sampling and quality assessment of data |
| <p><i>Transparency</i></p> <ul style="list-style-type: none"> • Data collection, cleaning, analysis, reporting documented in writing • Data problems at each level reported to next level • Data quality problems clearly described in final reports |
| 3. Timeliness |
| <p><i>Frequency</i></p> <ul style="list-style-type: none"> • Data available on frequent enough basis to inform program management decision • Regularized schedules of data collection in place |
| <p><i>Currency</i></p> <ul style="list-style-type: none"> • Data reported in given timeframe most current practically available • Data from within policy period of interest • Data reported as soon as possible after collection • Date of collection clearly identified in report |
| 4. Precision |
| <p><i>Precision</i></p> <ul style="list-style-type: none"> • Margin of error less than expected change • Margin of error acceptable • Targets set for acceptable margin of error • Margin of error reported along with data • Would increase in degree of accuracy be more costly than increased value of information |
| 5. Integrity |
| <p><i>Integrity</i></p> <ul style="list-style-type: none"> • Mechanisms in place to reduce possibility that data are manipulated • Objectivity and independence in key data collection, management, assessment procedures • Independent review • Is USAID management confident in credibility of data |

List of OP Indicators with direct bearing on HPC

1. Number of people trained in FP/RH with USG funds
2. Number of people that have seen or heard a specific USG-supported FP/RH message
3. Number of individuals counselled for FP/RH as a result of USG assistance
4. Number of people trained in maternal/newborn and child health through USG-supported programs
5. Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs
6. Amount of PhilHealth reimbursements under MCP for USG-assisted LGUs
7. Number of people trained in DOTS with USG funding
8. Number of provinces with written social mobilization plan (SCP)
9. Number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
10. Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
11. Number of individuals trained in HIV- related community mobilization for prevention care and/or treatment

| Table 1: | PROJECT FOCUS | | | | |
|---------------------------|--|------------------------|-----------------|---------------------|------------------------|
| PROJECT COMPONENTS | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |

| Table 1: PROJECT COMPONENTS | PROJECT FOCUS | | | | |
|--|---|---|---|---|--|
| | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |
| BEHAVIOR CHANGE AND COMMUNICATION OUTCOMES | <ul style="list-style-type: none"> Pregnant women who are able to cite at least 1 danger sign of pregnancy Pregnant women who know where to go in case of pregnancy complications Proportion of women who obtained three or more antenatal consultations Proportion of pregnant women who deliver with the assistance of skilled birth attendants Proportion of mothers who are able to cite at least two benefits of breastfeeding Proportion of mothers/caregivers who sought immunization services for infants Proportion of mothers who sought Vitamin A supplementation for their under-five children in the past year Proportion of mothers who are able to cite appropriate treatment for child diarrhea Proportion of mothers who are able to identify t least two symptoms of pneumonia Proportion of women who know where they can access basic MCHN services | <ul style="list-style-type: none"> Proportion of women who know where they can access basic FP services Fear of side effects or health concern as a reason for non-use of contraception General public approval of family planning Women endorsing the practice of FP to others Women that discuss the use of contraceptives | <ul style="list-style-type: none"> Most-at-risk individuals for HIV who are able to cite at least three ways of avoiding HIV infection Percentage of most-at-risk individuals for HIV/STIs who sought voluntary counseling and testing Percent of sex workers* reporting the use of condom with their last client Percent of sexually active injecting drug users (IDUs) reporting the use of condom with last sex partner Percent of most at risk populations reporting use of condom with most recent client | <ul style="list-style-type: none"> Percentage of individuals who know that TB is transmitted through the air when coughing Percentage of individuals who are able to cite cough of more than two weeks duration as a sign of TB Percentage of individuals who know that TB is caused by a bacilli/germ or/ microbe Percentage of individuals who know that TB can be cured Percentage of individuals who know where to go for TB treatment in a DOTS facility TB symptomatics who voluntarily sought consultation in a DOTS facility TB patients under DOTS who complete treatment | <ul style="list-style-type: none"> Percentage of individuals who know that avian influenza is transmitted through direct contact with infected poultry, or surfaces and objects contaminated by their feces Percentage of individuals who know where they can report cases of "bird/fowl kill" |

January 1 – March 31, 2008

| Table 1: PROJECT COMPONENTS | PROJECT FOCUS | | | | |
|--|---|---|---|--|---|
| | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |
| BEHAVIOR CHANGE COMMUNICATION OUTPUTS | | <ul style="list-style-type: none"> Number of counseling sessions for FP as a result of USG assistance Number of people that have heard or seen a specific FP/RH message | <ul style="list-style-type: none"> Number of individuals trained to provide HIV/AIDS prevention programs through other behavior change beyond abstinence and/or being faithful with USG assistance Number of individuals (sex workers, IDUs) reached with community outreach HIV/AIDS prevention program that are not focused on abstinence and/or being faithful, with USG assistance Number of provincial and city HIV communication plans developed | | <ul style="list-style-type: none"> Number of individuals reached through mass media, IEC and community outreach on AI awareness and behavior change programs |
| | <ul style="list-style-type: none"> Number of TORs with collaborating partners signed Number of provincial HPC plans with MCH,FP<TB developed | | | | |
| BEHAVIOR CHANGE COMMUNICATION INPUTS | <ul style="list-style-type: none"> MCH BCC Strategy paper developed MCH BCC tool kit developed Number of MCH IPC/C TOTs conducted | <ul style="list-style-type: none"> FP BCC Strategy paper developed FP BCC tool kit developed Number of FP IPC/C TOTs conducted | <ul style="list-style-type: none"> HIV BCC Strategy paper developed HIV BCC tool kit developed Number of HIV IPC/C TOTs conducted | <ul style="list-style-type: none"> TB BCC Strategy paper developed TB BCC tool kit developed Number of HIV IPC/C TOTs conducted | |
| | <ul style="list-style-type: none"> Number of local groups trained on IPC/C (engaged) Number of LRAs awarded small grants Number of local champions named Corp of trainers trained Number of PR media events provided with HPC inputs | | | | |

Second Quarterly Report for FY 2008
January 1 – March 31, 2008

| Table 1: PROJECT COMPONENTS | PROJECT FOCUS | | | | |
|--|--|------------------------|-----------------|---------------------|------------------------|
| | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |
| INSTITUTIONAL CAPACITY OUTCOMES | <ul style="list-style-type: none"> • Number of LGUs with budget appropriation for HPC integrated in the provincial health budget for 2009 | | | | |
| INSTITUTIONAL CAPACITY OUTPUT | <ul style="list-style-type: none"> • Number of PARS conducted | | | | |

Second Quarterly Report for FY 2008
January 1 – March 31, 2008

| Table 1: PROJECT COMPONENTS | PROJECT FOCUS | | | | |
|--|---|------------------------|-----------------|---------------------|------------------------|
| | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |
| INSTITUTIONAL CAPACITY INPUTS | <ul style="list-style-type: none"> • Number of PIPH/AIPHS reviewed • SCP guide, manuals and instruments developed • Number of StratCom planning workshops conducted • Number of HPC mentors and advocates trained • Number of Technical Assistance plan developed • Number of mentors engaged • HPC incentive program concept paper written • Number of LGU requests for HPC TA responded | | | | |
| TECHNICAL ASSISTANCE OUTCOME | | | | | |

Second Quarterly Report for FY 2008
January 1 – March 31, 2008

| Table 1: PROJECT COMPONENTS | PROJECT FOCUS | | | | |
|--|--|------------------------|-----------------|---------------------|------------------------|
| | MATERNAL AND CHILD HEALTH AND NUTRITION | FAMILY PLANNING | HIV/AIDS | TUBERCULOSIS | AVIAN INFLUENZA |
| TECHNICAL ASSISTANCE OUTPUT | <ul style="list-style-type: none"> • Number of CA workplans reviewed (and enhancements proposed) • Number of provincial health profiles for HPC/BCC interventions reviewed (and enhancements proposed) | | | | |
| TECHNICAL ASSISTANCE INPUT | <ul style="list-style-type: none"> • BCC training for HealthPRO staff conducted • SCP training for HealthPRO staff conducted • Unified approach for enhancing HPC interventions developed | | | | |

Appendix A: Indicator Sheets

FP/ RH 1

| Performance Indicator Reference Sheet | |
|---|--|
| Strategic Objective: | Desired family size and improved health sustainably achieved |
| Intermediate Result: | Appropriate healthy behaviors and practices increased |
| Indicator: | Number of people trained in FP/RH with USG funds |
| DESCRIPTION | |
| <i>Precise Definition:</i> | Total number of people (health professionals, barangay/community health workers, and non-health personnel, and volunteers) trained in FP/RH service delivery communication with USG funds. |
| <i>Unit of Measure:</i> | number |
| <i>Disaggregated by:</i> | age, province, type of health professional |
| <i>Justification/Management Utility:</i> | Measures the assistance provided by USG to equip health professionals, BHWs and advocates with IPC/C knowledge and skills to help increase the demand for FP and RH services |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> | Collation of the number of trainees reported in training reports |
| <i>Method of Acquisition by USAID:</i> | through HealthPRO |
| <i>Data Source(s):</i> | Training reports |
| <i>Timing/Frequency of Data Acquisition:</i> | Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> | Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> | Frequency counts |
| <i>Presentation of Data:</i> | Annually |
| <i>Review of Data:</i> | Annual audit of training reports |
| <i>Reporting of Data:</i> | Annually by HealthPRO |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| <i>THIS SHEET LAST UPDATED ON:</i> January 14, 2009 | |

FP/ RH 2

| Performance Indicator Reference Sheet | |
|--|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of people that have seen or heard a specific USG-supported FP/RH message | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Size of target population that has seen or heard a specific USG-supported FP/RH message in USG-assisted sites, through mass media and/or group orientation/discussion | |
| <i>Unit of Measure:</i> Number | |
| <i>Disaggregated by:</i> age, gender, province, socio-economic class | |
| <i>Justification/Management Utility:</i> Measures the assistance of USG to educate the general population on FP and RH services and their benefits | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> media index | |
| <i>Method of Acquisition by USAID:</i> buying media index of national and local TV, radio and print media and use their specific indices in calculating “message reach” in the 29 USG assisted provinces | |
| <i>Data Source(s):</i> | |
| <i>Timing/Frequency of Data Acquisition:</i> after each media event | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Calculation of message reach | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> review of the process in determining the media index | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| <i>THIS SHEET LAST UPDATED ON:</i> January 14, 2009 | |

FP/ RH 3

| Performance Indicator Reference Sheet | |
|--|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of counseling sessions/visits for FP-RH as a result of USG assistance | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Number of individuals counseled on family planning by trained clinic-based or itinerant health service providers, community workers/volunteers, and peer educators through USG-assisted programs. Counseling visits include one-on-one and small-group (2-10pax) discussions. | |
| <i>Unit of Measure:</i> Number | |
| <i>Disaggregated by:</i> age, gender, province | |
| <i>Justification/Management Utility:</i> Measures the USG assistance to expanding the number of counselors available to provide FP/RH counseling services | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> Collation of performance reports of trained clinic-based or itinerant health service providers, community workers/volunteers, and peer educators by the LGU health office | |
| <i>Method of Acquisition by USAID:</i> LGU provides report to HealthPRO and USAID | |
| <i>Data Source(s):</i> Performance reports | |
| <i>Timing/Frequency of Data Acquisition:</i> Annually | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency count | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> Spot visits of counselors to verify reported number of sessions | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| THIS SHEET LAST UPDATED ON: January 14, 2009 | |

FP/ RH 4

| Performance Indicator Reference Sheet | |
|---|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of people trained in research with USG assistance | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Number of people trained in conducting research on FP and RH with USG assistance | |
| <i>Unit of Measure:</i> Number | |
| <i>Disaggregated by:</i> sex, age, primary employment | |
| <i>Justification/Management Utility:</i> Measures the USG assistance to build up capacity and capability to conduct research on FP and RH | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> Collation of the number of trainees from training reports | |
| <i>Method of Acquisition by USAID:</i> through HealthPRO | |
| <i>Data Source(s):</i> training reports | |
| <i>Timing/Frequency of Data Acquisition:</i> quarterly | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency count | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> field audit of training reports | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| <i>THIS SHEET LAST UPDATED ON:</i> January 14, 2009 | |

FP/ RH 5

| Performance Indicator Reference Sheet | |
|---|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of information gathering or research activities | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Number of information gathering and research activities related to FP and RH in USG-assisted sites | |
| <i>Unit of Measure:</i> Number | |
| <i>Disaggregated by:</i> type of research activity, province | |
| <i>Justification/Management Utility:</i> Measures the extent that LGUs are generating the evidence base to guide the implementation of FP and RH programs | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> Collation of the number of information gathering and research activities from project reports | |
| <i>Method of Acquisition by USAID:</i> through HealthPRO | |
| <i>Data Source(s):</i> Project reports | |
| <i>Timing/Frequency of Data Acquisition:</i> Quarterly | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency counts | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> Field audit of reported research activities | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| <i>THIS SHEET LAST UPDATED ON:</i> January 15, 2009 | |

FP/ RH 6

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of LGUs implementing a FP Strategic Communications Plan (SCP) |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of LGUs that initiated any activity outlined in the SCP such as: a. Health promotion and communication initiatives (media events, IEC materials development, etc.); b. resource mobilization and budget allocation; c. Training (IPC/C, TA) |
| <i>Unit of Measure:</i> Number |
| <i>Disaggregated by:</i> province |
| <i>Justification/Management Utility:</i> Measures the USG assistance in building up the capacity of LGUs to implement SCP for FP/RH |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> collation of LGU based of the project status reports of their implementation of SCP activities |
| <i>Method of Acquisition by USAID:</i> through HealthPRO staff |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> quarterly |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Field review of reported LGU performance/ implementation |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> Properly documented project reports; timely submission of reports |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): Data Storage: |
| THIS SHEET LAST UPDATED ON: January 15, 2009 |

FP/ RH 7

| Performance Indicator Reference Sheet |
|--|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of prototype IEC materials developed |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of print, mass media or non-traditional media developed for specific for specific target groups on FP |
| <i>Unit of Measure:</i> number |
| <i>Disaggregated by:</i> target audience |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG in developing responsive IRC materials that will increase the demand for FP-RH information and services |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Project reports |
| <i>Method of Acquisition by USAID:</i> through HealthPRO |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> annual |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Audit of IEC materials |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| THIS SHEET LAST UPDATED ON: |
| January 14, 2009 |

MCH 1

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of people trained in maternal/newborn health and nutrition through USG-supported programs |
| DESCRIPTION |
| <i>Precise Definition:</i> The total number of health professionals (doctors, nurses, midwives) and BHWs provided with USG-assisted IPC/C training for maternal/newborn health |
| <i>Unit of Measure:</i> number |
| <i>Disaggregated by:</i> age, province, type of health professional |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG to equip male health professionals, BHWs and advocates with IPC/C knowledge and skills to help increase the prenatal consultations of pregnant mother, the number of deliveries attended by health professionals, and demand for other appropriate maternal and newborn care interventions |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Collation of the number of trainees reported in training reports |
| <i>Method of Acquisition by USAID:</i> through HealthGov |
| <i>Data Source(s):</i> Training reports |
| <i>Timing/Frequency of Data Acquisition:</i> Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Annual audit of training reports |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> Timely submission and collation of properly documented training reports |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): Data Storage: |
| THIS SHEET LAST UPDATED ON: |

MCH 2

| Performance Indicator Reference Sheet | |
|---|---|
| Strategic Objective: | Desired family size and improved health sustainably achieved |
| Intermediate Result: | Appropriate healthy behaviors and practices increased |
| Indicator: | Number of people trained in child health and nutrition through USG-supported programs |
| DESCRIPTION | |
| <i>Precise Definition:</i> | The total number of health professionals (doctors, nurses, midwives) and BHWs provided with USG-assisted IPC/C training for child health and nutrition |
| <i>Unit of Measure:</i> | number |
| <i>Disaggregated by:</i> | age, province, type of health professional |
| <i>Justification/Management Utility:</i> | Measures the assistance provided by USG to equip male health professionals, BHWs and advocates with IPC/C knowledge and skills to help increase the demand for appropriate child health and nutrition interventions |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> | Collation of the number of trainees reported in training reports |
| <i>Method of Acquisition by USAID:</i> | through HealthGov |
| <i>Data Source(s):</i> | Training reports |
| <i>Timing/Frequency of Data Acquisition:</i> | Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> | Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> | Frequency count |
| <i>Presentation of Data:</i> | Annually |
| <i>Review of Data:</i> | Annual audit of training reports |
| <i>Reporting of Data:</i> | Annually |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | Timely submission and collation of properly documented training reports |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| THIS SHEET LAST UPDATED ON: | |

MCH 3

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of Deliveries with a skilled birth attendance in USG assisted sites. |
| DESCRIPTION |
| <i>Precise Definition:</i> The proportion of pregnant women who delivered last birth with assistance of Doctor, Nurse, or Midwife. |
| <i>Unit of Measure:</i> Percent. Numerator: Number of women age 15-49 surveyed who's last birth was attended by a skilled birth attendant (doctor, nurse, or midwife). Denominator: total number of women age 15-49 surveyed with a birth |
| <i>Disaggregated by:</i> age, province |
| <i>Justification/Management Utility:</i> Measure of skilled birth attendants assisting deliveries could provide insight into health risks from unattended births and subsequent health of mother and infant |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Population-based national surveys and facility-based survey |
| <i>Method of Acquisition by USAID:</i> For the Family Planning Survey (FPS), a limited scope grant agreement with the Philippine National Statistics Office (PNSO); DHS every 5 years |
| <i>Data Source(s):</i> facility-based and household surveys; census data |
| <i>Timing/Frequency of Data Acquisition:</i> Annual |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually by PNSO; Every five years by Macro International and PNSO |
| <i>Presentation of Data:</i> FPS Reports; PDHS Report |
| <i>Review of Data:</i> Annually for FPS by OPHN/Manila, USBUCEN and PNSO. Every five years for PDHS by OPHN/Manila, PNSO and Macro International. |
| <i>Reporting of Data:</i> Annually through FPS Report; Every five years through PDHS Report |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> some births may be unreported, thus affecting the accuracy of the numbers |
| <i>Actions Taken or Planned to Address Data Limitations:</i> use estimation models to overcome for unreported births |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> 1) Regions are sampled to ensure representativeness; 2) Questionnaires are pretested and revised; 3) Enumerators are carefully trained; 4) Field work is closely supervised; and 5) Data tables are checked for non-sampling errors. |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD |
| Data Storage: PNSO, Manila, for FPS; Macro International, Calverton, Maryland, and PNSO Manila, for PDHS |
| THIS SHEET LAST UPDATED ON: January 14, 2009 |

MCH 4

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Amount of PhilHealth reimbursements under MCP for USG-assisted sites |
| DESCRIPTION |
| <i>Precise Definition:</i> The total amount of PhilHealth claims or reimbursements under the Maternal Care Package in the USG assisted LGUs |
| <i>Unit of Measure:</i> Amount in Pesos |
| <i>Disaggregated by:</i> Province |
| <i>Justification/Management Utility:</i> This indicators measures financing arrangements that reduce the barriers to access and use of MCH services |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> records of PhilHealth Provincial Offices |
| <i>Method of Acquisition by USAID:</i> Quarterly reports |
| <i>Data Source(s):</i> Annual Reports |
| <i>Timing/Frequency of Data Acquisition:</i> Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually by HPDP |
| <i>Presentation of Data:</i> Annual report |
| <i>Review of Data:</i> Annually by HPDP |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> Validity of data |
| <i>Actions Taken or Planned to Address Data Limitations:</i> Number of MCP accredited facilities and number of claimants should also be collected and reported for validation |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD |
| Data Storage: Data Storage: PNSO, Manila, for FPS; |
| THIS SHEET LAST UPDATED ON: January 14, 2009 |

MCH 5

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of LGUs implementing a MCH Strategic Communications Plan (SCP) |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of LGUs that initiated any activity outlined in the SCP such as: a. Health promotion and communication initiatives (media events, IEC materials development, etc.); b. resource mobilization and budget allocation; c. Training (IPC/C, TA) |
| <i>Unit of Measure:</i> Number |
| <i>Disaggregated by:</i> province |
| <i>Justification/Management Utility:</i> Measures the USG assistance in building up the capacity of LGUs to implement SCP for MCH |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> collation of LGU based of the project status reports of their implementation of SCP activities |
| <i>Method of Acquisition by USAID:</i> through HealthPRO staff |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> Semestral |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Field review of reported LGU performance/ implementation |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> Properly documented project reports; timely submission of reports |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> |

MCH 6

| Performance Indicator Reference Sheet | |
|---|---|
| | Strategic Objective: Desired family size and improved health sustainably achieved |
| | Intermediate Result: Appropriate healthy behaviors and practices increased |
| | Indicator: Number of people trained by HealthPRO-trained trainers on MCH IPC/C |
| DESCRIPTION | |
| | <i>Precise Definition:</i> Number of people in MCH IPC/C trainings conducted by a HealthPRO-trained HEPO or other HealthPRO-trained health trainers in USG-assisted sites |
| | <i>Unit of Measure:</i> Number of trainees |
| | <i>Disaggregated by:</i> province, age, gender |
| | <i>Justification/Management Utility:</i> Measures the capacity of the LGU in replicating and utilizing USG assisted training interventions; Provides inputs for the type of HPC TA to the LGU |
| PLAN FOR DATA ACQUISITION BY USAID | |
| | <i>Data Collection Method:</i> Collation of training reports submitted by the ToT trainees to HealthPRO project staff |
| | <i>Method of Acquisition by USAID:</i> through HealthPRO staff |
| | <i>Data Source(s):</i> training reports |
| | <i>Timing/Frequency of Data Acquisition:</i> Quarterly |
| | <i>Estimated Cost of Data Acquisition:</i> |
| | <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| | <i>Data Analysis:</i> Frequency count |
| | <i>Presentation of Data:</i> Annually |
| | <i>Review of Data:</i> field audits/validation of reported trainings per the training reports |
| | <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES | |
| | <i>Date of Initial Data Quality Assessment:</i> |
| | <i>Known Data Limitations and Significance (if any):</i> Timely submission of training reports, Accurate documentation of the training activities |
| | <i>Actions Taken or Planned to Address Data Limitations:</i> |
| | <i>Date of Future Data Quality Assessments:</i> |
| | <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| THIS SHEET LAST UPDATED ON: January 14, 2009 | |

MCH 7

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of people that have heard or seen a USG-supported message on maternal and child health care |
| DESCRIPTION |
| <i>Precise Definition:</i> Size of target population that has seen or heard a specific USG-supported message on maternal and child health (antenatal care, danger signs or pregnancy, breastfeeding, immunization, Vit. A supplementation and appropriate management/treatment of diarrhea and pneumonia) in USG-assisted sites, through mass media and/or group orientation/discussion |
| <i>Unit of Measure:</i> Percentage. Numerator- number of people who has seen or heard a breastfeeding message in a sample from USG-assisted sites. Denominator- number of people sampled from USG-assisted sites |
| <i>Disaggregated by:</i> age, gender, province, socio-economic class |
| <i>Justification/Management Utility:</i> Measures the assistance of USG to educate the general population on the benefits of antenatal care, danger signs or pregnancy, breastfeeding, immunization, Vit. A supplementation and appropriate management/treatment of diarrhea and pneumonia |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> media index |
| <i>Method of Acquisition by USAID:</i> buying media index of national and local TV, radio and print media and use their specific indices in calculating “message reach” in the 29 USG assisted provinces |
| <i>Data Source(s):</i> |
| <i>Timing/Frequency of Data Acquisition:</i> after a media event |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Calculation of message reach |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> review of the process in determining the media index |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): Data Storage: |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> |

HIV/AIDS 1

| Performance Indicator Reference Sheet | |
|---|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of individuals (sex workers, IDUs) reached through community outreach that promotes HIV/AIDS prevention through other behaviour change beyond abstinence and/or being faithful, with USG assistance | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Number of individuals at risk who attended USG-assisted community outreach meetings and presentations on behavioral change interventions to prevent HIV/AIDS besides abstinence and being faithful | |
| <i>Unit of Measure:</i> number | |
| <i>Disaggregated by:</i> age, province, sex | |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG in increasing demand for HIV/AIDS prevention care services | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> collation of individuals from project reports | |
| <i>Method of Acquisition by USAID:</i> through HealthGov | |
| <i>Data Source(s):</i> project reports | |
| <i>Timing/Frequency of Data Acquisition:</i> annual | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Corazon Manaloto, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency count | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> Annual audit of training reports | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> | |

HIV/AIDS 2

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of individuals trained to promote HIV/AIDS Prevention through other behavior change beyond abstinence and/or being faithful, with USG assistance |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of HEPOs and other health educators trained to conduct trainings on IPC/C , counseling and other one-on-one interventions for HIV/AIDS prevention besides abstinence and being faithful |
| <i>Unit of Measure:</i> number |
| <i>Disaggregated by:</i> age, sex province, type of health professional |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG to equip male HEPOs and other health educators with knowledge and skills to help increase the demand for HIV/AIDS prevention services |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> collation of the number of trainees from training reports |
| <i>Method of Acquisition by USAID:</i> through HealthGov |
| <i>Data Source(s):</i> training reports |
| <i>Timing/Frequency of Data Acquisition:</i> semestral |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Corazon Manaloto, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Annual audit of training reports |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> |

HIV/AIDS 3

| Performance Indicator Reference Sheet | |
|---|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: No. of individuals (male and female) trained in HIV-related community mobilization for prevention care and/or treatment | |
| DESCRIPTION | |
| <p><i>Precise Definition:</i> Number of male and female individuals trained in HIV-related community mobilization for prevention care and/or treatment wherein the training had specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. Community mobilization activities include: 1) identifying social groups and mapping existing formal structures or networks in order to encourage or promote HIV prevention, care and/or treatment interventions and services, such as counseling and testing PMTCT, HIV care and antiretroviral treatment; 2) building trust with the community by providing a forum to discuss their perceived needs for HIV prevention, care and/or treatment and services; 3) developing communication around social networks to engage in dialogue with the community which encourages or promotes HIV prevention, care and/or treatment and services; and 4) creating media and events that expose community members to new ideas, involving them in problem solving and encouraging innovations which promote HIV prevention, care and/or treatment and services</p> | |
| <i>Unit of Measure:</i> Number | |
| <i>Disaggregated by:</i> age, sex, province | |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG to expand the number of female individuals with the knowledge and skills to help increase the demand for HIV/AIDS prevention and treatment services | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> collation of the number of trainees from training reports | |
| <i>Method of Acquisition by USAID:</i> through HealthGov | |
| <i>Data Source(s):</i> training reports | |
| <i>Timing/Frequency of Data Acquisition:</i> semestral | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Corazon Manaloto, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency count | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> Annual audit of training reports | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| THIS SHEET LAST UPDATED ON: January 14, 2009 | |

HIV/AIDS 4

| Performance Indicator Reference Sheet | |
|--|--|
| Strategic Objective: Desired family size and improved health sustainably achieved | |
| Intermediate Result: Appropriate healthy behaviors and practices increased | |
| Indicator: Number of people trained in strategic information management with USG assistance on HIV/AIDS | |
| DESCRIPTION | |
| <i>Precise Definition:</i> Number of health workers, LGU officials, and other decision-makers trained in strategic information management with USG assistance on HIV/AIDS | |
| <i>Unit of Measure:</i> number | |
| <i>Disaggregated by:</i> age, province, type of health professional | |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG to build up capacity to use information and evidence in designing and implementing HIV/AIDS interventions | |
| PLAN FOR DATA ACQUISITION BY USAID | |
| <i>Data Collection Method:</i> collation of the number of trainees from training reports | |
| <i>Method of Acquisition by USAID:</i> through HealthGov | |
| <i>Data Source(s):</i> training reports | |
| <i>Timing/Frequency of Data Acquisition:</i> semestral | |
| <i>Estimated Cost of Data Acquisition:</i> | |
| <i>Responsible Individual(s) at USAID:</i> Ms. Corazon Manaloto, USAID/Manila | |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING | |
| <i>Data Analysis:</i> Frequency count | |
| <i>Presentation of Data:</i> Annually | |
| <i>Review of Data:</i> Annual audit of training reports | |
| <i>Reporting of Data:</i> Annually | |
| DATA QUALITY ISSUES | |
| <i>Date of Initial Data Quality Assessment:</i> | |
| <i>Known Data Limitations and Significance (if any):</i> | |
| <i>Actions Taken or Planned to Address Data Limitations:</i> | |
| <i>Date of Future Data Quality Assessments:</i> | |
| <i>Procedures for Future Data Quality Assessments:</i> | |
| OTHER NOTES | |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) | |
| Baseline and Targets (by year): | |
| Data Storage: | |
| THIS SHEET LAST UPDATED ON: January 14, 2009 | |

HIV/AIDS 5

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of LGUs implementing a HIV/AIDS Strategic Communications Plan (SCP) |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of LGUs that initiated any activity outlined in the SCP such as: a. Health promotion and communication initiatives (media events, IEC materials development, etc.); b. resource mobilization and budget allocation; c. Training (IPC/C, TA) |
| <i>Unit of Measure:</i> Number |
| <i>Disaggregated by:</i> |
| <i>Justification/Management Utility:</i> Measures the USG assistance in building up the capacity of LGUs to implement SCP for HIV/AIDS |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> collation of LGU based of the project status reports of their implementation of SCP activities |
| <i>Method of Acquisition by USAID:</i> through HealthPRO staff |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> Semestral |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Field review of reported LGU performance/ implementation |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> Properly documented project reports; timely submission of reports |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> |

HIV/AIDS 6

| Performance Indicator Reference Sheet |
|--|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of prototype IEC materials developed |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of print, mass media or non-traditional media developed for specific for specific target groups such as free-lance sex workers (FSW), men having sex with men (MSM), intravenous drug users (IDUs) and ARMM general population |
| <i>Unit of Measure:</i> number |
| <i>Disaggregated by:</i> target audience |
| <i>Justification/Management Utility:</i> Measures the assistance provided by USG in developing responsive IRC materials that will increase the demand for HIV/AIDS prevention care and treatment services |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Project reports |
| <i>Method of Acquisition by USAID:</i> through HealthPRO |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> annual |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Audit of IEC materials |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| THIS SHEET LAST UPDATED ON: |

TB 1

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of TB trainings conducted by HealthPRO-trained trainers |
| DESCRIPTION |
| <i>Precise Definition:</i> The number of training activities on TB conducted by HealthPRO-trained trainers in the past year |
| <i>Unit of Measure:</i> Number. Actual count of TB training sessions conducted. |
| <i>Disaggregated by:</i> Province, type of training |
| <i>Justification/Management Utility:</i> Conduct of training for health workers will likely contribute to better prevention measures. |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> DoH, Provincial Health Offices |
| <i>Method of Acquisition by USAID:</i> Annual report |
| <i>Data Source(s):</i> DoH, Provincial Health Offices |
| <i>Timing/Frequency of Data Acquisition:</i> Annual |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually by URC |
| <i>Presentation of Data:</i> Annual report |
| <i>Review of Data:</i> Annually by URC |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> N/A |
| <i>Actions Taken or Planned to Address Data Limitations:</i> N/A |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> TBD |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD |
| Data Storage: HealthPRO, USAID/Manila |
| THIS SHEET LAST UPDATED ON: May 27, 2008 |

TB 2

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: TB symptomatics who voluntarily sought consultation in a DOTS facility |
| DESCRIPTION |
| <i>Precise Definition:</i> The proportion of individuals who voluntarily sought consultation for TB in a DOTS facility |
| <i>Unit of Measure:</i> Percent. Numerator: individuals who voluntarily sought consultation for TB in a DOTS facility; Denominator: all individuals surveyed |
| <i>Disaggregated by:</i> Province, sex, age |
| <i>Justification/Management Utility:</i> This is an indicator of voluntary treatment seeking, which might result from increased knowledge of signs and symptoms of TB |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> analysis of NTP Register; DoH, Provincial Health Offices |
| <i>Method of Acquisition by USAID:</i> Annual report |
| <i>Data Source(s):</i> NTP Register; DoH, Provincial Health Offices |
| <i>Timing/Frequency of Data Acquisition:</i> Annual |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually by URC |
| <i>Presentation of Data:</i> Annual report |
| <i>Review of Data:</i> Annually by URC |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> Other obstacles may prevent treatment seeking |
| <i>Actions Taken or Planned to Address Data Limitations:</i> N/A |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> TBD |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD Data Storage: HealthPRO, USAID/Manila |
| <i>THIS SHEET LAST UPDATED ON: May 27, 2008</i> |

TB 3

| Performance Indicator Reference Sheet |
|---|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of LGUs implementing a TB Strategic Communications Plan (SCP) |
| DESCRIPTION |
| <i>Precise Definition:</i> Number of LGUs that initiated any activity outlined in the SCP such as: a. Health promotion and communication initiatives (media events, IEC materials development, etc.); b. resource mobilization and budget allocation; c. Training (IPC/C, TA) |
| <i>Unit of Measure:</i> Number |
| <i>Disaggregated by:</i> province |
| <i>Justification/Management Utility:</i> Measures the USG assistance in building up the capacity of LGUs to implement SCP for TB |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> collation of LGU based of the project status reports of their implementation of SCP activities |
| <i>Method of Acquisition by USAID:</i> through HealthPRO staff |
| <i>Data Source(s):</i> Project reports |
| <i>Timing/Frequency of Data Acquisition:</i> quarterly |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Frequency count |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> Field review of reported LGU performance/ implementation |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> Properly documented project reports; timely submission of reports |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): Data Storage: |
| THIS SHEET LAST UPDATED ON: January 15, 2009 |

TB 4

| Performance Indicator Reference Sheet |
|--|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Number of people that have heard or seen a USG-supported message on TB DOTS |
| DESCRIPTION |
| <i>Precise Definition:</i> Size of target population that has seen or heard a specific USG-supported message on TB symptoms, transmission and treatment and on the DOTS program |
| <i>Unit of Measure:</i> Percentage. Numerator- number of people who has seen or heard a TB DOTS message in a sample from USG-assisted sites. Denominator- number of people sampled from USG-assisted sites |
| <i>Disaggregated by:</i> age, gender, province, socio-economic class |
| <i>Justification/Management Utility:</i> Measures the assistance of USG to educate the general population on the signs and symptoms of TB, transmission modes, prevention and cure. |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> media index |
| <i>Method of Acquisition by USAID:</i> buying media index of national and local TV, radio and print media and use their specific indices in calculating “message reach” in the 29 USG assisted provinces |
| <i>Data Source(s):</i> |
| <i>Timing/Frequency of Data Acquisition:</i> after a media event |
| <i>Estimated Cost of Data Acquisition:</i> |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Calculation of message reach |
| <i>Presentation of Data:</i> Annually |
| <i>Review of Data:</i> review of the process in determining the media index |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> |
| <i>Known Data Limitations and Significance (if any):</i> |
| <i>Actions Taken or Planned to Address Data Limitations:</i> |
| <i>Date of Future Data Quality Assessments:</i> |
| <i>Procedures for Future Data Quality Assessments:</i> |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): |
| Data Storage: |
| <i>THIS SHEET LAST UPDATED ON: January 14, 2009</i> |

AI 1

| Performance Indicator Reference Sheet |
|--|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Individuals who know that avian influenza is transmitted through direct contact with infected poultry or surfaces and objects contaminated by their feces |
| DESCRIPTION |
| <i>Precise Definition:</i> The proportion of individuals who know that avian influenza is transmitted through direct contact with infected poultry or surfaces and objects contaminated by their feces |
| <i>Unit of Measure:</i> Percent. Numerator: individuals who know that avian influenza is transmitted through direct contact with infected poultry or surfaces and objects contaminated by their feces; Denominator: number of individuals surveyed |
| <i>Disaggregated by:</i> Province |
| <i>Justification/Management Utility:</i> Awareness of how avian influenza is transmitted may help to lead to behaviors that will reduce transmission |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Survey |
| <i>Method of Acquisition by USAID:</i> Annual report |
| <i>Data Source(s):</i> 30 cluster survey |
| <i>Timing/Frequency of Data Acquisition:</i> Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually |
| <i>Presentation of Data:</i> Annual report |
| <i>Review of Data:</i> Annually |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> N/A |
| <i>Actions Taken or Planned to Address Data Limitations:</i> N/A |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> 1) Questionnaires are pretested and revised; 2) Enumerators are carefully trained; 3) Field work is closely supervised; and 4) Data tables are checked for non-sampling errors. |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD |
| Data Storage: HealthPRO, USAID/Manila |
| THIS SHEET LAST UPDATED ON: April 16, 2008 |

AI 2

| Performance Indicator Reference Sheet |
|--|
| Strategic Objective: Desired family size and improved health sustainably achieved |
| Intermediate Result: Appropriate healthy behaviors and practices increased |
| Indicator: Individuals who know where they can report causes of “bird/fowl kill” |
| DESCRIPTION |
| <i>Precise Definition:</i> The proportion of individuals who know where they can report “bird/fowl kill” |
| <i>Unit of Measure:</i> Percent. Numerator: individuals who know where they can report “bird/fowl kill”; Denominator: number of individuals surveyed |
| <i>Disaggregated by:</i> Province |
| <i>Justification/Management Utility:</i> Knowing how to report possibly infected birds may lead to a reduction in transmission of AI |
| PLAN FOR DATA ACQUISITION BY USAID |
| <i>Data Collection Method:</i> Survey |
| <i>Method of Acquisition by USAID:</i> Annual report |
| <i>Data Source(s):</i> 30 cluster survey |
| <i>Timing/Frequency of Data Acquisition:</i> Quarterly |
| <i>Estimated Cost of Data Acquisition:</i> TBD |
| <i>Responsible Individual(s) at USAID:</i> Ms. Reynalda Perez, USAID/Manila |
| PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING |
| <i>Data Analysis:</i> Annually |
| <i>Presentation of Data:</i> Annual report |
| <i>Review of Data:</i> Annually |
| <i>Reporting of Data:</i> Annually |
| DATA QUALITY ISSUES |
| <i>Date of Initial Data Quality Assessment:</i> TBD |
| <i>Known Data Limitations and Significance (if any):</i> N/A |
| <i>Actions Taken or Planned to Address Data Limitations:</i> N/A |
| <i>Date of Future Data Quality Assessments:</i> TBD |
| <i>Procedures for Future Data Quality Assessments:</i> 1) Questionnaires are pretested and revised; 2) Enumerators are carefully trained; 3) Field work is closely supervised; and 4) Data tables are checked for non-sampling errors. |
| OTHER NOTES |
| (e.g., on baselines and targets; key to performance data table; location of data storage; etc.) |
| Baseline and Targets (by year): TBD Data Storage: HealthPRO, USAID/Manila |
| THIS SHEET LAST UPDATED ON: April 16, 2008 |