

**HEALTHPRO
QUARTERLY REPORT FORMAT
JULY 25 TO SEPTEMBER 30, 2007**

I. BRIEF OVERVIEW OF PROJECT STATUS AND MAJOR ACCOMPLISHMENTS THIS PERIOD

The HealthPRO Project, a project designed to assist LGUs in the Philippines through the Department of Health (DOH) has started its first quarter activities to broaden the reach, improve the quality and sustain efforts to increase the adoption of healthy behavior and practices with the ultimate goal of improving the health status of the people. Major strategies will concentrate on the mobilization and capacitating of appropriate institutions that can assist in promoting healthy practices. Activities during the first quarter of the project concentrated on setting the stage for the implementation of strategies that will achieve intended results¹.

A. Project Orientation. During the first quarter, the project team conducted initial meetings with appropriate government partners in collaboration with USAID through the project's Cognizant Technical Officer. Courtesy calls were organized to introduce the project to the DOH, Office of the Secretary represented by Undersecretary Ethelyn Nieto and to the DOH Autonomous Region of Muslim Mindanao Health Secretary Tahir Sulaik. At the DOH Central Office, the project team met with the National Center for Health Promotion (NCHP) Director, Ms. Angelina Sebial and senior staff to introduce the project and determine areas of possible collaboration as the NCHP is primarily responsible for the health promotion and communication program. The project also met with the POPCOM Executive Director Tom Osias and his senior staff to develop cooperation in the promotion/communication of family planning at the national and provincial levels. To foster working relationships with the other USAID cooperating agencies (CAs), orientation and courtesy calls were carried out with USAID-supported projects: HealthGov, SHIELD, Health Policy and Development Project, A2Z -Micronutrient Project, PRISM and TBLinc.

B. Inter CA Collaboration. HealthPRO's participation in Technical Working Groups (TWG) and Task Forces previously organized by CAs constituted part of developing effective systems for inter-project collaboration especially for health promotion and communication technical work. Among the various TWGs, the Behavior Change Communication (BCC)/Advocacy is HealthPRO's primary responsibility as the lead role for this TWG was turned over last August 2007. The initial request for technical assistance from the BCC TWG members focused on "Effective Presentation Skills," an activity that will help other CAs improve their approach to communicating messages during presentations. Unfortunately, this activity was postponed to accommodate other pressing events. HealthPRO's staff also participated in the following TWGs and/or Task Forces:

1. Monitoring and Evaluation (M&E) TWG: reviewed and determined appropriate program measurement and indicators required for the project.

¹ Intermediate Result 3 (appropriate health behaviors and practices increased) and to USAID's Strategic Objective 3: improved family health sustainably achieved

Participated in inter-CA discussions on operational plan (OP) and project indicators of performance and recommended additional questions for NSO survey considerations.

2. TB TWG: provided technical assistance for the harmonization of the TB work plan among the CAs. Participated in the consultative workshop on “Facilitating Philhealth payments to Public DOTS Facilities.”
3. HIV/AIDS TWG: participated in HealthGov’s proposed baseline survey and reviewed common indicators.
4. ARMM: assessed program directions and determined approaches that will compliment rather than duplicate activities and introduce HealthPRO to project stakeholders in a non-devolved health setting.
5. Contraceptive Self-reliance (CSR): participated in the review of previous accomplishments in CSR, clarified policies based on old CSR (AO 158) and new (expanded) administrative orders. Participated in a workshop to develop CSR orientation materials for different target groups for different levels.
6. Family Health Book (FHB): reviewed and provided input in a workshop to develop the proposed Family Health Book which is the vehicle for integrated Maternal, Newborn and Child Health (MNCH) at the local level. This designed to be a recognizable package that will engage targeted clients through a user-attractive “health passport.” Pilot testing of the FHB concept is being considered in order to evaluate and help improve the program prior to scale-up.
7. Centers for Health Development (CHD) Technical Assistance (TA) plan and tool kit: provided input in the development of a CHD TA plan and tool kit during meetings facilitated by HPDP to make the TA plan and toolkit more responsive. The TA plan and tool kit development work is based on the request of the DOH-Field Implementation Coordination Office (FICO).

C. Technical Products. HealthPRO staff has developed a draft project briefer to be used for introductions and orientation among program partners. A draft presentation was also developed to further explain the objectives of the HealthPRO project and how it can partner with intended counterparts particularly at the field level. The TB specialist and Communications Consultant extensively reviewed the TB Advocacy, Communication and Social Mobilization (ACSM) Handbook produced by DOH and submitted comments to be incorporated in the revision of the manual.

As part of HealthPRO’s tasks, an inventory of Information Education Communications (IEC) materials available at the NCHP was conducted to ascertain relevant materials which can be reproduced or adapted by program partners in promoting healthy behaviors. To fulfill this objective, project staff started the review of the HPC materials in the NCHP. NCHP has a repository of IEC materials on health either funded by DOH or by projects supported by foreign donors like USAID, World Bank, EU, CIDA, AusAID and the like. Based on the inventory, NCHP’s collection has a clear bias towards print materials. The DOH unit has leaflets, brochures, kits, flipcharts, guides, manuals, stickers, tarpaulin

banners, and posters – which are clearly NCHP’s “favorite” IEC material given the volume of newly printed and very colorful production of posters on a variety of health issues.

The NCHP’s audio-video (AV) collection, on the other hand, is fairly modest. The AV materials are saved in various formats: Betamax, VHS, CDS, DVDs and cassette tapes. These AV materials contain radio jingles, TV ads (30-second), video interstitials and features focusing on either one health issue or many health issues in one AV spread.

As an initial undertaking, 10 IEC materials (five posters and five AV-materials) on various health topics related to HealthPRO’s campaign issues were reviewed. The print materials can be further improved in terms of graphic designs and creativity in message presentation. For some materials, serious lapses in oversight in managing content were noted. The five AV materials reviewed, on the other hand, showed some promising results. Generally, NCHP’s collection of AV materials may be of better use to HealthPRO than its print output. This bodes well for the Project as AV materials are more expensive to produce and given the urgency of TA roll-out to LGUs, the Project can readily use some of these materials.

D. Reports. The Annual Operational Plan (AOP) and the Life-of-Project Work Plan (OP) were submitted to USAID to show expected progress toward the program objective on an annual basis and reflect the expected results of the program, respectively. A Branding Implementation Plan and Marking Plan were prepared and submitted to adhere to USAID policy directives and required procedures on branding and marking of USAID-funded programs.

E. Rapid Assessment Protocol (RAP) of Health Promotion and Communication Needs. To effectively guide HealthPRO’s interventions, a rapid assessment of health promotion and communication needs of decision-makers, service providers and clients has been initiated. This study will review both facilitating and inhibiting factors in achieving healthy behaviors and practices of individuals involved in family planning, maternal child health, tuberculosis, HIV/AIDS and Avian Influenza programs. The RAP will be implemented in 3 selected provinces of the 3 regions (Luzon, Visayas and Mindanao). A principal investigator has been engaged to design, implement and manage this effort in collaboration with HealthPRO staff and local Health Education and Promotion Officers (HEPOs) of the CHDs. The RAP will include desk review of data related to the subject. Previous surveys and other research findings conducted by other CAs will be utilized as needed to ensure that RAP is not duplicating studies already completed or planned for implementation.

F. Media Support. Mass media support to interpersonal communication (IPC) while deemed essential will require careful planning especially if the project would like to involve collaborating partners, government organizations and explore more cost effective approaches. HealthPRO has conducted exploratory discussions with potential media partners and their representatives. This includes a number of mass media-related organizations and other groups willing to support health promotions and communications programs. Discussion with the following has been initiated:

- Philippine Press Institute (PPI), the association of publishers in the country;
- Public Relations Society of the Philippines (PRSP), the biggest organization of PR practitioners in the country;
- GMA- Channel 7;
- Lopez Group of Companies Foundation; and
- Philippine Public Health Association (PPHA), an organization composed of 60,000 public health workers nationwide.

G. Field Activities. HealthPRO area managers have touched base with other CA area managers and field staff from HealthGov, SHIELD, TBLinc and PRISM and have also participated in field inter-CA meetings.

1. Project Orientation and Courtesy Calls and other field activities. Project staff started networking among partners in the field. Courtesy calls and initial project orientations were done with key staff of the DOH-CHD, governors, mayors and the provincial/city health offices.

- In Luzon, courtesy call and initial orientation was carried out in CHD 1 (Northern Luzon) and province of Pangasinan.
- In the Visayas, this was done for CHD Central Visayas, CHD Western Visayas, the provinces of Negros Oriental, Negros Occidental, Capiz, Aklan and the city of Iloilo.
- In Mindanao, CHDs for Northern and Central Mindanao, Zamboanga Peninsula and Socksargen. The provinces of Misamis Occidental, Zamboanga del Sur and Davao del Sur were visited.
- In ARMM (as mentioned in Page 1), an orientation was conducted for the ARMM Secretary of Health and key staff of Basilan and Tawi-tawi. The ARMM regional Health Secretary designated a regional HEPO as the focal person for HealthPRO in ARMM. Provincial counterparts have been contacted about HealthPRO and future staff visits. Protocols in ARMM, in terms of schedules and coordination with other projects, need to be followed more rigorously compared to other regions. For this period, the relatively low coverage in ARMM is attributed to the month of Ramadan.

Another major field activity conducted with other CAs, particularly HealthGov, included the Provincial-Partnership Building Workshop (Davao Sur). This activity aimed to solicit commitment of NGOs and civil society organization (CSOs) to the health sector reform agenda of the DOH.

2. TA Expectations from the Field. Through the assistance of HealthGov and SHIELD, HealthPRO was received well by LGU partners when the project was informally introduced in meetings and workshops. During these workshops, the following TA from HealthPRO were identified:

- Training on:

- How to face the media
- Presentation skills
- Facilitation & negotiation skills

- Documentation of best LGU practices on communications

Initial perception about HealthPRO's TA was on IEC materials development and reproduction. However, after project orientation, LGU partners realized the importance of BCC and Interpersonal Communication and Counseling (IPC/C) strategies in developing healthy behaviors.

H. Management. HealthPRO spent a major part of the quarter on management and organization related activities as expected from a project in its start-up phase. Major accomplishments during the period include the following:

1. Staffing. Prequalified staff ² were hired to assume their respective positions in the organization. A total of twelve staff members were engaged as follows: i) Carmina Aquino, Deputy Chief of Party; ii) Joan Castro, Behavior Change Advisor ; iii) Cecilia Manuel, Area Manager for Luzon; iv) Agnes Sugang, Area Manager for Visayas; v) Nitz Bonsubre, Area Manager for Mindanao; vi) Aminin Abubakar, Area Manager for ARMM; vii) Jeanne Valderrama, TB Specialist; viii) Ronald Quintana, FP/RH Specialist; ix) Ricky Hernandez, HIV/AIDS Specialist; x) Phoebe Malta, MCH Specialist; xi) Mar Tenorio, Finance Director; xii) Marivic Dieta, Administrative Assistants.

URC headquarters (HQ) has provided the following staff members for technical and administrative support to project operations. Mr. Gani Perla assuming the role of Acting DCOP and URC regional representative, Dr. Neeraj Kak, URC Bethesda corporate monitor, and Katie Breese/ Kuba Szczypioski, contracts and financial administrator.

2. Scopes of work and job descriptions. Integral to the engagement of the staff, is the development and completion of scopes of work, job descriptions, and the installation of reporting and communication system within the project. These are expected to provide the basis for monitoring job performance.

3. Subcontractor and collaborating partners. PFPI, prime subcontractor contract was developed and discussed including, Terms of Reference (TOR), budgets and contractual responsibilities. Discussion is currently on-going on the specific engagement of other collaborating partners of the project.

² Project staff approved by USAID included in the project document.

4. Project management orientation. Several management orientation programs have been conducted. This included the following: i) staff orientation on project scopes of work, deliverables and contractual responsibilities; ii) USAID orientation on administrative/financial rules and regulations, procurement policies, source origin, financial system and control including donor reporting system; iii) URC orientation on management and field operations including policies and procedures for the preparation and submission of project expenses and other financial reports.

5. Financial management and control. Developed and installed complete manual accounting system that is consistent with all USAID supported URC implemented projects. Appropriate books and source documents were developed and installed including the preparation of monthly budget projections and cash flow. This also included the establishment of a project bank account to serve the needs of the project. Procedures for financial control were established and included in the Field Operations Manual. Comparative costing for lodging and M&IE for project staff field activities was developed and installed.

6. Field operating manual and personnel handbook. URC Philippines field operations manual was revised and updated to guide project implementation particularly in the observance of rules and regulations and personnel conduct in the performance of their respective duties. This also included the development of staff benefit package.

7. Project office. Project main office located in 7th floor, Liberty Center Bldg, de la Costa, Salcedo Village, Makati has been identified and contracted. Outfitting is on-going and the project expects to occupy the new project office within the next few months. The identification and establishment of URC Regional offices in Cebu and Davao is on-going.

8. Office and data processing equipment. Data processing equipment were purchased and installed. Licensed computer programs were installed and adapted for use.

9. Project registration. KPMG was contracted to undertake all the processes and documentation required in the registration of the project. This includes the establishment of a URC Philippine branch office complete with Bureau of Internal Revenue (BIR) and Securities and Exchange Commission (SEC) approved registrations.

10. Staff Recruitment for vacant positions. The recruitment of the following key staff has been initiated and is on-going. This includes: Chief of Party (COP), Mass Media Advisor, and the Research, Evaluation and Monitoring (REM) Advisor. Plans for the recruitment of field staff have also been initiated. It is envisioned that all key positions would be filled by the end of November 2007.

11. STTA for project activities. Short-term technical assistance (STTA) to support discrete project activities has been developed and the following consultants engaged:

- a. Mass Media consultant - to support the development of the mass media component of the AWP and LOP
- b. RAP Principal Investigator

The TOR for the RAP consultant and the RAP methodology has been developed and consultant identified. This will be a major activity for the next quarter.

II. OTHER PROJECTS/ACTIVITIES THAT CONTRIBUTE TO ACHIEVEMENT OF PROJECT GOALS

HealthPRO participated in two activities to stimulate sustainability of community and facility-based health promotion and health information dissemination and; to identify strategic structures and institutions that can provide technical support to local governments and other partners:

1. **Workshop on Health Promotion Foundations** (August 2007). HealthPRO participated in a World Health Organization (WHO)-supported meeting and networked with NCHP to identify systems and strategies towards institutionalizing health promotion and BCC intervention activities. The workshop aimed to increase the amount of public and private sector resources provided for health promotion and communications intervention. The most important objective of the meeting is to ensure sustainable health promotion financing. The meeting highlighted the experiences of existing health promotion foundations particularly the governance and fund management models.
2. **United Nations Population Program** (UNFPA) BCC Training: The Population Commission (PopCom) was assisted by UNFPA in its BCC program to improve family planning performance. HealthPRO participated in this UNFPA supported PopCom workshop that aimed to address reproduction health (RH), population and gender situations by refocusing communication goals/targets and consolidating communication strategies into a unified framework for greater efficiency. LGU participants from three different provinces were trained on the use of communication planning tools and various training methodologies and were able to develop localized communication plans.

HealthPRO participated in the Philippine Council for Population Development-supported research study of the UP College of Mass Communication entitled “*Role of Discussion in Family Planning: How Talk Can Influence Decisions to Use Contraception*” last August 2007. Results of the study showed that despite high knowledge on family planning, practice remains low and IPC/C can bridge that gap. Further, it was revealed that

preference for modern methods of contraception was stronger among those who talk about FP, especially married men.

III. IMPLEMENTATION AND/OR PROCUREMENT ISSUES IDENTIFIED LAST PERIOD AND STATUS OF RESOLUTION

A. Internal

1. Staff recruitment. Staff recruitment is taking longer than expected, particularly for the project's Chief of Party. Most of the candidates that applied for the position did not meet the criteria and requirements of the job. It is hoped that a decision to hire the most qualified applicant can be made by the middle of November 2007. To ensure that project responsibilities are effectively covered, an interim arrangement was made in consultation with CTO and CO with the DCOP designated as acting COP, and URC's senior technical advisor as acting DCOP. Apart from the recruitment for COP, the positions for Research, Monitoring and Evaluation (REM) and Mass Media have been advertised and candidates are currently being short-listed. Potential candidates have been short listed and will be interviewed for possible recruitment as soon as possible. Since communication expertise is crucial for this project even at this early stage, short-term technical assistance has been engaged to help in providing much-needed technical inputs.

2. Project Office (central and field). The search for a strategic and reasonably priced office space has proven to be a major challenge. In the meantime, the project is operating in a temporary office that is equipped with basic communication and computer equipment. The absence of a project permanent office has affected the: i) registration of the project office which in turn delayed the opening of the project bank account and the finalization of staff employment contracts. It was only towards the end of the reporting quarter that after a thorough exploration, HealthPRO finally identified an office space in Makati City and will move in by mid-November 2007.

3. Project registration. KPMG, the organization engaged to assist in the registration of the project was unable to start the process without the permanent project address. It was only during the last week of the reporting quarter that after the identification of the permanent office, that KPMG started the registration process. It is expected that the project registration will be completed in four weeks. As soon as registration is finalized, staff employment contracts will be completed and appropriate staff withholding taxes will start.

4. Communications. Project email addresses will be in place pending the establishment of the permanent office. Meanwhile, personal email addresses and mobile phones of technical and administrative staff are being used to facilitate communication. It is anticipated that project email addresses and mobile phones

will be installed when HealthPRO moves into its permanent office by mid-November 2007.

B. External

1. Inter CA overlapping activities. Since a number of ongoing USAID health projects have a BCC or communication component with complementary staff, i.e. SHIELD, TBLINC and PRISM, it is likely that overlapping set of activities may arise. It is then essential that HealthPRO closely coordinate and orchestrate health communication activities with the other CAs to maximize resources and avoid confusion and duplication at the LGU level. In the ARMM region, SHIELD carries a full-blown component on CBC (Communication for Behavior Change) which overlaps with HealthPRO. To foster closer coordination, four (4) meetings with SHIELD have been conducted in the field and in Manila and will continue to collaborate especially during the BCC TWG activities.

2. TWG activities. Given HealthPRO's lean staff, participation in the various inter-CA TWGs create conflicting demands on staff time. The immediate recruitment of project staff to fill the vacant positions will enable HealthPRO's active participation in TWG and other project related activities.

3. Field coordination. The project will continue to collaborate closely with NCHP as its major counterpart in implementation of HPC activities. In addition, HealthPRO will also need to coordinate closely with offices, such as the National Center for Disease Prevention and Control (NCDPC). This office houses the program managers for family planning, child health, tuberculosis control, HIV-AIDS and emerging diseases. Technical products like IPC/C modules for health providers and health volunteers are developed under the direction of the NCDPC program managers.

IV. IMPLEMENTATION AND/OR PROCUREMENT ISSUES ANTICIPATED DURING NEXT REPORTING PERIOD

A. Technical

1. AOP and LOP. Based on the comments from USAID and other partners, the AOP and LOP, while comprehensive, will be refined to include budget support for project activities. Strategies will be validated by the Rapid Assessment Protocol (RAP) diagnostic study (described in #3) to verify the current local situation and determine the various constraints towards the adoption of healthy behaviors. These will strengthen the strategies and enable HealthPRO to meet project objectives

2. Performance Monitoring Plan (PMP). The PMP is currently being developed to meet submission deadline. The refinements done on the AOP and LOP that include budget support and other field data will be included in the PMP to ensure that these documents are consistent with each other and are relevant to the

objectives of the project. The initial activities stated in the monitoring and evaluation sections in the AOP and the LOP will be implemented as planned.

3. **RAP.** The RAP study design is currently being modified to ensure that it is consistent with the plan to quickly engage LGUs in the three selected demonstration sites. RAP tools and protocol will be developed, refined and finalized. As part of the project's component three on "*Technical assistance to health promotion & communication initiatives of program partners*", consultation will be done with NCHP and possibly with NCDPC coordinators for family planning, child health, tuberculosis control, HIV-AIDS and emerging diseases. This will contribute towards DOH capacity-building on the management of health promotion and communication activities. Efforts will be made to explore the possibility of tapping CHD representatives and provincial HEPOs to participate in data collection and tabulation. Orientations will be done among CHD and PHO staff who will be involved.

After pre-testing the RAP diagnostic tools and protocol, data gathering and data analysis will commence in three sites. The same approach will be followed in the prescribed F1 and roll-out provinces to maximize coordination and increase the rate of success.

4. **Preparation for Baseline/Situational Assessment (SA).** A stand alone study on baseline/situational analysis in all provinces will be designed by the end of this quarter. All project indicator baseline values will be considered in the final design of the SA.

5. **Development of Technical Products.** Simultaneous to the implementation of RAP, technical staff will start the process of technical products development. A list of technical assistance interventions is currently being prepared in response to requests of CHDs and PHOs. HPC interventions will include the following:

- i. relevant training modules on HPC, e.g. DOH counseling and PABASA approach by the Nutrition Center of the Philippines;
- ii. message development;
- iii. presentation skills, and
- iv. mass media support.

The first set of evidence-based technical products will be packaged and will be an integral part of the LGU assistance package.

6. **Guidelines for TA.** The strategies for delivering technical assistance to the CHD/PHO, health facility and community levels will be identified / developed. This will be harmonized with the approaches of HealthGov, SHIELD, TBLinc and other USAID CAs to avoid local health staff from attending too much training and activities organized by various projects.

B. Field

1. **Area work plans.** Area or field work plans will be developed on a quarterly basis by each area manager and will be updated on a monthly basis.
2. **Project orientation and courtesy calls.** Courtesy calls and orientations will continue in the rest of the other project sites, with special emphasis on the three sites for the RAP.
3. **DOH coordination (BIHC, NCHP, BLHD).** The DOH's *Knock-Out Tigdas* one month activity will potentially delay the planned field visits and RAP activities since there is an issuance of an order from the DOH recommending a "no-activity" period to enable service providers to concentrate on the measles campaign. The project activity schedules will be reorganized to work around the *Knock-Out Tigdas* campaign without substantially delaying project activities particularly the RAP in the three sites.
4. **Inter-CA collaboration.** Project staff's participation in regular inter-CA meetings will continue at the central and field level to facilitate TA to LGUs. This will ensure a well-coordinated provision of TA and avoid overlaps in terms of activities (schedules) and demands for their time and effort.
5. **Provincial Investment Planning for Health (PIPH).** This is one important activity at the field level that is the venue to identify needs of LGUs to reflect provincial, municipal and ILHZ concerns. HealthPRO will use PIPH as one of the planning strategies to respond to LGU's request for TA.

C. Management

1. HealthPRO will develop guidelines for communicating with regional and provincial partners and develop policies on resolving activity overlaps in terms of schedules of activities of CAs and DOH.