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HealthPRO FIRST ANNUAL REPORT

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LIST OF ACRONYMS

A2Z	A To Z Project (The USAID Micronutrient And Child Blindness Project)
AED	Academy for Education and Development
ARMM	Autonomous Region in Muslim Mindanao
ASEP	AIDS Surveillance and Education Project
BCC	Behavior Change Communication
CA	Cooperating Agency
CHD	Centers for Health Development
CHO	City Health Office/Officer
CO	Contracts Office
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CSR	Contraceptive Self-Reliance
CSR +	Contraceptive Self-Reliance Plus
COTR	Cognizant Technical Officer's Representative
DCOP	Deputy Chief of Party
DOH	Department of Health
DOTS	Directly Observed Therapy Short-Course
DSAP	Drug Store Association of the Philippines
EnRICH	Enhanced and Rapid Improvement of Community Health Project
FC	Field Coordinator
FP	Family Planning
HEPO	Health Promotions Officer
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPC	Health Promotion and Communication
HPDP	Health Policy Development Project
IMAP	Integrated Midwives Association of the Philippines
IPC/C	Interpersonal Communication and Counseling
IR	Intermediate Results
LCE	Local Chief Executive
LGU	Local Government Unit
LHB	Local Health Board
LOP	Life-Of-Project
LMP	League of Municipalities of the Philippines
M&E	Monitoring and Evaluation
MCH/N	Maternal and Child Health, Nutrition
MHO	Municipal Health Office/Officer

NATCCO	National Confederation of Cooperatives
NCHP	National Center for Health Promotion
NGO	Nongovernmental Organization
OH	Office of Health
PCL	Philippine Councilors League
PFPI	PATH Foundation Philippines, Inc
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
PNA	Philippines Nurses Association
POPCOM	Population Commission
PRISM	Private Sector Mobilisation for FP and MCH
PTSI	Philippine Tuberculosis Society, Inc
RTI	Research Triangle Institute
RHU	Rural Health Unit
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
TSAP	The Social Acceptance Project
TWG	Technical Working Group
URC	University Research Corporation
USAID	United States Agency for International Development

1 EXECUTIVE SUMMARY

The Health Promotion and Communication Project (HealthPRO) is pleased to present its first annual report for FY07-08. Begun on June 25, 2007, HealthPRO's initial year witnessed the first surge in major health promotion and communications activities aimed at a) increasing the reach and impact of BCC, b) developing institutional capacity and sustainability of those efforts at the national, provincial and municipal levels, and c) engaging USAID-Cooperating Agencies and other stakeholders in developing comprehensive communications strategies on Maternal, Newborn, & Child Health and Nutrition (MNCHN), family planning (FP), tuberculosis (TB), and HIV/AIDS. The activities conducted during this period are briefly summarized below:

Develop the provincial behavioral profiles on health

HealthPRO conducted participatory action research activities using FGD and key informant methods in Bulacan (Luzon), Negros Occidental (Visayas), Zamboanga del Sur (Mindanao), and in the ARMM province of Tawi-Tawi.

The results of the PAR was used in combination with other data sources in developing the health behavioral profiles of provinces involved in the Participatory Action Research (PAR). See Annex 1 for the PAR Results.

The provincial behavioral profile was intended as a one-page brief on each of the health themes such as FP, MNCHN, TB, and HIV/AIDS. The provincial LGUs were expected to validate, analyze and revise their respective provincial behavioral profiles for each these health themes. Subsequently, they were expected to use the revised provincial behavioral profiles on a specific health theme as one of the vital tools and guides for strategic communication planning.

Conduct Strategic Communication Planning

In consultation with the inter-CA technical working group on Behavior Change Communication (BCC-TWG), HealthPRO had developed and conducted a four-module, highly interactive strategic communication planning workshop to build the capabilities of local government units in crafting and implementing sustainable health promotion and communication activities in their respective communities. The three-day Strategic Communication Planning (SCP) workshop had two interlocking goals: first, to develop among LGUs a keen appreciation for the systematic and programmatic process of evidence-based communication planning; and second, to equip LGUs with the skills to identify specific, appropriate and sustainable health promotion and communication activities that can change the way individuals, families and other key actors in the communities think, feel and behave on MNCHN, FP, TB, and HIV/AIDS.

Specifically, the SCP workshop aimed to enable the LGUs to: (1) analyze a set of health problems salient to the province by gathering, organizing, and assessing relevant factors such as the nature and extent of the problem, potential audiences and their characteristics, available resources, and the communication environment; (2) craft the LGU's vision for each of the health programs that are relevant to the province; (3) develop a set of HPC objectives in relation to each of the health programs of the province; (4) analyze, identify and segment audiences for each of the HPC objectives; (5) determine strategies and approaches relating to message development, channel selection, materials development, and source development in relation to each of the HPC objectives; (6) identify resources in relation to each of the HPC objectives; (7) set a realistic timeline for the HPC activities in relation to each of the health promotion and communication objectives; and (8) draft a monitoring and evaluation framework in relation to the goal and objectives for each of the health programs identified by the province.

In order to achieve these objectives, the SCP workshop took participants through four easy-to-use and easy-to-understand planning worksheets such as: 1) Analyzing the local health situation and reviewing provincial/city profiles and health targets, 2) Identifying local actors and setting priorities,

3) Setting local health promotion objectives, messages, channels and strategies, and 4) Identifying local indicators, activities, timelines and resources (*see Annex 2 for the SCP Worksheets for each of the health programs*). Since it was necessary to capture issues and concerns on health promotion and communication that were specific to the province and the local communities, the SCP required broad representation. Hence participants, totaling about 50-60, came from key LGU offices such as a) provincial health office led by the provincial health officer and the PHO technical team, b) office of the provincial governor (i.e., provincial information officer, budget officer, planning officer, provincial health board, health committee, c) Department of Health representatives, d) inter-local health zones representatives, e) municipal office (i.e., municipal health officer, nurses/midwives, and barangay health workers), and f) office of the municipal mayor (i.e. municipal information officer). Working in teams, participants reviewed all available evidence such as the provincial investment plans for health (PIPH), service delivery implementation review (SDIR), FHSIS, annual health reports, and provincial health data and critically analyzed what the data implied for crafting local health promotion and communication initiatives.

Thus far, nearly five hundred (500) key officers and staff from the provincial health office, municipal health office as well as information officers, midwives, nurses, barangay health workers from local communities had participated in the provincial SCP workshops.

HealthPRO conducted the SCPs in the HIV/AIDS sentinel sites of Angeles City, Pasay City, Quezon City, Davao City, and Zamboanga City, and the provinces of Albay, Bulacan, Pangasinan in Luzon; Capiz, Negros Oriental, Negros Occidental in the Visayas; and Zamboanga del Sur, Sarangani, South Cotabato, and Compostela Valley in Mindanao. In close consultation with the DOH-ARMM and SHIELD, the Strategic Communication Planning workshop for ARMM was set on November 10-13, 2008.

After each SCP, HealthPRO conducted follow-up meetings (or “close-out” sessions) with each of the LGUs in order to refine plans, prioritize activities across health programs (i.e., MNCHN, FP, TB, HIV/AIDS, etc.), and carefully review budgets and resources. The meetings were also intended to identify requests for technical assistance from HealthPRO on interpersonal communication, group mobilization, and mass media use as well as to create the local health promotion and communication mentoring team (*see Annex 3 for the roles of the HPC mentoring team*) that included provincial information officers and other key local staff, and NGO partners. Subsequently, the narrative sections of the SCP plans were developed.

Work with the National Center for Health Promotion

HealthPRO had worked with the DOH-National Center for Health Promotion (NCHP) in a number of health promotion and communication activities. It provided NCHP with technical assistance in developing the NCHP’s operational framework on behavior change communication which would later form the basis for a revised Administrative Order 58 (National Policy on Health Promotion).

HealthPRO also provided technical support for the “Capability Building Conference for HEPOs.” HealthPRO’s Chief of Party, Dr. Napoleon K. Juanillo, Jr. was the resource person in the zonal conferences. In the same conference, NCHP used a tool developed by HealthPRO to map out the capability profile of HEPOs nationwide.

HealthPRO was also actively engaged in national discussions on health promotion. Dr. Juanillo was the discussant in the DOH strategic review of FOURmula One implementation and the role of health promotion in F1. HealthPRO also presented a challenge/discussion paper at the PIR of the Department of Health last February 28th. HealthPRO presentation focused on five proposed HPC interventions for the DOH National Center for Health Promotion.

A member of the BCC-TWG, the NCHP participated in and provided inputs during the Strategic Communication Planning workshops in Negros Oriental, Bulacan and Zamboanga del Sur. It worked closely with HealthPRO in designing the one-day planning sessions for Garantisadong Pambata activities, a campaign to support the various health programs to reduce childhood illnesses and deaths

by promoting positive child care behaviours, and observed the first of the community health fairs initiated by HealthPRO as a vehicle for group mobilization for health programs on MNCHN, FP, TB, and HIV/AIDS.

In August 2008, the NCHP and HealthPRO collaboratively designed the national BCC workshop on MNCHN-FP and scheduled it for December 2008. In addition to NCHP's involvement, HealthPRO had also worked with the Centers for Health Development, both in the SCP workshops as well as in the implementation of LGU-led health promotion and communication activities.

Work with USAID CAs

HealthPRO actively participated in the preparations and actual conduct of the USAID-OH Project Implementation Reviews in Luzon and the Visayas. 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 in collaboration with other USAID CAs, CHDs, and NCHP.

It worked with other USAID CAs in reviewing the PIPH appraisal tools developed by HealthGov. These instruments will be used by the CAs during the joint development of MIPHS and PIPHS spearheaded by HealthGov (for non-ARMM areas). It participated in the health summits in Pangasinan and in Zamboanga Peninsula where Dr. Nap Juanillo was a resource speaker.

HealthPRO, in collaboration with HealthGov, conducted a 3-day training of trainers on Basic HIV/AIDS Interpersonal Communication and Counseling last April 22-24, 2008, at the Crown Regency Hotel, Makati City. It was attended by officers and staff from the Health and Promotion Education Office (HEPO), Police Department and Social Hygiene Clinic (SHC) of selected City/Municipal Health Offices (CHOs/MHOs) as well as representatives of non-government organizations and local AIDS councils. The workshop aimed to train the participants become effective trainers on Interpersonal HIV and AIDS Communication and Counseling and assist Local Government Units (LGUs) in improving, expanding, and strengthening the quality and sustainability of health promotion and communication for HIV and AIDS in the LGUs. The training took participants through an overview and discussion of the following topics: a) Global HIV Epidemic, b) National HIV and AIDS situation and local responses in the Philippines, c) AIDS 101 (i.e., Basic STI, HIV and AIDS Education), d) HIV Risk Factors and Other Structural Factors that Influence Risk Behaviors of the Most-At-Risk Populations (MARPs), and e) Interpersonal Communication and Counseling.

At the end of the three-day training, the participants developed action plans that specified immediate activities to be implemented through local government units in the next eight months such as: a) providing feedback to LGUs on the IPC/C Training of trainers, b) coordinating advocacy meetings with Local Chief Executives and Local AIDS Councils, c) rolling-out the IPC/C Training of Trainers (i.e., identification and training of peer educators), d) designing and producing IEC materials, e) site monitoring, and f) conduct of evaluation and quarterly meetings. The Action Plans also designated point persons and/or organizations that would be responsible for each of the activities.

HealthPRO collaborated with HealthGov, TBLinc, A2Z, and other CAs in providing assistance to LGUs in the observance of key health events. Last May 18-19, 2008, together with HealthGOV, it provided technical assistance to city health offices in Quezon City, Angeles, Cebu, Iloilo, Davao, Zamboanga and General Santos to commemorate the AIDS Candlelight Memorial. Likewise, HealthPRO worked with TBLinc and HealthGOV in providing technical assistance to the provinces of Bohol, Bulacan, Pampanga, and Sarangani in coordinating health promotion initiatives in the observance of World TB Day. TB fact sheets were designed, produced and distributed to various local media and key staff of provincial and municipal health offices. HealthPRO coordinated the media coverage in Bohol and Pampanga World TB Day activities, and provided the photo and video documentation of the events. In Sarangani, it helped produce the radio and television public service announcements and jingle on TB prevention and control featuring a audio-video message from Filipino World Boxing champion, Manny Pacquiao.

During the Lung month in August, 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.

Moreover, HealthPRO worked with A2Z in preparation for Garantisadong Pambata activities, SHIELD in designing the regional communication planning workshop for ARMM, HPDP in examining the BCC needs for the Family Health Book, and PRISM in reviewing its IEC materials on MNCHN and FP.

In Capiz, HealthPRO together with A2Z, assisted the province of Capiz in launching Garantisadong Pambata (GP) on October 10 at the Dativas 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, 250 children aged 0-5 years old were provided GP services such as vitamin A supplementation, immunization, deworming, dental health care, and salt testing. Mothers were provided with IEC materials as well as face-to-face orientation and counseling on maternal care, breastfeeding, complementary feeding, birth spacing, and child injury prevention.

HealthPRO also actively participated as a member of various inter-CA TWGs: M&E, CSR-FP, MNCHN, PhilHealth Benefit Delivery, HIV, Service Delivery, and TB.

Identify LRAs and other partners

HealthPRO held initial discussions with various national and local replicating agencies to assist with HPC interventions. The Ateneo de Manila University, Gerry Roxas Foundation and PROBE Media Foundation, Inc. were identified as primary partners in providing LGUs with quality standards on using IPC, group/community mobilization and mass media respectively as complementary strategies for BCC. Initial talks were held by Area Managers with Mahintana Foundation, Kinasang-An Foundation in Mindanao, MIDAS in Luzon, Process-Bohol in the Visayas, and ACDA-VOCA in ARMM.

Develop effective health messages

HealthPRO helped instill in LGUs the value of crafting health messages that were locally and culturally appropriate, technically accurate and responsive to information needs of target audiences. As an initial step, it conducted an inventory and analysis of existing materials on FP/RH 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. These FP/RH materials were also used in planning out activities and in preparing job aids, fact sheets, and presentation materials, among others, based on the needs of the USG-assisted provinces.

Using previously produced yet still useful materials proved beneficial to resource-challenge LGUs. The province of Bohol, for instance, through the Provincial Governor's Media Affairs Office, played 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.

In Capiz, HealthPRO conducted the "Strategies for Engaging Media" workshop on September 2008 in order to engender a self-reliant and self-propelled LGU in health promotion and communication activities. Participants went through exercises in writing radio plugs, public service announcements, radio plays, copywriting for print materials, organizing a press conference, and writing press releases. The workshop provided handy toolkits for conducting GP activities in the following month such as 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. Thirty-six (36) GP streamers were produced and distributed to 17 municipalities (2 pieces per municipality) and one city (4 pieces). These were strategically posted during the month of October in the towns' market place and near the church. The result of the October GP round in the province indicated an improvement in the number of preschoolers reached. This could be attributed, in part, to the above-mentioned health communication activities undertaken by the Provincial Health Office.

In the province of Compostela Valley, HealthPRO conducted workshops on how to develop effective messages in order to improve breastfeeding practices and immediate newborn care in the province. In Sarangani province, a similar workshop was held 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 collaboration with the A2Z project, HealthPRO conducted 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 and translating these 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.

HealthPRO assisted the province of Albay in organizing and mobilizing resources for the GP+ Family Health Fair in Bungkaras Village, Barangay Tagaytay on October 24, 2008. 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 Family Health Fair targeted families of both municipalities (but mostly those in Camalig) who were affected by the 2006 Typhoon Reming.

Planning and Development of TA products

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

HealthPRO also started to develop the *IPC Guide to Promoting Family Planning Methods*. Envisioned as a vehicle for reaching the target for number of individuals counseled for FP/RH, it aims to strengthen the efforts to reduce the number of women citing fear of side-effects as reason for non-contraceptive use, increase the number of couples who discuss the use of contraceptives, increase the number of individuals who endorse the practice of family planning to others. Also being developed was *The Five-Minute Encounter: An IPC Tool for Effective Client Engagement*. This is 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 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.

HealthPRO started to develop a number of innovative training communication and counseling curricula with focus on content and health promotion strategies for FP/RH, MNCHN, and TB for service providers, health workers and satisfied users/patients, in addition to developing participatory interpersonal communication and counseling skills training modules and materials for community-based communicators, health service providers and local champions in collaboration with project staff and local STTA.

Media Monitoring

HealthPRO distributed daily media monitoring reports from national newspapers such as the Philippine Daily Inquirer, Philippine Star, and Manila Bulletin covering FP, MNCHN, TB, and HIV/AIDS to USAID-OH, CAs, and other implementing partners.

Staff recruitment

Key positions were filled up during the first year: Dr. Napoleon K. Juanillo, Jr. was appointed Chief of Party, with Dr. Carmina A. Aquino as Deputy Chief of Party in January. The Area Managers were named: Dr. Cecilia Lagrosa-Manuel for Luzon, Ms. Agnes Suggang for the Visayas, Ms. Anita Bongsobre for Mindanao, and Mr. Amin Abubakar for ARMM. Mr. Lydio Espanol joined Ms. Phoebe Maata (MNCHN Specialist) and Dr. Jeanne Valderrama (TB Specialist) as FP Specialist.

Ms. Lyn Rhona Montebon and Ms. Georgina Belardo joined the project as Research, Monitoring and Evaluation Specialist and Mass Media Specialist respectively. 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 and Ms. Lucille Dagpin joined URC as Provincial Coordinators, and Melanie Luas as project Administrative Assistant.

Mr. Marcelo Tenorio was named Director for Finance and Administration, with Anavic Millevo and Marivic Dieta as staff assistants. Mr. Roman Garcia was charged with the project's information technology needs.

URC continued to recruit for the Grants Manager and BCC Advisor positions during this period.

Monitoring and Evaluation

The first year was generally spent preparing for and the actual gathering of data 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 person before it was submitted to the respective lead agencies.

OP indicator targets for both 2009 and 2010 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 both lead agencies for the health themes and USAID.

Field Operating manual and Personnel handbook

At the end of FY08, HealthPRO conducted personnel evaluation for local staff as a systematic assessment of their performance as it relates to their professional role as a part of the project.

Additionally, it had prepared materials for updating the Operations Manual containing policy, procedures, and guidelines that assist HealthPRO with effective and efficient project management. The aim was to keep Manual and Personnel Handbook consolidated, updated, and expanded on continuous basis.

Office and data processing equipment – HealthPRO email accounts

Throughout this quarter, the project has followed-up with acquiring additional data processing equipment, related software, and services is to increase computing capability of Manila and regional offices. We believe that office and data processing equipment enhance the project's capability as a leader in quality health education in the country. We are committed to effectively manage acquisition of any new equipment, in accordance with purchasing regulations for the acquisition of data processing equipment, software, supplies, and services.

Communications

Project email addresses have been in place and mobile phones have been distributed to all of the staff.

2 INTRODUCTION

Can you provide an introduction here please?

Family Planning 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: January 14, 2009</i>

Family Planning 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:
THIS SHEET LAST UPDATED ON: January 14, 2009

Family Planning 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:
<i>THIS SHEET LAST UPDATED ON:</i> January 14, 2009

Family Planning 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:
THIS SHEET LAST UPDATED ON: January 14, 2009

Family Planning 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: January 15, 2009</i>

Family Planning 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

Family Planning 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:
<i>THIS SHEET LAST UPDATED ON:</i> January 14, 2009

MNCHN 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:

MNCHN 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:

MNCHN 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

MNCHN 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

MNCHN 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 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>

MNCHN 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:
<i>THIS SHEET LAST UPDATED ON: January 14, 2009</i>

MNCHN 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
<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
<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:
<i>THIS SHEET LAST UPDATED ON: January 14, 2009</i>

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:
<i>THIS SHEET LAST UPDATED ON: January 14, 2009</i>

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:

Tuberculosis 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 trainors
DESCRIPTION
<i>Precise Definition:</i> The number of training activities on TB conducted by HealthPro-trained trainors 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

Tuberculosis 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
THIS SHEET LAST UPDATED ON: May 27, 2008

Tuberculosis 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:
<i>THIS SHEET LAST UPDATED ON: January 15, 2009</i>

Tuberculosis 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>

Avian Influenza 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

Avian Influenza 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. Reynolds 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

3 OPERATIONAL PLANS AND INDICATORS

The Table 1 presents the status of the Operational Plan (OP) indicators at the end of Project Year Two.

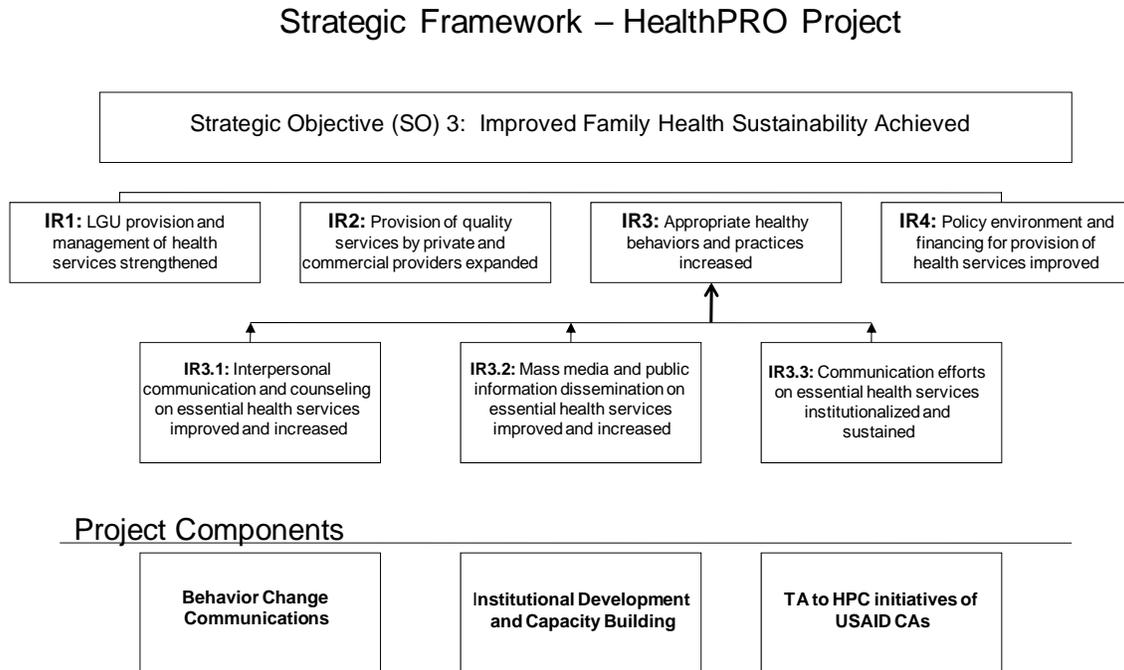
1. Number of people trained in FP/RH with USG funds
2. Number of people that have seen or heard a specific USG-supported FP/RH message
3. Number of individuals counseled for FP/RH as a result of USG assistance
4. Number of people trained in maternal/newborn and child health through USG-supported programs
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

Program Element	OP Indicators	Target 2009	FY 2009	Target 2010	Target 2011
FP/RH	Number of people that have seen or heard a specific USG-supported FP/RH message				
	Number of individuals counseled in FP as a result of USG assistance				
	Number of people trained in FP/RH with USG funds				
	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH				
MCH	Number of people trained in MH with USG funds				
	Number of people trained in CH with USG funds				
TB	Number of LGUs with written social mobilization plan				
	Number of people trained in DOTS with USG funds				
HIV/AIDS (with HealthGOV)	Number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful (MARPs)				
	Number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful (MARPs)				
	Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment				

4 PROJECT FRAMEWORK AND ORGANIZATION

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, Newborn, Child Health and Nutrition (MNCHN), 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.

4.1 Component 1: Increase the reach and impact of Behavior Change Communication (BCC) interventions

HealthPRO had worked with the DOH-National Center for Health Promotion (NCHP) in a number of health promotion and communication activities such as in designing the one-day planning sessions for Garantisadong Pambata, a campaign to support the various health programs to reduce childhood illnesses and deaths by promoting positive child care behaviours, and observed the first of the community health fairs initiated by HealthPRO as a vehicle for group mobilization for health programs on MNCHN, FP, TB, and HIV/AIDS. HealthPRO provided technical assistance to NCHP at the launching of the World TB Day in Marikina City, and the AIDS Candlelight Memorial in Quezon City.

In collaboration with HealthGov, it conducted a 3-day training of trainers on Basic HIV/AIDS Interpersonal Communication and Counseling last April 22-24, 2008, at the Crown Regency Hotel, Makati City. It was attended by officers and staff from the Health and Promotion Education Office (HEPO), Police Department and Social Hygiene Clinic (SHC) of selected City/Municipal Health Offices (CHOs/MHOs) as well as representatives of non-government organizations and local AIDS councils. The workshop aimed to train the participants become effective trainers on Interpersonal HIV and AIDS Communication and Counseling and assist Local Government Units (LGUs) in improving, expanding, and strengthening the quality and sustainability of health promotion and communication for HIV and AIDS in the LGUs. The training took participants through an overview and discussion of the following topics: a) Global HIV Epidemic, b) National HIV and AIDS situation and local responses in the Philippines, c) AIDS 101 (i.e., Basic STI, HIV and AIDS Education), d) HIV Risk Factors and Other Structural Factors that Influence Risk Behaviors of the Most-At-Risk Populations (MARPs), and e) Interpersonal Communication and Counseling.

At the end of the three-day training, the participants developed action plans that specified immediate activities to be implemented through local government units in the next eight months such as: a) providing feedback to LGUs on the IPC/C Training of trainers, b) coordinating advocacy meetings with Local Chief Executives and Local AIDS Councils, c) rolling-out the IPC/C Training of Trainers (i.e., identification and training of peer educators), d) designing and producing IEC materials, e) site monitoring, and f) conduct of evaluation and quarterly meetings. The Action Plans also designated point persons and/or organizations that would be responsible for each of the activities.

HealthPRO collaborated with HealthGOV, TBLinc, A2Z, and other CAs in providing assistance to LGUs in the observance of key health events. Last May 18-19, 2008, together with HealthGOV, it provided technical assistance to city health offices in Quezon City, Angeles, Cebu, Iloilo, Davao, Zamboanga and General Santos to commemorate the AIDS Candlelight Memorial. Likewise, HealthPRO worked with TBLinc and HealthGOV in providing technical assistance to the provinces of

Bohol, Bulacan, Pampanga, and Sarangani in coordinating health promotion initiatives in the observance of World TB Day. TB fact sheets were designed, produced and distributed to various local media and key staff of provincial and municipal health offices. HealthPRO coordinated the media coverage in Bohol and Pampanga World TB Day activities, and provided the photo and video documentation of the events. In Sarangani, it helped produce the radio and television public service announcements and jingle on TB prevention and control featuring a audio-video message from Filipino World Boxing champion, Manny Pacquiao.

During the Lung month in August, 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.

Moreover, HealthPRO worked with A2Z in preparation for Garantisadong Pambata activities, SHIELD in designing the regional communication planning workshop for ARMM, HPDP in examining the BCC needs for the Family Health Book, and PRISM in reviewing its IEC materials on MNCHN and FP.

In Capiz, HealthPRO together with A2Z, assisted the province of Capiz in launching 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, 250 children aged 0-5 years old were provided GP services such as vitamin A supplementation, immunization, deworming, dental health care, and salt testing. Mothers were provided with IEC materials as well as face-to-face orientation and counseling on maternal care, breastfeeding, complementary feeding, birth spacing, and child injury prevention.

4.2 Component 2: Develop institutional capacity and sustainability of BCC efforts

National

The National Center for Health Promotion fully recognized HealthPRO's contribution as it announced its intent to include behavior change communication as its primary thrust in national health promotion. It adopted HealthPRO's recommended BCC framework and officially presented it in various national forums such as the F1 strategic review and capacity-building conferences of HEPOs. The BCC framework was also incorporated in all official NCHP presentations.

In August 2008, HealthPRO and NCHP discussed the design for a joint national workshop on BCC for MNCHN and FP to be held in December 2008 and to be heavily funded by NCHP. It was agreed that workshop would have the following key modules:

Moreover, health promotion took a front seat in the MNCHN facility grant, where nearly a third of the grant was to be allocated by recipient LGUs to health promotion and communication activities. HealthPRO provided the planning template for HPC.

Provincial/Municipal

In consultation with the inter-CA technical working group on Behavior Change Communication (BCC-TWG), HealthPRO had developed and conducted a four-module, highly interactive strategic communication planning workshop to build the capabilities of local government units in crafting and implementing sustainable health promotion and communication activities in their respective communities. The three-day Strategic Communication Planning (SCP) workshop had two interlocking goals: first, to develop among LGUs a keen appreciation for the systematic and programmatic process

of evidence-based communication planning; and second, to equip LGUs with the skills to identify specific, appropriate and sustainable health promotion and communication activities that can change the way individuals, families and other key actors in the communities think, feel and behave on MNCHN, FP, TB, and HIV/AIDS.

Specifically, the SCP workshop aimed to enable the LGUs to: (1) analyze a set of health problems salient to the province by gathering, organizing, and assessing relevant factors such as the nature and extent of the problem, potential audiences and their characteristics, available resources, and the communication environment; (2) craft the LGU's vision for each of the health programs that are relevant to the province; (3) develop a set of HPC objectives in relation to each of the health programs of the province; (4) analyze, identify and segment audiences for each of the HPC objectives; (5) determine strategies and approaches relating to message development, channel selection, materials development, and source development in relation to each of the HPC objectives; (6) identify resources in relation to each of the HPC objectives; (7) set a realistic timeline for the HPC activities in relation to each of the health promotion and communication objectives; and (8) draft a monitoring and evaluation framework in relation to the goal and objectives for each of the health programs identified by the province.

In order to achieve these objectives, the SCP workshop took participants through four easy-to-use and easy-to-understand planning worksheets such as: 1) Analyzing the local health situation and reviewing provincial/city profiles and health targets, 2) Identifying local actors and setting priorities, 3) Setting local health promotion objectives, messages, channels and strategies, and 4) Identifying local indicators, activities, timelines and resources. Since it was necessary to capture issues and concerns on health promotion and communication that were specific to the province and the local communities, the SCP required broad representation. Hence participants, totaling about 50-60, came from key LGU offices such as a) provincial health office led by the provincial health officer and the PHO technical team, b) office of the provincial governor (i.e., provincial information officer, budget officer, planning officer, provincial health board, health committee, c) Department of Health representatives, d) inter-local health zones representatives, e) municipal office (i.e., municipal health officer, nurses/midwives, and barangay health workers), and f) office of the municipal mayor (i.e., municipal information officer). Working in teams, participants reviewed all available evidence such as the provincial investment plans for health (PIPH), service delivery implementation review (SDIR), FHSIS, annual health reports, and provincial health data and critically analyzed what the data implied for crafting local health promotion and communication initiatives.

Thus far, nearly five hundred (500) key officers and staff from the provincial health office, municipal health office as well as information officers, midwives, nurses, barangay health workers from local communities had participated in the provincial SCP workshops.

HealthPRO conducted the SCPs in the HIV/AIDS sentinel sites of Angeles City, Pasay City, Quezon City, Davao City, and Zamboanga City, and the provinces of Albay, Bulacan, Pangasinan in Luzon; Capiz, Negros Oriental, Negros Occidental in the Visayas; and Zamboanga del Sur, Sarangani, South Cotabato, and Compostela Valley in Mindanao. In close consultation with the DOH-ARMM and SHIELD, the Strategic Communication Planning workshop for ARMM was set on November 10-13, 2008.

After each SCP, HealthPRO scheduled follow-up meetings (or "close-out" sessions) with each of the LGUs in order to refine plans, prioritize activities across health programs (i.e., MNCHN, FP, TB, HIV/AIDS, etc.), and carefully review budgets and resources. The meetings were also intended to identify requests for technical assistance from HealthPRO on interpersonal communication, group mobilization, and mass media use as well as to create the local health promotion and communication mentoring team that included provincial information officers and other key local staff, and NGO partners. Subsequently, the narrative sections of the SCP plans were developed. Finalization of SCPs in the provinces of Capiz, Negros Occidental, Zamboanga del Sur, Compostela Valley, Sarangani, and South Cotabato were planned in the next fiscal year. The province of Albay conducted its close-out meeting in September.

Written evaluations of the SCP workshops showed enthusiastic and appreciative responses from the participants, many of whom thought that it was the first time that they had a chance to fully recognize the importance of thinking through the communication planning process.

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.

Increase in private sector institutions involved in LGU health promotion activities

In the development of provincial and city SCPs, private sector involvement was tapped in health promotion activities since of the situation analysis encouraged the participants to explore partnerships and links with the private sector. This was particularly true in LGUs also assisted by PRISM like Bulacan and Pangasinan.

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 October 24, 2008. 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.

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.

Moreover, 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.

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

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

HealthPRO participated in the USAID-OH PIRs in Tarlac (Luzon) and Bacolod (Visayas) scheduled during this period. It collaborated with USAID CAs in developing the provincial and municipal profiles and the provincial presentations, not to mention the assistance in logistical arrangements.

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

TBLinc, A2Z, SHIELD and HealthGOV communication specialists had used or referred to the SCP as the overarching framework to guide their HPC interventions. The family health fair, which HealthPRO introduced in Compostela Valley and Albay provinces had become an oft-repeated request from USAID-OH and other CAs whenever there was a need for a vehicle that can integrate health themes, disseminate health information to a wide audience, and provide health services.

Moreover, HealthPRO had provided consultancy/TA services to TBLinc, SHIELD, HPDP, and HealthGov as it reviewed, discussed, and commented on their communication and advocacy strategies, IEC materials, and communication research plans.

5 CROSS-CUTTING/INNOVATIVE STRATEGIES

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6 PLANNED ACTIVITIES FOR THE YEAR 2

The complete plan for the upcoming year as a separate document titled “HealthPRO Year 2 Workplan” will be submitted for approval to USAID. GANTT Charts (*see Annex 4a, 4b, & 4c*) show the project activities for each of the three components covering FY October 2008-December 2009.

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8 MANAGEMENT AND ADMINISTRATION

8.1 Workplans and Project Indicators

The Year Three Workplan will be submitted to USAID with the list of PMP indicators to be reported next year.

The following table is a summary list of the PMP indicators with actual data that are also listed and interpreted under each component section.

8.2 Financial and Administrative issues