HEALTHPRO
QUARTERLY REPORT
OCTOBER 1 TO DECEMBER 30, 2007

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

HealthPRO, a project designed to assist LGUs in the Philippines through the Department of Health (DOH) has continued its second quarter activities to contribute to broadening the reach, improving quality and sustaining efforts to increase the adoption of healthy behaviors and practices to improve the health status of the people. This quarter, major strategies and activities have been developed and implemented to mobilize and capacitate appropriate institutions that can assist in promoting healthy practices among target groups. During the quarter the following strategies and activities were implemented[1]:

A. Project Orientation. As in the first quarter, the project team continued exploratory meetings with appropriate government partners in collaboration with USAID through the project's Cognizant Technical Officer (CTO). At the DOH, meetings were held with:

1. National Center for Disease Prevention and Control (NCDPC), specifically with Dr. Yolanda Oliveros, to introduce the project and determine areas for possible collaboration and to ensure HealthPRO activities are in line with and DOH critical activities.

2. Bureau of Local Health Assistance and Development (BLHD) provided opportunities for including HealthPRO concerns within the framework of the Provincial Investment Planning for Health (PIPH).

3. National Center for Health Promotion (NCHP) where a more detailed project orientation including presentation of project activities was conducted for the director and staff NCHP which is the project's counterpart in the DOH. This will ensure that the project collaborates and coordinates future activities with NCHP.

B. Participatory Action Research (PAR). After months of preparation, PAR activities were initiated in one LGU, Bulacan (Luzon), in coordination with local and DOH counterparts, and other CAs. The PAR instruments were reviewed and finalized extensively by project staff and pre-tested in one site, Norzagaray Bulacan. After the pre-testing, the revised instruments were finalized prior to the local consultative workshop. The Bulacan PAR Consultative and Planning Workshop was held from November 28-29, 2007. During this activity, the LGU counterparts were provided an overview of the project and the PAR, consulted about the instruments for data gathering and next steps for data gathering were

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

identified. Although, the workshop was abruptly cut short because of the Manila Peninsula Siege event (venue was also in Makati), the LGU participants appreciated the workshop and signified their interest and willingness to conduct, with HealthPRO, the data gathering in the first quarter of 2008. The provincial and municipal counterparts articulated their interest in performing interviews and focus group discussions.

In the two PAR sites of Negros Occidental and Zamboanga Del Sur, exploratory visits were held to prepare LGUs for PAR the following year. The same visits were conducted in selected urban sites in the cities of Pasay, Iloilo and Zamboanga for the HIV/AIDS PAR.

Other PAR related activities like drafting of plan for analysis and interviewers' manual and initial discussions with non-government organizations (NGOs) as research partners for the HIV/AIDS FGDs and KIIs were done.

C. **Inter-Cooperating Agency (CA) Collaboration**. This quarter also saw the active participation of HealthPRO in Technical Working Groups (TWG), Task Forces and other ad-hoc meetings related to health promotion and communication.

HealthPRO staff participated in the following TWGs and/or Task Forces:

1. **BCC/Advocacy TWG**: The BCC/Advocacy TWG is HealthPRO's primary responsibility and during this quarter, regular meetings were organized to tackle emerging inter-CA concerns on communication and other related concerns. Regular monthly meetings provided the venue to discuss collaboration in terms of BCC related and advocacy work of other CAs. HealthPRO discussed the project BCC framework and presented for review and comments, the design of the Participatory Action Research (PAR) for assessing communication needs in three (3) pilot sites. HealthPRO's illustrative LGU TA packages were also presented during the one of the meetings.

2. **M&E TWG (Monitoring and Evaluation):** continued participation in the review of appropriate program measurement plans and indicators required for the project; participated in inter-CA discussions and deliberations on specific project evaluation and monitoring plans (e.g. SHIELD), definitions of SO and OP indicators of performance, review of emerging concerns related to M&E, national population-based surveys and overall performance of the projects in meeting annual targets. A *Task Force* was created composed of members of the M&E TWG to explore ways of sharing of project data across CAs. HealthPRO participated in the initial meeting to develop a concept paper on data sharing.

3. **HIV/AIDS TWG:** participated in review of HealthGov's proposed HIV/AIDS baseline survey and common project (non-OP) indicators.

Discussed for comments and enhancement, the HealthPRO Behavior Change Communication (BCC) framework and the HIV/AIDS Participatory Action research design and instruments in three (3) urban project sites. Participated in determining a ten (10) point HIV/AIDs Technical Assistance (TA) Agenda and incorporated specific technical assistance for each CA.

4. **ARMM TWG:** no regular meetings were held this quarter; however, an inter-CA meeting was organized and participated in by HealthPRO to provide assistance in formulating the ARMM-wide Investment Plan (AIPH.) This ad-hoc team was spearheaded by the Health Policy Development Project (HPDP) and SHIELD.

5. **Service Delivery TWG:** participated in the discussion that included: developing Year 2 Workplans of HealthGov, A2Z, TB Linc, SHIELD and PRISM and was updated on the MNCHN Policy Framework.

6. **Family Health Book (FHB)** with Compostela Valley as pilot site: participated in preparing for social advocacy of the FHB, development of the FHB Implementation Plan (with FHB as part of the interventions in the PIPH.)

D. Technical Products. In addition to all the technical preparation for the developments of the PAR instruments and tools, the HealthPRO project initiated the the following:

1. **Revised version of HealthPRO Overview and Briefer** for LGU counterparts. This version has BCC and PAR technical elements. The same overview was used in the Bulacan PAR workshop but included sections on PAR.

2. **LGU Engagement Process Flowchart** that describes how HealthPRO engages LGUs and how the technical assistance packages are developed and how the assistance flows from the project to the LGUs.

3. **BCC Framework** for the Project and for the DOH. The BCC framework encompasses existing communications approaches of the various CAs and funding agencies and focuses on the Interpersonal Communications (IPC) as the HealthPRO's main strategy. The framework also describes the process of behavior change. This framework was positively received by the DOH and plans have been made for HealthPRO to assist the NCHP present the framework to the DOH's technical cluster committee. The A2Z project likewise appreciated the framework and will use it as one of the bases for the development of a communications plan for food fortification and micronutrient supplementation.

4. **Draft Framework/Concept for Communications Planning Process and Communication Needs Assessment Tools.** The project developed preliminary concept papers as to how LGUs will be assisted in assessing their communication needs (CAN) (depending on the engaged LGU) and how the project will approach communications planning. These instruments are part of the package of assistance to LGUs.

5. **FP, MCH, FP, TB and HIV/AIDs PAR Questionnaires for Key Informants (KI) /Focus Group Discussion (FGD) Guides.** Much of the work was completed during the first quarter, a lot of revisions were made on the PAR instruments for KI and FGDs. These were all finalized this quarter and relevant CAs was consulted for their comments.

E. Reports. The Project's Performance Monitoring Plan (PMP) was prepared and submitted to USAID as part of the project deliverables for the quarter.

F. Field Activities. HealthPRO area managers have continued working with other CAs' regional and provincial level coordinators from HealthGov, SHIELD, TBLinc and PRISM. More inter-CA meetings were held this quarter. However, there were many competing CAs' activities held simultaneously nationwide and the schedules often overlapped. HealthPRO, because of the limitation in terms of staff number to respond to the request for participation, needed to prioritize what activity to attend to or participate in. Priority was given mostly to activities in F1 provinces or those provinces already planning (doing program implementation reviews) or in the process of finalizing their provincial investment plans for health (PIPH.) For those not reached in the first quarter, orientation visits and courtesy calls were conducted.

The following are regional specific activities:

1. **Luzon**:
    a. Conducted orientation visits and courtesy calls in CHD NCR, CHD 3 and CHD 5 and the provinces/city of Bulacan, Albay and Pasay City.
    b. Participated in Bulacan CSR assessment meetings.
    c. Participated in the Bulacan NGO partnership meetings.
    d. Conducted social preparation activities in the province of Bulacan for the pre-testing of instruments and PAR pilot activity.
    e. Participated in the regular inter-CA meeting.

2. **Visayas**:
    a. Conducted PAR social preparation activities in the Negros Occidental.
    b. Conducted orientation on BCC framework during the Inter-CA meeting.
    c. Participated in the regular Inter-CA meeting.

3. **Mindanao**:
    a. Conducted orientation visits and courtesy calls in the provinces of South Cotabato, Saranggani, Zamboanga Sibugay, Zamboanga del Norte and

CHD XII (particularly the Local Health Assistance Development Office or LHAD) and Zamboanga City (Social Hygiene Clinic).

b. Participated in the planning and review of the PIPHs in provinces of Zamboanga del Sur, Zamboanga del Norte and Zamboanga Sibugay (F1 roll out sites) and participated in the technical review of the PIPH of Compostela Valley, Sarangani Province, Zamboanga del Sur, Zamboanga del Norte and Zamboanga Sibugay
c. Developed initial costing of TA Package to LGUs for inclusion in the PIPH of the provinces.
d. Participated in the Workshop on the Enhancement of the CSR Plan of the Province of South Cotabato.
e. Participated in the NGOs Strategic Planning in Davao City.
f. Conducted PAR social preparation activities in the province of Zamboanga Sibugay.
g. Participated in the regular Inter-CA meetings, to include the development of concept papers on Mindanao strategy and "one TA" plan for Mindanao.

4. **ARMM**:
   a. Conducted courtesy call and project orientation in the province of Tawi-Tawi.
   b. Completed all social preparation activities in the region.
   c. Participated in inter-CA review of ARMM-wide Investment Plan (AIP) for Health.
   d. Participated in inter-CA meetings organized by SHIELD.

G. Management. HealthPRO spent the second quarter of the project on management and organization related activities that include:

1. **URC Headquarters support**. URC headquarters (HQ) has tasked Dr. Neeraj Kak, URC Bethesda, and corporate monitor, to provide technical and administrative support this quarter.

2. **Subcontractor and collaborating partners**. The contract for PFPI, as the prime subcontractor, did not materialize after a series of meetings and consultations.

3. **Field operating manual and personnel handbook.** This quarter discussions continued re employees' benefit package which will be incorporated in the final field operations manual and personnel handbook.

4. **Project office.** The URC Staff finally moved to its new project main office located in 7th floor, Liberty Center Bldg, de la Costa, Salcedo Village. Identification of potential URC Regional offices in Cebu and Davao was done and selection of final office space and plans for establishing regional offices are on-going.

5. **Office and data processing equipment.** Computers and licensed programs were purchased and installed respectively. However, internet and telephone lines have yet to be installed.

6. **Project registration.** URC has finally been registered as a URC Philippine branch office complete with Bureau of Internal Revenue (BIR) and Securities and Exchange Commission (SEC) approved registrations.

7. **Staff recruitment for vacant positions.** The recruitment of the following key staff has been initiated and is expected to be completed this quarter: Chief of Party (COP), Mass Media Advisor, Family Planning Specialist and Research, Evaluation and Monitoring (REM) Advisor. It is envisioned that these positions would be filled before the end of the year.

8. **Short-Term Technical Assistance (STTA).** STTA consultants were hired to support discrete project activities. The following were engaged:

    a. **STTA for Mass Media -** Ms. Jocelyn Manalaysay was hired to support the development of LGU technical assistance packages
    b. **STTA for PAR (3 pilot sites)** – Dr. Laurie Ramiro was hired to design and implement the PAR in three LGU sites.
    c. **STTA for implementation of PAR -** Dr. Ruben Martinez was hired to support PAR related activities in the field and to complement work of principal researcher on PAR.

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

None for this quarter.

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

A. Internal

1. **Staff recruitment.** Staff recruitment is still taking longer than expected, particularly for the project's Chief of Party (COP), Research and Monitoring and Evaluation Advisor (REM) and the BCC Advisor. Hiring for COP is being processed and for the other key positions, short-listing of candidates was made and interviews are on-going.

2. **Field Project Offices.** The search for a strategic and reasonably priced office space will also be the main challenge in setting–up the Visayas and Mindanao Offices.

3. **Project registration**. The project has been duly registered and the employee deduction for income taxes has started.

4. **Communications.** Still, project email addresses have yet to be in place, staff still use personal web-based email addresses. This quarter, mobile phones have been distributed to all of the staff.

B. External

1. **Inter CA overlapping activities**. HealthPRO continue to coordinate and orchestrate health communication activities with the other CAs to maximize resources and avoid confusion and duplication at the LGU level particularly with the CAs with BCC components like TBLinc, Shield and PRISM.

2. **TWG activities**. As in the previous quarter, participation in the various inter-CA TWGs create conflicting demands on staff time. Recruitment of project staff particularly for field operations will enable HealthPRO's active participation in TWG and other field related activities.

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

1. **AOP, LOP and PMP modifications/revisions**. Since the PAR is the primary diagnostic tool to verify and validate the current local situation and determine the various constraints towards the adoption of healthy behaviors, PAR results this quarter will enable the project to strengthen the strategies and activities indicated in the three (3) plans submitted to USAID in the previous quarter.

2. **Preparation for Baseline/Situational Assessment (SA).** Although proposals for the stand alone study on baseline/situational analysis (in all provinces) are being processes, the on going review and results of SO and OP indicators by USAID will be the basis for reviewing and finalizing the relevance and soundness of the project's indicators of performance. These changes will determine the final design of the baseline study expected to be conducted in the 3rd quarter.

3. **Development of Technical Products**. Results from the PAR will also contribute to the finalization of LGU technical assistance packages (TA will be more-evidence based.)

4. **Development of area work plans**. Area or field work plans will be developed on a quarterly basis by each area manager and will be updated on a monthly basis. These plans will be developed in collaboration with other

CAs schedules in the field. Inter-CA regular meetings will be the best venues for consultation.

5. **Project orientation and courtesy calls.** Courtesy calls and orientations will continue in the rest of the other project sites.

6. **Inter-CA collaboration.** Project staff's participation in regular inter-CA meetings will continue at the central and field level to facilitate TA to LGUs. This will ensure a well-coordinated provision of TA and avoid overlaps in terms of activities (schedules) and demands for their time and effort.