Strengthening Local Governance for Health (HealthGov) Project

Fourth Quarterly Report, Year 2
1 July to 30 September 2008

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List of Acronyms

ABC	Association of *Barangay* (village) Captains
AI	avian influenza
AIDS	acquired immunedeficiency syndrome
AIP	annual investment plan
AIPP	avian influenza preparedness plan
AOP	annual operational plan
ARMM	Autonomous Region in Muslim Mindanao
BAI	Bureau of Animal Industry
BCC	behavior change communication
BHW	barangay health worker
BKB	*Bantay Kalusugan ng Bulakan* (Bulacan HealthWatch)
BTL	bilateral tubal ligation
CA	cooperating agency
CBEWS	community-based early warning system
CBMIS	Community-based Monitoring and Information System
CEDPA	Centre for Development and Population Activities
CHD	Center for Health Development
CHLSS	Community Health and Living Standards Survey
CHO	City Health Office/Officer
CIPH	city investment plan for health
CLGU	city local government unit
COP	Chief of Party
CQI	continuing quality initiative
CSR	contraceptive self-reliance
CTO	Cognizant Technical Officer
DA	Department of Agriculture
D'BESTCa	Don Salvador Benedicto, Escalante, San Carlos, Toboso, Calatrava
DCOP	Deputy Chief of Party
DOH	Department of Health
DOH Rep	Department of Health representative
DRDF	Demographic Research and Development Foundation
EC	European Commissions
F1	FOURmula ONE for Health
FHSIS	Field Health Services Information System
FP	family planning
FPCBT	family planning competency-based training
FSW	female sex worker
HealthGov	Strengthening Local Governance for Health Project
HealthPRO	Health Promotion and Communications Project
HHRDB	Health Human Resource Development Bureau

HIV/AIDS	human immunodeficiency virus/acquired immunedeficiency syndrome
HPDP	Health Policy Development Project
HR	human resource
HSR	health sector reform
ICV	informed choice and voluntarism
IDU	injecting drug user
IEC	information, education, and communication
IHBSS	integrated HIV/AIDS behavioral and serological surveillance
ILHZ	inter-local health zone
IPC/C	interpersonal communication and counseling
IR	intermediate result
ISFP	integrated strategic and financial plan/planning
LAC	local AIDS council
LCE	local chief executive
LEAD	Local Enhancement and Development for Health Project
LFC	local finance committee
LGU	local government unit
LHAD	Local Health and Development
LHB	local health board
LMP	League of Municipalities of the Philippines
LSI	Living Standards Index
LSS	Living Standards Survey
M&E	monitoring and evaluation
MARP	most-at-risk population
MCH	maternal and child health
M/CLGU	municipal/city local government unit
MCP	maternity care package
MHO	Municipal Health Office/Officer
MIPH	municipal investment plan for health
MIS	management information system
MLGU	municipal local government unit
MNCHN	maternal, newborn, and child health and nutrition
MOA	memorandum of agreement
MOP	manual of procedures
MSM	male who has sex with male
MSW	male sex worker
NASPCP	National AIDS/STI Prevention and Control Program
NCDPC	National Center for Disease Prevention and Control
NCHP	National Center for Health Promotion
NGO	non-government organization
NTP	National Tuberculosis Control Program
OH	Office of Health
OIC	officer in charge
OP	operational plan
OPB	outpatient benefit

PA	Provincial Administrator/Philippine Army
PC	Provincial Coordinator
PCG	Philippine Coast Guard
PE	peer educator
PHIC	Philippine Health Insurance Corporation
PhilHealth	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PhP	Philippine peso
PHO	Provincial Health Office/Officer
PIPH	Province-wide Investment Plan/Planning for Health
PIR	program implementation review
PLGU	provincial local government unit
PMG	Project Management Group
PMIS	Performance Management Information System
PMP	project monitoring plan
PNGOC	Philippine Non-governmental Organization Council for Population, Health and Welfare, Inc.
PNAC	Philippine National AIDS Council
PNP	Philippine National Police
POGS	Philippine Obstetric and Gynecological Society
POPCOM	Commission on Population
PPA	program, project, activity
PPP	provincial profile and plan
PPDO	Provincial Planning and Development Office/Officer
PRISM	Private Sector Mobilization for Family Health Project
PSEP	Public Service Excellence Program
RC	Regional Coordinator
RH	reproductive health
RHM	Rural Health Midwife
RHU	rural health unit
RTI	Research Triangle Institute
SB	*Sangguniang Bayan* (municipal legislative council)
SCP	strategic communication plan
SDExH	Service Delivery Excellence for Health
SDIR	Service Delivery Implementation Review
SHC	social hygiene clinic
SHIELD	Sustainable Health Improvements through Empowerment and Local Development Project
SO	strategic objective
SP	*Sangguniang Panlalawigan* (provincial legislative council)
STI	sexually transmitted infection
TA	technical assistance
TAG	technical action group
TB	tuberculosis
TB-DOTS	tuberculosis directly observed treatment, short course

TB LINC	Linking Initiatives and Networking to Control Tuberculosis Project
TMIS	Training Management Information System
TOT	training of trainers
TWG	Technical Working Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States government
Y3WP	Year 3 work plan

1. Introduction

RTI International and its partners are pleased to submit this fourth quarterly report for the second year of the ***Strengthening Local Governance for Health*** (HealthGov) Project in the Philippines in accordance with USAID Cooperative Agreement No. 492-A-00-06-00037-00. This report covers the period 1 July to 30 September 2008. It presents progress made against planned activities for project management and implementation, and provision of technical assistance (TA) to the Department of Health (DOH) and its Centers for Health Development (CHDs), the 23 provincial project sites, selected municipal and city government units (M/CLGUs), and other counterparts, including civil society and NGO partners. Issues and concerns encountered during the report period and anticipated activities for implementation in the first quarter of Year 3 are also outlined in the report.

2. Summary of Major Activities and Accomplishments during the Report Period

The technical assistance provided during the reporting period is summarized as follows:

IR 1.1 Strengthening Key LGU Systems to Sustain Delivery of Key Health Services

1. LGU annual operation planning/annual investment planning (AOP/AIP) – Provided technical assistance to the F1 rollout provinces of Albay, Isabela, Sarangani, Zamboanga del Norte, and Zamboanga Sibugay in formulating their respective annual operational plan, the yearly translation of PIPH
2. Continuing technical assistance in PIPH formulation of five provinces under the *other* category, namely Bulacan, Cagayan, Tarlac, Bohol, and Agusan del Norte
3. Contraceptive self-reliance (CSR) – Provided TA to Albay in the conduct of a rapid CSR assessment to determine the extent of the implementation of its previously developed CSR plan; TA to Aklan, Bohol, and Capiz in CSR plan updating; TA to Negros Oriental and Negros Occidental in forecasting their contraceptive requirements; TA to Zamboanga del Norte and Zamboanga del Sur to complete the narrative of their CSR plans; and TA to Sarangani through a series of CSR planning activities including orientation for LGU officials and legislators, family planning (FP) current users data assessment, CSR forecasting, and finalization of the CSR plan
4. Procurement and logistics system – Assisted the provinces of Albay, Zamboanga del Sur, and Zamboanga del Norte in forecasting their FP, TB, and STI, and micronutrient requirements; assisted Tarlac, Compostela Valley, and Davao del Sur in assessing their commodity forecasting, procurement, inventory control, storage, and distribution systems
5. Local health information systems – Provided continuing TA to Misamis Occidental, South Cotabato, Isabela and Negros Oriental in various stages of Community Health Living Standards Survey (CHLSS) implementation

6. Local health policy development – Assisted various LGUs in their advocacy activities in support of health policy development, specifically organization of a provincial health summit in Pangasinan; LMP presentation on CSR assessment findings to local chief executives (LCEs) in Bulacan; PHO presentations on CSR and MIPH/PIPH policy requirements to local health boards of Aklan, Capiz, and Negros Oriental; PHO and provincial multisectoral support for approval and implementation of provincial CSR policy and guidelines

IR 1.2 Improving and Expanding LGU Financing for Health

7. PhilHealth accreditation of health facilities – Provided assistance to selected LGUs in completing their requirements for PhilHealth accreditation such as training of rural health midwives in Isabela on life-savings skills; and five municipal LGUs in completing their accreditation requirements for MCP, OPB, and TB-DOTS
8. Financing for local STI/HIV/AIDS programs – Assisted the cities of Davao, Cebu, Lapu-Lapu, and Mandaue to find options for funding their STI/HIV/AIDS program

IR 1.3 Improving Service Provider Performance

9. Service Delivery Implementation Review (SDIR) – In partnership with CHDs 1 and 2, supported the conduct of SDIR in Cagayan, Nueva Ecija, Pangasinan, Negros Oriental, and Misamis Occidental
10. Service Delivery Excellence in Health (SDExH) – Monitored the implementation of service improvement plans and achievement of service standards following the capacity building of PHO staff and the municipalities of Dauin and Bacong as part of the SDExH pilot implementation
11. Family Planning Competency-based Training (FPCBT) manual – Assisted DOH in completing and reviewing the first draft of the FPCBT manual in collaboration with FP trainers from CHDs 1, 2, 5, 8, and 9 and ARMM
12. Informed choice and voluntarism (ICV) – Integrated ICV orientations in FP- related activities reaching a total of 417 individuals from various LGUs in Northern Luzon (Cagayan) and Southern Mindanao (CHD 11); distributed 4,800 copies of family planning wall charts for use as IEC materials by RHUs, and 50 copies of *Family Planning: A Global Handbook for Providers* to 11 CHDs; in collaboration with CHDs, PHO technical staff monitored 151 service providers and 270 clients in 75 health facilities spread across 53 municipalities/cities in 11 provinces (see detailed ICV compliance monitoring report on p. 29)
13. HIV/AIDS – Provided TA to selected high-risk cities in the completion of their integrated strategic and financial plan (ISFP) for HIV/AIDS, development of inter-LGU collaborative framework for Metro Cebu, training of 368 peer educators in interpersonal communication and counseling (IPC/C), updating the Manual of Procedures (MOP) for social hygiene clinics (SHCs), and finding financing for HIV/AIDS programs
14. Avian influenza (AI) – Assisted DOH and the Department of Agriculture (DA) in training 83 trainers for community-based early warning system (CBEWs)

implementation in four provincial and 20 city/municipal LGUs, CBEWs orientations of task forces in Agusan del Norte and Zamboanga del Norte, and AI simulation exercise in Bacolor and Minalin, Pampanga

15. Tuberculosis (TB) – In collaboration with other CAs, assisted the provincial health office of Bulacan in organizing 14 *barangay* (village) TB patrols which conducted house-to-house TB information and education campaign resulting in the identification of 300 TB symptomatics

IR 1.4 Increasing Advocacy on Service Delivery and Financing

16. Provided advocacy support to program-specific activities, including LGU advocacy on AI in Sarangani, Capiz, Negros Occidental, Agusan del Norte, and Zamboanga del Norte; LGU advocacy for TB control in Sarangani and Bulacan, and CSR/FP advocacy in Sarangani; TA in the conduct of the Pangasinan health summit; ensuring the participation of civil society in health planning, implementation, and policy in Bohol, Aklan, Bulacan, and Tarlac

Collaboration with Partners and Stakeholders

17. Collaborated with DOH and other USAID cooperating agencies (CAs) by leading and participating in the various meetings of technical working groups (TWGs) as well as other project-related activities

3. Major Project Activities Planned for the Next Report Period (1st Quarter Year 3)

IR 1.1 Strengthening Key LGU Systems to Sustain Delivery of Key Health Services

- Provide Tarlac, Bulacan, and Cagayan TA in MIPH/CIPH/PIPH formulation
- Provide the F1 and F1 rollout provinces TA in AOP preparation
- Provide Sarangani and Davao del Sur follow-on TA in local health policy development
- Provide F1 rollout sites TA in enhancing their CSR+ plans, and *other* provinces TA in CSR+ planning
- Document CSR tools
- Provide Albay, Isabela, Negros Oriental, Misamis Occidental, and South Cotabato follow-on TA in CHLSS implementation

IR 1.2 Improving and Expanding LGU Financing for Health

- Provide the 23 HealthGov-supported provinces TA in implementing the PhP150 million MNCHN grant
- Provide LGUs – on demand – TA in the following: mobilizing resources for health, PhilHealth accreditation of health facilities, and preparation of AIP for the health sector
- Update the costing manual

- Provide start-up TA in PhilHealth benefit delivery, specifically finalizing work plan and timetables, hiring of consultants, data collection, and workshop with DOH and PhilHealth

IR 1.3 Improving Service Provider Performance

- Conduct an SDExH training of trainers
- Conduct a training of trainers (TOT) on the use of the Family Planning Competency-based Training Manual
- Enhance and revise the PHN supervision resource manual and training module
- Enhance the design of the health personnel capability profile
- Support the inter-LGU collaboration on HIV/AIDS activities in Metro Cebu
- Conduct AI simulation exercise in

IR 1.4 Increasing Advocacy on Service Delivery and Financing

- Provide local partners TA in documenting advocacy experiences in TB in Malungon, Sarangani, AI in the province of Sarangani, and in mobilizing communities for the establishment of a community-based early warning system in Barangay Bula, General Santos City
- Provide follow-on TA to implement critical advocacy activities in selected HealthGov-supported provinces

4. Detailed Description of Activities Conducted During the Report Period

4.1 Project Management

Staffing and Team Development

During this report period, the project had some staff changes due to new hires and resignations both at the national and regional levels. In the first two years of the project, some contiguous provinces shared one Provincial Coordinator (PC) as in the case of the three provinces of Zamboanga Peninsula and the provinces of Cagayan Valley and Isabela. Considering the increased level of project TA in the abovementioned as well as in other provinces, it has become imperative for some provinces to be assigned a full-time PC. Accordingly, the capacity of the field teams to respond to LGU TA needs has been strengthened with the hiring of three new PCs, namely Ma. Jerry Elopre for Zamboanga del Norte, Delbert Marquez for Cagayan, and Lurica June Gambe for Negros Oriental.

The position of Financial Management and Planning Coordinator for Mindanao was filled by Atty. Roy Hilario Raagas who joined the project in August. Emilio Arenas, Provincial Coordinator for Sarangani and South Cotabato, resigned in July. The recruitment of Dr. Arenas's replacement and a new PC for Davao del Sur is in progress. Mariluz Mijares, PNGOC's Regional NGO Partnership Coordinator, got on board in August to support the Luzon team.

At the national office, Cecille Robles, Senior Finance and Administration Manager, opted not to renew her contract when it expired in September. She was replaced by Ma. Corazon dela Cruz who assumed office in the same month. Jovy Juan, Administrative Assistant, resigned in July but was replaced by Charo Lomarda in August. Remy Pascual, Senior Human Resources (HR) Manager, conducted an orientation for all new hires and conducted exit interviews of outgoing employees.

In July, all but three staff completed the e-Learning on Family Planning Legislative and Policy Course. USAID/Office of Health was provided a copy of certificates of completion.

The Project Management Group (PMG) continued to hold regular weekly meetings to review, discuss, and address project issues and concerns that require immediate attention. As a standard procedure, the minutes of the PMG meetings are circulated to inform the staff of actions and decisions taken by PMG. The regional teams also conducted their regular team meetings.

Year 3 Work Plan (Y3WP) Preparation

HealthGov set out to prepare the Year 3 work plan with an initial meeting of PMG and the Regional Coordinators (RCs) on 21-22 July. The objectives of the meeting were to identify the strategic directions for the project's third year, and draw up an action plan for completing the Y3WP.

Take-off points for the above activity included the COP's presentation of the project's accomplishments in Year 2, the RCs' presentation of each province's TA handle and the TA to be provided each province based on the health situational analysis previously conducted; the HealthGov M&E framework; and the project's menu of governance, advocacy, and service delivery TA.

Following the presentations and discussions, the group agreed on the following major action points: 1) the regional teams will work on their provincial profiles and plans (PPPs), including the milestones and Gantt charts, and submit the PPPs to PMG on 12 August; 2) the COP will convene a HealthGov team meeting on 13-15 August to prepare the Y3WP; and 3) the COP will submit the Y3WP to USAID on 31 August.

The HealthGov team – technical specialists, field staff, RCs, Team Leaders, and the PMG – met as planned on 13-15 August to identify and agree on the HealthGov TA interventions that will be provided to the provinces, and agree on the next steps to complete the Y3WP.

Inputs to this meeting included 1) the strategic directions for Year 3 that the COP presented, 2) the summary of the Y3WP for each province that the PCs presented (each presentation covered the provincial health situation and challenges as well as the progress of TA provision to date), 3) the array of available TA interventions, and 4) an overview of the OP and HealthGov performance indicators.

To complete the Y3WP, the group agreed to pursue the following steps:

1) Review each PPP to check

- whether there is a balance between governance TA interventions and service delivery TA;
- whether the TA handle, TA interventions, and OP indicators are coherently linked;
- whether all basic HealthGov TA support provided to every province is covered;
- whether new TA or tools need to be developed; and
- which national-level initiatives should be included in the plans in support of local program implementation.

2) For each PPP, state TA interventions in operational terms, specify the role of other CAs in TA provision, include the budget and timeline per quarter, and follow the prescribed Y3WP format.

3) Submit the PPPs on or before 21 August.

HealthGov submitted the Year 3 Work Plan to USAID on 1 September 2008.

Inter-CA Program Implementation Review (PIR) in the Visayas

The USAID/Office of Health (OH) recommended the conduct of a series of inter-CA review of USAID assistance to USG-assisted provinces and cities. The first PIR covered the Visayas provinces of Aklan, Bohol, Capiz, Negros Occidental, and Negros Oriental as well as the five HIV/AIDS high-risk cities of Bacolod, Cebu, Iloilo, Lapu-Lapu, and Mandaue. The review was held on 10-12 September in Bacolod City.

The PIR provided the venue for CAs operating in the five provinces and HIV/AIDs sites to review the status of program implementation, identify the issues and challenges that affect program performance, determine areas of collaboration and synergy among the CAs, and agree on the immediate next implementation steps.

The review was participated in by USAID/OH staff led by Dr. Aye Aye Thwin and composed of Ms. Marichi de Sagun, Ms. Reynalda Perez, and Ms. Kristin Bork. The COP, DCOP, and staff of USAID technical assistance projects – HealthGov, HealthPRO, TB LINC, PRISM, A2Z, HPDP, and SHIELD – rounded up the group.

Presentations on the status of TA provision to the Visayas region, five provinces, and five HIV/AIDS sites provided the take-off point for the review. The regional presentation outlined the overarching strategy for TA provision in the Visayas, the major factors that contributed to the successes achieved, the issues and challenges that need to be addressed, and the context of the TA handles. The provincial presentations drew a picture of each province's health situation and health reform initiatives, the CAs' response to the situation and the progress to date, the strengths of and challenges in USAID TA provision, and based on these the CAs' TA plan for FY2009. The presentations on the HIV/AIDS sites more or less followed the same format as that of the provincial presentations.

The two-and-a-half day PIR program included visits to selected project partners and sites. These consisted of a courtesy call on the Negros Occidental Governor and the

Provincial Health Officer, and a visit to Bago City, the D'BESTCa[1] Inter-local Health Zone (ILHZ), and a PRISM-supported private practice midwife in Victorias City.

As the USAID/OH flagship project HealthGov, through the Visayas regional team, organized and coordinated the PIR with assistance from the Visayas-based staff of other CAs.

Table 1
Issues raised in the Visayas PIR field visits and corresponding action steps

ACTIVITY	ISSUES RAISED	ACTION STEPS
Courtesy call on Negros Occidental Governor	• Need to mobilize resources for PIPH implementation • Governor does not seem to be supportive of ILHZ	• Informed the Governor on the MNCHN grant facility • HealthGov to inform the Governor on how ILHZs operate and contribute to improving health outcomes
Meeting with Bago City Mayor and CHO	• The Mayor plans to develop the city as a "learning site" where other LGUs may learn about best practices	• HealthGov, HealthPRO, A2Z, and TB LINC to assist the LGU in showcasing best practices
Courtesy visit to Negros Occidental PHO and program partners	• Need for TA to access the DOH PhP150 M FP/RH grant	• HealthGov to provide follow-on TA
Meeting with D'BESTCa ILHZ	• ILHZ to conduct a health summit in early 2009 • Need to find hospital equipment donors	• USAID CAs to support the conduct of the ILHZ health summit • HealthGov to provide TA in documenting best practices to be showcased in the health summit • HealthGov to get the ILHZ's list of priority hospital equipment for submission to USAID

The review surfaced issues and concerns that called for the CAs' response and USAID recommended measures to address them. The HealthGov regional team will work with the regional staff of the other CAs to fill in data gaps and finalize the TA plans based on the comments and recommendations. In addition, some immediate follow-up actions on issues raised in the field visits were identified. These are presented in Table 1.

[1] D'BESTCa stands for first letters of the member-LGUs of the ILHZ – **D**on Salvador **B**enedicto, **E**scalante, **S**an Carlos, **T**oboso, and **Ca**latrava.

The PIR for Luzon and Mindanao were tentatively set for October-November 2008.

Corporate Management and Technical Support Visit

Ms. Imelda Feranil from the CEDPA headquarters in Washington conducted a technical support visit to the project on 1-22 August. Ms. Feranil worked with the HealthGov staff, especially the advocacy team, to help prepare and review the draft provincial TA plans in terms of their advocacy requirements to ensure that they are province-specific and issue-oriented and that they focus on CSR, MNCHN, TB, and HIV/AIDS challenges. Ms. Feranil also participated in the Year 3 planning workshop.

Project Support to Other USAID Activities: U.S. Ambassador Kristie A. Kenney's Visit to Amlan, Negros Oriental

HealthGov assisted in the preparation for the visit of U.S. Ambassador Kristie A. Kenny to Amlan, Negros Oriental, on 1 July. The visit gave HealthGov the opportunity to brief the Ambassador on USAID-supported health activities and innovative programs implemented in the municipality of Amlan. Project CTO Ms. Marichi de Sagun and key staff of the various CAs joined the visit.

The Ambassador met with Amlan Mayor Bentham de la Cruz and other key LGU officials. She visited the RHU and discussed with the Mayor and municipal health officials the various health services available in the facility and how USAID assistance has helped address specific health issues, specifically those related to maternal and child health, family planning, and TB.

Amlan is a recipient of USAID technical assistance that includes better use of health statistics for activity planning and management, tools for improving the quality of maternal and child health care, and a tool for identifying program beneficiaries and priority clients who need health services.

4.2 Project Implementation Activities

HealthGov activities during the review period included technical assistance provision to partners and stakeholders in all 23 project-supported provinces, DOH, and its regional offices. These activities are described below.

IR 1.1 Strengthening Key LGU Management Systems to Sustain Delivery of Key Health Services

Investment Planning for Health

- **F1 Rollout Provinces**

During the review period, HealthGov provided five F1 rollout sites (viz., Albay, Isabela, Sarangani, Zamboanga del Norte and Zamboanga Sibugay) technical assistance in formulating their respective annual operational plan, the yearly translation of PIPH.

The AOP specifies, based on priority health reforms, the major investment proposals in the form of local programs, projects, and activities (PPAs) as defined in the PIPH. It identifies critical activities, investment requirements, investment financing sources, M&E benchmarks, and timelines within a particular year. The AOP represents the health investment inputs to the LGU annual investment plan pursuant to *Joint Memorandum Circular No. 1, series of 2007 (March 2007): Guidelines on the Harmonization of Local Planning, Investment Programming, Revenue Administration, Budgeting, and Expenditure Management*. For HealthGov and other USAID CAs, the AOP is also an opportunity to ensure that SO3 concerns are reflected in the operational plan of the rollout sites.

In Isabela, AOP workshop participants completed the draft 2009 AOP document. This included the AOP matrix; the sub-plans on training, procurement, and finance; the provincial health situation, and directions for 2009. In the next quarter, these documents will be integrated into a complete AOP.

HealthGov provided CHD 5 technical assistance in orienting Albay and three other F1 rollout provinces in the Bicol region (viz., Catanduanes, Masbate, and Sorsogon) on the AOP guidelines. The project provided inputs on procurement and public finance management systems as well as health human resource management and development. CHD 5's deadline for AOP submission is 10 October 2008.

HealthGov assisted the province of Sarangani in integrating the municipal AOPs into a province-wide AOP. The project also assisted Zamboanga del Norte and Zamboanga del Sur in preparing their respective AOP.

- ***Other* Provinces**

HealthGov assisted five *other* provinces (and the municipalities they cover) that have adopted the F1 track of health investment planning in preparing their MIPH/PIPH. These provinces are Tarlac, Bulacan, Cagayan, Bohol, and Agusan del Norte. For most of these LGUs, the process was their first experience in comprehensive health planning and costing.

The project assisted Tarlac in tracking LGUs' progress in drafting their MIPH document. Participating LGUs – 1 city and 17 municipalities – all came with their draft MIPH ready. HealthGov specialists helped the participants identify sections of the draft which need to be developed further and recommended changes in the plans. A PHO staff and DOH Rep were assigned to each municipality to assist the MHO rewrite the draft. At the end of the three batches of writeshops, 13 of the 18 LGUs had completed their respective MIPH draft. In the next quarter, HealthGov will assist the five remaining LGUs to complete their draft. Further, the project will help the PHO review the MIPH drafts with the help of other USAID CAs.

HealthGov's support to Bulacan's CIPH/MIPH/PIPH formulation consisted of a facilitators' training and the conduct of CIPH/MIPH workshops. Facilitators included not only DOH Reps, CHD, and PHO staff but NGO partners as well from *Bantay Kalusugan ng Bulakan* (BKB, Bulacan HealthWatch). In all, 22 of the 24 cities/municipalities in the province participated in the planning activities although one (i.e., Guiguinto) only had a lone participant.

The conduct of the CIPH/MIPH took into account Bulacan's priority health goals and targets as articulated by the Governor and concurred with by the mayors. It also drew on the results of previous HealthGov TA such as the service delivery implementation review conducted in 2007 and the CSR+ assessment cum planning.

Several factors facilitated the crafting of the CIPH/MIPH: a focus on priority health programs and activities already expressed by the province, the use of a financial planning approach that took into account an analysis of funding sources in prioritizing interventions, the application of the PIPH log frame to identify priority programs and activities, and incorporation of CSR+ commodities forecasting and PhilHealth financing.

The participating LGUs are expected to submit their draft CIPH/MIPH to the PHO on or before 10 October. Consolidation of the MIPHs into the PIPH was set for 27-30 October.

In Cagayan, HealthGov assisted the first of three batches of LGUs in MIPH formulation. The 10 LGUs that participated in the workshop all have completed their SDIR and situational analysis. As agreed upon, the LGUs will complete their MIPH in their respective work stations.

Ten municipalities in Bohol held their MIPH workshop in September. Major outputs of the activity were the LGUs' respective 2009 AIP and AOP. Preparation of the AIP was fasttracked to meet the 15 October deadline for the budget call. The AOP, on the other hand, will be used for the 2009 budget call.

With HealthGov technical assistance, the PHO of Agusan del Norte led a two-day PIPH workshop in August 2008. Workshop participants consolidated, cost, and finalized the PPAs and interventions log frame of their health investment plan. The draft PIPH was scheduled to be presented to the Governor on 28 August.

Improving Health Systems to Strengthen LGUs' Ability to Deliver High Quality Health Services

- **Ensuring the Availability of FP Commodities through the Contraceptive Self-reliance (CSR) Strategy**

Technical Assistance Provision

HealthGov provided Albay (18 LGUs) TA on CSR assessment to determine whether the provincial CSR plan was implemented, its results if it was implemented, the gaps in implementation, and how these gaps may be addressed. Using a rapid assessment tool, the project looked into policy support to CSR, budget for CSR, forecasting method, system for identifying the poor as well as unmet need, and financing, among others.

In the Visayas, HealthGov provided Aklan, Bohol, and Capiz TA on CSR plan updating, and the provinces of Negros Occidental and Negros Oriental assistance in forecasting. Subsequently, Aklan updated its CSR plan during the PIPH review at the ILHZ level. Capiz later followed suit. With the forecasting exercise Bohol meanwhile will use the forecasting results in advocating with local officials for a budget allocation for FP commodities.

HealthGov recommended an outline and guide to help Zamboanga del Norte (27 LGUs) and Zamboanga del Sur (27 LGUs) complete the narrative part of their CSR+ plan. In the previous quarter, the project supported the two provinces in formulating their CSR+ plan with focus on policy choices, estimation of FP commodity requirements for the poor and non-poor, planning for the required investment for FP commodities, identification of the poor, capacity building for service delivery, and integration of family planning in MNCHN. Using the HealthGov-developed forecasting tools on FP, micronutrient, and TB commodities, the project assisted the two provinces in forecasting their requirements for 2008-2012. They defined as well their appropriations for the poor, including the budget gaps.

In Sarangani, HealthGov provided TA in a series of CSR planning activities participated in by six of the province's seven municipalities. Technical assistance included CSR orientation for LGU officials and legislators, FP current users data assessment, CSR forecasting, and finalization of the CSR plan using an annotated outline that takes into account new developments such as the DOH PhP150 million grant facility. The LGUs are now in the process of crafting municipal ordinances supporting the implementation of CSR.

Training of TA Providers

To enable local partners to assist LGUs in preparing CSR implementation plans, HealthGov oriented and trained CHD 7 and Capiz PHO in August, and Bohol and Negros Oriental PHO in September on the different elements of CSR. These include CSR in the context of the MNCHN service package, FP current users data assessment and validation, forecasting FP commodity requirements of the poor and non-poor, and commodities provision beyond safety net measures (e.g., cost recovery, referral systems).

The CHD 7 orientation/training was participated in by the CSR TWG Chair, FP Coordinator, LHAD Chief, POPCOM OIC-Chief of technical division, and the Cebu provincial FP Coordinator. The Capiz and Negros Oriental trainings were attended by the respective Provincial Health Officer, FP Coordinator, PHO chief of technical division, DOH Rep, POPCOM representative, and hospital chiefs.

HealthGov's Visayas Regional team was oriented on CSR as well.

- **Strengthening the LGU Procurement and Logistics System**

During the quarter under review, HealthGov assisted the provinces of Albay, Zamboanga del Sur, and Zamboanga del Norte in forecasting their FP, TB, STI, and micronutrient commodities. This was part of the project's TA in the refinement of the provinces' respective CSR plan.

Using the HealthGov-developed tool for assessing logistics management and operations, the project looked into how Tarlac, Compostela Valley, and Davao del Sur did their commodities forecasting, procurement, inventory control, storage, and distribution. Assessment findings (see Box 1) and recommendations were discussed with the PHO and his technical staff during the exit interview.

Recommendations that HealthGov put forward as part of its technical assistance include the following:

- Revisit and enhance the provincial CSR+ policy and guidelines. Advocate for key stakeholder support to public health programs, particularly family planning.
- Use HealthGov's forecasting tool for a more scientific determination of the LGU's commodity requirements. This forecast should serve as basis for the annual procurement plan and annual investment plan.
- Considering the problems on procurement delays, suppliers' late delivery of commodities, and irregular distribution, projections should include operating and buffer stock to avoid stock-outs.
- For essential drugs and commodities procured by the province, adopt an integrated distribution system for FP and TB commodities, for example. This will require the rural health unit (RHU) staff to collect the supplies from the PHO only once, thus reducing transportation expenses and time incurred in getting them.
- Observe commodities storage guidelines, recondition and clean the PHO warehouse, and organize the stocks.

Box 1

The Logistics Management System in Tarlac, Compostela Valley, and Davao del Sur

- Among the PLGUs' priorities FP commodities take a back seat.
- Forecasting of commodity requirements is based on the target increase in the previous year's consumption or on the available budget.
- The three provinces' procurement is limited and mostly augments MLGUs' requirements.
- The PLGUs have no established stocking level, and regular ordering system for FP, TB, and micronutrient commodities.
- Tarlac distributes commodities on a "come and get" basis. For Compostela Valley and Davao del Sur, the CHD directly distributes the supplies to the RHUs.
- Tarlac meets the minimum requirements for proper commodities storage. Compostela Valley's storage space is inadequate. Davao del Sur's warehouse serves as storage for both hospital and PHO supplies. The warehouse is dark and damp, with the supplies stored on the floor, tabletops, and other parts of the store room without any semblance of order.

- **Strengthening LGU Health Information System**

HealthGov continued to elucidate CHLSS not only as a tool for means testing but also for identifying clients with unmet needs for FP, TB-DOTS, and other basic services. The combination of Community-based Monitoring and Information System (CBMIS) which surveys unmet needs for FP, TB, and Vitamin A, and Living Standards Index (LSI) which surveys living standards for means testing makes this possible. Apart from this, the "community health" component of CHLSS may be used to validate FHSIS data for completeness of program coverage; hence, CHLSS is also useful in improving local data. CHLSS was developed in June 2007 through a partnership of Misamis Occidental PHO, Cagayan de Oro CHO, CHD 10, and HealthGov.

During the quarter under review, HealthGov explained the merits of CHLSS to the board members in the municipality of Polangui, Albay. This was in response to the LGU's

expressed need for a scientific method of identifying poor and non-poor clients. The board members found CHLSS a viable option and asked for TA in implementing it.

HealthGov also continued to assist Misamis Occidental, South Cotabato, Isabela, and Negros Oriental in various stages of CHLSS implementation.

Misamis Occidental has completed the household survey they started in the previous quarter. Currently, five municipalities are encoding the data with HealthGov TA.

South Cotabato had previously signified interest to use CHLSS. During the quarter under review, the province went on to prepare the groundwork for CHLSS implementation. In a meeting with municipal planning and health officers, the PHO with HealthGov technical assistance presented the survey tools to be used and the operational details of the survey, including the enumerators involved; the schedule of trainers' training; and the protocol for data collection, collation, and interpretation.

The provincial government of Isabela has also decided to adopt CHLSS as its client classification tool. The province has 103,000 PhilHealth enrollees whose membership is due for renewal in January 2009. The Governor wants to ensure that it is the real poor whose enrolment will be renewed. In September, HealthGov assisted the CHLSS Steering Committee in finalizing the survey instrument. The questionnaire has been forwarded to the Provincial Administrator for endorsement to the Governor.

In Negros Oriental 17 LGUs have started gathering community health and living standards data with the PHO monitoring the data collection. Subsequent monitoring of LGUs will cover problems encountered in the survey such as availability of forms, computers, and manpower. In September HealthGov provided TA in the training of two batches of data encoders held. As a next step, the PHO with support from HealthGov will brief the mayors on the progress of data gathering, problems encountered, and any remedial action to be taken. Training on data utilization will also be scheduled.

- **Strengthening Local Health Policy Development**

HealthGov actively pushed for the adoption of policies supportive of the goals stated in the MIPHs, PIPHs, and CSR plans that are in line with USAID's SO3. Work in this regard consisted of direct assistance to LGU staff who made presentations to the local health board or legislative council (Bulacan, Capiz, Aklan, Negros Oriental), assistance in organizing forums for discussing key health issues (Pangasinan health summit), and partnership building for policy support (Bohol).

With HealthGov TA, the League of Municipalities of the Philippines - Bulacan chapter presented the findings of the provincial CSR+ assessment to the mayors. The presentation emphasized the need to invest in health and surfaced the need for ordinances to support the accomplishment of CSR+ targets.

Similarly, the project supported the PHO of Aklan, Capiz, and Negros Oriental in presenting to the local health board the CSR assessment results MIPH/PIPH issues related to CSR. The purpose was to press them to adopt policies to address the issues.

HealthGov assisted Pangasinan in designing and organizing a provincial health summit where key health issues which need to be addressed were brought forward.

In Bohol, HealthGov brokered a linkage between the PHO and the provincial multisectoral alliance on population, health, and environment to help build support for the approval and implementation of the provincial CSR policy and guidelines, including the activation of the provincial CSR TWG and approval of the provincial reproductive health code.

IR 1.1 Activities Planned for 1st Quarter Year 3

- Provide Tarlac, Bulacan, and Cagayan TA in MIPH/CIPH/PIPH completion
- Provide the F1 and F1 rollout provinces TA in AOP preparation
- Provide Sarangani and Davao del Sur follow-on TA in local health policy development
- Provide F1 rollout sites TA in enhancing their CSR+ plans, and *other* provinces TA in CSR+ planning
- Document CSR tools
- Provide Albay, Isabela, Negros Oriental, Misamis Occidental, and South Cotabato follow-on TA in CHLSS implementation

IR 1.2 Improving and Expanding LGU Financing for Health

Technical Assistance Provision

- **Support to LGU Efforts on PhilHealth Accreditation of Health Facilities**

HealthGov supports LGU efforts to expand the number of PhilHealth-accredited facilities in order to increase the available RHUs that provide quality health services and are able to avail of PhilHealth capitation and reimbursements. Toward this end, the project provides TA in 1) intensive orientation of regional, provincial, and municipal staff on the accreditation process, and 2) training local staff in life-saving skills (LSS), which RHUs need to qualify for maternity care package (MCP) accreditation. Additionally, the project monitors LGU activities to ensure that provincial and municipal staff pursue accreditation-related work.

In Isabela, 12 technical staff of the PHO participated in an orientation on facility accreditation. An important part of the orientation was the exercise on the use of the facility self-assessment form. Sixteen rural health midwives (RHMs) were trained in LSS by the Philippine Obstetric and Gynecological Society (POGS). To date, three RHUs are ready to submit their application for MCP accreditation. These are San Mariano, Quirino, and Quezon. Five others are completing the accreditation requirements: Benito Soliven (MCP, TB-DOTS), Cordon (MCP, TB-DOTS, OPB), Ilagan 2 (MCP), Ramon (OPB), and San Mateo (MCP).

The project also extended TA in LSS training to Bohol and Negros Occidental each of which sent 10 midwives for the training.

- **Finding Financing for Local STI/HIV/AIDS Programs**

Social hygiene clinics are often unable to effectively deliver services because of financial constraints. To determine TA interventions that would help LGUs find additional funding for their STI/HIV/AIDS program, HealthGov assessed the financial operations in Davao City and the three HIV/AIDS sentinel sites in Metro Cebu, viz., the cities of Cebu, Lapu-Lapu, and Mandaue.

The assessment revealed, among others, that limited funding for STI/HIV activities is attributed to the lower priority assigned by local officials to STI/HIV compared with that given to high-profile, high-mortality diseases. This may be traced back to local officials' lack of awareness of the causes and potential implications of the spread of STIs. The assessment further showed that the SHCs are generally unaware of the indicative budget for STI/HIV activities. Moreover, the SHC chiefs do not know for certain if their activities and budget are integrated in the LGU annual investment plan.

Based on these findings, HealthGov identified the TA that may be extended to the LGUs, including assistance in the conduct of STI/HIV orientations for local officials, legislators, and the finance committee. Awareness of STI/HIV and the implications of its spread is expected to help increase local support to this disease program.

The SHC chiefs need to follow up with the CHO the extent of inclusion of STI/HIV programs, projects, and activities in the LGU AIP as well as the indicative budget allocated for STI/HIV. If these PPAs were not included in the AIP, HealthGov will assist LGUs to prepare STI/HIV project proposals in the next quarter which they could submit to the local finance committee for funding.

To help the SHCs find additional funds, HealthGov recommended that the LGUs review, and possibly increase, the existing user fee rates for physical examination and other services provided by SHCs. This would need the *Sangguniang Panlungsod* (SP, city legislative council) to pass an ordinance providing for a special account (under the general fund) in which the additional user fees may be placed.

- **Support to the DOH Preparation for the National Orientation of CHDs on the PhP150-M Grant Facility**

HealthGov together with HPDP assisted DOH National Center for Disease Prevention and Control (NCDPC) in preparing and organizing orientation materials for the national orientation of CHDs on the PhP150 million MNCHN grant facility set for 2-3 October. The materials include the following: 1) key process flow for the grant facility, 2) revised MOA between the LGU and CHD, and 3) CHD action planning guide. The other orientation materials prepared earlier by HPDP consist of the technical advisory for CHDs on the PhP150 million grant, a regional and provincial allocation and scoring system, and related presentation materials on MNCHN.

The project will subsequently assist CHDs and PHOs in orienting LGUs on the implementation of the grant facility.

Coordinating with Partners and Stakeholders

The inter-CA TWG on PhilHealth Concerns chaired by HealthGov is assisting PhilHealth and DOH in undertaking a study on a financing strategy for priority health services with focus on improving PhilHealth benefit delivery related to MNCHN, TB, and HIV/AIDS. During the quarter under review, the TWG presented the proposed study to DOH, PhilHealth, and USAID for approval. The TWG also briefed the Acting President of PhilHealth on the proposed study and implementation plan, and discussed with the CAs the sharing of the cost of the technical assistance.

The PhilHealth Steering Committee and PhilHealth TWG, USAID's consultant team, and the inter-CA TWG will meet in October 2008 to discuss project implementation activities and timelines, including schedules of consultations with PhilHealth and other stakeholders.

IR 1.2 Activities Planned for 1st Quarter Year 3

- Provide the 23 HealthGov-supported provinces TA in implementing the PhP150 million MNCHN grant
- Provide LGUs – on demand – TA in the following: mobilizing resources for health, PhilHealth accreditation of health facilities, and preparation of AIP for the health sector
- Update the costing manual
- Provide start-up TA in PhilHealth benefit delivery, specifically finalizing work plan and timetables, hiring of consultants, data collection, and workshop with DOH and PhilHealth

IR 1.3 Improving Service Provider Performance

During the report period, the project provided technical assistance in 1) finalizing the Service Delivery Excellence in Health training package, 2) enhancing the Service Delivery Implementation Review tool, 3) enhancing and revising the Family Planning Competency-based Training manuals, 4) HIV/AIDS continuing activities, 5) avian influenza preparedness activities of LGUs, 5) implementing a local TB-DOTS initiative, and 6) monitoring and reporting informed choice and voluntarism compliance.

Service Delivery Excellence in Health (SDExH)[2]

- **Finalizing the SDExH Tools**

Following the completion of SDExH pilot implementation in Misamis Occidental and Negros Oriental, and the subsequent assessment of SDExH's merits as a continuing quality improvement (CQI) intervention, HealthGov set out to enhance the SDExH design and roll it out in other provinces. The DOH Undersecretary, however, called for a review

[2] SDExH integrates the best features of two quality assurance best practices, namely Public Service Excellence Program (PSEP) adopted by the Civil Service Commission, and the Standards-based Management and Recognition approach of JHPIEGO. SDExH focuses on four major programs: FP, MCH, TB, and HIV/AIDS.

and consolidation of CQI initiatives in the health department, and put on hold activities related to SDExH strengthening.

Box 2
SDExH Training Package

Phase 1
- Introductory Module: Continuing Quality Improvement and the SDExH Approach
- Module 1: Visioning
- Module 2: Setting Local Service Standards
- Module 3: Monitoring and Coaching (Training Interval)

Phase 2
- Module 4: Planning and Implementing Service Standards
- Module 5: Measuring Progress in Service Standards
- Module 6: Monitoring and Coaching (Training Interval)

Phase 3
- Module 7: Recognizing Achievements

The DOH directive notwithstanding, HealthGov responded to the request of the governors of Misamis Occidental and Capiz as well as CHD 10 for an SDExH training of trainers. As an initial step, the project mobilized the SDExH Technical Working Group to revise the SDExH training package and tools.

HealthGov, in partnership with NCDPC and the Health Human Resource Development Bureau (HHRDB), enhanced and finalized the SDExH training package based on the lessons learned from the SDExH pilot test in the provinces of Misamis Occidental and Negros Oriental, the CHD inputs, and the recommendations drawn from the SDExH assessment.

The improved training package now consists of modules covering the three phases of SDExH training (see Box 2). It also includes guides for use during training intervals.

During the review period, there were delays in implementing activities including the training of trainers in compliance with the DOH Undersecretary's instruction to temporarily suspend CQI activities.

- **Monitoring the Implementation of Service Improvement Plans and Achievement of Service Standards in Selected SDExH Pilot Sites**

In July 2008, HealthGov monitored the implementation of service improvement plans and the achievement of service standards in the PHO and two municipalities in Negros Oriental, namely Dauin and Bacong.

Negros Oriental PHO was assessed in terms of three areas,

Table 2
Negros Oriental PHO's progress in achieving local service standards, Sept 2007 – July 2008

AREAS	NUMBER OF STANDARDS SET	NUMBER OF STANDARDS MET	
		Baseline as of Sept 2007	Progress as of July 2008
Monitoring and coaching	7	0	4
Health program management	2	1	1
Procurement and logistic support system	4	0	3

each with a distinct set of standards (see Table 2). These areas are monitoring and coaching, health program management, and procurement and logistic support system. The assessment showed significant progress in the achievement of the standards. On average, the PHO achieved a little more than half of the standards set for each area.

Table 3
Dauin RHU's progress in achieving local service standards, Dauin, Negros Oriental, Jan – Sept 2008

PROGRAMS	NUMBER OF STANDARDS SET	NUMBER OF STANDARDS MET	
		Baseline as of Jan 2008	Progress as of Sept 2008
Family planning	9	4	7
Expanded Program on Immunization	15	8	12
Tuberculosis	21	9	19
Maternal care	22	13	19
Delivery & newborn care	42	29	30

Meanwhile, Dauin RHU was assessed for its achievement of standards in family planning, immunization, TB, maternal care, and delivery and newborn care (see Table 3). Compared with the baseline taken in January 2008, accomplishments after nine months were most substantial in the TB program; significant in the FP, EPI, and maternal care programs; and noticeably modest in the delivery and newborn care program. The last one is due to delay in the construction of a birthing space, the cost of which is charged to a 2007 European Commission grant that is yet to be implemented.

Assessment of an immunization activity showed that the public health nurse supervised the midwife and nursing students during an immunization activity. Immunization standards were followed, including the use of the early childhood care and development cards.

In Bacong, HealthGov found that the public health nurse (PHN) has not yet started the internal assessment of midwives. This was because the PHN focused on the implementation of the service improvement plan that needs local government funding.

Service Delivery Implementation Review (SDIR)

The program implementation review is one of the tools for monitoring the progress of public health programs. It effectively identifies areas and programs for acceleration leading to improved service delivery. The DOH has implemented PIRs at different levels since the late 1980s. When health services were devolved in 1991, DOH and some PHOs continued to conduct PIRs with or without project support. However, no standard review tool was used across program levels. In response to this need, HealthGov developed an enhanced PIR tool called service delivery implementation review.

This new tool monitors progress in service delivery performance by program and by area. The SDIR tool guides service providers and managers in identifying facilitating factors and challenges in achieving performance standards, determining strategic interventions, and formulating acceleration plans. All service providers, including *barangay* (village) health workers (BHWs) participate in the review.

During the quarter under review HealthGov trained the technical staff of CHDs 1, 2, and 10, and the provinces of Cagayan, Pangasinan, Nueva Ecija, Negros Oriental, and Misamis Occidental in conducting PIR using the SDIR tool.

- **Cagayan**

In July 2008, HealthGov trained 37 facilitators for the Cagayan SDIR-PIPH workshops. The facilitators included the Cagayan PHO and his technical staff, the Provincial Health Team Leader and DOH Reps, the DOH-CHD Local Health Assistance Division Chief and staff, and representatives of the provincial planning and budget offices.

The facilitators were oriented on the SDIR process and the steps in PIPH formulation. They were instructed as well on how to facilitate SDIR-PIPH in Cagayan, fill up the SDIR pre-workshop forms, and analyze SDIR data using the Health Sector Reform Agenda frame. The facilitators went through the exercise of setting goals and targets and determining critical interventions.

The facilitators are expected to assist the municipalities in the conduct of SDIR and help coach the municipal planning teams in the preparation of their MIPH. They have agreed to provide LGUs technical assistance in SDIR pre-workshop activities which include validation, assessment, and data analysis.

- **Pangasinan**

As part of TA in managing SDIR results, HealthGov assisted Pangasinan in packaging the provincial SDIR findings into a concise provincial health situationer for presentation in the health summit held on 26 September. The SDIR results in 48 municipalities/cities were packaged as well into briefers that provided information on the health status and challenges in the municipalities and ILHZs. The consolidated SDIR findings per ILHZ provided the springboard for workshop discussions where mayors, local legislators, MHOs, NGOs, and other stakeholders identified health performance gaps and formulated strategies to address these gaps.

The presentation of SDIR results in the health summit effectively informed major stakeholders about the key action points which they need to pursue to improve health outcomes in Pangasinan.

- **Bohol**

In Bohol, HealthGov supported CHD 7 in providing four primary hospitals TA in the conduct of PIR using the SDIR tool. The respective hospital chief, head nurse, selected staff, and administrative officer of the hospitals of Candijay, Clarin, Inabanga, and Pitogo municipalities analyzed hospital indicators as well as MCH, FP, and TB services.

A major issue identified across all four hospitals was the underutilization of hospital services. None of the hospitals met the bed occupancy rate of 70-85%. Another major issue was the lack of medical staff. The medical technologist in two hospitals, for instance, also functioned as supply officer. In another hospital the medical technologist had such a large workload that the facility had to refer TB microscopy to an RHU.

As a final output of the PIR, the participants prepared a log frame identifying the targets, interventions, activities, expected outcomes, performance indicators, and time frame for identified service improvements. Participants expressed their appreciation for the hospital SDIR, the first of its kind to be conducted in Bohol.

- **Negros Oriental**

HealthGov assisted Negros Oriental in the conduct of three batches of SDIR for five district and six primary community hospitals. Each two-day program implementation review was participated in by the respective hospital chief, head nurse, selected staff, and administrative officer. SDIR results were analyzed using the four F1 pillars – service delivery, governance, financing, and regulation – and the four major areas of service delivery, namely hospital utilization, performance, morbidity, and hospital as center of wellness.

On the third day of the workshop the hospital teams were joined by representatives of catchment municipalities. Together they drew up possible areas of collaboration among member-municipalities of the ILHZs and the core referral hospital. The areas of collaboration were based on the salient health issues in each ILHZ.

- **Misamis Occidental**

In partnership with the PHO and CHD, HealthGov provided Misamis Occidental TA in the conduct of SDIR. The TA benefited 16 LGUs, 6 core referral hospitals, and the PHO, all of which developed their respective acceleration plan. Technical assistance included a one-day orientation training on SDIR and pre-workshop activities where LGUs initially assessed their health program performance. The SDIR workshop proper was conducted in two batches participated in by a total of 122 MHOs, CHOs, service providers, budget and planning officers, local legislators, and NGO representatives.

The conduct of SDIR and the formulation of the acceleration plan came at an opportune time when the provincial government was preparing its 2009 annual operational plan. This gives the province ample opportunity to incorporate in the 2009 provincial/ city/ municipal AOP/AIP interventions that require funding. Meanwhile, activities that do not require funding will be implemented in the remaining months of 2008.

As a follow-through, the PHO will consolidate the training matrix (SDIR Form 1-B) to establish a provincial training needs data bank. The acceleration plans will be used as inputs to the 2009 provincial/city/municipal AOP.

Improving Service Providers' Training System

- **Updating the Family Planning Competency-based Training (FPCBT) Manual**

The updating of the family planning clinical standards has spawned the need to train service providers on family planning. In line with this, NCDPC requested HealthGov to provide TA in enhancing the FPCBT Manual for use in the training[3].

[3] Updating the FPCBT Manual is included in the DOH-NCDPC 2008 operational plan for "building capabilities in FP services for CHDs and LGUs" and has provisions from the General Appropriations Act.

In support of this activity, DOH organized a technical working group to assume technical oversight of the revision. The TWG is chaired by NCDPC and composed of representatives from the DOH-NCDPC Family Health Office, HHRDB, accredited FP training centers, NGOs, UNFPA, HealthGov, HPDP, PRISM, and SHIELD.

Taking off from the review of the FPCBT manual's content, methodology, and key learning messages conducted in the previous quarter, DOH with the technical assistance of HealthGov, PRISM, SHIELD, and HPDP agreed on how to improve the manual to make it consistent with the updated FP clinical standards. DOH drew up a first draft of the manual.

In a workshop the FPCBT TWG; FP trainers from CHDs 1, 2, 5, 8, 9, and ARMM; the PHO of Pangasinan and Bulacan; and the MHO of Maramag, Bukidnon reviewed the resulting first draft of the manual. They provided recommendations on the modules sequence, content, methodology, and materials. These recommendations will be incorporated in a second draft that will be pretested on untrained service providers in selected Luzon provinces, and subsequently finalized.

- **Updating of the Public Health Nurse (PHN) Supervision Manual**

Following initial discussions with HHRDB on enhancing the PHN Supervision Manual, HealthGov met with the NCDPC Director and HHRDB and identified the action steps they will take to fasttrack the manual's revision. Following were their agreements:

- DOH will form an ad hoc committee (in place of a TWG) that will oversee the manual's revision. The purpose is to minimize delays and facilitate related activities.
- Committee members will consist of representatives from NCDPC, HHRDB, HealthGov, SHIELD, TB LINC, and HPDP.
- The committee will set a timeframe for the activities to be undertaken.
- The HHRDB Director will call the first meeting to discuss the work scope and timeline for the consultant who will finalize the manual.

- **Training of Rural Health Midwives in Life-saving Skills (LSS)**

One of the strategies to reduce maternal deaths is to ensure that deliveries are attended by skilled birth attendants, i.e., physicians, nurses, and midwives. Midwives, therefore, need to be skilled in recognizing and responding to life-threatening obstetrical situations. Life-saving skills (LSS) include using the partograph in monitoring the progress of labor, IV insertion, suturing first and second degree lacerations, pelvic examination, recognizing abnormal labor patterns, management of third stage labor, and prompt and proper referral when abnormalities are recognized during the antenatal, labor, and postpartum periods. LSS also cover detailed history-taking, conducting a thorough physical examination, checking for danger signs, birth planning, and counseling. The Philippine Obstetric and Gynecological Society of the Philippines developed and conducts LSS trainings.

HealthGov supported the training of 36 midwives on life-saving skills. These midwives were chosen to attend the training because they either came from health facilities that were applying for MCP accreditation or their RHU has a functional birthing clinic. The RHMs came from Isabela (16), Bohol (10), and Negros Occidental (10).

Improving Local Response to HIV/AIDS, Avian Influenza (AI), and Tuberculosis (TB)

- **HIV/AIDS**

During the quarter under review, HealthGov's technical assistance to HIV/AIDS high-risk cities included 1) follow-on TA in completing the integrated strategic and financial plan, 2) developing an inter-LGU collaborative framework, 3) training of peer educators (PEs) on interpersonal communication and counseling (IPC/C), 4) updating the Manual of Procedures for social hygiene clinics, and 4) financing for HIV/AIDS programs.

Follow-on Technical Assistance in Completing the HIV/AIDS Integrated Strategic and Financial Plan (ISFP)

All HIV/AIDS sites except the cities of Lapu-Lapu and Pasay have drafted their ISFP.

HealthGov provided the Mandaue City AIDS Council technical and logistical support to help them finalize their ISFP. The plan was submitted to the Mayor and City Planning and Development Officer for review and approval.

Lapu-Lapu City Health Office reported in the previous quarter that their city strategic plan already includes HIV/AIDS. It appeared, however, that the "plan" is more a list of activities rather than a coherent strategic blueprint for HIV/AIDS surveillance, prevention, and treatment. The unified Cebu tri-city plan which the cities of Cebu, Mandaue, and Lapu-Lapu will formulate with HealthGov TA as part of an inter-LGU collaborative arrangement is expected to address this gap.

While HealthGov offered to provide Pasay City technical assistance in drafting an ISFP, the LGU explicitly wanted to formulate it on their own. Pasay City has also decided to focus only on the operation of its social hygiene clinic (SHC). Given this, HealthGov will try to get HIV/AIDS champions who can mobilize the City Health Office to complete their ISFP.

Bacolod City is taking follow-on steps toward finalizing its draft ISFP. The ISFP was completed by the LGU planning team in March 2008 without the participation of key stakeholders like the current CHO and the local AIDS council (LAC). In September, HealthGov met with the Bacolod City SHC staff, the CHO Health Education and Promotion Officer, the DOH Rep, and the Executive Director of HOPE Foundation to discuss the improvement and legitimization of the ISFP. They agreed to orient the new CHO on the ISFP and get her support. They will convene the core planning team on 29 September to refine the plan. Specifically, they will review the situational and response analysis, formulate vision and mission statements, and identify activities that will lead to the achievement of desired outcomes. Lastly, they will present the draft ISFP to the local AIDS council on 14 October.

Technical Assistance in Developing an HIV/AIDS Collaboration Framework for Metro Cebu

STI/HIV/AIDS most at-risk populations – specifically female sex workers (FSWs) and their clients, males who have sex with males (MSMs), and injecting drug users (IDUs) –

are highly mobile and move around in contiguous LGUs, as is practiced in the cities of Cebu, Lapu-Lapu, and Mandaue. In light of this, working collaboratively on and sharing resources for HIV/AIDS-projects and activities would be in the best interest of these LGUs. This strategy was identified in the integrated strategic and financial plan of Cebu and Mandaue cities, and articulated by the Lapu-Lapu CHO as both acceptable and feasible. Like the strategy used in the conduct of the integrated HIV behavioral and serological surveillance (IHBSS), the tri-city collaborative approach could be replicated for such activities as 1) developing unified policies and plans, 2) implementing facility-based and outreach services, 3) resource-sharing, and 4) implementing an LGU performance-based grants scheme for HIV/AIDS prevention education.

HealthGov contracted a local consultant to assess the feasibility of LGU collaboration among the cities of Cebu, Lapu-Lapu, and Mandaue in the areas of STI/HIV/AIDS surveillance, prevention, treatment, care, and support. Study findings indicated that inter-LGU collaboration is feasible. Possible areas of collaboration include governance, specifically LAC organizational policy development, planning, capacity building, and procurement. Regulation was also identified as an area of cooperation, particularly standardizing SHC operations and harmonizing the cervical smear schedule of the three cities. These findings were presented to local government officials, NGO representatives, and other stakeholders in a meeting that CHD 7 convened in September.

As a follow-through, the three cities will craft their group vision and formulate a unified plan in a two-day workshop tentatively set on 5-6 November. CHD 7 will draft the workshop design with TA from HealthGov.

The Philippine National AIDS Council (PNAC) has signified its interest to participate in the said meeting and identify areas it can support. In addition, PNAC would also like to get involved in other HealthGov initiatives like establishing an IHBSS in Bacolod City, cross-border STI/HIV prevention in Zamboanga City, organizing establishment owners and managers in Quezon City, and establishing LGU performance-based grants in Davao City.

Training of Peer Educators on HIV/AIDS Interpersonal Communication and Counseling

With HealthGov technical assistance and DOH-Global Fund Round 6-HIV funding support, the cities of Angeles, Bacolod, Cebu, Mandaue, General Santos, and Zamboanga conducted a three-day training on IPC/C for peer educators. The training sought to capacitate selected most-at-risk populations (MARPs) to become effective PEs through IPC/C. In the field of STI/HIV/AIDS prevention and control, peer education using IPC/C is a key strategy in effecting and sustaining positive behavior change among MARPs. Experience indicates that equipped with the correct STI/HIV/AIDS knowledge and IPC/C skills, peers can effectively reinforce LGU behavior change communication efforts.

To date, 368 MARPs – consisting of 250 FSWs, 86 MSMs, and 32 IDUs – have completed the trainings (see Table 4). Participants were provided information on STI/HIV/AIDS and the behaviors that put MARPs at risk; equipped with IPC/C skills, particularly condom promotion, negotiation, and use; and presented with the qualities, roles, and functions of PEs. The importance of recording and reporting accomplishments to the social hygiene clinic was emphasized to the participants. Trainers who completed the HealthPRO-sponsored TOT for HIV/AIDS IPC/C served as resource persons and facilitators.

The rest of the HIV/AIDS project sites will hold their trainings in the next quarter.

Table 4
Number of peer educators trained in IPC/C in 11 HIV/AIDS sites, Sept 2008

HIV/AIDS SITE (City)	No. of Peer Educators			TOTAL
	FSW	MSM	IDU	
Angeles	34	-	-	34
Quezon	11	4	-	15
Pasay	2	1	-	3
Iloilo	3	-	-	3
Bacolod	53	41	-	94
Cebu	79	10	-	109
Mandaue	18	4	-	22
Lapu-Lapu	2	-	1	3
Davao	2	1	-	3
Gen. Santos	24	-	20	44
Zamboanga	22	25	11	58
TOTAL	250	86	32	368

Writeshop to Review, Update, and Improve the Manual of Procedures for Social Hygiene Clinics

The manual of procedures for social hygiene clinics updated in June 2008 by NASPCP and HIV/AIDS experts with HealthGov TA was finalized in a writeshop held in September. All sections of the MOP were completed except for the monitoring and evaluation part. NCDPC will follow up with the NEC reagrding the submission of the M&E section. Selected SHC staff will be oriented on the improved MOP upon its completion.

The MOP was developed in 2001 by NASPCP, the National STI Committee, and Family Health International to improve the quality of SHC services and interventions for target population groups. The MOP prescribes the standard guidelines for the SHC's daily operations, the provision of quality and expanded range of services, and the coverage of a wider range of clients. Developments in the field of STI/HIV/AIDS make it necessary to review, update, and improve the MOP to make it more responsive to the needs of the target clients and more useful to SHC health workers.

Assessment of STI/HIV Risks in Cross-border Migration

Records indicate that cross-border migration between Zamboanga City, ARMM provinces, and Malaysia is a potential route for the spread of STI/HIV. While male traders' primary reason for travel to Malaysia is business, reports say that sex with FSWs while on travel is common. Of the 15 HIV cases registered in the Zamboanga City HIV/STI registry, nine had a history of travel to Malaysia where HIV prevalence among FSWs is much higher (6.5%) than in the Philippines (<1%). That some Filipinos repatriated from Malaysia were injecting drug users or were sex partners of IDUs compounds this situation. In Malaysia, majority of the reported AIDS cases (60%) and HIV-infected persons (76%) contracted HIV through injecting drug use. Given this,

Zamboanga City officials articulated the need for an indepth study of STI/HIV risks of cross-border migration. Results of the study will inform actions to prevent the potential spread of STI/HIV.

During the review period, HealthGov assisted Zamboanga City Health Office in formulating an assessment protocol for an indepth investigation of STI/HIV risks of cross-border migration to Malaysia. The assessment will 1) determine factors that hasten STI/HIV spread, 2) identify facilitating and hindering factors in establishing STI/HIV interventions in Zamboanga City and its neighbors (LGUs and other countries), 3) identify policies and activities for STI/HIV prevention, 4) identify priority health issues and concerns in cross-border migration, and 5) determine how Zamboanga City and ARMM can cooperate to strengthen STI/HIV prevention and monitoring in Zamboanga, Basilan, Sulu, and Tawi-Tawi. A CHO technical staff is improving the protocol for presentation to the Zamboanga City Mayor.

Coordinating with Partners and Stakeholders

- Participation in the IHBSS Technical Advisory Group (TAG) Meeting

The National Epidemiology Center has invited HealthGov to sit as a member of the IHBSS Technical Advisory Group. TAG met in July 2008 to discuss the IHBSS protocol that will be used in the 2009 integrated HIV/AIDS behavioral and serological surveillance. The proposed IHBSS design is essentially the same as the 2005 IHBSS developed and implemented by the USAID-LEAD for Health project. To enhance the design, HealthGov recommended that male clients of STD clinics be covered in the surveillance as this group may serve as the surrogate for men with risky practices. Serologic surveillance will suffice for this group of respondents.

HealthGov did not concur with the suggestion to centralize data analysis. Instead, the project suggested local representation in data analysis. For greater cost-efficiency and resource sharing, HealthGov suggested that zonal IHBSS be done in some areas/groups as this has been shown to work in the 2005 and 2007 IHBSS. For instance, instead of getting 300 respondents each from the cities of Cebu, Mandaue, and Lapu-Lapu, the zonal approach would only require a total of 300 respondents for the three sites. The MARPs after all are highly mobile and tend to move from one LGU to another.

- Participation in HIV/AIDS TWG Meetings

HealthGov called and led the discussion in three TWG meetings during the period under review. These meetings discussed the finalization of the HIV/AIDS M&E plan and the activities related to the conduct of the 2009 IHBSS.

Based on discussions during the TWG meetings, the HIV/AIDS SO3 framework was finalized. Apart from this, the Performance Indicator Reference Sheets which include the 2008-2011 targets for the five OP indicators, and the Data Quality Assessment forms for two OP indicators were drafted.

The TWG agreed that the indicators “Training to promote HIV/AIDS prevention through behavior change” and “Community outreach to promote behavior change” will be applied only to MARPs. Two custom indicators that measure the said activities were created.

The HIV/AIDS M&E plan will be presented in the inter-CA M&E regional orientation workshops. In this venue, the definition of five OP, two custom, six internal, and 22 CA-specific HIV/AIDS indicators as well as data collection methods and timeline will be discussed.

IHBSS will be conducted in 10 sentinel sites beginning in February 2009 at a cost of PhP10 million. DOH has contracted the Demographic Research and Development Foundation, Inc. (DRDF) to lead the IHBSS implementation in partnership with the Field Epidemiology Training Program Alumni Foundation. As the 2009 IHBSS will essentially use the 2005 IHBSS design there is no need to do a pretest.

- **Avian Influenza (AI)**

Progress in LGU Response to AI

HealthGov is providing AI technical assistance to 84 LGUs consisting of 13 provinces, 56 municipalities, and 15 cities (see Table 5). Of these, 81 LGUs have formulated their AI preparedness plan (AIPP). Nearly half (40) of the LGUs have organized an AI task force, but only 19 have an ordinance supporting their task force and AIPP implementation. Thus far only 7 of the LGUs have a budget and logistics to respond to a potential AI outbreak.

Table 5
Distribution of LGUs by elements of AI preparedness, Sept 2008

Elements of AI Preparedness	Province (n=13)	Municipality (n=56)	City (n=15)	TOTAL (n=84)
AI preparedness plan	13	53	15	81
AI task force	8	23	9	40
Ordinance	5	9	5	19
Budget and logistics	3	3	1	7

Training of Trainers for CBEWS Implementation

To fast-track the rollout of CBEWS in high-risk LGUs, HealthGov supported on the training of 83 trainers for CBEWS implementation in four provincial and 20 city/municipal governments in July and September. The provinces consisted of Capiz, Negros Oriental, Negros Occidental, Zamboanga del Norte, and Sarangani.

Training participants included city/municipal veterinarians and planning coordinators, social and development officers, local legislators, MHOs, PHNs, agriculturists, and Provincial Disaster Coordinating Council representatives.

The training aimed to enhance the participants' knowledge, attitudes, and skills in establishing CBEWS. It is also expected to strengthen the institutional capacity of the four provinces' AI task forces to prepare for AI through the implementation of a CBEWS.

The city veterinarian of General Santos shared their experience in CBEWS with the other provinces. Learning from other LGUs' experience, the training participants agreed to do zero reporting apart from incident reporting. This means the barangay AI task force has to render a report to the municipal AI task force at the end of each month even in the absence of unexplained bird deaths or influenza-like illness among individuals exposed to sick or dead birds. They also agreed that the provincial AI task force will regularly

update the city/municipal AI task forces on the status of report submission while the latter does the same for the barangay AI task forces. Compliance with zero reporting was identified as one of the criteria for the selection of outstanding LGUs during the annual disaster preparedness month every July.

An important output of the TOT was each province's action plan for establishing a community-based AI early warning and reporting system. HealthGov, together with the PHO and the Provincial Veterinarian, will provide the necessary TA to ensure that the action plans are implemented.

As a follow-through, the participants of each LGU agreed to 1) ensure that their LGU complies with the four elements of AI preparedness[4], 2) identify high-risk barangays for CBEWS installation and coordinate the scheduling of trainings for CBEWS installation in these barangays, and 3) conduct CBEWS orientation training for barangay officials and community leaders.

CBEWS Installation in Agusan del Norte and Zamboanga del Norte

HealthGov supported the CBEWS orientation training of the AI task force in two barangays in Agusan del Norte, namely San Pablo, municipality of Jabonga, and San Roque, municipality of Kitcharao. Fifty-seven participants attended the orientation held on 4-5 August. The participants planned to organize community assemblies to instill awareness of bird flu and the AI reporting system.

The participants agreed to hold their first coordination meeting a month after CBEWS has been installed in their respective barangay. In the coordination meeting, participants will discuss their first month experience in implementing the early warning system. Specifically, they will report on what activities they initiated, who were reached by these activities, the activities' results, and the lessons and insights they got from the experience. Participants will also present the strategies that worked in their barangay, the difficulties they encountered and how these were addressed. Based on their experience, participants will draw up a plan of action for the next three months.

In Zamboanga del Norte, HealthGov found that after the CBEWS training for the province and eight municipalities, barangay officials organized their respective AI task force, passed a resolution adopting their municipal AI ordinance, and conducted an awareness campaign that covered more than 500 Grades 5 and 6 students.

AI Simulation Exercise in Minalin, Pampanga

To assess stakeholders' capability to respond to AI, USAID, Bureau of Animal Industry (BAI), DOH, and The Zuellig Foundation collaborated to undertake a provincial tabletop exercise and a field drill on a simulated AI outbreak. The two activities were respectively conducted in the municipality of Bacolor and Minalin in Pampanga.

Forty participants from the barangay, municipal, provincial, regional, and national levels of government participated in the exercise. The assessment indicated that the participants need further exercise.

[4] These are 1) an updated AI preparedness plan (AIPP), 2) a functional AI task force, 3) an ordinance supporting the task force and AIPP implementation, and 4) budget and logistics.

- **Tuberculosis (TB)**

The municipality of Paombong, Bulacan, effectively used the results of the HealthGov-supported 2007 SDIR to respond to a health challenge. The provincial SDIR indicated that low CDR in the municipality could be traced back to lack of TB information, inadequate education, and weak community participation in TB prevention and control efforts. Rising to the challenge, the PHO organized 14 barangay TB patrols which conducted a house-to-house TB information and education campaign across the municipality. The campaign resulted in the identification of 300 TB symptomatics, 20 of whom were found sputum-positive. The new TB patients are now undergoing treatment.

Informed Choice and Voluntarism (ICV) Compliance Monitoring

- **ICV Orientation**

For this reporting period, CHD 11 (Southern Mindanao) reported seven ICV orientation training activities conducted from January to May 2008. Six of these orientations were rollout activities of the ICV briefing conducted by CHD and PHO trainers. The orientation activities reached a total of 417 health providers that included *barangay* (village) health workers, municipal service providers, provincial population officers, and DOH Reps.

In addition, HealthGov integrated four ICV orientation activities into on-going (at that time) activities. These orientations reached 46 participants composed of CHD, PHO, MHOs, and family planning coordinators and trainers.

One of the four ICV orientation activities was conducted during the Family Planning Competency-based Training Manual consultative workshop. This was participated in by representatives of CHDs 1, 2, 5, 8, 9, and ARMM, the PHO of Pangasinan and Bulacan, and the MHO of Maramag, Bukidnon. During the ICV orientation, participants shared the challenges they encountered in ICV compliance monitoring. These include the following:

- The ICV compliance monitoring tools were left with the service providers and were not submitted to the CHD or PHO.
- The tools were not retrieved by the CHD or PHO.
- With the many activities that service providers are undertaking, they cannot find the time to do the interview on the quality of family planning services provided in the facility.
- Monitoring reports are not submitted on time.
- In some CHDs, the staff lacked awareness of ICV monitoring tools.

The abovementioned issues were brought to the attention of NCDPC program managers who were present during the session.

The other three ICV orientation activities were reported by CHD 2. These were participated in by service providers from eight RHUs, namely Buguey, Gattaran, Lallo, Sta. Teresita, Sta. Ana, Aparri East, Alcala, and Gonzaga.

HealthGov distributed 4,800 copies of the USAID family planning wall chart to service delivery points. The wall chart provides essential information on family planning methods which FP clients need to know in order to make an informed choice. The project also gave out 50 copies of *Family Planning: A Global Handbook for Providers* to 11 CHDs and the provincial health offices of the 23 project-supported provinces. The handbook was published by USAID, Johns Hopkins Bloomberg School of Public Health, and WHO. Other PHOs and LGUs are requesting for copies of the said materials.

- **ICV Compliance Monitoring**

Three CHDs submitted ICV compliance monitoring reports during the quarter under review. These are CHD 2 for the period July to August 2008, CHD 3 for November 2007 to August 2008, and CHD 11 for May to July 2008.

During the review period, HealthGov – in partnership with DOH CHDs, DOH Reps, and PHO technical staff – monitored 151 service providers and 270 clients in 75 health facilities spread across 53 municipalities/cities in 11 provinces. These provinces are Aurora (4), Pangasinan (1), Bulacan (11), Pampanga (17), Zambales (3), Cagayan (8), Negros Oriental (2), Davao del Sur (2), Davao del Norte (1), Davao Oriental (3), and Compostela Valley (1). All 75 health facilities were found compliant with ICV policies.

Responding to a report on a possible vulnerability in the municipality of Buguey in Cagayan, HealthGov visited the said area to validate the account. The report indicated that the RHU allegedly assigned targets among service providers and gave them an annual incentive of PhP1,000, a cash incentive of PhP500 for bringing in BTL acceptors, and cell phone load worth PhP100. It was also reported that the consent forms used by Marie Stopes International for BTL activities did not include some basic information, specifically 1) "BTL does not provide protection against STI," and 2) "that the client can refuse the procedure at the last minute." The validation visit revealed the following:

- The "assigned targets" actually referred to the targets set by the national and regional offices. The RHU clarified that these "targets" do not translate to quotas for getting FP acceptors and are not used as basis for evaluating providers' performance. Rather, providers are assessed based on performance in all programs and not on the family planning program alone.
- The "PhP1,000 cash incentive" was given in December 2007 to *all* RHU staff, not just to selected staff, in recognition of their *overall* performance, and not FP achievements alone. The cash award was given together with plaques of recognition.
- The "PhP500 cash incentive" was given to a lone service provider for covering most of her catchment area. This incentive was disclosed to the providers only after the health activities were completed.
- The "PhP100 cell phone load" was provided to service providers to facilitate coverage of their respective catchment area and enable them to counsel clients who would like to avail themselves of the itinerant BTL service.
- The informed consent form was corrected to include the two items of information that were found missing.

Probing showed that none of the alleged "incentives" were given to service providers in exchange for the BTL acceptors they brought in. No evidence of coercion of service providers and clients was found.

A month after the initial visit, HealthGov and USAID did a follow-up on Buguey RHU. Interviews with the staff and FP clients as well as records review showed that the facility was complying with FP policies. A number of measures were identified to improve ICV compliance monitoring. These include among others 1) monitoring *all* municipalities, 2) integration of ICV orientation in MIPH workshops, and 3) advocating with PHOs and CHDs the conduct of ICV orientation.

IR 1.3 Activities Planned for 1st Quarter Year 3

- Conduct an SDExH training of trainers
- Conduct a TOT for the use of the Family Planning Competency-based Training Manual
- Enhance and revise the PHN supervision resource manual and training module
- Enhance the design of the health personnel capability profile
- Support the inter-LGU collaboration on HIV/AIDS activities in Metro Cebu
- Conduct AI simulation exercise

IR 1.4 Increasing Advocacy on Service Delivery and Financing

In the fourth quarter, HealthGov's TA to core LGU and civil society partners was clearly outlined as part of the embedding of advocacy support called for in the Year 3 work plan. Anchored on the major TA theme ("handles") for each province, TA supporting specific advocacy issues related to FP, MCH, TB, HIV/AIDS, and AI were woven into the component TA and incorporated into the provincial technical assistance plans. These interventions will help core local partners, particularly PHOs, MHOs, DOH Reps, NGO leaders, and functional health boards advance health dialogues and promote LCE actions and decisions for improved health financing and service delivery.

Support to LGU Advocacy on AI

- **Sarangani**

In Sarangani HealthGov provided TA to the Provincial Veterinarian and AI Task Force in the design and conduct of the Local Leaders Forum on AI on 10 July 2008 in General Santos City. The forum was designed to brief LGU officials on the latest situation on bird flu and orient them on the updated AI preparedness plan. Provincial and municipal legislative council members; representatives of provincial health, veterinary, social welfare and development, information offices; and municipal budget officers and planning coordinators participated in the orientation.

Resource persons included AI specialists from the Department of Agriculture, the provincial veterinary and health offices, CHD Cotabato Region, and NCDPC.

A number of participants pledged support to AI activities. For instance, the SP on Appropriations pledged to recommend to the provincial legislative council additional funding for AI from the supplemental budget and to provide a vehicle for the provincial veterinarian. The latter is intended to increase the veterinarian's capability to follow up on the AI preparedness of seven municipalities.

The regional AI coordinator, on the other hand, committed to mobilize the Department of Education to pursue awareness activities targeting teachers, school officials, and school children, and tribal leaders to reach indigenous peoples.

Local officials of the municipalities of Kiamba, Malapatan, Maasim, Maitum, and Alabel promised to ensure that the four elements of AI preparedness are put in place. The local officials affixed their signatures on the LGU action plan as a sign of their support and commitment.

In another forum held 11 July, HealthGov assisted the Provincial Veterinary Office in designing and implementing a comprehensive AI orientation for the Sarangani provincial AI task force. This included a briefing on the AI threat and the status of the province's preparedness and response plan. Participants included representatives from the different LGU offices, municipal legislative council, and the Philippine Army (PA), National Police (PNP), and Coast Guard (PCG).

Resource persons consisted of the General Santos Veterinary Officer and Barangay Bula councilors who shared their experience in installing CBEWS and mobilizing communities for bird flu preparedness. The national AI program manager and AI specialists from the Department of Agriculture were also available to provide inputs to the orientation.

In this forum, the representative of BAI affirmed their commitment to provide funds for 1) the expansion of the animal laboratory in General Santos City and 2) the AI training for the service men of the Philippine Army assigned in Sarangani and General Santos City.

To date BAI, with the assistance of foreign donors, has drawn up plans to refurbish the animal laboratory which will have diagnostic capability to screen and confirm the presence of H5N1 virus in blood samples of chickens and birds. To prepare the head of the City Veterinary Office for this task, the city government of General Santos supported his training on applied epidemiology. The animal laboratory will cater to the needs of the neighboring municipalities in Sarangani, South Cotabato, Davao del Sur, Cotabato, and Sultan Kudarat.

BAI has allocated funds for the training on 21-22 November of officers and field commanders of the Philippine Army.

HealthGov continued to provide technical support to the implementation of the community-level advocacy for avian influenza in Barangay Bula, General Santos City. Working thru COMDEV, the project's NGO TA provider in Sarangani, HealthGov provided assistance to the AI Task Forces of General Santos City and Barangay Bula in implementing the advocacy and communication plan in August-September. Thirty barangay officials and community volunteers such as village health workers, barangay nutrition scholars, and *purok* (household cluster) leaders were trained on 24-25 July to form the core of the barangay speakers' pool on AI.

To date, the *purok pulong-pulong or usapang bird* flu (AI forum) in 11 purok or zones in the community have reached a substantial number of households. Advocacy forums and meetings with leaders of different community-based organizations and sectors, the Parish Pastoral Council, principals and teachers of private and public schools in the barangay, and youth leaders have already been conducted as part of engaging communities and community influentials for bird flu awareness and preparedness. In the next quarter, HealthGov will provide TA in summing up the experiences and sustaining the gains of Barangay Bula in community-level advocacy.

- **Capiz**

In Capiz, HealthGov provided advocacy support to seven high-risk LGUs to ensure the integration of their AI preparedness plan in the municipal AIP for 2009. Together with the Provincial Veterinarian, a cluster meeting with municipal agricultural and health officers, and members of the *Sangguniang Bayan* (SB, municipal legislative council) Agriculture Committee of the high-risk LGUs was called in July 2008. In this meeting, the draft AI preparedness plans were reviewed and finalized, key interventions that need budget support were identified, and the AI provincial ordinance with corresponding budget provisions and support structure was adopted.

- **Negros Occidental**

HealthGov extended TA to the Provincial Veterinarian of Negros Occidental in designing an orientation forum on bird flu for key LGU officials and other stakeholders from the cities of Bago, Escalante, and Himamaylan. The activities were crucial in soliciting LGU and public support to AI preparedness plans and activating AI task forces in the three cities.

- **Agusan del Norte and Zamboanga del Norte**

As part of CBEWS TOT, HealthGov provided technical inputs on communicating AI to various stakeholders in the Visayas (17-18 July), in Agusan del Norte (4-5 August), and in Zamboanga del Norte (25-26 September). Resource persons from partner NGOs such as the Negros Economic Development Foundation and Coalition of Development NGOs in Zamboanga were fielded to discuss HealthGov modules on advocacy and communication, including the process of mobilizing local leaders and communities to address AI.

Building on their experiences in community organizing and social preparation, the resource persons established an NGO presence in the province and affirmed the role of NGOs not only in AI preparedness but in health advocacy in general. A local AI champion from Sarangani was invited in the CBEWS training in the Visayas to share initial experiences in installing a community-based early warning system in high-risk barangays. As a follow-through, advocacy activities in provincial and municipal LGUs to secure the necessary mandates to install CBEWS, organize barangay task forces on AI, and build capacity on bird flu monitoring and reporting will be implemented. Results of these activities will be reported in the next quarter.

Support to LGU Advocacy for TB Control

- **Sarangani**

In Sarangani province, HealthGov provided TA to the PHO and MHO of the municipality of Malungon in designing and implementing advocacy forums to strengthen local leaders' support to and participation in TB prevention and control. Barangay leaders forums were conducted on 19-20 August and 16-17 September in General Santos City. These were convened by the Municipal Health Office in collaboration with the Association of Barangay Captains of Malungon.

The forums sought support for the local TB program, including adequate budget support, the passage of needed ordinances, the formulation of barangay TB action plans, and the creation of TB task forces. The forums underscored the role of community leaders and other influentials in making these possible.

The forums also meant to engage various community-based organizations, faith-based groups, and other sectors with a strong presence and wide reach in debunking TB myths and misconceptions and disseminating correct information on TB. Importantly, the forums called for the formation of TB support groups, treatment partners club, TB patients club, and community referral network as well as promoting appropriate strategies to reach out to TB symptomatics and their families.

A total of 83 local leaders including 22 barangay captains, 32 *kagawad (*councilor) for health, 17 tribal leaders, the barangay treasurer, village health workers, and municipal health staff attended the forums. MHO staff, the PHO TB Coordinator, and the public health nurse discussed the issues, gaps, and challenges in the local TB situation and highlighted the importance of advocacy, social mobilization, and community participation in TB control. Testimonials from a number of cured TB patients were presented to help reduce the stigma of TB.

The forums generated commitments of barangay officials and tribal leaders to: 1) enjoin their Sangguniang Bayan to come up with municipal ordinance on TB prevention and control; 2) enact barangay ordinances supporting and allocating a budget for the TB program; 3) mobilize their respective communities in the fight against TB; 4) create barangay TB task forces to support the awareness campaign, disseminate correct information, demystify TB myths and misconceptions, and monitor TB patients; and 5) strengthen community-to-RHU referrals by mobilizing *habal-habal* (motorcycle that carries more than one passenger) operators and association leaders as transport support group. The barangay captains also promised to engage tribal leaders in educating indigenous peoples on TB and treatment protocol.

For her part, the ABC President and Chair of the Sanggunian Committee on Health prepared and discussed the draft of a municipal ordinance that allocates a budget for TB prevention and control at the municipal and barangay levels. In the next quarter, HealthGov will provide TA to local partners in documenting results and experiences in community-level TB advocacy in Malungon.

- **Bulacan**

In a similar vein, HealthGov's partner NGO in Bulacan, the Bantay Kalusugan ng Bulakan (BKB), actively participated in the PHO's TB Patrol campaign. TB was one of the advocacy action points agreed upon by BKB and the PHO in February 2008. With TA from TB LINC, BKB officers assisted the PHO in conceptualizing and launching the campaign in the municipality of Paombong. The said municipality is one of the 14 LGUs with low case detection rate, low cure rate, and no case finding for the last three months.

Based on the PHO's program implementation review in 2007, reasons for this low performance included weak community participation, inadequate information and education on TB control, and proliferation of wrong notions on tuberculosis even among health workers. The campaign resulted in local resolutions supporting TB prevention and control activities in the 14 barangays of Paombong. In the next quarter, HealthGov will provide TA to BKB and the PHO in sharpening their advocacy for improving maternal health and strengthening TB prevention and control.

Support to CSR/FP Advocacy

In Sarangani, HealthGov provided the PHO and MHOs TA in finalizing the provincial and municipal CSR plans. The workshop, held on 2-3 September in General Santos City, was participated in by the PHO and three technical staff, MHOs and PHN of the municipalities of Alabel, Malapatan, Glan, Kiamba, Malungon, Maitum, and Maasim, the Sanggunian Panlalawigan Chair of the Committee on Health, and members of SB Committees on Health of Alabel, Malapatan, Kiamba and Maitum.

Mini-sessions on advocacy had already been incorporated in previous CSR workshops in Sarangani. In this particular workshop, the participants highlighted the need to advocate to their respective LCEs the development of policies that will support implementation of their CSR plans. To initiate this process, HealthGov worked closely with the Health Education and Promotion Officer of Sarangani province in the conduct of a stakeholder analysis and meetings with local Sanggunian members. The stakeholder analysis was intended to map out support (or lack thereof) of LGU officials to CSR/FP, scan local health policies and budgets specifically those for CSR/FP, and identify potential local CSR/FP champions.

TA was also provided to the local Sanggunian members in drafting the municipal ordinance on CSR/FP based on agreements made during the 2-3 September CSR planning workshop. The stakeholder analysis results and the draft municipal ordinances will be used in the CSR policy development workshop scheduled in October 2008.

Support to Developing Behavior Change Communication (BCC) Interventions and Advocacy

During the quarter under review, HealthGov actively participated in HealthPRO's strategic communication planning (SCP) workshops for the provinces of Albay, Pangasinan, and South Cotabato. These were conducted on 1-3 July, 9-11 September, and 23-25 September, respectively. The SCP workshops provided opportunities for local NGOs to interact with LGU health staff and to input community concerns on health.

HealthGov made sure that key local NGOs such as the Federation of Pangasinan NGOs and Mahintana Foundation of South Cotabato were involved in the process.

MIDAS of Albay missed this opportunity due to a conflict in schedules. In these workshops, HealthGov made sure that BCC interventions including advocacy actions for FP/MCH, TB, HIV/AIDS, and AI in low-performing LGUs will be prioritized. However, these need to be sharply defined and concretized in the next quarter to ascertain that appropriate BCC interventions are developed to support the actual implementation of the provinces' MIPH/PIPH, CSR plans, and LGU service delivery acceleration plans.

In Pangasinan, HealthGov also provided TA in the design and conduct of the provincial health summit convened by the provincial government with EC support. The summit held on 24-26 September drew on the results of SDIR and the SCP process. The summit was directed at 1) creating awareness of the provincial health situation and challenges among key stakeholders; 2) securing the commitment of various stakeholders, particularly LCEs and SP/SBs, to draw up policies and budgets and improve services; and 3) drawing attention to promising approaches to health development for possible replication in other LGUs.

In particular, HealthGov assisted the PHO in the preparation of advocacy materials such as the provincial health situation, the LGU profiles of the four ILHZs (viz., Mangabul, Palaris, Pilgrims, and Western Pangasinan), and the presentation materials on the *Asin* (iodized salt) Law implementation of San Jacinto, essential health care package of Mapandan, public-private mix DOTS implementation in Alaminos, the TB control program of Bani, the nutrition program of Burgos, and Malasiqui's MCH program. HealthGov also ensured the participation of Pangasinan Federation of NGOs in the health summit activities. The LGU pledge of commitment in support of health sector reform in the province of Pangasinan was signed by the mayors of the six inter-local health zones, other LGU officials, NGOs, and other development partners. Follow-through activities on the identified health gaps in low-performing municipalities and strategic interventions per ILHZ will be threshed out in the next quarter.

Ensuring Civil Society Participation in Health Planning, Implementation, and Policy Development

HealthGov provided Bohol PHO TA in linking up with the provincial multisectoral alliance on population, health, and environment. This was part of building support for the approval and implementation of the provincial CSR policy and guidelines, including the activation of the provincial CSR TWG, and the approval of the provincial reproductive health code.

HealthGov also provided TA in mapping NGO representatives in local health boards in Aklan. The PHO reported that while NGOs have existing health programs, their potential for health advocacy and health policy-making in the province has not been fully explored. At the provincial level, USWAG Foundation and the Allied Health Group composed of medical, dental, and pharmaceutical groups sit in the Provincial Health Board. At the ILHZ level, most of the LGUs in Northwest and Southwest ILHZs have their respective NGO representatives in the health boards. In the next quarter, HealthGov will provide the PHO TA in harnessing the expertise, resources, and social networks of these key NGOs to bolster civil society roles in health advocacy.

Member-NGOs of BKB participated in the MIPH workshop of Bulacan held in September. HealthGov also assisted the PHO in convening partner-NGOs in Tarlac and Nueva Ecija to ensure NGO participation in and support to the planned PIPH legitimization, and implementation scheduled in the two provinces.

Inter-CA Technical Assistance to DOH-NCHP

HealthGov actively participated in the inter-CA meeting with DOH National Center for Health Promotion (NCHP) on 26-27 August in Tagaytay City. Participants included officials from DOH-NCHP, including the director and three division chiefs and representatives of USAID CAs, i.e., TB LINC, HealthGov, SHIELD, A2Z, and HealthPRO. Agreements on specific TA process and roles in the development of NCHP's BCC strategy for MNCHN, FP, TB, HIV/AIDS, and AI were arrived at during the meeting. The strategy development will be viewed in the context of implementing health sector reform and operationalizing DOH's pillars in health promotion, viz., building public health policy, creating supportive environments, strengthening community actions, developing skills, and reorienting health services. This will encompass advocacy, interpersonal communication and counseling, social mobilization, social marketing, risk communication, and other health promotion interventions.

In the next quarter, USAID CAs will provide follow-on TA in developing the national BCC strategy of NCHP based on the changing dynamics and needs of LGUs. TA will include 1) evidence-generation and situational analysis, and 2) conduct of a consultative workshop in November involving national, regional, provincial, local LGU/CSO/private sector stakeholders/partners. A core group composed of members of the inter-CA BCC/Advocacy TWG, other NCPDC and NCHP partners, and technical experts from other CAs will be convened to guide the TA process, share experiences, and provide technical direction.

IR 1.4 Activities Planned for 1st Quarter Year 3

- Provide local partners TA in documenting advocacy experiences in TB in Malungon, Sarangani, AI in the province of Sarangani, and mobilizing communities for the establishment of a community-based early warning system in Barangay Bula, General Santos City
- Provide follow-on TA to implement critical advocacy activities in selected HealthGov-supported provinces

5. Monitoring and Evaluation

Review and Discussion of the OP and HealthGov Performance Indicators Vis-à-Vis Year 3 Annual Work Plan

During the HealthGov work planning for Year 3 held on 13-15 August, the DCOP gave an overview of the OP and HealthGov performance indicators. To situate these indicators, she presented the HealthGov results framework which delineates how IRs 1.1 to 1.4 lead to the achievement of USAID's IR 3.1 *LGU provision and management of FP/MCH/TB/ HIV/AIDS services strengthened*. She also presented the HealthGov M&E framework to show how the project's technical assistance leads to the achievement of the project goal *Improved family health sustainably achieved* through its contribution to strengthening key health management systems, financing for health programs, service provider performance, and advocacy. Relating the M&E indicators to the Year 3 work plan and quarterly reporting, the DCOP reminded the technical and field staff to:

- Indicate the milestone for each set of activities. Include important milestones other than those in the list of milestones that has been provided
- Make sure that each province has the baseline figure for the indicators against which progress would be measured
- Substantiate activities reported in the quarterly reports with figures to show progress (or lack of it)
- Track activities seriously
- Submit provincial targets by COB 19 August. In setting the targets, be mindful of the level of effort required not only by HealthGov but also by the other CAs in achieving the targets
- Set HIV/AIDS program targets for OP indicators by the end of October

Participation in M&E TWG Meetings

During the quarter under review, HealthGov actively participated in the inter-CA M&E TWG meetings. The TWG reviewed and finalized the OP indicators and decided on the data sources that will be used. With the PRISM project ending in a year's time, it was agreed that HealthPRO will assume full responsibility for monitoring, collecting, and consolidation data for FP indicators starting January 2009. During the interim, PRISM and HealthPRO will work together to effect the smooth transition and transfer of responsibility.

The M&E TWG also decided to conduct an inter-CA regional orientation for the field staff of all CAs. The objectives of the orientation were to:

- Affect a clear and common understanding and appreciation of the OP indicators;
- Agree on data collection processes (what data to collect, who to collect, when to collect), tools and instruments, data flow, and data quality assessment; and
- agree on collaborative arrangement, roles, and responsibilities of each CA field staff in data collection and quality assessment .

HPDP, which chairs the TWG, assumed responsibility for designing and facilitating the workshop and documenting the process and results. HealthGov took care of all logistical

arrangements, including scouting for appropriate venue, inviting participants and confirming their participation, and providing secretariat support during the workshop proper. The lead CA for each program element was assigned to prepare the manual that will be used during the workshop: HealthGov for MCH and HIV/AIDS, PRISM and HealthPRO for FP, and TB LINC for TB. The manual consists, among others, of the final list of OP indicators and their definition, the data capture forms, the results framework, the data flow, and the frequently asked questions about the indicators. The manual served as the workshop reference document. It will be finalized after comments are received from the workshop participants.

The regional workshops were set for 30 September to 2 October for the Visayas and Luzon teams, and 7-8 October for the Mindanao team.

Management Information System (MIS)

During the report period, the following MIS-related activities were accomplished:

- Encoding in the TRAINET the fourth quarter training data for all 23 provinces. Some 1,623 individuals participated in HealthGov-assisted trainings and workshops at a total cost of PhP6.3 million. Of this amount, 40% was borne by LGU partners and the remainder (60%) by USAID.
- Completion of the web module of the Performance Management Information System (PMIS) with eight reporting capabilities, and on-going work on development of the PMIS stand-alone module
- Completion of four PMIS user manuals for the administrator, editor, Regional Coordinators, and Provincial Coordinators
- Collection of new data from the FHSIS and NTP by field staff for use in reporting the OP indicator performance for all the provinces
- Encoding of OP indicator values in the PMIS web module

M&E Activities Planned for 1st Quarter Year 3

- Complete the PMIS stand-alone module with report generation function
- Train the HealthGov field staff and technical specialists in the use of the HealthGov website and PMIS stand-alone and web modules
- Update and upload in the PMIS the data for the OP indicators
- Collect HealthGov performance indicators from field staff and encode in the PMIS
- Update the TMIS for the quarter

6. Financial Report for the Quarter

Financial Summary

Presented in Table 6 is the financial summary for the period 1 July to 30 September 2008. Cumulative expenditures of $7,577,275 as of end of this quarter represent 45.5% of the cumulative obligation, and 32% of the total life-of-project funding.