Strengthening Local Governance for Health (HealthGov) Project

Third Annual Work Plan
October 1, 2008 to September 30, 2009

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List of Acronyms

AI	avian influenza
AIP	annual investment plan
AIPP	avian influenza preparedness plan
AO	Administrative order
AOP	Annual Operational Plan
ARMM	Autonomous Region in Muslim Mindanao
A2Z	Micronutrient and Child Blindness Project
BAI	Bureau of Animal Industry
BCC	behavior change community
BEmONC	basic emergency obstetric and newborn care
BHW	*barangay* (village) health worker
BTL	bilateral tubal ligation
CA	cooperating agency
CBEWS	community-based early warning system
CDLMIS	Contraceptive Distribution and Logistics Management Information System
CDR	case detection rate
CEDPA	Centre for Development and Population Activities
CEmONC	comprehensive emergency obstetric and newborn care
CHD	Center for Health Development
CHLSS	Community Health and Living Standards Survey
CHO	city health office
CMMNC	community-managed maternal and newborn care
COP	Chief of Party
CPR	contraceptive prevalence rate
CR	cure rate
CS	civil society
CSO	civil society organization
CSR	Contraceptive Self-reliance
DBM	Department of Budget and Management
DCOP	Deputy Chief of Party
DILG	Department of the Interior and Local Government
DOF	Department of Finance
DOH	Department of Health
DOH Rep	Department of Health representative
EBL	evidence-based legislation
EC	European Commission
F1	FOURmula ONE
F1IR	FOURmula ONE implementation review
FGD	focus group discussion
FHB	Family Health Book
FHSIS	Field Health Services Information System
FIC	fully immunized children
FP	family planning
FPCBT	Family planning competency-based training
FPS	Family Planning Survey

GAD	gender and development
GIDA	Geographically isolated and depressed area
GTZ	*Deutsche Gesellschaft für Technische Zusammenarbeit*
HealthGov	Strengthening Local Governance for Health Project
HealthPRO	Health Promotion and Communication Project
HHRDB	Health Human Resource Development Bureau
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HMIS	health management information system
HPDP	Health Policy Development Project
HRHMD	Human Resource for Health Management and Development
HSR	Health Sector Reform
ICV	informed choice and voluntarism
ILHZ	inter-local health zone
IMR	infant mortality rate
IP	indigent population
IPC/C	Interpersonal communication and counseling
IR	intermediate result
IRA	internal revenue allotment
IRR	Implementing rules and regulations
ISFP	integrated strategic and financial plan
IUD	intrauterine device
LAC	local AIDS council
LCE	local chief executive
LCP	League of Cities of the Philippines
LGU	local government unit
LHB	Local Health Board
LMP	League of Municipalities of the Philippines
LPP	League of Provinces 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
MDR	maternal death rate
MHDO	Municipal Health Development Office/Officer
MHO	Municipal Health Office/Officer
MIPH	municipal investment plan for health
MLGU	municipal local government unit
MMR	maternal mortality rate
MNCHN	maternal, newborn, and child health and nutrition
MOA	memorandum of agreement
MOP	Manual of Procedures
NASPCP	National AIDS and STI Prevention and Control Program
NCDPC	National Center for Disease Prevention and Control
NEDA	National Economic and Development Authority
NGO	non-governmental organization
NHIP	National Health Insurance Program

NSV	no-scalpel vasectomy
OIDCI	Orient Integrated Development Consultants, Inc.
OP	operational plan
OPB	outpatient benefit
PAR	participatory action research
PC	Provincial Coordinator
PHB	Provincial Health Board
PHIC	Philippine Health Insurance Corporation
PhilHealth	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PHO	Provincial Health Office/Officer
PHTL	Provincial Health Team Leader
PIPH	Province-wide Investment Plan for Health
PIR	program implementation review
PLGU	provincial local government unit
PMG	Project Management Group
PMIS	Project Management Information System
PNGOC	Philippines NGO Council on Population, Health and Welfare, Inc.
POPCOM	Commission on Population
PPA	program, projects, activities
PPDO	Provincial Planning and Development Office
PPMD	public-private mix directly observed treatment, short course
PRISM	Private Sector Mobilization for Family Health Project
RC	Regional Coordinator
RH	reproductive health
RHM	Rural Health Midwife
RICT	Regional Implementation and Coordination Team
RTI	Research Triangle Institute
SA	situational analysis
SDExH	Service Delivery Excellence in Health
SDIR	Service Delivery Implementation Review
SHIELD-ARMM	Sustainable Health Initiatives through Empowerment and Local Development Project – Autonomous Region in Muslim Mindanao
SHC	social hygiene clinic
SO	strategic objective
SOAg	Strategic Objective Agreement
STI	sexually transmitted infection
STTA	short-term technical assistance
TA	technical assistance
TAP	technical assistance provider
TB	tuberculosis
TB-DOTS	tuberculosis directly observed treatment, short course
TB LINC	Linking Initiatives and Networking to Control Tuberculosis Project
TL	Team Leader
TOT	training of trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VSC	voluntary surgical contraception

1 Purpose and overview of the project

1.1 Goals and objectives

The *Strengthening Local Governance for Health* (HealthGov*)* Project is USAID's flagship project designed to strengthen local government units' (LGU) commitment to and support for public health services and their capacity to plan, provide, manage, and finance quality health services sustainably, particularly family planning (FP), maternal and child health (MCH), tuberculosis (TB), and HIV/AIDS services. The Project puts a premium on getting local leaders to invest in health. It focuses on empowering LGU staff and developing their capacity to meet the organizational, financial, and systems development challenges to address emerging health needs. It seeks to reinforce the capacity of NGOs and civil society to advocate successfully for improved selected health services. The HealthGov Project is implemented by RTI International, in partnership with JHPIEGO, the Centre for Development and Population Activities (CEDPA), the Philippines NGO Council on Population, Health and Welfare (PNGOC), and Orient Integrated Development Consultants, Inc. (OIDCI).

Focusing on sustainable solutions, HealthGov is developing LGU capacity for continuous participatory problem solving to improve health systems, build LGU support for investing in health, and strengthen the participation and advocacy skills of civil society. To accelerate these efforts, HealthGov is developing a network of technical assistance providers or TAPs (e.g., government agencies, consultants, NGOs, universities) that LGUs may engage to provide them with customized training and technical assistance (TA) services to solve key problems. In addition to improved health outcomes, sustainable "success" as a result of HealthGov assistance will be achieved when an LGU can properly identify its health sector problems and practical solutions in a participatory manner, and has access to sufficient resources (financial and technical, internal and external) to solve these problems.

HealthGov is helping to broker and develop long-term sustainable relationships between (1) LGUs and local TAPs that will help enhance LGU skills and knowledge, and (2) LGUs and their constituents to improve the quality and accessibility of health services. Toward this end, HealthGov will focus on four key activity areas, which correspond to the results framework of USAID's SO3: *Improved Family Health Sustainably Achieved*:

- ***Strengthening LGU management systems (IR 1.1)*** – HealthGov helps LGUs (1) effectively integrate health planning and budgeting functions into the overall government system; (2) improve management systems including inter-local health zone (ILHZ) management, planning and budgeting, financial management, drug/commodity logistics and procurement, and the use of self-assessment techniques and health management information systems (HMIS) to diagnose priority problems; and (3) institutionalize multi-stakeholder coordination mechanisms at the provincial level for participatory planning, leveraging resources, and sharing best practices.

- ***Improving and expanding LGU financing for health (IR 1.2)*** – HealthGov (1) supports LGUs integrate priorities into multi-year investment plans and explore national and local partnerships to sustain HIV/AIDS surveillance and prevention

activities; (2) introduces performance-based decision making to LGUs; (3) assists LGUs to diversify their financial base; and (4) helps them complete market segmentation.

- ***Improving service provider performance (IR 1.3)*** – HealthGov helps LGUs (1) improve human resource management, (2) enhance health service quality assurance systems, (3) strengthen health provider training systems, and (4) boost their response to infectious diseases including TB, HIV/AIDS, and avian influenza (AI).

- ***Increasing advocacy for health (IR 1.4)*** – HealthGov helps (1) deepen LGU officials' and leaders' commitment to health by providing advocacy tools and training and introducing advocacy concepts during LGU orientation and participatory planning workshops; (2) reinforce the capacity of health providers and civil society champions to develop and deliver effective health advocacy messages to local government officials and decision-makers; (3) intensify civil society advocacy and participation with training and grants; and (4) strengthen partnerships between health providers and civil society to promote supportive policies and priority health programs, and expand opportunities where information is shared and consensus is built.

This work plan describes the proposed activities during the third year of the project. **Chapter 1** summarizes the overall goals and objectives of HealthGov and describes the project's organization and management structure. Progress during the first two years of the project is highlighted in **Chapter 2**: the achievements and challenges to date influence the strategies and activities of HealthGov in subsequent years. **Chapter 3** explains the overall strategic directions for the third project year and describes our approach to the CHD Toolkit, Technical Assistance Providers (TAPs), and procurement and logistics management. **Chapter 4** summarizes the financial situation of HealthGov, including expenditures to date and budget estimates for the third year. The regional and provincial level TA strategies and plans of the project for the third year of implementation are described in **Chapter 5**. It summarizes key health indicators, defines the rallying theme or "handle" that guides USAID's assistance in each province and HIV/AIDS high risk city, identifies the main technical assistance interventions proposed, and enumerates targets and milestones. **Chapter 6** describes the TA interventions developed and supported by HealthGov that respond to the needs and priorities of the LGUs identified in the regional and provincial TA plans. Finally, the project's monitoring and evaluation system is described in **Chapter 7**.

1.2 Project organization and management

HealthGov views collaboration as a basic requisite for the effective implementation of the project's TA interventions and its organizational structure was developed to foster among the staff a culture of interdependency. HealthGov comprises three inter-related teams (see organizational chart on page 4) that work across diverse disciplines in a spirit of cooperation.

The organizational structure delineates clear lines of authority, allocates responsibilities and tasks to individual team members, and provides venues for open communication between the project teams and individual team members.

In Year 3 HealthGov's technical assistance to the LGUs will shift from supporting the preparation of health investment plans to the implementation of selected health programs, within the parameters of SO3. (See also Chapter 3 Overall strategy for the third year of the project). To facilitate this shift in focus in Mindanao, where 11 of the 23 HealthGov supported provinces are located, the project has adjusted the organizational setup. **Figure 1** shows the new organizational and staffing chart that includes a second regional base in Mindanao (Davao) and additional resources to support this important region.

- ***Project Management Group (PMG).*** Chaired by the Chief of Party, the PMG provides overall technical and operational management to the project; it meets weekly or as needed. PMG leads work plan development and project monitoring; integrates technical inputs to field activities; and ensures that field, technical, and administrative support staff coordinate and work together to cross-fertilize project activities. PMG members maintain and participate in a network of alliances and partnerships that enable HealthGov to successfully engage, coordinate, and leverage resources from USAID, other USAID/OH projects, Department of Health (DOH), other line departments (e.g., DILG, DBM, NEDA), and other donors.

Project Management Group

- Chief of Party
- Deputy Chief of Party
- LGU Governance Team Leader
- Health Programs Team Leader
- Field Operations Team Leader
- Finance and Administrative Manager

- ***Field and Technical Teams.*** These three teams are each headed by a Team Leader and provide technical leadership and direction to the technical components of the project (Health Governance and Health Programs) and management supervision and support to the field teams (Field Operations). The Team Leaders of the LGU Governance and Health Programs teams ensure that TA requests are dealt with promptly and that staff and consultants are quickly mobilized to provide support to the field teams. The Field Operations Team Leader directly supervises the regional teams based in the four project field offices.

- ***Regional Teams.*** The four Regional Teams are each led by a Regional Coordinator and include technical staff and Provincial Coordinators. The Regional Teams are responsible for developing strategic partnerships with regional stakeholders, and for engaging LGUs, NGOs, and other local partners in achieving the project's goals. The teams identify local needs and priorities and ensure that TA provided by the project is appropriate and responsive to local conditions, needs and priorities.

2 Progress of the project

2.1 Summary of progress to date

HealthGov's TA interventions have yielded significant gains in strengthening key LGU management systems, improving financing for health, strengthening service provider performance, and increasing advocacy on service delivery and health financing.

Notable in the process of assisting the LGUs is the participatory and consultative approach which HealthGov has adopted as its touchstone and which marked TA identification, development, and provision. For instance, TA needs were jointly determined with the 23 project-supported provinces and 11 HIV/AIDS high-risk cities during the series of "scoping missions" conducted in early 2007, and subsequently during the LCE orientations on health sector reform and USAID TA program for health. Through consultations with governors, mayors, CHD directors and other regional partners (e.g., PHIC, POPCOM, and DILG), LGU staff, public health staff, and civil society, HealthGov ascertained the provinces' TA needs as well as their responsiveness to and readiness for technical assistance. The process helped identify the commitment of LCEs to health and the dynamics of the local health system. Collectively, this information gave HealthGov a measure of the types and volume of TA necessary to capacitate LGUs to plan, finance, manage, and deliver quality health services.

Various TA tools were developed in collaboration with partners at different levels – national, regional, and provincial. These include SDIR, which was designed in consultation with DOH-NCDPC and with inputs from other USAID CAs; the CSR monitoring tool, which HealthGov expanded based on the work of CHD and POPCOM in Region 10; and CHLSS, which was spawned by a need articulated by Misamis Occidental, and which the project developed together with the province, CHD 10, and Oroquieta CHO.

With sustainability a paramount concern, HealthGov deliberately involves its partners, particularly the LGUs, in TA production and delivery. The objective is to build both their confidence and capability to design, adapt, and use their own systems and service improvements to sustainably meet their needs. TA is provided to LGUs *through* CHDs, PHOs, and other TA providers with HealthGov technical backstopping. This is evident in the conduct of the province-wide health investment planning (PIPH), the implementation of SDIR, the modeling of SDExH, and the conduct of the avian influenza preparedness and response planning workshops, among others.

2.2 Planning and management

Investment Planning for Health

In the project's second year, HealthGov focused on helping LGUs formulate their province-wide investment plan for health. The PIPH provided HealthGov the strategic frame to weave the threads of health systems strengthening – planning, financing, health information and promotion, partnership-building, plan implementation, M&E systems –

into a coherent and cogent tapestry of critical interventions, strung across the four pillars of FOURmula ONE (F1), that would help improve health outcomes.

With TA from HealthGov, all seven F1 rollout sites – Albay, Isabela, Zamboanga del Norte, Zamboanga del Sur, Zamboanga Sibugay, Compostela Valley, and Sarangani – completed their PIPH, which the DOH Joint Appraisal Committee has concurred with. Five *other* HealthGov-assisted provinces – Tarlac, Aklan, Bohol, Negros Occidental, and Davao del Sur – are on the way to completing their PIPH or are set for a CHD review of their PIPH. Three more *other* HealthGov provinces – Agusan del Norte, Bukidnon, and Misamis Oriental – have completed their municipal health investment plans (MIPH) only. The remaining two *other* provinces – Bulacan and Cagayan – will start formulating their PIPH at the start of Year 3.

PIPH derives its robustness from an analysis of the LGU's health situation. The HealthGov-developed enhanced program implementation review (called SDIR) proved to be a critical tool in this regard. For many provinces, SDIR generated the information to help identify and prioritize critical interventions and determine the aggregate investments needed to implement them. Seven provinces – Albay, Isabela, Aklan, Negros Occidental, and the three Zamboanga Peninsula provinces – used SDIR for their PIPH situational analysis (SA). Bulacan and Nueva Ecija are also set to use SDIR data for the same purpose. Meanwhile, two *other* HealthGov provinces – Cagayan and Tarlac – utilized SDIR data in their MIPH SA. The use of SDIR for MIPH/PIPH surfaced the synergy of these two major TA.

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.** HealthGov's TA in pushing CSR forward converged on three major areas: CSR assessment, planning, and commodities forecasting. The project supported eight provinces in assessing the extent they have implemented their CSR plans. These provinces are Bulacan, Pangasinan, Aklan, Capiz, Negros Occidental, Negros Oriental, Agusan del Norte, and Sarangani.

  The four Visayas provinces used the HealthGov-enhanced CSR assessment tool developed by CHD and POPCOM in Region 10. Pangasinan, on the other hand, sought HealthGov's assistance in developing a CSR+ assessment and monitoring tool that would capture key information for determining its CSR policy and program directions. Bulacan, meanwhile, preferred to customize its CSR assessment tool with TA from HealthGov, CHD 3, and PRISM. Based on the gaps uncovered, the provinces were assisted in identifying ways to strengthen implementation of their respective CSR plan.

  HealthGov assisted three provinces in CSR planning: South Cotabato, Zamboanga del Norte, and Zamboanga del Sur. These provinces were also assisted in commodities forecasting, along with Pangasinan and Bohol.

  In Sarangani, HealthGov assisted the municipality of Glan in validating its FP current users data to help the LGU prepare and finalize an appropriate CSR plan. The LGU requested the TA after it discovered serious discrepancies in the figures.

- **Strengthening the LGU Procurement and Logistics System.** To inform procurement and logistics TA provision, HealthGov determined the gaps in the commodities supply chain management in seven provinces, namely Aklan, Negros Oriental, Bulacan, Bohol, Capiz, Sarangani, and South Cotabato. Analysis of the logistics gaps in these provinces helped determine the TA needed to strengthen their logistics system.

  The project helped assess the contraceptive distribution and logistics management information system (CDLMIS) in three municipalities in Pangasinan. TA to these LGUs resulted in an improved CDLMIS.

  HealthGov expanded the commodity forecasting tools into a comprehensive cache of logistics TA instruments. The enhanced TA tools include procurement and distribution options, inventory control systems, and guidelines on proper transport and storage not only of family planning contraceptives but MNCHN, TB, and STI commodities as well.

  TA in the use of forecasting tools for STI supplies and reagents was extended to SHC physicians to help them determine and prioritize which STI commodities to procure at any given time.

- **Strengthening LGU Health Information System.** HealthGov provided the Community Health and Living Standards Survey (CHLSS) as a tool for evidence-based planning and action, specifically for identifying (1) the poor as beneficiaries of government subsidy and (2) unmet needs for health services. CHLSS helps strengthen the LGU health information system. 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 jointly developed by the Misamis Occidental PHO, Oroquieta CHO, CHD 10, and HealthGov. To date, HealthGov is supporting four provinces – Misamis Occidental, South Cotabato, Isabela, and Negros Oriental – that have adopted CHLSS as a method for identifying poor and non-poor clients.

  Misamis Occidental has completed the household survey they started in mid-2008. Currently, five municipalities are encoding the data with HealthGov TA.

  South Cotabato has proceeded to prepare the groundwork for CHLSS implementation. In a meeting with municipal planning and health officers, the PHO 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 2008, 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 started gathering community health and living standards data. The PHO monitors 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. 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.** To buttress health policy development at the LGU level, HealthGov formulated a TA package called evidence-based legislation (EBL). EBL puts premium on the use of health data (e.g., FHSIS) and information in policy formulation and tracking.

  The EBL TA package consists of a product development phase where stakeholders – CHD, PLGU, CSOs – prepare the framework, key EBL steps, processes, tools, and content as well as the training design for capacitating the regional and provincial EBL TA team. The TA package also covers capacitating the local EBL team to formulate and implement an EBL action plan. Lastly, it includes support to policy tracking to determine whether the policies were implemented according to their intent, monitor and evaluate if the intended objectives were achieved, and cull out lessons and insights in aid of legislation.

  Davao del Sur has shown interest in adopting EBL. At their request, HealthGov oriented the province's legislative council on this TA package.

2.3 Health financing

Financing TA in HealthGov's first two years focused on three key areas: orienting provincial governments on financing and resource mobilization, support to the financing component of the PIPH, and developing the necessary tools to respond to LGU TA needs.

HealthGov's orientations on financing and resource mobilization sought to deepen the LGUs' understanding of funding sources and the available means to create new sources and enhance existing health resources. These orientations encouraged the provinces to explore internal financing options, cost-recovery measures like user charges, as well as non-traditional approaches such as loans, bonds, and public-private partnerships. Thus far, one municipality in Albay, i.e., Polangui, has sought the project's assistance in setting up a revolving fund in which income derived from the sale of drugs and commodities may be placed. TA given included guidance on how to set up the revolving fund and craft the ordinance that would mandate the same.

HealthGov supported the health investment planning of the seven F1 rollout sites through TA in costing, financial planning, and fund management. Since investment implies additional resources for health, coaching highlighted the need to allocate extra budgetary resources by generating additional revenues, enhancing the efficiency of fund utilization to generate savings, utilizing the power to borrow, and attracting health investments. The project identified financing-related gaps in the draft PIPHs and recommended steps the provinces could take to address these gaps.

The project expanded its array of tools for strengthening LGU financing for health. The new tools include guidelines for public finance management planning for health,

procedures to estimate the number of eligible indigents for enrollment in the National Health Insurance Program, a public finance management self-assessment checklist, and guidelines for DOH's MNCHN Grant Facility.

2.4 Service delivery

In the project's first two years, HealthGov pursued activities on ensuring quality in service delivery and TA provision designed to contribute to service provider performance improvement.

- **Modeling Service Delivery Excellence in Health (SDExH).** In close collaboration with DOH National Center for Disease Prevention and Control (NCDPC), HealthGov modeled in Misamis Occidental and Negros Oriental a quality improvement approach that integrates the best features of two quality assurance best practices, namely Public Service Excellence Program adopted by the Civil Service Commission, and the Standards-based Management and Recognition approach developed by JHPIEGO. SDExH focuses on four core program areas: family planning, MCH, TB, and HIV/AIDS.

  Following the seven-month pilot implementation of SDExH in the two provinces, a consultant assessed the approach in terms of its usefulness in capacitating health facilities to deliver quality health service, improving program management, and inculcating a customer-oriented culture among health providers. Findings revealed that while the impact of SDExH varied across health facilities, in general the approach significantly contributed to enhancing delivery of quality health services and establishing client-focused service provision. However, enhancing it as a continuing quality improvement initiative, as a customer-oriented process, as a built-in assessment mechanism, and as a training program would further increase its value.

  At the request of DOH, HealthGov has put on hold plans to roll out SDExH in other provinces. The health department is organizing a technical working group to review and consolidate DOH initiatives on continuing quality improvement. 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 eight modules covering the three phases of SDExH training. It also includes guides for use during training intervals.

  As a parallel move, HealthGov is monitoring the implementation of service improvement plans and the achievement of standards in LGUs that have adopted SDExH. NCDPC plans to present the SDExH experience and framework to the directors and technical staff of the cluster. On the other hand, the project together with HPDP will negotiate with DOH to include SDExH in the CHD tool kit.

- **Informed Choice and Voluntarism (ICV) Compliance Monitoring.** Adherence to the principles of ICV is an essential element in the provision of quality family planning services. To ensure compliance with ICV requirements, HealthGov and DOH agreed to integrate ICV in the latter's Responsible Parenting Movement trainings. HealthGov piggybacked as well on regular project activities like SDExH and SDIR workshops. ICV orientations through these forums reached about 2,000 family planning coordinators, service providers, MHOs, PHOs, and LGU officials from all regions in the country.

  HealthGov supported CHD, DOH Reps, and PHO technical staff in their task of monitoring ICV compliance. In all, HealthGov partners monitored 200 service providers, 157 clients, and 127 health facilities for ICV compliance.

- **Improving the Health Provider Training System.** HealthGov together with other CAs supported NCDPC in updating the Family Planning Competency-based Training Manual and has scheduled a series of training of trainers (TOT) and training rollout on its use. The training will be completed by the first quarter of Year 3.

  A technical working group was created to oversee the updating of the training manual. The TWG strengthened the commitment of NCDPC to provide funds from the DOH-NCDPC 2008 operational plan for "Building capabilities in FP services for CHDs and LGUs." Through this funding, NCDPC is supporting the updating of the manual and the conduct of seven TOTs that will ensure that each CHD and province will have at least two trainers. The rollout trainings across the country will also be supported by DOH. To date, DOH-NCDPC has spent about half a million pesos for these activities as its counterpart to HealthGov technical assistance.

  The project also assisted DOH in updating the training manual on supervision for public health nurses in line with improving the provider training system. HealthGov has finalized with DOH-HHRDB the terms of reference for updating the resource manual on the Training Course on Supervision for the Public Health Nurse, including a training of trainers design and guide for follow up after training. Part of the TA is the development of a local database of training profile of selected professional staff.

- **Service Delivery Implementation Review (SDIR).** To support program implementation review (PIR) at the local level, HealthGov developed a PIR tool that can be used to monitor progress across program areas. The 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 in the facility, including barangay health workers, participate in the review.

  Thus far, 396 municipalities and 43 component cities in 17 of the 23 project-supported provinces have conducted SDIR with HealthGov TA. LGUs have used the review results either for developing their service delivery acceleration plan, for the situational analysis of their PIPH/MIPH, or both. These provinces are Agusan del Norte, Aklan, Albay, Bohol, Bulacan, Cagayan, Capiz, Isabela, Negros Occidental, Negros Oriental, Nueva Ecija, Pangasinan, Tarlac, and the three Zamboanga provinces.

Of the 17 provinces, only Capiz so far has institutionalized the use of SDIR and labeled it FOURmula ONE implementation review (F1IR). The PHO has customized SDIR to suit the province's needs and used it in a second round of PIR using their own resources. Other provinces are expected to similarly appreciate SDIR as a sustainable way for LGUs to monitor and evaluate the status of their health program implementation and develop remedial action plans.

Responding to Bohol's need for a hospital SDIR, HealthGov made adjustments in the SDIR tools to enable the capture of data and conditions particular to a hospital facility.

HealthGov is monitoring the implementation of acceleration plans that LGUs have developed and is providing TA in the management of SDIR results. In particular, the project guided LGUs in the analysis of SDIR results for use in formulating their annual operational and investment plans. LGUs were coached on the need to sustain the continuity and connection of activities with those set the previous year. The project also taught the LGUs on how to use the SDIR results for advocacy with local chief executives. The CHDs and PHOs utilized the results as basis for the technical assistance plan and prioritizing LGUs for monitoring and support.

- **Improving Local Response to HIV/AIDS.** Guided by the results of the rapid needs assessment, service delivery implementation review, and census conducted in the project-supported HIV/AIDS high-risk sites, HealthGov provided TA for the formulation of an HIV/AIDS integrated strategic and financial plan (ISFP) for each of the 11 sites. To date, 9 of the 11 sites have completed their ISFP. Only the cities of Lapu-Lapu and Pasay have not drafted their strategic and financial plan.

  Lapu-Lapu City Health Office had reported 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 approach 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 its own. Pasay City has also decided to focus only on the operation of its social hygiene clinic. Given this, HealthGov will explore other ways to strengthen the HIV/AIDS response in Pasay. This may include working with local HIV/AIDS champions who can mobilize the support of decision makers and the City Health Office for an effective and sustainable HIV/AIDS program.

  Angeles City was the first LGU to adopt the ISFP as its key response to the fight against HIV/AIDS. In a resolution signed by the city mayor, the city has committed to integrate the ISFP into its medium-term development plan.

  With HealthGov TA and DOH-Global Fund Round 6-HIV funding support, the cities of Angeles, Bacolod, Cebu, Mandaue, General Santos, and Zamboanga have completed a three-day training on interpersonal communication and counseling (IPC/C) for peer educators (PEs). 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 female sex workers, 86 men who have sex with men, and 32 injecting drug users – have completed the trainings. 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 SHC was emphasized to the participants. Trainers who completed the HealthPRO-sponsored training of trainers for HIV/AIDS IPC/C served as resource persons and facilitators.

HealthGov is assisting Metro Cebu, composed of the cities of Cebu, Mandaue, and Lapu-Lapu, in developing a tri-city collaborative framework for pursuing such activities as developing unified policies and plans, implementing facility-based and outreach services, and resource-sharing. HealthGov contracted a local consultant to assess the feasibility of LGU collaboration among the three cities 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 2008. As a follow-through, the three cities will craft in a two-day workshop their group vision and formulate a unified plan. CHD 7 will draft the workshop design with support from HealthGov.

With HealthGov TA, DOH-NASPCP and other HIV/AIDS experts from government and non-government organizations reviewed and enhanced the manual of procedures (MOP) for social hygiene clinics to make it more responsive to the needs of target clients and more useful to SHC health workers. The updated MOP is now simpler to understand but remains technically sound. The discussion of critical activities and information required to manage and operate an SHC provides clear and precise guidelines for SHC health workers. Moreover, important sections on (1) forecasting essential STI/HIV drugs, reagents, and supplies; (2) HIV counseling and testing; and (3) community approach and outreach services have been added. Topics on clinical management and implementing a local response have been updated. These enhancements will result in better service delivery. Specifically, these will enable SHCs to better quantify clients' needs and rationalize the clinic's procurement plan, use current modalities of treatment, and implement more specific guidelines for diagnostic procedures (e.g., voluntary counseling and testing). In addition, applying the systems and procedures for community outreach and peer education that were discussed in detail, SHCs will be able to cover more clients.

Once the MOP is finalized, SHC staff in the 11 HIV/AIDS sites will be oriented on its use.

- **Improving Local Response to Avian Influenza (AI).** To prepare the country to respond to a potential AI epidemic HealthGov, in collaboration with the Departments of Health and Agriculture, provided TA to 13 provinces, 56 municipalities, and 14 cities to help them develop their AI preparedness plan (AIPP), organize their AI task force, and prepare an ordinance supporting their AI preparedness activities. These provinces are Agusan del Norte, Bulacan, Cagayan, Capiz, Davao del Sur, Nueva Ecija, Isabela, Negros Occidental, Negros Oriental, Sarangani, and the three Zamboanga provinces. Of these LGUs, 81 have drafted their AIPP, 33 have finalized their plan, and 9 have incorporated their AIPP in their annual investment plan.

  Some 35 LGUs that were given TA have organized their task force and 12 have issued an Executive Order to support the creation of their task force. In addition, 18 of the assisted LGUs have an approved ordinance while 7 have a draft ordinance. Personal protective equipment, antivirals, and disinfectants are each available in about a tenth of the assisted LGUs.

  TA to one barangay each in General Santos City and the municipalities of Kitcharao and Jabonga in Agusan del Norte has enabled these villages to establish their respective community-based early warning system (CBEWS). Training of 100 personnel from selected Visayas and Mindanao provinces is intended to help the LGUs to set up their own CBEWS. CBEWS involves community members in the recognition and early reporting of suspected cases of AI in birds/poultry to the proper authorities.

- **Improving Local Response to TB.** In consultation with TB LINC and other CAs, HealthGov developed province-specific TB technical assistance plans for 12 project sites. Implementation of the TA plans is expected to generate results that would improve the TB situation in these areas.

  To help strengthen LGU capacity to deliver quality TB services, HealthGov provided TA in a direct sputum smear microscopy training for selected medical technologists from two Mindanao provinces. Four medical technologists – three from Agusan del Norte and one from Zamboanga del Norte – participated in the training.

2.5 Advocacy

HealthGov provided TA to local NGOs and PHOs in 19 provinces as they conducted initial partnership-building initiatives. NGO/CSO forums sought to orient local NGOs, other private groups, and Local Development Council representatives on health sector reform/F1, PIPH, local health situation, and LGU mechanisms for NGO/CSO participation in local special bodies. On the other hand, provincial partnership-building workshops sought to generate ownership of and muster support for the province-wide investment plan for health. These initiatives fostered partnership between and among LGU health staff, NGOs, CSOs, and community groups; secured LGU officials' commitment to and support for health; and promoted understanding of LGU structures and mechanisms for NGO/CSO participation in local governance.

Specifically, HealthGov's TA focused on supporting PHOs, MHOs, and DOH Reps in (1) engaging local NGOs in developing LGU preparedness and response plans for AI and creating local AI task forces; (2) ensuring community participation in CBEWS and in TB

prevention and control; (3) ensuring NGO/CSO participation in health planning, local health policy development, CSR review, SDIR, and province-wide health investment planning; (4) profiling of NGO/CSO representatives in LGU special bodies; and (5) identification of local health champions. PNGOC is currently packaging the results of profiling the NGO/CSO representatives in special bodies.

2.6 Issues and challenges

Mobilizing technical assistance providers

Due to changes in the strategic directions of the project the mobilization of a network of technical assistance providers or TAPs that LGUs may engage to provide them with customized training and technical assistance services to solve key problems was delayed. The rollout of HealthGov in 23 provinces from the start of the project (instead of a phased rollout) and the massive support for F1 and PIPH development in all project sites required changes in the modes of TA provision and engagement of TAPs (e.g., local universities, NGOs, consultants, government agencies).

How has technical assistance been provided and who have been the TAPs? In-house national and regional specialists provided assistance to field operations in PIPH/AOP, CSR planning, and local health policy development. The assistance of national project specialists was partly for product development purposes and training of trainers. Furthermore, the project did not manage to recruit enough regional LGU governance specialists to support the regions. The reliance on in-house specialists was necessary because most of the required TA was new and still had to be developed (such as PIPH, AOP, MNCHN grant, CSR forecasting and planning). These TA areas are not suitable for third parties (in particular local universities, NGOs or consulting firms) without building their capacity first. However, the need to deliver results fast meant that the time for training and capacity building of outside parties was limited.

During the first two years of the project HealthGov has focused on collaborating with government partners directly involved in and responsible for the preparation of the above-mentioned plans, in particular the CHDs (including the DOH Reps) and PHOs. These principal TAPs were oriented and trained on a range of skills and subjects, such as the facilitation of MIPH/PIPH formulation and CSR planning.

In some instances the orientation and training of CHDs was hindered by the delayed release of official DOH guidelines, e.g., PIPH and AOP and MNCHN grants. There is also a need to synchronize DOH's orientation of CHDs on these matters with the orientation of LGU counterparts, so as not to undermine the role of CHDs in providing technical assistance to LGUs.

Consultants were hired for very specialized tasks, e.g., CHLSS in Misamis Occidental, Negros Oriental, and South Cotabato; participatory monitoring and evaluation in Bukidnon; and local health policy development in Davao del Sur. Institutions were tapped to provide support to province-wide data collection and processing efforts, e.g., MUCEP for CHLSS in Misamis Oriental.

To engage a broader array and larger number of TAPs, in particular institutions such as universities and other non-public sector partners (NGOs, consulting firms), the following table indicates potential TAPs by type of TA area.

TAP: / TA area:	HealthGov specialists	CHD, PHO, PHIC	Individual consultants	Institutions (universities, NGOs, consulting firms)
PIPH/AOP	√	√	√	
CSR	√	√	√	√ (i.e., NGO advocacy to LCEs)
Health policy development	√		√	√ (part of curriculum of university program but need orientation on health policy issues and data)
Local health accounts	√		√	
Client segmentation (CHLSS)	√	√	√	√ (for data collection and processing supervision)
ILHZ strengthening	√	√		
PHIC universal coverage	√	√		√ (i.e., NGO advocacy to LCEs)

To increase the categories and number of TAPs the following action will be undertaken:

- Regular updating of HealthGov regional and national specialists on new developments and in response to new needs and demands from the field;
- More organized TOT of CHD and PHO staff after DOH guidelines (administrative orders or orientations) have been issued;
- Identify additional individual consultants. One constraint here is the labor-intensive and, therefore, time-consuming contracting process. This issue will be addressed in collaboration with the RTI home office;
- STTA to design a strategic approach and action plan for TAPs;
- More organized identification of institutional TAPs, based on an assessment of the technical areas where they can play a useful and sustainable role in supporting the health programs of the LGUs.

Preparing focused provincial TA plans

Enhancing local-level health operations in LGU health systems strengthening, financing, service provision, and advocacy on service delivery and financing entails a wide range of technical assistance activities. If not properly mapped out, this can raise unrealistic expectations from local partners. While HealthGov's approach is demand-driven and based on needs of individual LGUs, the technical and field operations teams had difficulties in defining the logical structure of TAs (e.g., core TAs, sequence of TAs, modes of TA provision – training, coaching, learning by doing, etc.) and organization of TA delivery (e.g., in-house specialists, TAPs, STTA) necessary to ensure cost-effective development assistance.

The project also struggled in defining the anchor that provides the focus for HealthGov's TA at the province-level. An anchor or handle is a statement of what the provincial government and the USAID CAs have agreed to do to improve local health outcomes. The anchor or handle is necessary to maintain the focus of the TA, the inter-

connectedness of all TA activities, and the desired results. Without a clear direction of the TA, the technical and field operations teams implemented their TA activities sporadically, guided by HealthGov's menu of TA. These included health investment planning, CSR assessments, and service delivery implementation reviews, which still need to be institutionalized and made part of the LGUs development planning cycles, policies, and monitoring and evaluation system. While advocacy played a key role in HealthGov's LGU engagement process and paved the way for partnership-building activities between and among LGU officials, health staff and civil society groups, much still needs to be done to embed advocacy support into the core TA in the provinces to intensify LGU advocacy for health.

Taking off from the results of the inter-CA program implementation reviews conducted in all regions, HealthGov will implement a coherent TA plan in Year 3 anchored on the provincial handle and carefully calibrated to address specific LGU health needs and challenges and eventually contribute to improving health outcomes particularly in low-performing LGUs.

Supporting health investment plans, CSR plans, and health financing

At the start of Year 3 a number of challenges remain related to the monitoring of health investment plans, the preparation and implementation of CSR plans, and the funding of health programs.

Monitoring of the implementation of PIPH, MIPH, and AOP at the municipal, provincial and regional levels by the CHDs, provinces and municipalities is weak. HealthGov will support the reactivation of municipal and provincial implementation and coordinating teams to track and monitor implementation of health investments and operational plans.

The implementation of the contraceptive/commodity self-reliance (CSR) plans is facing a number of challenges. The validity of FP current users data as reported in the FHSIS is often unreliable. This is due to errors by data encoders, weak validation of data quality by midwives, and double counting of users. To address this issue in Year 3 HealthGov will develop an FP current users self-assessment tool and an FP current users validation tool.

Financing for the procurement of commodities is still a major concern among many LGUs. HealthGov will support LGUs in understanding the MNCHN grant facility and in identifying options for the allocation of the MNCHN grant. The project will advocate for the utilization of the MNCHN grant for the procurement of FP commodities by LGUs.

Given that most LGUs chose to procure commodities from the PhP150 million MNCHN-grant fund and given that a larger (PhP2 billion) grant is in the pipeline, there is a need for a well-defined FP commodity distribution and logistics management and utilization monitoring system. HealthGov will support the development of an LGU commodity distribution and logistics management scheme that can be utilized at the local level.

Related to the financing of health programs, there is a need for more advocacy at the LGU level. Despite the completion of the PIPH in the rollout sites, implementation is delayed because key local stakeholders (e.g., Sanggunian Bayan and Local Finance Committee) have not yet fully appreciated the concept and importance of the MIPH and PIPH. Some local stakeholders were not sufficiently involved in the preparation of the

investments plans and ill-prepared for requests for counterpart funding from the MHO or PHO. To address this issue, in Year 3 HealthGov will make the MIPH and PIPH more visible to other stakeholders and promote evidence-based decision-making for the Sanggunian Bayan and Local Finance Committee.

Another financing-related challenge is the fact that some PHOs or MHOs have not sufficiently firmed up the costing of the health investment plans, and the local finance committee (LFC) and other key stakeholders at the LGU level do not have a clear idea of the resources required. LGUs will, therefore, be assisted in completing the final figures for PIPH/MIPH and HealthGov field staff will coordinate closely with the provincial budget offices to verify if the LGUs have allocated counterpart funds for PIPH/MIPH activities in 2009.

Most PHOs/MHOs still have limited knowledge of LGU financing. They point to internal revenue allotment as the primary source of support but there are many competing interests vying for the same limited resources. The PHO or MHO needs to understand the sources of LGU funding to determine if the AOP financial requirements, especially the local counterpart, can be accommodated. To strengthen the capacity of selected PHOs and MHOs, HealthGov will propose a technical orientation on LGU financing, followed by the practical application of these new skills to the financing of their health investment plans.

LGUs have a tendency to cover everything within their own system and only recognize the national government (DOH and PHIC) as their partner. Recognition that the private sector can play a significant role in health sector reform initiatives remains weak. HealthGov will address this issue by promoting and supporting public-private collaboration in selected LGUs. In addition, the LGUs need assistance in a number of non-traditional areas, such as accreditation of health facilities, and accommodation of the informal sector. Here, HealthGov will focus on facility accreditation and the enrollment of informal sector workers in PhilHealth in selected LGUs.

Improving service providers' performance

In Year 2, HealthGov encountered some problems that delayed the implementation of the planned activities for IR 1.3. These were mainly due to negotiations with DOH Central Office and technical oversight and contracting issues.

During the first month of the project, discussions on a continuing quality improvement (CQI) strategy were conducted with the former undersecretary of health and the directors of NCDPC and HHRDB. Meetings and workshops were conducted to plan for its development and implementation and it was agreed to develop a training tool for integrating the public service excellence in health and the standard based-management and recognition approach. It was also agreed that the new approach, called Service Delivery Excellence in Health (SDExH) would be piloted in selected inter-local health zones in Misamis Occidental and Negros Oriental. Capiz also requested technical assistance but this was delayed because of the lack of trainers to conduct the SDExH training course.

The new undersecretary of health put the review and finalization of the SDExH strategic framework and training modules on hold since he wanted to first review all the DOH

initiatives on continuing quality improvement. To date, DOH has not yet conducted a review on the four existing CQI initiatives.

Four options are being pursued to resolve this issue: (1) DOH-NCDPC will organize a cluster meeting of the directors and technical staff to discuss the SDExH experience and its strategic framework: (2) HealthGov will explore options to continue working with CHD 10 and the province of Capiz since they are interested in its use; (3) HealthGov will coordinate with HPDP the possible inclusion of SDExH in the CHD toolkit; and (4) HealthGov will request USAID to discuss the future of CQI initiatives with DOH.

The development of a facilitators' guide for the Service Delivery Implementation Review (SDIR) has not yet been completed. The reason for the delay is the request from some provinces to include hospital services as this is a priority of many governors. One province requested to harmonize SDIR with the LGU Score Card. As a result of these different requests, the CHDs have enhanced the tool based on local needs. However, HealthGov has not yet consolidated the different versions and developed an SDIR facilitators' guide that would help to reduce the variance in competency among facilitators. Furthermore, it was agreed during the inter-CA project implementation review, that SDIR should include a review of private sector participation, universal coverage, ILHZ collaboration and health program management.

Delays were also encountered in the development of a Public Health Nurse Resource Manual and PHN Manual on Supervision. HealthGov did not manage to identify an appropriate consultant for this scope of work. The consultants referred by DOH did not have the necessary field experience while a qualified consultant was not available on the specified dates. It took the project two months to find a consultant who was qualified and available. During the consultation of the nurses and the midwives who were the target audience for supervision, it was agreed that the tools needed not only updating and enhancement but also revision since the draft framework will focus on the standards of performance on health service delivery, human relations, logistic management, management of information system and facility management. Two tools will be developed: the PHN Resource Manual on Supervision is a tool for public health nurses to be used during supervision or as reference. It will be provided to PHN during their training on supervision. The Training Manual for Public Health Nurses on supervision is intended for public health nurses as a tool and reference in supervising rural health midwives.

A similar challenge was met in recruiting a consultant for setting up a baseline human resource for health (HRH) stock database of selected professionals at the provincial level. The scope of work was prepared almost three months ago but the project failed to identify a consultant who can deliver the results. Four consultants were interviewed but they received negative feedback from DOH. At the start of Year 3 HealthGov will review the SOW and continue the search for a qualified TA provider.

Responding to LGU needs and capabilities

In its collaboration with regions and LGUs and in delivering its TA, HealthGov has encountered a number of challenges related to the absorptive capacity of local counterparts (CHDs, provincial teams, LGUs).

Given that the overall strategic pillar of the project is to build local capacity as one way of ensuring the sustainability of interventions, increased investment in capacity building of counterparts is required across all regions and provinces.

The internalization by LGUs of their own identified needs and priorities and fuller ownership of the solutions will help improve the delivery of HealthGov's TA and alleviate problems caused by competing priorities and schedules. During the first and second quarters of Year 3 HealthGov will brief and consult provincial counterparts and LCEs on the proposed TA handle and priority interventions with the aim to secure their endorsement and commitment.

In a number of provinces health is not the highest priority of the LCE, and this is sometimes exacerbated by the passive attitude of the provincial health team. There is a clear opportunity for health governance and advocacy in these provinces and HealthGov will focus on strengthening local health champions (either from the public or private sector or the NGO/CSO community) to take action, participate in local processes (planning, resource mobilization, service delivery) and provide peer pressure.

Inherent weaknesses in health program management at the provincial level contribute to the uneven performance of programs. To a large extent, program performance depends on the competence, persistence and resourcefulness of program coordinators. The continuum of MNCHN services is not yet realized at the provincial and municipal level and programs (e.g. FP, MCH, child health, nutrition) continue to be operated separately.

To address these issues HealthGov provided technical guidance to the provinces during the development of PIPH and AOP, including focusing on the inter-connectedness of the various priority health programs. In Year 3 TA will be provided to the CHDs and PHOs in developing regional and provincial PIPH implementation strategies which will focus on ensuring that each LGU, especially those with low performance, will be able to implement their priority health programs.

Another area of concern was the focus in AOP development on national priority programs (supported by AOs). Despite technical support from HealthGov, the preparation of AOPs in the rollout sites fell behind schedule pending the issuance of an AO from DOH. When the AO was released HealthGov's TA was affected because the rollout provinces all demanded assistance at the same time. Furthermore, the AO initially issued contained an outdated design for the AOP. This design merely lists down the PPAs without indicators and it did not connect planned activities and their impact. In addition, the design did not establish a connection between current program performance and the proposed interventions.

HealthGov responded to these challenges by starting preparations of the AOPs with the provincial counterparts before the delayed AO was issued. In collaboration with HPDP, HealthGov also prepared an alternative AOP design and this was eventually endorsed by DOH and included in a revised AO.

The involvement of the private sector and civil society in the health sector is not harnessed well. HealthGov has engaged a number of private sector partners and CSOs to support service delivery, resource mobilization and advocacy for health, but these initiatives lack a long-term strategic framework for private-public collaboration. In Year 3 the project will focus on identifying and engaging local health champions who can play a

key role in implementing the provincial handle and in involving local NGOs and CSOs in supporting specific elements of the handle and the agreed TA interventions. Small grants managed by local sub-recipient PNGOC may be utilized to mobilize local NGOs for specific well-defined tasks.

3 Overall strategy for the third year of the project

3.1 Overall strategic directions

In the third year of the project the emphasis of HealthGov's TA support will shift from planning to execution – from supporting the preparation of the health investment plans and budgets to their implementation – HealthGov's strategic interventions will concentrate more directly on systems strengthening in the areas of service delivery, financing and resource mobilization, health information systems, procurement and logistics, and human resources management.

HealthGov's TA will also focus increasingly on assisting selected LGUs within the 23 participating provinces. Working through its counterparts at the provincial level (in particular the PHO) and regional level (CHD, and the LGU-based DOH Reps), the project will support the implementation of priority programs identified in the PIPH and AOP (where available) or AIP, especially in low-performing municipalities.

HealthGov TA to LGUs will continue to be directed by a number of guiding principles: HealthGov TA is guided by the DOH's Health Sector Reform framework; HealthGov assistance is based on local needs and demands and is strategic in nature; the project engages regional and local partners as technical assistance providers; and HealthGov activities are closely coordinated with other CAs and other donors. In the third year of the project these general principles still apply and will form the basis for the identification and provision of technical assistance.

The health sector reform policy of DOH provides the overall strategic framework for the project, guiding the support to participating LGUs. Our TA is tailored to the individual conditions and needs in each province, municipality or city, but the provinces can be grouped into three broad categories: F1 convergence sites, F1 rollout sites, and *other* HealthGov-supported sites. Support for the preparation, improvement and/or implementation of their investment plan for health has been and will continue to be a common theme among the LGUs. However, in the third year of the project, the emphasis in all provinces with a PIPH will be on supporting the preparation of their annual operational plans (AOP) and the implementation of selected programs identified in the health investment plan and aligned with USAID's SO3 funding priorities.

To maximize the use of limited resources, HealthGov decides what TA is made available when and where. The project is not able to respond to every TA demand from the LGUs but it identifies issues and priorities that fall within the scope of the project and are common to a number of LGUs and that can be addressed by providing TA to a "cluster" of LGUs. This approach has been used effectively over the past two years to reach the majority of the more than 550 LGUs covered by the project with basic technical assistance (such as SDIR, MIPH/PIPH, ICV monitoring, and CSR planning). In the third year of the project HealthGov will continue this strategic approach to allocate limited project resources, but as part of HealthGov's sustainability strategy a gradual shift will take place in the funding of program activities from HealthGov to counterpart cost-sharing.

HealthGov does not directly perform the tasks of its regional and local counterparts, but empowers them to improve their performance by providing technical advice, building capacity, and providing training. This approach ensures that local capacity is created to sustain the improvements brought on with USAID support within and beyond the life of the project. While in the first two years the main focus had been on developing the capabilities of CHDs and PHOs (particularly in the preparation of LGU investment plans for health), in ensuing years the variety and number of TA providers (TAPs) working with the project will be significantly broadened and expanded. Potential new TAPs include a number of national partners (such as the leagues of provinces, municipalities, and cities) and regional or local organizations (including universities and NGOs). RTI will mobilize an international STTA to prepare a strategy and time-bound action plan for the identification and deployment of these additional TAPs starting in the third year. TA interventions that lend themselves to TAP support include activities that are recurrent in nature, such as the preparation of AOPs, the conduct of SDIR, training of health providers, and certain advocacy activities.

HealthGov will continue to coordinate and cooperate intensively with other CAs to complement their efforts and maximize the impact of USAID assistance. In addition to our leadership and participation in national-level TWGs, HealthGov actively engages other CAs at the regional level in the coordination of plans, joint field visits, and collaborative implementation of project activities, including data collection, workshops and training, and other TA. (See also **Section 3.5** on inter-CA collaboration). In Year 3 HealthGov will also intensify its efforts to coordinate with other donors at the local level. The project will closely work on this with the CHDs and PHOs, especially in provinces where other donors are active in the health sector and where closer coordination and collaboration could yield increased coverage, impact, and opportunities for cost-sharing. It is important that these donor coordination efforts are led by the region or the province (and not by the CAs) and that regional and provincial counterparts recognize the benefits of more intensive donor collaboration.

In addition to the general principles summarized above, HealthGov TA in Year 3 will be guided by the following strategic directions:

Issue- and needs-driven approach. From the start of the project, HealthGov has promoted an approach that recognizes the unique conditions and needs of each region, province, city, and municipality. Guided by the analysis of local health indicators, the priorities and aspirations of local leaders, organizational and financial constraints, and other local factors, the project has provided technical assistance based on issues and needs identified together with local stakeholders, regional partners, and other USAID CAs and within the parameters of USAID's SO3. This has spurred the project to prepare provincial profiles and work plans that respond to local conditions, needs, and priorities. As highlighted above, in Year 3 this issue- and needs-driven approach will be continued and sharpened by focusing on municipalities and cities that score poorly on selected health indicators.

Focus on supporting the implementation of priority health programs. In the first two years, the project focused on supporting health investment planning in all the 23 project provinces. By the end of Year 2, 15 provinces had completed their Province-wide Investment Plan for Health (including 5 provinces of the 16 original F1 convergence sites that prepared a PIPH before HealthGov operations started). The remaining *other* HealthGov-supported provinces are expected to complete their PIPH during the third

year. In Year 3 HealthGov will, therefore, increasingly focus on supporting the LGUs in the implementation of their investment plans. This support will concentrate not so much on implementing the physical components of the plan – investments in facilities, equipment, infrastructure and supplies – as on creating an enabling environment. This includes the policy and regulatory environment, financing and budgeting, data management and applications, participation of NGOs and civil society in health, and increasing or sustaining LCE support for health. In addition, HealthGov will continue to work with local and regional partners to implement and institutionalize regular program implementation reviews, achieve service quality improvements, and support selected high priority training activities that complement the LGUs' investment programs.

Measuring progress against quarterly milestones and targets. In the second quarter of Year 3 HealthGov will start monitoring progress against clearly defined milestones and targets. These targets and milestones are identified in **Chapter 5** Regional implementation strategies and TA plans, and consolidated in **Chapter 7** Monitoring and evaluation. Progress against the milestones and targets will be measured on a quarterly basis and linked to the project's M&E framework. HealthGov's Project Management Information System (PMIS) will be used to trace and report progress.

Documenting technical assistance products and project experience. In the first two years HealthGov, in collaboration with its counterparts, initiated, designed, tested, and implemented a large number of technical assistance interventions. Some of the main TA tools were developed to support PIPH and MIPH preparation, SDIR, HIV/AIDS strategic planning, CSR planning and implementation, procurement and logistics systems, and continued quality improvement. Many of the TA products – manuals, guidelines, training modules, checklists, software applications, and other tools – have been further modified and enhanced based on field testing and feedback from users. In Year 3 the project will finalize and document a number of key TA products, so that they can be more widely shared and used by government counterparts (including DOH and their CHDs, and provincial and municipal officials), USAID CAs, and other stakeholders. In cooperation with DOH and HPDP, selected TA products will be included in the CHD toolkit (see next Section). In addition, the project will identify, study, and document good and promising practices and lessons learned to enable the sharing of innovative approaches among LGUs and national and regional counterparts. Towards the end of Year 3 HealthGov in collaboration with national, regional, and local counterparts will organize a national conference to present the findings of this assessment.

Ensuring the sustainability of TA interventions. The sustainability of HealthGov's TA support is advanced in a number of ways: counterpart contributions, stakeholder participation, and institutional ownership. To receive TA support, LGUs contribute some of their own resources to implement TA activities: their contributions are counted as cost share. The partnership between the project and the LGU is based on a mutual commitment: to be eligible for further TA support the LGU is expected to implement the recommended actions resulting from earlier assistance. Stakeholder participation is a cornerstone of the HealthGov approach to TA provision: technical assistance needs and priorities are identified with intensive stakeholder involvement and TA interventions are developed and implemented through local counterparts (CHDs, PHOs, MHOs). To ensure the long-term sustainability of TA interventions they are linked to or part of an existing government policy, program or process (i.e., F1, CSR, PIR, AIP) and an owning organization or institutional home is identified. This is usually an office within DOH and its

regional centers (CHDs) or the PHO. (See also **Chapter 6** Technical assistance products and services).

3.2 CHD Toolkit

DOH, through the assistance of USAID CAs led by HPDP, has issued a set of guidelines for the preparation of the Province-Wide Investment Plan for Health (AO No. 2007-0034: Guidelines in the Development of PIPH), appraisal of PIPH (PIPH Appraisal Tools), and Annual Operational Plan (AO 2008-0003, together with Supplemental Guidelines in the Preparation of Annual Operational Plan (AOP)).

To assist LGUs in preparing their PIPHs and AOPs, a number of supplementary tools have been developed by HealthGov in collaboration with other CAs. These supplementary guidelines and tools were developed as the need by the LGUs for such guidelines and tools arose in the actual conduct of planning and monitoring. These supplementary guidelines and tools consist of presentation and reference materials. They cover a wide array of subjects including the orientation of LGU officials on health sector reform, CSR, PhilHealth Universal Coverage and the role of local governance; frameworks and guidelines for a health sector/F1 frame of analysis (to be used in baseline and situation analyses); an investment planning for health (IPH) log frame to organize data for appraisal and write-up; forecasting tools for MNCHN commodities and PhilHealth Sponsored Program coverage; supplementary guide questions for MIPH/CIPH/PIPH appraisal; resource mobilization options; assessment of CSR implementation; and participatory monitoring and evaluation of the AOP.

Under the lead of HPDP, a CHD Toolkit is developed to assist CHD in providing technical assistance to LGUs through the use of these supplementary guidelines and tools. The toolkit describes the presentation materials and reference materials that can be used by CHDs in assisting LGUs in their planning to ensure that the PIPH/AOP is complete, consistent with F1 framework, and financially sound.

The toolkit basically serves as a guide to using the presentation materials and references for every step of the PIPH formulation process. The toolkit also includes an accompanying *CD Supplement* which contains all the presentation materials/tools and other relevant references (*PIPH Guidelines and Tools*). As such, the CHDs may modify or update the presentation materials as needed. In addition, the *CD Supplement* includes the tools and references for the *Contraceptive Self Reliance Planning for LGUs*, the *LGU Planning for PhilHealth Universal Coverage,* and the *Modules for Facility Rationalization Plan*.

The CHD Toolkit, which mainly contains the compiled supplemental guidelines and tools prepared by HealthGov, has been drafted by HPDP and will be further reviewed by an Inter-CA group for completion in the third quarter. The toolkit is a work in progress. New policy issuances from the DOH may require supplemental guidelines and tools for their implementation at the local level. A recent example of a set of such policy issuances are the budget execution guidelines issued by the Secretary of Health for the allocation of DOH budget for MNCHN for 2007 and 2008.

3.3 Technical Assistance Providers

In the past two years, HealthGov in-house national and regional specialists, together with CHDs (in particular, DOH Reps), PHO staff, and consultants, provided assistance to field operations in PIPH/AOP, CSR planning, and local health policy development. The role of in-house specialists was necessary because most of the required technical assistance was new and still had to be developed (such as PIPH, AOP, MNCHN grant, CSR forecasting and planning based on evolving MNCHN policy development). These TA areas are not readily suitable for third parties (such as local universities, NGOs or consulting firms) without building their capacity first. However, the need to deliver the TA fast to catch up with LGU and DOH schedules meant that the time for training and capacity building of outside parties was limited.

However, HealthGov has collaborated and trained government partners directly involved in and responsible for the preparation of the above-mentioned plans, in particular the CHDs (including DOH Reps) and PHOs. These principal technical assistance providers (TAPs) were oriented and trained on a range of skills and subjects, such as the facilitation of MIPH, PIPH, AOP formulation and CSR planning.

In the second year, consultants were hired for very specialized tasks, e.g., CHLSS in Misamis Occidental, Negros Oriental, and South Cotabato; participatory monitoring and evaluation in Bukidnon; and local health policy development in Davao del Sur. Institutions were tapped to provide support to province-wide data collection and processing efforts, e.g., MUCEP for CHLSS in Misamis Oriental.

To increase the categories and number of TAPs the following action were originally planned:

- Regular updating of HealthGov regional and national specialists on new developments and in response to new needs and demands from the field;
- More organized TOT of CHD and PHO staff after DOH guidelines (administrative orders or orientations) have been issued;
- Identification of additional individual consultants;
- More organized identification of institutional TAPs, based on an assessment of the technical areas where they can play a useful and sustainable role in supporting the health programs of the LGUs.

Recently DOH recognized the need to delegate much of the duties and responsibilities in assisting LGUs in the local implementation of the reform process to the CHDs. The technical assistance required by LGUs, as evidenced by the work of USAID CAs in the field, involves a wide range of expertise which may not be all available at the CHDs. This situation creates an opportunity to engage regional partners to supply the unmet needs for technical assistance to LGUs. These “regional partners” include academic and research institutions, NGOs, and individuals in their expert capacity.

An Inter-CA effort led by HPDP, including the formation of an Inter-CA TWG chaired by HealthGov, is underway to implement a capacity building approach that involves the following:

- CHDs and/or LGUs will identify and prioritize problem areas in F1 implementation;
- Potential local TA partners will work alongside the USAID CA teams in providing solutions to the TA needs of the CHDs/LGUs in a learning-by-doing mode;

- Ultimately, the local TA partners will be contracted directly by the CHDs to routinely provide TA to the LGUs. The local partners essentially will become the replication agents of the USAID CAs in providing assistance for F1 reform.

The critical areas of focus for capacity building include family health, M&E, PIPH and AOP formulation in the 44 roll-out sites, budget transfer and grants management.

In addition to the concept of TAPs as CHD partners in providing TA to LGUs, there is a need to develop TA partners that an LGU can directly engage using its own resources to provide technical assistance in critical areas of local implementation of health sector reform. Starting this year, HealthGov will substantially increase the number of TAPs it engages in collaboration with LGUs to provide technical assistance services. To support these efforts HealthGov, in collaboration with other CAs, will undertake an assessment of the potential for service provider development in priority areas of strengthening health management systems, expanding health finance, improving service provider performance, and increasing advocacy. The assessment will look both at possible constraints imposed by HealthGov's own project modalities, and more broadly at barriers that affect the technical assistance provider sector in general. The assessment, with the assistance of a consultant from RTI, is planned for the third quarter.

3.4 Procurement and logistics management at the LGU level

To base its technical assistance that is expected to support and establish more effective and efficient logistics management systems among LGUs, a systematic assessment of the current status of LGU logistics management, procurement and distribution systems is being conducted. OICDI has been tasked to undertake a survey in 23 provinces, using a survey instrument that is an expanded version of an instrument formulated earlier by HealthGov. The survey will be fielded and completed in the third quarter. The areas of concern covered in the survey, with attention to the following commodities: FP, TB, IMCI, MCH, and STI, include product selection, forecasting, procurement, inventory control, distribution, transportation, warehousing and storage, human resources, and information system.

In addition, an STTA will be contracted to provide technical assistance in particular areas identified in the survey. The general SOW includes (1) serve as the technical resource person in the management, operations and maintenance of LGU logistics management and distribution systems, covering the areas enumerated above; (2) organize technical assistance to LGUs through (a) technical analysis of assessment/survey results, (b) development of systems/tools/instruments providing to address deficiencies and gaps, and (c) formulation and implementation of training and capacity building programs for LGUs; (3) map out FP/MNCHN drugs and commodity suppliers, sources, prices and contact information and formulate updated reference guide on how to access privately-supplied low-priced commodities that can be accessed by the 23 HealthGov provinces; and (4) facilitate and coordinate the engagement of institutions that can serve as TAPs in procurement, logistics and distribution (including preparation of scopes of work and selection).

3.5 Inter-CA collaboration

HealthGov will continue to lead a number of inter-CA TWGs that have been formed during the first two years. These TWGs serve as the venue where key technical areas that require inter-CA coordination and collaboration are discussed and issues that affect implementation are resolved. HealthGov is currently leading the TWG on MCH, PhilHealth financing, and HIV/AIDS. HealthGov has also assumed the lead of the family planning TWG from the PRISM project that is winding down in 2009. As new issues emerge that necessitate inter-CA response new TWGs or inter-CA task forces will be created.

HealthGov will also continue to participate and provide technical inputs to TWGs spearheaded by other CAs (named in brackets): monitoring and evaluation (HPDP), TB (TB LINC), CSR (HPDP), behavior change communication (HealthPRO), and the Family Health Book initiative (HPDP).

The results of these various collaborations are translated in the form of regional and provincial TA activities of HealthGov. For example, the Family Health Book implemented by HPDP in Compostela Valley is supported by HealthGov (and other CAs). The ICV compliance monitoring tool that was developed by an inter-CA working group was integrated in the CSR plans of the different provinces. The strategic directions for the HIV/AIDS sites that were agreed upon by the HIV/AIDS TWG serve as the basis for developing the TA plan for the 11 HIV/AIDS high-risk sites covered by the project.

In addition to the USAID inter-CA collaboration, HealthGov's technical inputs to the various DOH-initiated TWGs on CSR+, ICV, and TA to the CHDs are also deemed significant especially in the development of tools and guidelines as well as in their use and field implementation.

At the regional and provincial level, HealthGov will provide leadership in coordinating inter-CA TA activities. This includes organizing regular (at least once per quarter) regional meeting to jointly plan and operationalize the implementation of the provincial TA plans, and other collaborative efforts (such as CHD capacity building) on an as-needed basis. Specific coordination and collaboration activities are articulated in the individual TA plans of the 23 provinces. (See also **Chapter 5** Regional implementation strategies and TA plans).

4 Financial plan

4.1 Analysis of expenditures to date

By the end of the second year HealthGov had expended (including estimated accruals) about $8.6m, or 36% of the total contracted amount. Compared to a linear spending pattern ($9.5m or 40% by the end of Year 2) the project was still slightly under-spending (by about $0.8m). Given the gradual start-up of the project and the progressive increase in the burn rate, especially during the second half of Year 2, this financial position is considered to be acceptable. However, RTI will monitor expenditures closely during the remainder of the project to make sure that the burn rate is sustainable and will allow all project activities to be completed according to plan.

If the individual line items are considered the project has overspent on local (in-country) travel and on workshops. This can be explained by the major changes in the strategic direction and the scope of the project. At the start of the project HealthGov envisioned a phased rollout of technical assistance to the provinces: 5 or 6 in Year 1, an additional 11 or 12 in Year 2, and the remaining 6 to 8 in Year 3. Furthermore, the first batch of provinces was scheduled to "graduate" from intensive direct TA over time (followed by the other batches). Instead, during the project's inception phase RTI agreed with USAID to mobilize HealthGov support in all participating provinces (23 as compared to 21 originally envisioned), leading to significant increases in local staffing, in-country travel, and program activities.

A second reason for the larger-than-budgeted expenditures on travel and workshops was the massive support of the project in the past two years for the preparation of health investment plans (PIPH, MIPH and CIPH) under the DOH's strategic framework for health sector reform (F1). HealthGov provided technical assistance and funded a series of large workshops in each of the 7 F1 rollout sites and in the majority of the other HealthGov provinces during the past two years.

RTI has submitted a budget realignment request to USAID to increase the budget line items for domestic travel and workshops. The requested increases in these line items can be taken from savings in other line items (mainly contractual) and this reallocation will not affect the overall performance of the project.

4.2 Year 3 budget estimates

USAID obligated $5.7m to the project at the start of Year 3, bringing the total to $16.7m. At the beginning of Year 3 an estimated $8m of the obligated funding was still available and at the end of the second quarter (March 2009) a balance of $5.5m remained.

Table 1 Total obligated funding and estimated expenditures (in US$)

Total Obligated Funding as of 3/31/09	**16,666, 130**
Total Actual Expenditures through 3/31/09	10,346,985
Total Estimated Accrued Expenditures through 1/31/09	792,032
Estimated Total Funds Remaining as of 2/1/09 (=A-B-C)	**5,527,113**

The indicative allocation of the obligated funds available at the start of the third year by program element is summarized in **Table 2**.

Table 2 Year 3 budget requirements per program element (in US$)

component of project: / program element:	LGU Management Systems (IR 1.1)	LGU Financing (IR 1.2)	Service Provider Performance (IR 1.3)	Advocacy (IR 1.4)	Total
FP/RH	2,090,379	783,892	1,829,081	522,595	5,225,947
MSH	306,604	114,976	268,278	76,651	766,509
TB	478,541	179,453	418,723	119,635	1,196,352
HIV/AIDS	337,230	126,461	295,077	84,308	843,076
Total	**3,212,754**	**1,204,783**	**2,811,159**	**803,188**	**8,031,884**

5 Regional implementation strategies and TA plans

5.1 Overview

TA interventions in Year 3 fall into three categories. The first category covers TA to help LGUs with a PIPH in the implementation of their AOP 2009 programs, projects, and activities that impact SO3 outcomes. In provinces without PIPH, TA will focus on those leading to the improvement of SO3 outcomes. These include CSR planning; service delivery interventions, including personnel capacity upgrading, facility improvement, and BCC; and TA related to governance (e.g., ILHZ, public-private partnership, NGO participation, community action), regulation (local policy development), and financing (PhilHealth financing resource mobilization).

The second group of TA interventions consists of those that support activities called for by the TA handle in each province[1]. This category also includes TA to implement SDIR either in its original form or modified to take into account special concerns related to the handle (e.g., culturally sensitive SDIR for indigenous peoples in Bukidnon).

Lastly, there is the set of TA that will help LGUs craft their AOP 2010, preparations for which begin in July. All outputs of the first two TA categories will be used as input into this group of TA. For instance, activities identified through SDIR which require local and/or external funds will be incorporated in the AOP 2010. On the other hand, activities that can already be implemented without funding, i.e., SDIR Acceleration Plan Level 1 activities, may already be carried out.

The configuration of the three TA categories will vary by province depending on the situational analysis, the selected TA handle, and the LGU plans.

The TA plans take into account inter-CA collaboration, particularly for HealthGov interventions that require inputs from other CAs to complete. For instance, HealthGov TA to help LGUs implement their CSR plan may require BCC to increase demand for and utilization of FP services. This BCC intervention would be developed and implemented in collaboration with HealthPRO.

The Year 3 work plan attempts to focus service delivery technical support on municipalities/cities where USAID TA will make a difference in health outcomes and contribute to the achievement of OP indicators. To prioritize LGUs for targeted service delivery TA (this falls under the first TA category), municipalities/cities in each province were arrayed according to their 2007 or 2008 performance relative to the OP indicators. Those with five or more “red” marks (i.e., failed to achieve the performance target) as well as high population were checked for contiguity. Municipalities and cities that meet all three criteria – five or more red marks, high population, and proximity with each other – were included in the list of LGUs for targeted service delivery TA.

For each priority LGU, HealthGov identified the appropriate TA package and delivery mode that will help accelerate program performance and improve health outcomes. Field

[1] The provincial TA handles or themes are intended to provide direction and focus to USAID’s technical assistance to LGUs. Each handle is anchored on the province’s health situation, organizational dynamics, development thrusts and objectives, and health program performance.

staff consulted with the concerned LCEs, PHO, M/CHO, health board, and CHD on the TA package and delivery mode and, based on their inputs, finalized these interventions for incorporation in the Year 3 work plan.

5.2 Luzon

In Luzon, the HealthGov project covers seven provinces (see **Table 1**). In addition, there are three cities considered as high risk for HIV/AIDS. The status of the major health indicators in the provinces is summed up in **Table 2** below. Instead of the maternal mortality ratio (MMR) and the infant mortality rate (IMR), the total number of maternal deaths and infant deaths for the past two years are shown. The absence of a systematic maternal death review in all these provinces cast doubt on the accuracy in the number of these reported deaths.

Table 1 Luzon provinces

Province	Region	Status	Key health indicators 2007
Albay	5	Rollout	All below but TB CDR
Bulacan	3	Others	All below standard
Cagayan	2	Others	All below but TB CR
Isabela	2	Rollout	All below but CPR & TB CR
Nueva Ecija	3	Others	All below standard
Pangasinan	1	F1 Orig	All below but TB CR
Tarlac	3	Others	All below but TB CDR

Most of the health performance indicators fell below the national standards. Only Isabela, with a contraceptive prevalence rate of 66% in 2007 exceeded the national standard of 60%. Albay and Pangasinan performed above the target of 70% for TB case detection rate, but fell short of the target cure rate of 85%. Cagayan, Isabela and Tarlac achieved cure rates above 85%. All provinces failed to achieve the target of 95% for fully immunized children.

Table 2 Selected health indicators

Indicator	Albay		Bulacan		Cagayan		Isabela		Nueva Ecija		Tarlac		Pangasinan	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
HEALTH STATUS														
Maternal Deaths	22	19	4	34	11	12	16	11	0	2	1	3	16	17
Infants Deaths	216	169	306	331	106	117	211	190	108	99	121	139	471	449
Livebirths	22051	22478	65106	61536	17997	17436	31074	32197	19085	24750	26165	27814	43425	45420
HEALTH PERFORMANCE														
% Births by Skilled Birth Attendants	50	52	92	93	71	72	80	83	62	67	87	88	92	90
CPR (%)	43	38	40	41	57	50	54	**66**	39	42	35	39	56	57
FIC (%)	78	75	83	89	88	83	80	86	81	82	89	93	77	83
Vitamin A 6-59mos	89	83	109	89	76	73	83	84	85	78	101	86	95	84
TB CDR (%)	65	**101**	63	62	**72**	68	52	59	68	69	**96**	43	**72**	**70**
TB CR (%)	76	76	82	81	**87**	**87**	81	**85**	**51**	40	80	**95**	**89**	84

Note: Figures in bold print are those that met national standards

One of the challenges faced in the region is the insufficient LGU support for preventive public health programs and the partiality of the provincial LGUs for hospital and curative services. Understandably, due to the devolved set-up, most of the local hospitals are operated and financed by the provincial government and are directly supervised by the provincial health officers (PHO) in four of the seven provinces in the region. These PHOs are clinicians and have been hospital chiefs or directors and are therefore inclined to favor hospital health services. Other challenges include the constant disruption in health service delivery caused by natural calamities in Albay and Pangasinan and the complex political situation, which is particularly pronounced in Nueva Ecija.

Regional Accomplishments in Year 2

In the second year of the Project, HealthGov's major accomplishments for the region consisted of the following:

(1) Strengthened collaboration between the CHD, the USAID CAs, the PHOs and other TA providers, i.e. PhilHealth, National Nutrition Council, and EC through the development and use of a CHD-PHO-USAID Inter-CA technical assistance plan in CHD3 for the provinces of Bulacan, Tarlac and Nueva Ecija and conduct of quarterly meetings;
(2) Strengthened inter-CA collaboration through regular monthly meetings, consensus on convergence sites, provincial profiles and TA delivery;
(3) Capability building of provincial and municipal teams on provincial and municipal investment planning (Albay, Isabela, Tarlac, Cagayan, Bulacan), SDIR (all provinces), CSR assessments (Albay, Bulacan, Pangasinan), CSR planning (Albay, Bulacan), forecasting FP commodities for the poor (Albay, Bulacan, Cagayan, Isabela, Tarlac), health insurance coverage for indigents and PhilHealth accreditation of LGU health facilities (Albay, Isabela), ICV compliance monitoring (Albay, Bulacan, Cagayan, Isabela, Tarlac, Pangasinan), and recording and reporting (Nueva Ecija);
(4) Training of service providers in life savings skills (Bulacan, Cagayan, Isabela, Nueva Ecija), and;
(5) Formation of LGU-NGO alliances to generate NGO support for health sector reform (all provinces).

Regional technical assistance delivery strategy

For Year 3, some of the strategies that will be used to effectively deliver TA to the LGUs include (1) Continuous and sustained collaboration with the CHDs, other USAID CAs and other TA providers in the area on periodic assessment of LGU situation in order to be sensitive and responsive to LGU technical assistance needs, (2) Expand capabilities of the PHO and DOH representatives in the direct provision of technical assistance and in the identification of and access to technical assistance providers (3) Mobilization of the NGO/CSO and/or private sector participation in advocacy, service delivery and program evaluation and planning (4) Documentation of practices that work, developing LGU-learning sites and linking these to replicating LGUs, and (5) Systematic selection and prioritization of areas for convergence for purposive TA, using the following criteria:

- Highly populated LGUs;
- High PhilHealth enrolment under the sponsored program;
- High estimated poor population;
- Low number of accredited facilities;

- Poor maternal, newborn and child health indices;
- High TB CDR/Low CR (1st priority) and Low CDR/Low CR (2nd priority);
- Disaster-prone areas and GIDAs;
- LGU demand based on readiness and willingness and availability of counterpart resources.

In the regional office, periodic review of accomplishments, identification of gaps, issues and problems and planning to resolve these will be regularly conducted. The members of the team will be involved in cross trainings to increase their capabilities in identifying TA needs of the LGUs.

Provincial Technical Assistance Thrusts for Year 3

ALBAY: Operating a more disaster-resilient province-wide health system to achieve public health outcomes

Given its geographical location, Albay is highly vulnerable to natural disasters. It is constantly visited by tropical storms, which bring destructive winds and heavy rainfall several times a year (an average of 20 typhoons a year). The province is also under the constant threat of volcanic activity.

These environmental threats affect the health situation in the province in various ways. Constant rain affects health-seeking behavior (e.g., regular visits to health providers for immunization) as well as provider outreach services and personnel supervision, especially in hard-to-reach coastal and upland *barangays* (villages). Among the more severe effects of storms and volcanic eruptions are disruptions in service delivery and destruction of health facilities. Moreover, outbreaks of diseases such as diarrhea often occur during such situations, especially in evacuation centers.

Albay is one of the F1 rollout sites, and is assured of financial support from EC and DOH. Its PIPH, which HealthGov and other CAs helped formulate, contains a set of standard LGU interventions that address the province's health situation, which currently exhibits low performance in FP, maternal and child care, and TB control. What need to be emphasized are additional investments and ways of doing things that take into account the impact of disasters and environmental threats on health service delivery and utilization, and hence on performance and health outcomes.

USAID will provide technical assistance to enable the province to operate a more disaster-resilient province-wide health system to achieve public health outcomes. The elements of the technical assistance consist of the following:

- Strengthen the health component of the existing province-wide emergency preparedness to address issues related to:
  - Financing: financial protection of the most vulnerable groups through the implementation of the PhilHealth Sponsored Program, budgeting process with allowance for disaster preparedness and response, and funds flow mechanisms to anticipate and respond to resource needs in time of emergencies

- Logistics management: procurement mechanism for essential commodities, including FP commodities, TB drugs, and micronutrients, to anticipate and respond to resource needs in times of disasters
- Service delivery: relief and recovery efforts and assistance to evacuation sites and relocated communities; disaster-related psychosocial interventions for adults and children; personnel training on service delivery under emergency, relief, and recovery situations; and health-seeking behavior under emergency, relief, and recovery situations
- Partnership with the private sector, professional organizations, and NGOs/CSOs to expand outreach services for vulnerable and affected communities
- Investment requirements and sources of financing for inclusion in the next AOP/AIP

- Development and installation of an LGU M&E to provide regular updates for local decision-making.

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support to the enhancement of Albay Health Emergency Preparedness, Response, and Recovery Plan (AHEPRRP) and preparation of municipal/city health emergency preparedness, recovery, and response plans in priority LGUs;
B. Support to the implementation of PIPH and 2009 AOP with attention to FP, MCH, and TB;
C. Support to the preparation of 2010 AOP using SDIR results and the installation of a participatory monitoring and evaluation (PME) system to track AOP implementation

Activities

A. Support to the enhancement of Albay Health Emergency Preparedness, Response, and Recovery Plan (AHEPRRP)

1. Enhancing the health component of AHEPRRP by addressing issues of financing, logistics management, service delivery, partnership with private sector of core public health programs such as FP, MCH, TB, and STI/HIV/AIDS, including formulation of municipal/city plans in priority LGUs to be determined by PHO

1.1 Review of the health component of AHEPRRP with attention to preparedness and response system to core public health programs of FP/MCH and TB;
1.2 Formulation of enhanced plan addressing the above issues, together with estimates of investment requirements and financing sources;
1.3 Policy issuance (executive order or ordinance) approving and funding the implementation of the plan.

2. Install enhanced system through training of health workers and local government partners

Milestones

- Enhanced AHEPRRP formulated, approved, and funded
- 18 LGUs with health workers and other stakeholders trained in implementation of the enhanced health component of the plan

Expected results

- Less disruption in the delivery of and access to core public health programs of FP/MCH and TB during emergency, disasters, and recovery contributing to increased utilization of health services

B. Support to the implementation of PIPH and 2009 AOP with attention to key SO3 activities

1. Jumpstarting implementation of PIPH and 2009 AOP with attention to core public health programs through a health summit participated in by provincial and municipal LCEs and other stakeholders

1.1 Assist the province in conducting a health summit to finalize commitments of LCEs and other stakeholders to PIPH/AOP implementation;
1.2 Assist in the province's follow-up of LCE commitment to AOP implementation through an MOA.

Milestones

- 18 participating LGUs with commitment to implement PIPH/AOP obtained through a MOA

Expected results

- Investment in health for 2009 AOP secured among participating LGUs, thereby facilitating the flow of funding to improve service delivery and service utilization of priority services including FP, MCH, and TB

2. Implementation of CSR plan to include policy development in support of CSR plan implementation, financing including access to DOH FP/MNCHN grants, and monitoring of milestones and results

2.1 Updating of CSR plan implementation with updated forecast of commodity requirements (for poor and non-poor) and sources of financing;
2.2 Access to DOH FP/MNCHN grants and allocation of such funds to component LGUs:
  a) Compliance with documentary requirements for accessing DOH grants;
  b) Province to formulate and implement guidelines for allocation of grant among component LGUs.
2.3 Policy development in support of CSR implementation:
  a) Orientation of Sanggunian members on CSR and policy requirements for implementation;
  b) Issuance of CSR ordinance by provincial government and component LGUs through the regular legislative processes.

2.4 Design and installation of monitoring system for PHO to track implementation of LGU CSR plans, including policies, appropriations, procurement, distribution, service delivery, and CPR performance results:

a) Design monitoring system for PHO to track implementation of LGU CSR plans to include policies, appropriations, procurement, distribution, service delivery, and CPR performance results;
b) Train PHO staff to implement the monitoring system with attention to roles and responsibilities of assigned staff, and data collection, analysis, and reporting for decision-making.

Milestones

- DOH FP grants accessed by and allocated among 18 LGUs
- 1 Provincial and 18 LGUs CSR+ implementation plan updated
- CSR+ implementation plan approved and funded through ordinance or executive order by the provincial government and 18 component LGUs
- Tracking system to monitor CSR implementation by PHO installed for routine monitoring

Expected results

- Provincial government and component LGUs procuring FP commodities from LGU 2008 budget and DOH FP grants for distribution to clients, contributing to increased current FP users

3. Implementation of PhilHealth Sponsored Program with attention to the implementation of province-wide CHLSS and facility accreditation

3.1 Province-wide implementation of CHLSS

a) Finalize CHLSS implementation plan by provincial team headed by PHO to include the municipal plan for Polangui;
b) CHLSS implementation in Polangui to jumpstart province-wide implementation to include orientation of LGU officials; training of trainers/supervisors, enumerators, and encoders; encoding and data processing; analysis and presentation of results to LCEs and other key stakeholders; and policy development for adoption of CHLSS as basis for means test for PhilHealth and other public programs;
c) Province-wide implementation of CHLSS to include orientation of LGU officials; training of trainers/supervisors, enumerators, and encoders; encoding and data processing; analysis and presentation of results to LCEs and other key stakeholders; policy development for adoption of CHLSS as basis for means test for PhilHealth and other public programs.

3.2 Facility accreditation

a) Assist LGUs in obtaining accreditation to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements, including training of personnel in life-saving skills, TB-DOTS, and direct sputum-smear microscopy;
b) Assist PHO in designing and installing a monitoring system to track compliance with accreditation requirements.

Milestones

- Province-wide CHLSS implementation plan formulated, approved, and funded through an executive order
- CHLSS implementation plan for Polangui formulated, approved, and funded through an executive order
- CHLSS data collection, encoding, and analysis completed for Polangui
- CHLSS data collection for 17 other municipalities completed
- 4 LGUs with facilities accredited: 2 for OPB, 4 for TB-DOTS, and 4 for MCP

Expected results

- PhilHealth enrolment of indigents in Polangui rationalized (i.e., qualified indigents properly identified and enrolled) based on results of CHLSS contributing to improved access to quality health services by the poor;
- Service quality assured through accreditation, while generating new resources for health through PhilHealth capitation and reimbursements, also directly contributing to increased utilization of health services

C. Support to the preparation of 2010 AOP using SDIR and the installation of a province-wide PME to track AOP implementation

1. Coaching/mentoring LGUs to undertake SDIR (including issues related to health emergency preparedness, response, and recovery) as input to AOP 2010 formulation and acceleration plan;
2. Using established DOH guidelines for AOP preparation, formulation of AOP 2010 based on SDIR+ results and gaps identified in 2009 AOP, with attention to strengthening implementation of FP, MCH, TB, STI/HIV/AIDS, and emergency preparedness;
3. Design and installation of a participatory monitoring and evaluation (PME) system to track implementation and performance with attention to public health programs (FP, MCH, TB, and STI/HIV/AIDS);

3.1 With PHO, design PME system based on PIPH feature and AOP framework of linking interventions and financing to performance and outcomes, to include organizational set-up for implementation;

3.2 Train PHO staff to implement PME system with focus on roles and responsibilities of key personnel, and data collection, analysis, and reporting for decision-making.

Milestones

- 18 LGUs with SDIR completed and used as input to 2010 AOP preparation
- 18 LGUs with acceleration plans
- 2010 AOP formulated for approval and funding
- PME installed

Expected results

- Investments in key programs with attention to FP, MCH, TB, and emergency preparedness, response, and recovery secured, facilitating the flow of funding to improve service delivery and service utilization

ALBAY – Operating a more disaster-resilient province-wide health system to achieve public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support to the enhancement of Albay Health Emergency Preparedness, Response, and Recovery Plan (AHEPRRP)**					
A1	Enhancing the health component of AHEPRRP by addressing issues of financing, logistics management, service delivery, partnership with private sector of core public health programs such as FP, MCH, TB, and STI/HIV/AIDS, including formulation of municipal/city plans in priority LGUs to be determined by PHO					
	IR 1.1F/ IR 1.1G/ IR 1.1H/ IR 1.4D	Enhanced AHEPRRP formulated, approved, and funded				**X**
		NGOs/CSOs participating and inputting in the formulation of the LGUs Health Emergency Preparedness, Response and Recovery plan and providing advocacy support for the approval and funding of the LGUs HEPRRP				**X**
A2	Install enhanced system through training of health workers and local government partners					
	IR1.3A	18 LGUs with health workers and other stakeholders trained in implementation of the enhanced health component of the plan				**X**
B	**Support to the implementation of PIPH and 2009 AOP with attention to key SO3 activities**					
B1	Jumpstarting implementation of PIPH and 2009 AOP with attention to core public health programs through a health summit participated in by provincial and municipal LCEs and other stakeholders					
	IR 1.1H	18 participating LGUs with commitment to implement PIPH/AOP obtained through a MOA		**X**		
		18 LGUs with MNCHN operational plan formulated		**X**		
B2	Implementation of CSR plan to include policy development in support of CSR plan implementation, financing including access to DOH FP/MNCHN grants, and monitoring of milestones and results					
	IR 1.1B/ IR 1.2D	DOH FP grants accessed by and allocated among 18 LGUs		**X**		
	IR 1.1B	1 Provincial and 18 LGUs CSR+ implementation plan updated		**X**		
	IR 1.1B/ IR 1.1G	CSR+ implementation plan approved and funded through ordinance or executive order by the provincial government and 18 component LGUs			**X**	
	IR 1.1C	Tracking system to monitor CSR implementation by PHO installed for routine monitoring			**X**	
B3	Implementation of PhilHealth Sponsored Program with attention to the implementation of province-wide CHLSS and facility accreditation					
	IR 1.1D/ IR 1.1G	Province-wide CHLSS implementation plan formulated, approved, and funded through an executive order		**X**		
	IR 1.1D/ IR 1.1G	CHLSS implementation plan for Polangui formulated, approved, and funded through an executive order		**X**		
		LGU officials oriented on CHLSS (province/municipal)		**X**	**X**	
		CHLSS enumeration training conducted for BHWs in Polangui, 16 other LGUs		**X**	**X**	
	IR 1.1D	CHLSS data collection, encoding, and analysis completed for Polangui				**X**
	IR 1.1D	CHLSS data collection for 17 other municipalities completed				**X**
	IR 1.2C	4 LGUs with facilities accredited: 2 for OPB, 4 for TB-DOTS, and 4 for MCP				**X**

C	**Support to the preparation of 2010 AOP using SDIR and the installation of a province-wide PME to track AOP implementation**					
C1	Coaching/mentoring LGUs to undertake SDIR (including issues related to health emergency preparedness, response, and recovery) as input to AOP 2010 formulation and acceleration plan					
	IR 1.3D	18 LGUs with SDIR completed and used as input to 2010 AOP preparation			**X**	
	IR 1.3D	18 LGUs with acceleration plans completed			**X**	
C2	Using established DOH guidelines for AOP preparation, formulation of AOP 2010 based on SDIR+ results and gaps identified in 2009 AOP, with attention to strengthening implementation of FP, MCH, TB, STI/HIV/AIDS, and emergency preparedness					
	IR 1.1A/ IR 1.1G	2010 AOP formulated for approval and funding				**X**
C3	Design and installation of a participatory monitoring and evaluation (PME) system to track implementation and performance with attention to public health programs (FP, MCH, TB, and STI/HIV/AIDS)					
	IR 1.1C/ IR 1.1I	PME installed				**X**
D	**Support to selective interventions**					
D1	Training of health service providers to support service delivery for FP and maternal care.					
		LSS training provided to RHMs in priority LGUs.			**X**	
		Training on FP integration to EPI conducted in priority LGUs.			**X**	
		Training on FPCBT provided to FP coordinators in selected LGUs.			**X**	
D2	Assist PHO in establishing MDR teams in LGUs.					
		Orient/train MHOs and PHNs on establishing and operationalizing LGU MDR teams.			**X**	
D3	Assist PHO in establishing a mechanism for ICV monitoring.					
		Provincial ICV monitoring team formed composed of the provincial FP coordinator and DOH reps.			**X**	
D4	Assist the LGU of Polangui establish revolving drug fund scheme.					**X**
D5	Assist the province establish a recognition and awards system for health service providers.					
		Recognition and awards committee organized.				**X**
		Recognition and awards plan prepared.				**X**
		Recognition and awarding ceremony held.				**X**
D6	Assist the province formulate the MNCHN operationalization plan for the 18 component LGUs				**X**	

BULACAN: Strengthening the provincial government to lead multi-sectoral alliances in support of public health

The Governor's 9-point development agenda, the blueprint of the province's priority programs until 2010, aims to address challenges in health, poverty alleviation, environment, livelihood, productivity, job provision, and infrastructure. The first of this agenda is alliance-building, which translates to getting multi-sectoral support for public programs. Public-private partnerships and alliances have been very strong in the province. In fact, this is said to be the secret of the province's success in many projects in the past.

On July 14, 2008 the Governor presented to the mayors of Bulacan his administration's health targets, which include improving maternal and child health, TB control, family planning, maintaining blood donations, and expanding health insurance coverage for the poor. These priorities are appropriate since a review of the current health situation revealed low performance in maternal and child care and TB control. As with all programs, a key strategy adopted by the province to get things moving in health is through alliances among LGUs, NGOs/CSOs, private companies, professional associations, and other groups.

The elements of the technical assistance are as follows:

- Mapping multi-sectoral alliances and public health needs of LGUs as identified in MIPH/PIPH
- Formulation and legitimization of the Multi-sectoral Alliance Plan for Promoting Public Health as part of the implementation of MIPH/PIPH
- Selective capacity-building of multi-sectoral allies in advocacy, service delivery, and monitoring and evaluation of public health programs
- Implementation of selective interventions – behavior change communication; commodity security for FP, TB drugs, and micronutrients; outreach programs; implementation of the PhilHealth Sponsored Program; and local health policy development – to improve public health service delivery with multi-sectoral participation
- Establishment of a regular multi-sectoral alliance forum for discussion of issues and recommendations for future action

Year 3 Technical Assistance

A. Support the completion of MIPH/CIPH/PIPH and 2010 AOP with attention to key SO3 activities and install a participatory monitoring and evaluation (PME) system;
B. Support to selective interventions to improve service delivery and utilization;
C. Support to the strengthening of multi-sectoral alliances to achieve public health improvements.

Activities

A. Support the completion of MIPH/CIPH/PIPH and 2010 AOP (based on the mandate to plan provided by a Joint Resolution of the League of Municipalities and League of Cities of Bulacan) and install a PME system

1. Completion of MIPH/CIPH/PIPH planning and preparation of 2010 AOP

a. Using DOH PIPH guidelines, preparation of MIPH/CIPH/PIPH, including accessing DOH FP/MNCHN grant;
b. Review of completed MIPH/CIPH/PIPH using DOH appraisal tool and inter-CA guidelines for SO3 concerns;
c. Securing LCE commitment to implement MIPH/CIPH/PIPH after presentation and discussion of MIPH/CIPH/PIPH in a mayors' forum;
d. Formulation of 2010 AOP using DOH guidelines on AOP preparation;
e. Policy support to PIPH and 2010 AOP implementation through ordinance or resolution.

2. Design and installation of a PME system to track AOP implementation with attention to FP, MNCHN, and TB

a. With PHO, design a PME system based on PIPH features and AOP framework of linking interventions and financing to performance and outcomes, to include organizational set-up for implementation;
b. Train PHO staff to implement the PME system with focus on key personnel roles and responsibilities, and data collection, analysis, and reporting for decision-making.

Milestones

- PIPH completed and approved and 27 LGUs (24 municipalities and 3 cities) with completed MIPH/CIPH
- Province-wide 2010 AOP formulated for approval and funding
- Province-wide PME installed

Expected results

- Investments in key programs with attention to FP, MCH, TB, and STI/HIV/AIDS secured, facilitating the flow of funding to improve service delivery and service utilization

B. Support to selective interventions to improve service delivery and service utilization

1. Implementation of FP/CSR+

1.1 Accessing of DOH FP/MNCHN grant and allocate grant to component LGUs

a) Fast-tracking of compliance with documentary requirements for accessing DOH FP/MNCHN grant;
b) Formulation and implementation by the province of guidelines on the allocation of FP/MNCHN grant among component LGUs.

1.2 Installation of a referral network of public and private FP providers

a) Mapping and assessment of FP public and private service providers, including training institutions, to determine coverage, case load, distance, and service capacity in order to establish a network of public and private providers (for all FP methods);
b) Development and implementation of policies and guidelines on the referral mechanisms among these providers.

1.3 Design and installation of a CSR monitoring tool for PHO to track progress of CSR implementation among component LGUs
   a) Design a tool to monitor such items as policies, budget appropriations, procurement, distribution, service delivery, and changes in CPR performance as part of overall PME;
   b) Train PHO staff to implement the monitoring tool with attention to roles and responsibilities of assigned staff members, and data collection, analysis, and reporting for planning and decision-making.

1.4 Establishment and implementation of a system for maternal death reporting and review
   a) Enhancement of existing MDR design to include participation of private sector providers;
   b) Issuance of policies in the conduct of MDR in identified low-performing LGUs;
   c) Crafting a manual of procedures for midwives in birthing stations.

2. Selective interventions to improve service delivery

2.1 Training in FPCBT

2.2 Accreditation of facilities
   a) Assist LGUs in obtaining accreditation to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements, including training of personnel (e.g., basic DOTS, direct sputum microscopy, life-saving skills);
   b) Assist PHO in developing a monitoring system to follow up compliance with accreditation requirements.

2.3 Training in community-managed maternal and newborn care

3. Selective interventions to improve utilization of public health services

3.1 Message and IEC development with focus on increased utilization of FP/MCH and TB services;
3.2 Capacity building for implementation of IEC activities through training of municipal Health Relations Officers (HEROs);
3.3 Message and advocacy kits with focus on avian influenza preparedness and response.

Milestones
- DOH FP grants allocated among 27 LGUs
- Referral network of public and private FP providers installed in 8 municipalities
- CSR tracking tool for PHO installed
- MDR system enhanced and implemented in 2 low-performing LGUs (with large populations and poor performance indicators: San Jose Del Monte City and Malolos City)
- 3 LGUs with facilities accredited: 2 for MCP, 3 for TB-DOTS, and 3 for OPB
- Training related to accreditation: 15 for LSS; 14 for DOTS; 10 for DSSM
- 28 municipal HEROs trained in IEC activities

Expected results

- Improved delivery of services through additional funding for FP commodity procurement and distribution, and wider network of providers, contributing to increased use of FP services
- Improved delivery of quality services through capacity building of personnel and accreditation of facilities, contributing to increased utilization of quality FP, MCH, and TB services

C. Support to strengthening of multi-sectoral alliances to achieve public health improvements

1. Strengthening of multi-sectoral alliances support to public health

1.1 Mapping multi-sectoral alliances and public health needs of LGUs as identified in MIPH/CIPH/PIPH;
1.2 Formulation, approval, and funding of a Multi-Sectoral Alliance Action Plan for Promoting Public Health as part of the implementation of MIPH/PIPH;
1.3 Selective capacity-building of multi-sectoral allies in advocacy, service delivery, and monitoring and evaluation of public health programs.

2. Establishment of a multi-sectoral alliance regular forum for updates and decision-making

Milestones

- Multi-sectoral alliance implementing selective interventions in priority LGUs as identified in MIPH/CIPH/PIPH
- 8 LGUs with forum for regular discussion of multi-sectoral alliance activities established to recommend future actions

Expected results

- Increased utilization of health services, in particular FP, MCH, and TB, facilitated by activities of NGO/CSO-private sector allies

BULACAN – Strengthening the provincial government to lead multi-sectoral alliances in support of public health

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support the completion of MIPH/CIPH/PIPH and 2010 AOP (based on the mandate to plan provided by a Joint Resolution of the League of Municipalities and League of Cities of Bulacan) and install a PME system**					
A1	Completion of MIPH/CIPH/PIPH planning and preparation of 2010 AOP					
	IR 1.1A	PIPH completed and approved and 24 LGUs (21municipalities and 3 cities) completed MIPH/CIPH			**X**	
A2	Design and installation of a PME system to track AOP implementation with attention to FP, MNCHN, and TB					
	IR 1.1A	Province-wide 2010 AOP formulated for approval and funding				**X**
	IR 1.1I	Province-wide PME installed				**X**
B	**Support to selective interventions to improve service delivery and service utilization**					
B1	Implementation of FP/CSR+ including accessing of DOH FP/MNCHN grant and allocate grant to component LGUs, installation of a referral network of public and private FP providers, Design and installation of a CSR monitoring tool for PHO to track progress of CSR implementation among component LGUs, and Establishment and implementation of a system for maternal death reporting and review					
	IR 1.1B	DOH FP grants allocated among 24 LGUs			**X**	
	IR 1.1H	Referral network of public and private FP providers installed in 8 municipalities			**X**	
	IR 1.1B	CSR monitoring tool for PHO installed				**X**
B2	Selective interventions to improve service delivery					
	IR1.3A	40 health personnel trained on FP-CBT				**X**
	IR1.3C	MDR system enhanced and implemented in 2 low-performing LGUs (with large populations and poor performance indicators: San Jose Del Monte City and Malolos City)				**X**
		28 municipal HEROs trained in IEC activities (Health PRO)				
B3	Selective interventions to improve utilization of public health services					
	IR1.2C	3 LGUs with facilities accredited: 2 for MCP, 3 for TB-DOTS, and 3 for OPB			**X**	
	IR1.3A	Training related to accreditation: 15 for LSS; 14 for DOTS; 10 for DSSM			**X**	**X**
C	**Support to strengthening of multi-sectoral alliances to achieve public health improvements**					
C1	Strengthening of multi-sectoral alliances support to public health					
	IR1.4D	Selective multi-sectoral alliance interventions in priority LGUs as identified in MIPH/CIPH/PIPH implemented				**X**
C2	Establishment of a multi-sectoral alliance regular forum for updates and decision-making					
	IR1.4A	8 LGUs with forum for regular discussion of multi-sectoral alliance activities established to recommend future actions			**X**	**X**

CAGAYAN: Improving the efficiency of LGU investments in public health

Health is one of the priority programs of the Governor. It is included in his "10-point K" agenda for development where one of the Ks is *kalusugan* or health. The province allocates 32% of its LGU budget for health, mainly to support its provincial and seven district hospitals. There are several more hospitals serving the province: one retained hospital, one city hospital, and four municipal hospitals. Municipalities generally allocate from 10-12% of their LGU budgets for health. It would seem then that overall LGU resources are allocated more to hospital services relative to public health.

At present the province exhibits low performance in maternal and child care (e.g., delivery in facilities is only 21% and FIC coverage is only 75%). Coverage of the PhilHealth Sponsored Program is only 8% of the estimated number of indigent families. Just 9 of 32 RHUs are PhilHealth-accredited for OPB, 2 RHUs for TB-DOTS, and none for MCP.

In view of the above situation, there is a need for the provincial government and the municipal LGUs to efficiently allocate investments to improve health sector performance. They also need to mobilize additional resources – through PhilHealth and other sources – to finance public health program improvements, particularly in the areas of maternal and child care.

USAID technical assistance will help enable the LGUs to allocate existing resources more efficiently, mobilize additional resources, and translate these new resources into greater program effectiveness by addressing funding shortfalls in service delivery. The elements of the TA are:

- Completion of the MIPH/PIPH and the preparation of the AOP as basis for effective and efficient allocation of resources. The plan will focus on rationalization of facilities and further investments in FP, MCH, and TB control.
- Mobilization of additional resources for public health through the implementation of the PhilHealth Sponsored Program and accessing DOH MNCHN grants, and allocation of such additional resources to improve health services, especially public health, through AOP/AIP
- Implementation of selective interventions in:
    - service delivery to include behavior change communication; commodity security in contraceptives, TB drugs, and micronutrients; facilities upgrading for accreditation; and training of personnel in FP, life-saving skills (LSS), and TB-DOTS implementation
    - governance to include expanding private sector and NGO/CSO participation in advocacy, service delivery outreach, and financing for public health services; and local policy development in support of public health
- Development and installation of an LGU M&E system to provide LCEs, local legislators, and partners updated information for decision-making.

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support the completion of MIPH/CIPH/PIPH and 2010 AOP with attention to key SO3 activities and facility rationalization, and installation of a participatory monitoring and evaluation (PME) system
B. Support to selective interventions to improve service delivery and service utilization

Activities

A. Support to the completion of the MIPH/CIPH/PIPH and 2010 AOP with attention to key SO3 investments and facility rationalization, and installation of PME

1. **Completion of MIPH/CIPH/PIPH planning and preparation of 2010 AOP**

1.1 Preparation of MIPH/CIPH/PIPH according to DOH PIPH guidelines, including consideration of DOH FP/MNCHN grants and facility rationalization to improve allocation of hospital and other facility resources;
1.2 Review of completed MIPH/CIPH/PIPH using DOH appraisal tool and inter-CA guidelines for SO3 concerns;
1.3 Securing LCE commitment to implement MIPH/CIPH/PIPH after presentation and discussion of MIPH/CIPH/PIPH in a mayors' forum;
1.4 Formulation of 2010 AOP using DOH guidelines on AOP preparation;
1.5 Policy support to PIPH and AOP 2010 implementation through ordinance or resolution.

2. **Design and installation of a PME system to track AOP implementation with attention to public health programs**

2.1 With PHO, design a PME system based on PIPH features and AOP framework of linking interventions and financing to performance and outcomes, to include organizational set-up for implementation;
2.2 Train PHO staff to implement the PME system with focus on key personnel roles and responsibilities, and data collection, analysis, and reporting for decision-making

Milestones
- PIPH completed and approved, and 29 LGU MIPH/CIPH completed
- Province-wide 2010 AOP formulated for approval and funding
- Province-wide PME installed

Expected results
- Rationalization of facilities and health human resources contributing to more efficient allocation of limited local resources
- Investments in key programs with attention to FP, MCH, TB, and STI/HIV/AIDS secured, facilitating the flow of funding to improve service delivery and service utilization

B Support to selective interventions to improve service delivery and service utilization

1. Implementation of FP/CSR+

1.1 Accessing of DOH FP/MNCHN grant and allocating grant among component LGUs

a) Fast-tracking compliance with documentary requirements for accessing DOH grants;
b) Formulation and implementation by the province of guidelines for allocation of grant among component LGUs.

1.2 Design and installation of a CSR monitoring tool for PHO to track progress of CSR implementation among component LGUs, to include such items as policies, budget appropriations, procurement, distribution, service delivery, and changes in CPR performance as part of overall PME

2 Selective interventions to improve service delivery

2.1 Training in FPCBT;
2.2 Training of PHNs and DOH Reps on supervision and monitoring;
2.3 Accreditation of facilities
a) Assist LGUs obtaining accreditation to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements, to include training of personnel (e.g., basic DOTS, direct sputum-smear microscopy, life-saving skills);
b) Assist PHO to develop monitoring system to follow up compliance with accreditation requirements

3 Selective interventions to improve utilization of public health services

3.1 Message and IEC development with focus on increased utilization of TB services in 3 priority municipalities viz., Gattaran, Baggao, and Lasam (HealthPRO as lead CA)

Milestones
- DOH FP grants allocated among 29 LGUs
- CSR tracking tool for PHO installed
- 29 service providers trained in FPCBT
- 35 PHNs from the province and 29 municipal/city LGUs and DOH Reps conducting regular supervision and monitoring of BHSs and RHUs
- 15 RHMs trained in LSS
- 15 microscopists trained in direct sputum-smear microscopy
- 20 PHO and MHO staff trained in TB-DOTS
- 6 private physicians oriented on TB-DOTS
- 3 RHUs obtaining TB-DOTS accreditation
- 3 LGUs utilizing client-focused messages to increase access to TB-DOTS facilities (HealthPRO)

Expected results
- Increased expenditures for public health improvements combined with earlier rationalization of facilities and human resources contributing to improved efficiency in resource allocation
- Increased utilization of FP services through the effects of increased access to services provided by additional funding from DOH FP grants, TB services through the effects of improved quality of TB services, MCH services through the effects of improved quality of personnel, and basic services through the effects of better information from IEC activities.

CAGAYAN – Improving the efficiency of LGU investments in public health

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support to the completion of the MIPH/CIPH/PIPH and 2010 AOP with attention to key SO3 investments and facility rationalization, and installation of PME**					
A1	Completion of MIPH/CIPH/PIPH planning and preparation of 2010 AOP					
	IR 1.1A/ IR 1.1G	PIPH completed and approved, and 29 LGU MIPH/CIPH completed			**X**	
	IR 1.1A/ IR 1.1G	Province-wide 2010 AOP formulated for approval and funding				**X**
B	**Support to selective interventions to improve service delivery and service utilization**					
B1	Implementation of FP/CSR+					
	IR 1.1B	DOH FP grants allocated among 29 LGUs	**X**		**X**	
	IR 1.1C	CSR tracking tool for PHO installed				**X**
		CSR assessment conducted				**X**
		29 LGUs monitored on ICV				**X**
		Training on the integration of FP in EPI in priority MLGUs				**X**
B2	Selective interventions to improve service delivery					
	IR 1.3A	29 service providers trained in FPCBT			**X**	
	IR 1.3A/ IR 1.1C	35 PHNs from the province and 29 municipal/city LGUs and DOH Reps conducting regular supervision and monitoring of BHSs and RHUs				**X**
	IR 1.3A	15 RHMs trained in LSS				**X**
	IR 1.3A	15 microscopists trained in direct sputum-smear microscopy			**X**	
	IR 1.3A	20 PHO and MHO staff trained in TB-DOTS			**X**	
	IR 1.3A	6 private physicians oriented on TB-DOTS			**X**	
	IR 1.2C	3 RHUs obtaining TB-DOTS accreditation				
		TB: 10 CHD/PHO/MHO trained to conduct TB Rapid Appraisal in the 3 identified municipalities	**X**			
		TB: 3 identified municipalities conducted and presented the result of Rapid TB Appraisal		**X**		
		AI: 10 CHD/MHO/PVO staff trained in CBEWS Installation	**X**			
		AI: 2 barangays installed with CBEWS Installation		**X**		
B3	Selective interventions to improve utilization of public health services					
		3 LGUs utilizing client-focused messages to increase access to TB-DOTS facilities (HealthPRO)				**X**

ISABELA: Implementing the PhilHealth Sponsored Program for improved public health outcomes

The Governor, one of the recipients of the prestigious Ramon Magsaysay Award for 2008, has committed to reduce poverty and improve health in the province. Her administration's battle cry for health is "Better Health for All Isabelinos." The poverty rate of the province in 2006 was 26%, about the same level as the national average. Although some progress has been made in the MCH and TB control programs, performance indicators still fall short of national standards.

The province has been active in enrolling indigents in the PhilHealth Sponsored Program. In 2007, total enrollment by the provincial government, municipal LGUs, and congressional sponsorship reached 242% of the estimated number of indigents, suggesting duplication of enrollment of households and/or enrollment of many non-indigents. Capitation funds obtained from those enrolled by the provincial government are funneled to the hospitals. Of 10 municipal LGUs who enrolled indigents, only six have accredited facilities. Overall, of the 39 RHUs, only 12 RHUs are PhilHealth-accredited for OPB, 11 for TB-DOTS, and 0 for MCP.

As of November 2008, there have been 18 reported maternal deaths, which is a marked increase from 11 maternal deaths in 2007. Performance indicators in 2007 for maternal care were likewise poor, viz., high proportion of births by hilots (18%), only 19% births in health facilities; and low antenatal and postnatal care coverage at 66% and 76%, respectively. There were 190 infant deaths and 271 under-five deaths during the same year. Performance indicators for child care were likewise low. Fully immunized child coverage was 86%; Vitamin A supplementation was only 79% for infants and 50% for 12-59 month old children. TB case detection rate was low at 59%. The province performed well in TB case-holding with a cure rate of 85%. Although the province did not procure contraceptive commodities, the contraceptive prevalence rate was relatively high at 52.8% owing to couples' high level of awareness of family planning and the presence of many private providers in the province.

The provincial government's health budget in 2007 accounted for 27% of total LGU budget with PhP45-M allotted for premium subsidies. However, most municipal LGUs lack the financial resources to meet total requirements for health services. Plans to impose user fees to generate more resources are in the pipeline.

The province is one of the F1 rollout sites. With assistance from USAID CAs, it has completed its PIPH/AOP which has been accepted by DOH and EC as basis for financial support.

The elements of the technical assistance are:

- Implementation of the PhilHealth Sponsored Program with more focused targeting of eligible beneficiaries to ensure effective and equitable benefit delivery, and efficient utilization of PhilHealth revenues and LGU budgets for public health
  - Development of a province-wide means testing mechanism to identify program beneficiaries through CHLSS;
  - Fast-tracking accreditation of facilities;
  - Development of fund management mechanisms that would allocate capitation funds and PhilHealth reimbursements for public health.

- Selective interventions to improve public health service delivery to include:
  - Behavior change communication and health promotions;
  - Commodity security in contraceptives, TB drugs, and micronutrients;
  - Capacity building of personnel for effective delivery of quality services in FP, TB-DOTS, and micronutrient supplementation;
  - Access to DOH MNCHN grants to address specific gaps in FP and MCH service delivery;
  - Local health policy development in support of public health service delivery and financing.
- Development and installation of an LGU province-wide M&E system to regularly update information for local decision-making.

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support to the implementation of PIPH and AOP 2009 with attention to key SO3 activities
B. Support to the implementation of the PhilHealth Sponsored Program
C. Support to the preparation of 2010 AOP using SDIR+ and installation of a province-wide PME to track AOP implementation

Activities

A. Support to the implementation of the PhilHealth Sponsored Program

1. Updating of the PhilHealth universal coverage sub-plan of PIPH to improve PhilHealth benefit delivery (actual accrual of benefits to enrolled indigents) of the Sponsored Program by addressing policy and operational issues of enrollment, premium subsidy sharing among LGUs, investments for the accreditation of facilities, and PhilHealth revenue (reimbursements and capitation fund) management and utilization

1.1 Preparation of status report of Sponsored Program implementation, including analysis of issues and recommendations for policy and action;
1.2 Orientation of key provincial, municipal, and city officers on the status of PhilHealth universal coverage in Isabela, with attention to the policy and operational issues in Sponsored Program implementation;
1.3 Formulation and approval of province-wide action plan based on technical inputs on i) the implementation of CHLSS survey in participating municipalities, ii) accreditation of facilities, iii) packaging of PhilHealth and LGU health benefits to increase client utilization, and iv) policy development with respect to premium subsidy sharing and revenue (reimbursements and capitation fund) management and utilization in support of public health programs

2. Implementation of province-wide action plan for the PhilHealth Sponsored Program

2.1 Policy issuance (executive order) on i) use of CHLSS as basis for identifying program beneficiaries, ii) premium subsidy sharing, iii) investments for facility upgrading to

meet accreditation standards, iv) packaging of health benefits funded by PhilHealth and by local budgets, and v) fund management and utilization

2.2 Implementation of CHLSS
a) CHLSS orientation of LCEs, LGU officials, and other stakeholders;
b) Training of trainers, enumerators, and encoders;
c) Data encoding and processing;
d) Analysis and presentation of results to LCEs;
e) PhilHealth accreditation of CHLSS tool for identifying PhilHealth beneficiaries;
f) Policy development on adopting CHLSS as a legitimate tool for identifying beneficiaries in the PhilHealth Sponsored Program as well as other local public programs by component LGUs.

2.3 Accreditation of facilities
a) Assist LGUs in obtaining accreditation to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements to include training of personnel (e.g., on basic DOTS, direct sputum-smear microscopy, life-saving skills);
b) Assist PHO in developing a monitoring system to follow up compliance with accreditation requirements

2.4 Design and installation of a province-wide tracking system to monitor implementation of action plan
a) Design of monitoring tool to include the following data items: enrollment and coverage, facility accreditation, premium subsidy remittance by LGUs and sponsors, amount of reimbursements and capitation funds received, client utilization of services, and fund utilization;
b) Training of PHO staff in data collection, analysis, and reporting for decision-making according to assigned roles and responsibilities

Milestones
- Report of analysis and recommendations for improving Isabela's PhilHealth Sponsored Program implementation as basis for action plan update completed and presented to the Governor and local officials
- Governor's approval, through an executive order, to carry out updated province-wide action plan for PhilHealth Sponsored Program implementation
- 12 LGUs with health facilities accredited: 12 for OPB, 11 for TB-DOTS and 2 for MCP
- Trained key personnel: 10 for life-saving skills, 30 for TB-DOTS, and 10 for direct sputum-smear microscopy
- Province-wide tracking system installed

Expected results
- Increased enrollment of indigents in the PhilHealth Sponsored Program based on CHLSS identification system contributing to increased access to and use of FP, MCH, and TB services by the poor
- Service quality assured through accreditation, while generating new resources for health through PhilHealth capitation and reimbursements; increased use of quality health services

B. Support to the implementation of PIPH and 2009 AOP with attention to FP, MCH, and TB programs

1. Support LGUs in the implementation of FP/CSR plan

1.1 Accessing DOH FP/MNCHN grant and allocating grant among component LGUs
   a) Fast-tracking of compliance with documentary requirements for accessing DOH grants;
   b) Formulation and implementation by the province of guidelines for allocation of grant among LGUs.

1.2 Design and installation of FP/CSR monitoring tool for PHO to track progress of FP/CSR implementation among component LGUs
   a) Design a monitoring system for PHO to track implementation of LGU CSR plans to include policies, appropriations, procurement, distribution, service delivery, and CPR performance results;
   b) Train PHO staff to implement the monitoring system with attention to roles and responsibilities of assigned staff, and data collection, analysis, and reporting for decision-making.

2. Selective interventions to improve service delivery
   a) Training of service providers in FPCBT;
   b) Training of PHNs on supervision.

3. Selective interventions to improve utilization of public health services
   a) Message and IEC development with focus on increasing utilization of FP/MCH and TB services and PhilHealth outpatient benefit package;
   b) Capacity building for implementation of IEC activities through training of Health Education and Promotion Officer (HEPO).

Milestones
- DOH FP grant accessed by province and allocated among 36 LGUs
- CSR tracking tool installed by PHO for routine monitoring
- Key personnel trained: 36 in FPCBT, 36 PHNs in supervision, and 1 HEPO designate in IEC activities

Expected results
- Increased CPR resulting from improved services contributed by the impact of better trained personnel, additional funds to procure commodities, and increased information from IEC activities
- Increased utilization of TB services and PhilHealth OPB package through the effects of IEC activities

C. Support to the preparation of AOP 2010 using SDIR and installation of a province-wide PME to track AOP implementation

1. Conduct of SDIR (to include concerns related to PhilHealth enrollment, client utilization of insured services, and client-related factors affecting processing of claims)

2. AOP preparation using DOH guidelines, formulation of 2010 AOP using SDIR results as inputs, with attention to strengthening implementation of FP, MCH, TB, STI/HIV/AIDS, and PhilHealth Sponsored Program

3. Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track AOP implementation with attention to public health programs (to include CSR and PhilHealth Sponsored Program tracking systems as sub-components).

3.1 With PHO, design a PME system based on PIPH features and AOP framework of linking interventions and financing to performance and outcomes; to include organizational set-up for implementation;
3.2 Train PHO staff to implement the PME system with focus on roles and responsibilities of key personnel, and data collection, analysis, and reporting for decision making

Milestones

- SDIR+ completed
- 1 province and 36 municipalities with acceleration plans
- 2010 AOP formulated for approval and funding
- Province-wide PME installed

Expected results

- Investments secured in key programs, namely FP, MCH, TB, and STI/HIV/AIDS, including PhilHealth Sponsored Program implementation, facilitating the flow of funding to improve service delivery and service utilization particularly for the poor.

ISABELA – Implementing the PhilHealth Sponsored Program for improved public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support to the implementation of the PhilHealth Sponsored Program**					
A1	Updating of the PhilHealth universal coverage sub-plan of PIPH to improve PhilHealth benefit delivery (actual accrual of benefits to enrolled indigents) of the Sponsored Program					
	IR 1.2B	Report of analysis and recommendations for improving Isabela's PhilHealth Sponsored Program implementation as basis for action plan update completed and presented to the Governor and local officials		**X**		
	IR 1.2B	Updated province-wide PhilHealth Sponsored Program action plan			**X**	
	IR 1.1G	An executive order by Governor to carry out updated province-wide action plan for PhilHealth Sponsored Program implementation approved			**X**	
A2	Implementation of province-wide action plan for the PhilHealth Sponsored Program					
	IR 1.1D	Province-wide CHLSS implementation plan formulated, approved, and funded through an executive order				**X**
	IR 1.2C	12 LGUs with health facilities accredited: 12 for OPB, 11 for TB-DOTS and 2 for MCP				**X**
	IR 1.3A	Trained key personnel: 10 for life-saving skills, 30 for TB-DOTS, and 10 for direct sputum-smear microscopy				**X**
	IR1.1C/ IR 1.1I	Province-wide tracking system installed				**X**
B	**Support to the implementation of PIPH and 2009 AOP with attention to FP, MCH, and TB programs**					
B1	Support LGUs in the implementation of FP/CSR plan					
	IR 1.1B/ IR 1.2D	DOH FP grant accessed by province and allocated among 36 LGUs			**X**	
	IR1.1C/ IR 1.1I	CSR assessment conducted and CSR plan formulated				**X**
B2	Selective interventions to improve service delivery					
	IR 1.3A	Key personnel trained: 36 in FPCBT, 36 PHNs in supervision			**X**	
B3	Selective interventions to improve utilization of public health services					
		HEPO designate trained in IEC activities (HealthPRO)			**X**	
C	**Support to the preparation of AOP 2010 using SDIR and installation of a province-wide PME to track AOP implementation**					
C1	Conduct of SDIR					
	IR 1.3D	SDIR+ completed in the province and 36 mLGUs				**X**
	IR 1.3D	1 province and 36 municipalities with acceleration plans completed				**X**
C2	AOP preparation using DOH guidelines, formulation of 2010 AOP using SDIR results as inputs, with attention to strengthening implementation of FP, MCH, TB, STI/HIV/AIDS, and PhilHealth Sponsored Program					
	IR 1.1A	2010 AOP formulated for approval and funding				**X**
C3	Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track AOP implementation with attention to public health programs					
	IR 1.1C/ IR 1.1I	Consultation meeting for the development of PME tools				**X**

NUEVA ECIJA: Improving the supply and use of data for increased demand for quality public health services

The province's mission with respect to health is to ensure effective and efficient delivery of quality, accessible, equitable, and sustainable health services; develop, organize, and mobilize stakeholders for health; and promote the practice of health lifestyle among Novo Ecijanos.

Using the average values of the performance indicators in FP, maternal and child health, and TB control, one could conclude that the province performed poorly relative to national standards. However, when one examines the indicators by municipality, one sees large variations beyond what would normally be expected, suggesting that there must be something seriously wrong with data recording and reporting. For instance, CPR values ranged from 13% to 92%, delivery by skilled attendants from 24% to 130%, FIC from 54% to 173%, and TB cure rate from 0% to 103%. Two municipalities provided no data at all. Clearly, data problems need to be addressed to ensure that LGUs arrive at the correct interventions.

The elements of the technical assistance are:

- Improvement of the health information system
  - Review of province-wide health information system with attention to data sources, weaknesses in recording and reporting, and data management and use for decision-making, including recommendations for improvements. Present findings and recommendations to the Governor, political leaders, and other stakeholders;
  - Capacity-building in the use of FHSIS, data management, and computerization;
  - Application of SDIR using improved data system as the diagnostic tool for identifying performance gaps in service delivery, financing, regulation, and governance as basis for planning. Performance and outcomes analysis will be used to obtain LCE, SP/SB, NGO, and partners' commitment to public health. Information on factors affecting performance gaps provides a basis for more focused interventions in service delivery improvement, financing, local policy development, and governance.
- Preparation, and presentation to LCEs and local legislators of regular province-wide health situation reports by the PHO and MHOs with analysis and recommended action for planning and local policy development;
- Establishment of a process of communicating health situation analysis results to consumers and communities to generate demand for better and expanded services through NGO/CSO and other local partners;
- Implementation of selected interventions in public health to include:
  - Behavior change communication and health promotion
  - Commodity security in contraceptives, TB drugs, and micronutrients
  - Capacity-building of personnel for effective delivery of quality services in FP, TB-DOTS, and micronutrient supplementation
  - Access to DOH MNCHN grants to fill in specific gaps in FP and MCH service delivery
  - Local health policy development in support of public health service delivery and financing.
- Development and installation of an LGU province-wide participatory M&E system to regularly update information for local decision-making

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support to the formulation of PIPH and 2010 AOP with attention to key SO3 activities
B. Support to interventions to improve service delivery and service utilization
C. Support to improvement of health information for decision-making

Activities

A. Support to the formulation of PIPH and 2010 AOP with attention to key SO3 activities and installation of a province-wide participatory monitoring and evaluation (PME) system

1. Conduct of SDIR as basis for selective interventions to improving service delivery and utilization and as input to MIPH/CIPH/PIPH formulation;
2. Orientation of LCEs and securing their commitment to formulate PIPH;
3. Issuance by the Governor of an executive order mandating the formulation of MIPH/CIPH/PIPH and the organization of a province-wide planning team;
4. Conduct of MIPH/CIPH/PIPH planning and preparation of 2010 AOP

4.1 Preparation of MIPH/CIPH/PIPH according to DOH PIPH guidelines, including accessing DOH FP/MNCHN grants;
4.2 Review of completed MIPH/CIPH/PIPH using DOH appraisal tool and inter-CA guidelines for SO3 concerns;
4.3 Securing commitment from LCEs to implement MIPH/CIPH/PIPH after presentation and discussion in a mayors' forum;
4.4 Formulation of 2010 AOP using DOH guidelines for AOP preparation
4.5 Approval and funding of PIPH and 2010 AOP implementation through an ordinance or resolution.

5. Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track implementation of 2010 AOP

5.1 With PHO, design a PME system based on PIPH features and AOP framework of linking interventions and financing to performance and outcomes; will include organizational set-up for implementation;
5.2 Train PHO staff to implement PME system with focus on roles and responsibilities of key personnel, and data collection, analysis, and reporting for decision-making

Milestones
- SDIR completed in 32 municipalities and cities
- 32 municipalities and cities with acceleration plans
- Executive order providing for the formation of a province-wide planning team and giving the mandate to plan
- PIPH and 32 LGU MIPH/CIPH completed
- 2010 AOP formulated for approval and funding
- Province-wide PME installed

Expected results

- Investments for health with attention to FP, MNCHN, TB, and STI/HIV/AIDS secured, facilitating the flow of funding to improve service delivery and service utilization

B. Support to interventions to improve service delivery and service utilization

1. Implementation of FP/CSR
1.1 Accessing DOH FP/MNCHN grant and allocating grant among LGUs;
1.2 Design and installation of CSR monitoring tool for PHO to track progress of CSR implementation among LGUs to include such items as policies, budget appropriations, procurement, distribution, service delivery, and changes in CPR performance as part of overall PME

2. Selective interventions to improve service delivery
2.1 Training in basic DOTS and direct sputum-smear microscopy (DSSM) in 12 priority municipalities (Aliaga, Cabiao, Cuyapo, Gapan City, Guimba, Llanera, Nampicuan, Pantabangan, San Jose City, San Leonardo, Sto. Domingo, and Talugtug);
2.2 Setting up a provincial external quality assurance (EQA) system;
2.3 Conduct of TB assessment as basis for further interventions in priority areas

3. Selective interventions to improve utilization of public health services
3.1 Message and IEC development with focus on increasing utilization of FP/MCH and TB services and PhilHealth outpatient benefit package;
3.2 Capacity-building for implementation of IEC activities through training of Health Education and Promotion Officer (HEPO)

Milestones

- 32 LGUs accessing FP grants through the province
- 40 PHNs or PHMs trained on DOTS in 12 priority municipalities
- 10 medical technologists trained in DSSM in 12 priority municipalities
- 33 HEPO designates trained in IEC activities

Expected results

- Increased utilization of FP services through the effects of increased access to services provided by additional funding from DOH FP grants, TB services through the effects of improved quality of TB services, and basic services through the effects of better information from IEC activities.

C. Support to continuing improvement of health information for decision- making

1. Improving the process of FHSIS recording, reporting, and data management in the province and 32 municipalities through review and analysis of the current situation and implementing recommended actions arising from the analysis
2. Improving the completeness of data coverage of priority public health programs with attention to FP, MNCHN, and TB through interface of data recording and reporting in RHUs, hospitals, and private facilities
3. Generating demand for health data from decision-makers (e.g., Sanggunian) for use in health policy development, particularly on FP, MNCHN, and TB, through orientation of Sanggunian members on FP, MNCHN, TB, and other health and financing issues

Milestones

- Provincial and 32 municipal LGUs with new recording, reporting, and data management systems (i.e., MHO and PHO systems) installed province-wide that include data from public and private facilities
- Provincial and 32 municipal LGUs with Sanggunian resolution requiring MHO/PHO to submit regularly to the LCEs and the Sanggunian health information and analysis of key issues as input to policy development

Expected results

- Improved planning and policy decision-making through better data quality and coverage

NUEVA ECIJA – Improving the supply and use of data for increased demand for quality public health services

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support to the formulation of PIPH and 2010 AOP with attention to key SO3 activities and installation of a province-wide participatory monitoring and evaluation (PME) system**					
A1	1. Conduct of SDIR as basis for selective interventions to improving service delivery and utilization and as input to MIPH/CIPH/PIPH formulation					
	IR 1.3D	SDIR completed in 32 municipalities and cities	**X**			
	IR 1.3D	32 municipalities and cities with acceleration plans approved for implementation		**X**		
A2	Orientation of LCEs and securing their commitment to formulate PIPH and issuance by the Governor of an executive order mandating the formulation of MIPH/CIPH/PIPH and the organization of a province-wide planning team					
	IR 1.1G	Executive order providing for the formation of a province-wide planning team and giving the mandate to plan		**X**		
A3	Conduct of MIPH/CIPH/PIPH planning and preparation of 2010 AOP					
	IR 1.1A	PIPH and 32 LGU MIPH/CIPH completed			**X**	
	IR 1.1A/ IR 1.1G	2010 AOP formulated for approval and funding				**X**
A4	Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track implementation of 2010 AOP					
	IR 1.1C/ IR 1.1I	Province-wide PME installed				**X**
B	**Support to interventions to improve service delivery and service utilization**					
B1	Implementation of FP/CSR					
	IR 1.1B/ IR 1.2D	FP grants accessed by 32 LGUs through the province			**X**	
B2	Selective interventions to improve service delivery					
	IR 1.3A	40 PHNs or PHMs trained on DOTS in 12 priority municipalities			**X**	
	IR 1.3A	10 medical technologists trained in DSSM in 12 priority municipalities			**X**	
B3	Selective interventions to improve utilization of public health services					
		33 HEPO designates trained in IEC activities (HealthPRO)				
C	**Support to continuing improvement of health information for decision- making**					
C1	Improving the process of FHSIS recording, reporting, and data management in the province and 32 municipalities, as well as the completeness of data coverage of priority public health programs					
	IR 1.1C	New recording, reporting, and data management systems (i.e., MHO and PHO systems) installed in the provincial and 32 municipalities that include data from public and private facilities				**x**
C2	Generating demand for health data from decision-makers (e.g., Sanggunian) for use in health policy development, particularly on FP, MNCHN, and TB, through orientation of Sanggunian members on FP, MNCHN, TB, and other health and financing issues					
	IR 1.1G	Sanggunian resolution requiring MHO/PHO to submit regularly to the LCEs and the Sanggunian health information and analysis of key issues as input to policy development approved by provincial and 32 municipal LGUs				**X**

PANGASINAN: Implementing PhilHealth's Sponsored Program for improved public health

"Pangasinan as the best place to live, to work, to invest, and to raise a family" is the bold vision of the province of Pangasinan. The Governor puts premium on good health as a major factor in achieving this vision and has chosen to use health as one measure of his administration's success.

The Governor's agenda for health includes the implementation of PhilHealth's Sponsored Program, hospital upgrading, ILHZ strengthening, and improving the performance of basic public health services. In addition, the Governor wants all LGUs to work in sync to solve the problems of malnutrition, parasitism, and dental caries among children and to provide safe water supply and sanitary toilets to all households.

The province has enrolled over 84,000 (56%) of its indigents in PhilHealth's Sponsored Program and another 42,000 were enrolled by various sponsors (congressmen, C/MLGUs, and others). Only the provincial government has utilized the results of the Living Standard Survey, a poverty mapping tool, in the selection of its sponsored indigents for enrollment in the program. In some municipalities, it was reported that there were families with more than one PhilHealth card and non-poor families enrolled in the Sponsored Program.

PhilHealth members' access to quality health services is poor due to the low number of accredited facilities. Only 38 facilities are PhilHealth-accredited for the outpatient benefit package (OPB), 28 for TB-DOTS, and none for maternity care package and newborn screening. Likewise, the province has not benefited from PhilHealth capitation fund (PCF), which is PhP300 per indigent family, because of delays in the release of PCF. Only half of the estimated PhP10 million PCF for 2007 was released in 2008. PhilHealth reimbursements at the provincial and district hospitals amounted to only PhP15 million. Only 9 out of the 28 TB-DOTS-accredited facilities have received reimbursements totaling PhP161,000. Thus far, the Sponsored Program has created minimum financing and public health impact on the province.

The elements of the technical assistance are:

- Implementation of the PhilHealth Sponsored Program
  - Updating the PhilHealth universal coverage sub-plan of PIPH taking into account estimation of a) the indigent population, b) required premium subsidies from LGUs, c) expected reimbursements and capitation funds, d) investment requirements for accreditation, e) investments in developing a means test mechanism such as the Living Standards Index (LSI), and f) cost of local health policy development, including investment requirements of AOP/AIP
  - Improving PhilHealth benefit delivery through enrollment of true indigents using a province-wide means test mechanism, i.e., LSI; accreditation of health facilities; improving quality of services and logistics; and improving claims
  - Management of PhilHealth revenues: hospital reimbursements to be managed by the provincial government, which could be used to expand hospital benefits by combining provincial government subsidies and PhilHealth reimbursements subject to a fixed co-payment; capitation fund and reimbursements from TB-DOTS and MCP to be managed by municipalities, which they could use to package a set of public health benefits by combining LGU budgets with

PhilHealth revenues. This package of public health benefits could include nutrition services and dental services for children, which are priority services of the Governor.

- Selective interventions to support implementation of the PhilHealth Sponsored Program in order to ensure greater public health investments, increase performance, and improve health outcomes
  - Undertaking SDIR follow-through to address issues related to enrollment, access to facilities and services, and claims
  - Behavior change with respect to health insurance enrollment and utilization of services
  - Improving services included in the expanded PhilHealth public health package through commodity security in FP, TB drugs, and micronutrients (CSR+); quality of care; capacity-building of health providers to deliver FP, MCH, and TB-DOTS services
  - Strengthen inter-LGU cooperation through ILHZs in linking Sponsored Program implementation with improved public health service delivery
  - Facilitating LGU-NGO-private sector partnership for advocacy in promoting enrollment of indigents and utilization of services by beneficiaries
  - Local policy development in support of financing premium subsidies, investment for facilities accreditation, and establishment of fund mechanisms to ensure use of PhilHealth-generated funds for public health improvement

- Establishment of a province-wide participatory M&E system to track PIPH/ AOP implementation, with attention to public health and the Sponsored Program, for decision-making

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support to the implementation of the PhilHealth Sponsored Program
B. Support to the implementation of PIPH and 2009 AOP with attention to key SO3 interventions
C. Support to the preparation of 2010 AOP using SDIR+ and installation of a province-wide participatory monitoring and evaluation (PME) to track AOP implementation

Activities

A. Support to the implementation of PhilHealth Sponsored Program

1. Updating of the PhilHealth universal coverage sub-plan of PIPH to improve PhilHealth benefit delivery (actual accrual of benefits to enrolled indigents) of the Sponsored Program by addressing policy and operational issues of enrollment, premium subsidy sharing among LGUs, investments for facilities accreditation, and PhilHealth revenue (reimbursements and capitation fund) management and utilization.

1.1 Preparation of status report on Sponsored Program implementation including analysis of issues and recommendations for policy and action;

1.2 Orientation of key provincial, municipal/city officers on status of PhilHealth universal coverage in Pangasinan, with attention to the policy and operational issues in Sponsored Program implementation;
1.3 Formulation and approval of province-wide action plan based on technical inputs on i) the completion of LSI survey in remaining municipalities, ii) update of LSI in selected ILHZs, iii) accreditation of facilities, iv) packaging of PhilHealth and LGU health benefits to increase client utilization, and v) policy development with respect to premium subsidy sharing and revenue (reimbursements and capitation funds) management and utilization in support of public health programs

2. Implementation of province-wide action plan for the PhilHealth Sponsored Program*.*
2.1 Policy issuance (executive order or ordinance) by the provincial government on i) uniform use of LSI as basis for identifying program beneficiaries, ii) premium subsidy sharing, iii) investment in facility upgrading to meet accreditation standards, iv) packaging of health benefits funded by PhilHealth and by local budgets, and v) fund management and utilization;
2.2 Implementation of LSI as uniform basis for identifying program beneficiaries:
   a) Review current LSI implementation in the province with attention to coverage, data management, and data utilization;
   b) Complete LSI survey in remaining municipalities;
   c) Undertake second-round LSI survey in selected ILHZ (e.g., Palaris).
2.3 Accreditation of facilities
   a) Assist LGUs in obtaining accreditation to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements including training of personnel (e.g., in basic DOTS, direct sputum-smear microscopy, post-graduate midwifery course);
   b) Assist PHO in developing a monitoring system to follow up compliance with accreditation requirements.
2.4 Design and installation of a province-wide tracking system to monitor implementation of action plan
   a) Design of monitoring tool to include the following data items: enrollment and coverage, facility accreditation, premium subsidy remittance by LGUs and sponsors, amount of reimbursements and capitation funds received, client utilization of services, and fund utilization;
   b) Training of PHO staff in data collection, analysis, and reporting for decision-making according to assigned roles and responsibilities

Milestones
- Analysis report and recommendations for improving Pangasinan Sponsored Program implementation as basis for plan update completed and presented to provincial officials
- Governor's approval, through an executive order, to carry out the province-wide action plan for PhilHealth Sponsored Program implementation
- 8 LGUs with health facilities accredited: 8 for OPB, 4 for TB-DOTS, and 5 for MCP
- Province-wide tracking system designed and installed to monitor link between investments and performance in PhilHealth enrollment, facility improvement, and accreditation

Expected results

- Increased enrollment of indigents in the PhilHealth Sponsored Program based on LSI identification system, contributing to increased access to and use of FP, MCH, and TB services by the poor
- Service quality assured through accreditation, while generating new resources for health through PhilHealth capitation and reimbursements, and directly contributing to increased use of health services

B. Support to the implementation of PIPH and 2009 AOP with attention to key SO3 activities

1. Implementation of FP/CSR plan

1.1 Accessing DOH FP/MNCHN grant and allocating grant among LGUs
   a) Fast-tracking compliance with documentary requirements for accessing DOH grant;
   b) Formulation and implementation, by the province, of guidelines for the allocation of DOH grant among LGUs

1.2 Design and installation of CSR monitoring tool for PHO to track progress of CSR implementation
   a) Design monitoring system for PHO to track implementation of LGU CSR plans to include policies, appropriations, procurement, distribution, service delivery, and CPR performance results;
   b) Train PHO staff to implement design with attention to roles and responsibilities of assigned staff, and data collection, analysis, and reporting for decision-making

2. Selective interventions to improve service delivery

2.1 Training of service providers in FPCBT;

2.2 Training of PHNs on supervision

3. Selective interventions to improve utilization of public health services

3.1 Message and IEC development with focus on increasing utilization of FP/MCH and TB services and PhilHealth outpatient benefit package;

3.2 Capacity-building for implementation of IEC activities through training of Health Education and Promotion Officer (HEPO)

Milestones

- DOH FP grant accessed and allocated to 47 LGUs
- Routine province-wide CSR tracking system installed for PHO routine monitoring
- Key personnel trained in improved service delivery: 25 for FP-CBT and 10 PHNs for supervision

Expected results

- Increased CPR resulting from improved services contributed by the impact of better trained personnel, additional funds to procure commodities, and increased information from IEC activities
- Increase utilization of TB services and PhilHealth OPB package through the effects of IEC activities

C. Support to the preparation of 2010 AOP using SDIR

1. Conduct of SDIR (to include concerns related to PhilHealth enrollment, client utilization of insured services, and client-related factors affecting processing of claims);
2. AOP preparation using DOH guidelines and formulation of 2010 AOP using SDIR results as inputs, with attention to strengthening implementation of FP, MCH, TB, and STI/HIV/AIDS

Milestones

- SDIR+ completed in the province and 48 municipalities and cities
- 48 LGUs with acceleration plans and 1 provincial TA plan
- 2010 AOP formulated for approval and funding

Expected results

- Investments in key programs secured, with attention to FP, MCH, TB and STI/HIV/AIDS, including PhilHealth Sponsored Program implementation, facilitating the flow of funding to improve service delivery and service utilization particularly by the poor.

PANGASINAN – Implementing PhilHealth's Sponsored Program for improved public health

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support to the implementation of PhilHealth Sponsored Program**					
A1	Updating of the PhilHealth universal coverage sub-plan of PIPH					
	IR 1.2B	Analysis report and recommendations for improving Pangasinan Sponsored Program implementation as basis for plan update completed and presented to provincial officials completed			**X**	
	IR 1.2B	Planning models; projection of investment and returns from enrolments, projections for facility upgrading and investments in means test updating			**X**	
	IR 1.2B	Updated province-wide PhilHealth Sponsored Program action plan				**X**
A2	Implementation of province-wide action plan for the PhilHealth Sponsored Program					
	IR 1.1G	An executive order by Governor, to carry out the province-wide action plan for PhilHealth Sponsored Program implementation approved				**X**
	IR 1.1D	Approved executive order by Governor to adapt CHLSS to identify the poor to enroll in the PSP				**X**
	IR 1.1D	11 LGUs (Palaris ILHZ) classified poor clients to increase PhilHealth coverage using CHLSS				**X**
	IR 1.2C	8 LGUs with health facilities accredited: 8 for OPB, 4 for TB-DOTS, and 5 for MCP				**X**
B	**Support to the implementation of PIPH and 2009 AOP with attention to key SO3 activities**					
B1	Implementation of FP/CSR plan					
	IR 1.1B/ IR 1.2D	DOH FP grant accessed and allocated to 47 LGUs			**X**	
	IR 1.1B	Assessment of existing provincial CSR plan conducted				**X**
	IR 1.1B/ 1.1G	Approved executive order by the Governor mandating the update of the provincial CSR plan				**X**
B2	Selective interventions to improve service delivery					
	IR 1.3A	Key personnel trained in improved service delivery: 25 for FP-CBT and 10 for LSS			**X**	**X**
C	**Support to the preparation of 2010 AOP using SDIR and installation of a province-wide PME to track AOP implementation**					
C1	Conduct of SDIR (to include concerns related to PhilHealth enrollment, client utilization of insured services, and client-related factors affecting processing of claims)					
	IR 1.3D	SDIR+ completed in the province and 47 municipalities and cities			**X**	
C2	AOP preparation using DOH guidelines and formulation of 2010 AOP using SDIR results as inputs, with attention to strengthening implementation of FP, MCH, TB, and STI/HIV/AIDS					
	IR 1.3D	47 LGUs acceleration plans and 1 provincial TA plan approved for implementation				**X**
		Approved 2009 AOP			**X**	
	IR 1.1A	2010 AOP formulated for approval and funding				**X**

TARLAC: Implementing the Sponsored Program for improved public health outcomes

The provincial government of Tarlac, in partnership with the city/municipalities, aims "to promote the general well-being and health of all Tarlaqueños, especially the poor, by ensuring accessibility, affordability, and availability of excellent quality basic health services that will transform them into self-reliant and self-managing communities." To achieve this objective, the strategic thrusts of the province under the leadership of the Governor are focused on increasing investments for public health programs; ensuring quality, accessibility, and safety of health care facilities and services; and expanding the coverage of the National Health Insurance Program (NHIP) province-wide.

A review of performance indicators reveals that most of FP, MCH, and TB indicators are not too far below national standards, except for facility-based deliveries, and TB case detection rate. In 2007, the population of the province was 1,243,449 persons or 221,737 households. Reports indicate that half of the estimated households or 114,628 have been enrolled in the Sponsored Program. The province has a poverty rate of 22% in 2006. Hence, it would appear that the program has enrolled more than the expected number of truly poor, which should be just around 55,000 households. The premium subsidies are shared among the provincial government and the LGUs. Accreditation of facilities is rather slow: of 26 RHUs only 18 are accredited for OPB, 2 for TB-DOTS, and two for MCP. Of 10 city health centers all are accredited for OPB, one for TB-DOTS, and none for MCP.

The technical assistance to Tarlac revolves around more effective implementation of the PhilHealth Sponsored Program toward sustained public health outcomes. The elements of the technical assistance are as follows:

- Implementation of the PhilHealth Sponsored Program
  - Update the PhilHealth universal coverage sub-plan in PIPH which includes an estimation of a) the indigent population, b) required premium subsidies from LGUs, c) expected reimbursements and capitation funds, d) investment requirements for accreditation, e) investments in adopting a means test mechanism (e.g., analysis of CBMS), and f) cost of local health policy development
  - Improving PhilHealth benefit delivery through enrollment of true indigents through the use of means test mechanism (i.e., CBMS), accreditation of health facilities, improving quality of services and logistics, and improving claims
  - Management of PhilHealth revenues: hospital reimbursements to be managed by the provincial government, which it could use to expand hospital benefits by combining provincial government subsidies and PhilHealth reimbursements subject to a fixed co-payment; capitation fund and reimbursements from TB-DOTS and MCP to be managed by municipalities, which they could use to expand public health benefits by combining LGU budgets with PhilHealth revenues

- Selective interventions to support implementation of Sponsored Program in order to ensure greater public health investments, increase performance, and improve health outcomes
  - Undertake SDIR follow-through to address issues related to enrollment, access to facilities, services, and claims

- Behavior change with respect to health insurance enrollment and utilization of services
- Improvement of services included in the expanded PhilHealth public health package through commodity security (CSR+), quality of care, capacity-building of health providers to deliver FP, MCH, and TB-DOTS services
- Strengthen LGU-NGO/CSO collaboration in linking Sponsored Program implementation with improved public health service delivery through advocacy and health promotion among program beneficiaries
- Facilitate LGU-NGO-private sector partnership for advocacy in promoting enrolment of indigents and utilization of services by beneficiaries
- Local policy development in support of financing premium subsidies, investment for accreditation of facilities, establishment of fund mechanisms to ensure use of PhilHealth-generated funds for public health improvement

- Establishment of a province-wide participatory M&E (PME) system to provide updated information on operational issues, performance, and public health outcomes for decision-making

Year 3 Technical Assistance

In Year 3, the focus of USAID technical assistance to the province will be on the following:

A. Support to the completion of MIPH/CIPH/PIPH and 2010 AOP with attention to key SO3 activities and install a province-wide participatory monitoring and evaluation
B. Support to the implementation of the PhilHealth Sponsored Program
C. Support to improvements in service delivery and service utilization

Activities

A. Support the completion of MIPH/CIPH/PIPH and 2010 AOP, and install PME system

1. Completing the MIPH/CIPH/PIPH and 2010 AOP
1.1 Continuation of MIPH/CIPH/PIPH planning and writing up LGU plans according to DOH PIPH guidelines, including accessing of DOH FP/MNCHN grants;
1.2 Review of completed MIPH/CIPH/PIPH using DOH appraisal tool and inter-CA guidelines for SO3 concerns;
1.3 Securing LCE commitment to implement MIPH/CIPH/PIPH after their presentation and discussion in the mayors' forum;
1.4 Formulation of 2010 AOP using DOH guidelines on AOP preparation. Policy support to PIPH and 2010 AOP implementation through ordinance or resolution

2. Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track AOP implementation with attention to public health programs.
2.1 With PHO, design a PME system based on PIPH features and AOP framework of linking interventions and financing to performance and outcomes; includes organizational set-up for implementation;
2.2 Train PHO staff to implement a PME system with focus on roles and responsibilities of key personnel, and data collection, analysis, and reporting for decision-making

Milestones

- PIPH and 18 LGU MIPH/CIPH completed and approved
- 2010 AOP completed for approval and funding
- Province-wide PME system installed

Expected results

- Investments in key programs secured, with attention to FP, MCH, TB, and STI/HIV/AIDS as well as PhilHealth Sponsored Program, facilitating the flow of funding to improve service delivery and service utilization, particularly by the poor

B. Support to the implementation of the PhilHealth Sponsored Program

1. Updating of the PhilHealth universal coverage sub-plan of PIPH for the purpose of improving PhilHealth benefit delivery (actual accrual of benefits to enrolled indigents) of the Sponsored Program by addressing policy and operational issues of enrollment, premium subsidy sharing among LGUs, investments for the accreditation of facilities, and PhilHealth revenue (reimbursements and capitation funds) management and utilization

1.1 Preparation of status report of Sponsored Program implementation including analysis of issues and recommendations for policy and action;

1.2 Orientation of key provincial, municipal/city officers on status of PhilHealth universal coverage in Tarlac, with attention to the policy and operational issues in Sponsored Program implementation;

1.3 Formulation and approval of province-wide action plan based on technical inputs on i) use of CBMS data as basis for means test, ii) accreditation of facilities, iii) packaging of PhilHealth and LGU health benefits to increase client utilization, and iv) policy development with respect to premium subsidy sharing and revenue (reimbursements and capitation funds) management and utilization in support of public health programs

2. Implementation of a province-wide action plan for the PhilHealth Sponsored Program.

2.1 Policy issuance (executive order by the Governor) on i) uniform use of CBMS-based means test as basis for identifying program beneficiaries including attention to indigenous population; ii) packaging of client health benefits that combine those funded by PhilHealth and those funded by LGU budgets; iii) imposition of deductibles for hospitalization, premium subsidy sharing; iv) investments for facility upgrading to meet accreditation standards, and packaging of health benefits; and v) fund management among LGUs (provincial government and municipalities/cities):

   a) Development of CBMS-based means test;
   b) Technical studies on costing of packaged benefits funded by both PhilHealth and LGU budgets to increase utilization of health services including imposition of deductible for hospitalization benefits;
   c) Preparation of technical briefs on options for premium subsidy sharing among LGUs, and revenue management and utilization;
   d) Drafting of ordinance in support of Sponsored Program implementation

2.2 Accreditation of facilities

   a) Assist LGUs obtaining accreditation, to include facility self-assessment, formulation of facility improvement plan, financing, and compliance with requirements to include training of personnel (e.g., in basic DOTS, direct sputum-smear microscopy, life-saving skills);

b) Assist PHO to develop monitoring system to follow up compliance with accreditation requirements.

Milestones

- Analysis report and recommendations for improving Tarlac Sponsored Program implementation as basis for plan update completed and presented to provincial officials
- Approved executive order of the Governor to implement province-wide action plan for PhilHealth Sponsored Program implementation
- LGUs with health facilities accredited: 4 for OPB, 15 for TB-DOTS, and 8 for MCP

Expected results

- Increased enrollment of indigents in the Sponsored Program based on CBMS data means test, contributing to increased access to and use of FP, MCH, and TB services by the poor
- Service quality assured through accreditation while generating new resources for health through PhilHealth capitation and reimbursements, which directly contributes to increased use of health services

C. Support to improvements in service delivery and utilization of health services

1. Implementation of FP/CSR

1.1 Accessing DOH FP/MNCHN grant and allocate grant among component LGUs;

1.2 Design and installation of CSR monitoring tool for PHO to track progress of CSR implementation among component LGUs to include such items as policies, budget appropriations, procurement, distribution, service delivery, and changes in CPR performance as part of overall PME

2. Selective interventions to improve service delivery

2.1 Training on LSS, FPCBT, interpersonal counseling and communication (IPC/C), and newborn screening (part of facilities accreditation);

2.2 Training in basic DOTS and DSSM;

2.3 Conduct of TB assessment as basis for further interventions in priority areas;

2.4 Training on functional literacy focused on health concerns for the indigenous peoples (IPs)

3. Selective interventions to improve utilization of public health services (HealthPRO as lead CA)

3.1 Message and IEC development with focus on increasing utilization of FP/MCH and TB services and PhilHealth outpatient benefit package;

3.2 Capacity-building for implementation of IEC activities through training of Health Education and Promotion Officer (HEPO)

Milestones

- 18 LGUs accessing FP grant through the province
- 8 midwives trained on LSS
- 4 provincial health midwives or nurses trained in DOTS
- 5 medical technologists trained in DSSM
- 8 PHNs/MHNs trained in newborn screening
- 8 PHNs trained in IPC/C

- 19 HEPO designates trained in IEC activities (HealthPRO)

Expected results

- Increased utilization of FP services through the effects of increased access to services provided by additional funding from DOH FP grants, TB services through the effects of improved quality of TB services, MCH services through the effects of improved quality of personnel, and basic services through the effects of better information from IEC activities and functional literacy among IPs.

TARLAC – Implementing the Sponsored Program for improved public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Support the completion of MIPH/CIPH/PIPH and 2010 AOP, and install PME system**					
A1	Completing the MIPH/CIPH/PIPH and 2010 AOP					
	IR 1.1A/ IR 1.1G	PIPH and 18 LGU MIPH/CIPH completed and approved			**X**	
	IR 1.1A	2010 AOP completed for approval and funding				**X**
A2	Design and installation of a province-wide participatory monitoring and evaluation (PME) system to track AOP implementation with attention to public health programs					
	IR 1.1C/ IR 1.1I	Province-wide PME system installed				**X**
B	**Support to the implementation of the PhilHealth Sponsored Program**					
B1	Updating of the PhilHealth universal coverage sub-plan of PIPH					
	IR 1.2B	Analysis report and recommendations for improving Tarlac Sponsored Program implementation as basis for plan update completed and presented to provincial officials				**X**
B2	Implementation of a province-wide action plan for the PhilHealth Sponsored Program					
	IR 1.1G	Executive order of the Governor to implement province-wide action plan for PhilHealth Sponsored Program implementation approved			**X**	
	IR 1.2C	LGUs with health facilities accredited: 4 for OPB, 5 for TB-DOTS, and 3 for MCP				**X**
C	**Support to improvements in service delivery and utilization of health services**					
C1	Implementation of FP/CSR					
	IR 1.1B/ IR1.2D	18 LGUs accessing FP grant through the province		**X**	**X**	**X**
C2	Selective interventions to improve service delivery					
	IR 1.3A	8 midwives trained on LSS, 4 provincial health midwives or nurses trained in DOTS, 5 medical technologists trained in DSSM and 8 PHNs/MHNs trained in newborn screening		**X**	**X**	**X**
C3	Selective interventions to improve utilization of public health services (HealthPRO as lead CA)					
		8 PHNs trained in IPC/C (HealthPRO)				**X**
		19 HEPO designates trained in IEC activities (HealthPRO)				**X**

Regional Technical Assistance Delivery Strategy

For Year 3, some of the strategies that will be used to effectively delivery TA to the LGUs include (1) Continuous and sustained collaboration with the CHDs, other USAID CAs and other TA providers in the area, (2) Mobilization of the NGO/CSO and/or private sector support, (3) Documentation of practices that work, developing LGU-learning sites and linking these to replicating LGUs, and (4) Systematic selection and prioritization of areas for convergence for purposive TA, using the following criteria:

- Highly populated LGUs;
- High PhilHealth enrolment under the sponsored program;
- High estimated poor population;
- Low number of accredited facilities;
- Poor maternal, newborn and child health indices;
- High TB CDR/Low CR (1st priority) and Low CDR/Low CR (2nd priority);
- Disaster-prone areas and GIDAs;
- LGU demand based on readiness and willingness and availability of counterpart resources.

5.3 Visayas

HealthGov's project sites in the Visayas region consist of five provinces and five HIV/AIDS high risk cities. The status of selected key health indicators of these provinces, presented in Tables 3 and 4, shows that except for TB control, there has been low performance in terms of health outcomes such as MMR, IMR, CPR, FIC, and others. The MMR in the three provinces of Negros Occidental, Aklan and Bohol showing data way below the national average of 162/100K LB, with two (Aklan, Bohol) even within the MDG target of 52/100K LB, are suspect, as these provinces have not conducted any MDR and therefore could be under-reporting. Capiz, which conducts MDR, should have more reliable information on MMR and IMR. Maternal deaths are reported to be attributed to the very low facility-based deliveries and low percentage of pregnant mothers receiving four ante-natal care across all. Deliveries by skilled health workers also range from a low of 35% to 85%. CPR is also low, even with intensified FP programs of other donors (i.e. UNFPA, PRISM).

Table 3 Visayas provinces

Province	Region	Status	Key Health Indicators 2007
Aklan	6	Others	Only TB CDR and TB CR above
Bohol	7	Others	Only TB CR above standard
Capiz	6	F1 Orig	Only TB CDR and TB CR above
Negros Occ.	6	Others	Only TB CDR and TB CR above
Negros Or.	7	F1 Orig	Only TB CDR and TB CR above

Table 4 Selected key health indicators

Indicator	Nat. average (2007) / perf. standard	Aklan (Other)	Bohol (Other)	Negros Occ. (Other)	Capiz (F1)	Neg. Oriental (F1)
MMR/100K LB	162	50	51	89	153	101
IMR/1000 LB	17	8	8	7	8	6
FIC (%)	95	79	66	81	69	69
CPR (%)	65	47	28	34	56	53
TB CDR (%)	70	70	69	113	78	78
TB CR (%)	85	88	92	91	91	90
Facility-based deliveries (%)	100	29	25	45	47	20
Deliveries by SBAs (%)	100	71	85	55	68	35
4 ANC (%)	90	65	54	65	46	42

Insufficient investment in public health programs is the primary obstacle to the improvement of health sector performance in these provinces, except perhaps in Capiz and Negros Oriental which are receiving financial support from the EC and DOH under the F1 program. This problem was exacerbated by the recent typhoon which hit Aklan, Capiz and parts of Negros Occidental. Another critical factor is the capacity of regional and provincial staff to absorb new ideas and tools necessary to address the TA needs of the municipalities, not to mention their readiness to do so, given their regular work schedules and loads.

Regional Accomplishments in Year 2

In Year 2, significant gains were realized at the regional level: a) Inter-CA collaboration was strengthened, with the identification of five management priorities in planning for and implementing TAs/interventions, agreement on CA convergence areas per province; and

established mechanisms for regular and continued coordination; b) Collaboration mechanisms with regional partners established, with the formation of the Partners for Health Technical Assistance Committee (PHTAC) led by CHD 6 and the ExeCom of CHD 7 as venue for the regular updating; c) Provincial TA Packages developed and integrated into the over-all TA Plans of CHD 6 and 7; and d) continuous strengthening of regional, provincial, and ILHZ key health members on M/ILHZ/PIPH formulation, CSR, SDExH, SDIR and Avian Influenza Preparedness Planning.

Following the consultations, negotiations with key stakeholders and initial assessments and implementation reviews done in the first year of the project, HealthGov technical assistance in Year 2 yielded the following results:

(1) 48 MIPH, 10 ILHZ IPH formulated and legitimized (Aklan, Negros Occidental),
(2) 2 PIPH completed and legitimized in two *other* provinces (Aklan, Negros Occidental);
(3) Enhanced AOP Y2008 and on-going TA on AOP Y2009 preparation in F1 Provinces (Capiz, Negros Oriental);
(4) 48 LGU CSR Plans formulated in Bohol, resulting to increased budgets for FP commodities;
(5) 90 LGU CSR Plans assessed and updated (Capiz, Aklan, Negros Occidental, Negros Oriental);
(6) 1 Province and 25 cities and municipalities started installing CHLSS as a tool to identify the poor (Negros Oriental);
(7) SDIR used as a tool for the regular conduct of PIR in the provincial health offices, city and municipal health offices (all 5 provinces) and hospitals (Bohol, Capiz);
(8) Completed SDExH modeling in Metropolitan ILHZ (Negros Oriental);
(9) Provincial Training Plan for LGU service providers on MCH, FP, TB, HIV, AI, and others developed, integrated into CHD's Regional Training Plan, and implemented (Aklan, Negros Occidental, Capiz);
(10) Training of midwives in LSS Course in support of MCP accreditation of 20 LGUs (Bohol, Negros Occidental);
(11) Provincial ICV Compliance Monitoring established;
(12) Started the installation of MDR System (Neg. Occidental – province-level and in D'BestCA ILHZ) resulting to: 1) ILHZ resolution on the Creation of ILHZ MDR Team and approval of ILHZ MDR Action Plan and budget;
(13) AI Preparedness Plans formulated/enhanced (Capiz – 6 LGUs; Neg. Occidental – 3 LGUs; Neg. Oriental – 3 LGUs) ;
(14) Started CBEWS installation in at least one barangay (Capiz)
(15) NGO Health Alliances formed (Negros Occidental Health Watch and Capiz Health Alliance);
(16) PHBs convened (after at least three years of non-functionality) as a result of HealthGov's advocacy actions (Capiz, Bohol); and
(17) NGOs represented in PHBs (Capiz, Negros Occidental, Bohol, Aklan) and ILHZ Board (Negros Occidental).

Provincial Technical Assistance Thrusts for Year 3

AKLAN: Improving health care financing in the province and priority ILHZs to ensure sufficient resources for priority public health programs

The Governor is a successful entrepreneur who is determined to improve health service delivery in the province, particularly hospital operations. Thus, he placed three hospitals (one provincial and two district hospitals) under the aegis of the Economic Enterprise Development Department. EEDD is the governor's brainchild, a unit tasked to oversee the operations of the income-generating programs and services of the province. As of 2007 annual financial report, however, the EEDD's total income is still insufficient to support the entire operations of all units under it.

A review of the provincial health situation reveals low performance in maternal care, specifically facility-based deliveries, and in child care, particularly FIC coverage. The province has met the performance standards in TB control although case detection rate and cure rate declined between 2006 and 2007. Variations in all performance indicators across municipalities are evident.

The province is clustered into four ILHZs. All are SEC-registered and have functional technical working groups that conduct regular meetings and oversee implementation of activities and programs. Among the LGUs, Southwest Aklan ILHZ (SWAILHZ), composed of the LGUs of Makato, Lezo, Numancia, Malinao and Madalag, showed varying LGU low performance in 2007 on the following health indicators: facility-based deliveries (very low at 0-3%), pregnant women with at least 4 prenatal visits (low at 4%), contraceptive prevalence rate (26-35%), FIC (32-48%), and Vitamin A coverage (33-43%). Similarly, Northwest Aklan ILHZ (NAILHZ) showed low performance on maternal health indicators particularly deliveries by skilled birth attendants (low at 36%), and facility-based deliveries (low at 0% and 18%).

One major challenge faced by the health sector is the limited resources of the province and LGUs. Aklan is an IRA-dependent, second class province, with majority of its municipalities categorized as 4th or 5th class. In addition, the province is currently debt-servicing the PhP139 million loan from Logofund for upgrading the provincial hospital. This has depleted the budget allocation particularly for public health. The limited resources to support the upgrading of equipment, physical structure of health facilities, and capacity building of health personnel contribute to poor service delivery and public health performance.

The province completed its PIPH in 2007, which was presented to the Governor and the Provincial Health Board (PHB) in 2008. In that meeting, the Governor said that he does not want to "beg" for support to the implementation of PIPH. He thus instructed his local finance committee to mobilize resources to implement PIPH. The PIPH for 2009-2013 has a total investment requirement of PhP505 million. The proposed counterpart fund is PhP156 million from the PLGU and PhP22 million from the MLGUs. On the other hand, the amount proposed to be sourced is PhP130 million from DOH and PhP196 million from other donors.

The province enrolled a total of 50,354 households in the PhilHealth Sponsored Program in 2007. This is more than the expected number of indigent households of around 44,321 based on a poverty rate of 43% in 2006. Premium payments come from the province

(PhP2.8 million), with counterparts from the congressman and mayors. Despite this seemingly over-enrolment of indigents, the Governor reported that his office continues to receive requests for subsidy or hospitalization assistance.

In light of the foregoing, USAID technical assistance for Year 3 (October 2008 to September 2009) will be anchored on *"Improving health care financing in the province and priority ILHZs (Southwest Aklan and Northwest Aklan) to ensure sufficient resources for priority public health programs."*

USAID technical assistance to Aklan from Year 3 onward will have the following elements:

- At the request of the Governor, to undertake an analysis of province-wide resource mobilization options and strategies that generate resources for health with impact on public health performance and outcomes. Such options would invariably include comprehensive implementation of the PhilHealth Sponsored Program, and accessing DOH MNCHN grants.

- Implementation of the PhilHealth Sponsored Program to improve benefit delivery to vulnerable groups as well as generate resources for improved public health outcomes
  - Update the PhilHealth universal coverage sub-plan in the PIPH that includes estimation of the a) indigent population, b) required premium subsidies from LGU, c) expected reimbursements and capitation funds, d) investment requirements for accreditation, e) investments in adopting a means test, and f) cost of local health policy development
  - Improve PhilHealth benefit delivery through enrolment of true indigents using a province-wide means test (i.e., CHLSS), accreditation of health facilities, improving quality of services and logistics, and improving claims
  - Manage PhilHealth revenues: hospital reimbursements, to be managed by the provincial government, could be used to expand hospital benefits by combining provincial government subsidies and PhilHealth reimbursements subject to a fixed co-payment; capitation funds and reimbursements from TB-DOTS and MCP, to be managed by municipalities, could be used to expand public health benefits by combining LGU budget with PhilHealth revenues.

- Selective interventions to support implementation of the Sponsored Program to ensure greater public health investments, increase performance, and improve health outcomes
  - Undertake SDIR follow-through to address issues related to enrolment, access to facilities and services, and claims
  - Behavior change with respect to health insurance enrolment and utilization of services
  - Improve services included in the expanded PhilHealth public health package through commodity security (CSR+), quality of care (SDExH), and capacity building in the provision of FP, TB-DOTS, and micronutrient services
  - Strengthen and tap inter-LGU cooperation through ILHZs in linking the Sponsored Program implementation with improved public health service delivery
  - Facilitate LGU-NGO-private sector partnership for advocacy in promoting enrolment of the informal sector and utilization of services by beneficiaries

- Undertake local policy development in support of financing premium subsidies, investment for accreditation of facilities, rationalization of user fees, and establishment of fund management mechanisms such as revolving fund to ensure use of PhilHealth-generated funds for public health improvement

- Establishment of province-wide M&E system to provide updated information on operational issues, performance, and public health outcomes for decision-making

Technical Assistance areas for Year 3

The TA handle *"Improving health care financing in the province and priority ILHZs (Southwest Aklan and Northwest Aklan) to ensure sufficient resources for priority public health programs"* will serve as the key strategy for increasing MCH, FP, and TB program performance particularly in the low-performing ILHZs of Southwest Aklan (5 LGUs) and Northwest Aklan (5 LGUs), and other low-performing LGUs.

In Year 3, TA interventions, as agreed with the PHO and key local officials, will include assistance to the province and ILHZs on resource mobilization/accessing, PHIC Sponsored Program implementation, strengthening LGU response to CSR, capacity building of health personnel on service delivery provision and planning, strengthening LGU-NGOs/CSOs partnership, and health promotion and communication. These interventions will be provided through the following core TA areas:

A. Technical assistance in support of selective interventions to implement the 2009 AOP to address gaps in SO3 concerns
B. Technical assistance in resource mobilization planning and strategy development that includes planning and implementation of the PHIC Sponsored Program
C. Technical assistance in the preparation of 2010 AOP and installation of province-wide PME to track AOP implementation

A. Technical assistance in support of selective interventions to implement the 2009 AOP to address gaps in SO3 concerns

1. Technical support to the Province, SWAILHZ and NAILHZ in implementing the interventions indicated in the PIPH/ILHZ IPH to address FP service provision gaps

HealthGov will be the lead CA for CSR. The project will assist LGUs update and implement their CSR plans.

1.1 Assist the CHD/PHO in updating the LGU CSR plans and in formulating the province-wide CSR plan
   a) Orient CHD/PHO/DOH Reps on the LGU CSR planning tools (forecasting, etc.);
   b) Assist PHO in the conduct of a 2-day LGU CSR plan updating workshop;
   c) Develop together with the PHO/DRCOs a CSR plan checklist and using this, assist in the review of LGU plans;
   d) Assist the PHO/DRCO formulate a province-wide CSR plan through a 2-day writeshop;
   e) Assist the PHO in finalizing the plan.

1.2 Assist the province, SWAILHZ, NAILHZ in implementing their updated CSR plans, with emphasis on the following: (HealthGov, HealthPRO)

a) Securing budget approval, particularly for the procurement of FP commodities for the poor based on the forecast requirement:
   - Assist the LGU MHO team develop appropriate presentation materials as advocacy support during presentation to Sanggunian and LCE;
   - Provide technical support to LGU MHO team during meetings with LCEs;
   - Link up ILHZ/LGU with commercial sources of FP commodities.

b) Ensuring availability of skilled FP health workers to provide FP services including IUD insertion/removal (except permanent methods)
   - Provide training support to SWAILHZ and NAILHZ with untrained midwives on FPCBT.

c) Forging partnerships with NGOs/private sector in the province, specifically on FP health promotion and behavior change, as part of increasing FP awareness leading to increased utilization of FP (and basic MCH) services. For this part, the same NGO contracted by HealthGov to assist the province on PHIC-related activities will be utilized. This component will be done in close collaboration with HealthPRO. Through the contracted NGO, HealthGov will:
   - Assist the province/ILHZ identify NGOs/private sector with community-based programs (health or non-health with the poor as program beneficiaries), that it can partner with to promote key FP messages;
   - Assist the province and ILHZ negotiate with these NGOs/private sector in integrating key FP messages or modules in their existing programs (e.g., an NGO with a livelihood or micro-credit program will integrate FP/health promotion in their modules for borrowers, and RHU personnel will be tapped as resource persons).

d) Local policy development in support of LGU CSR plan implementation
   - Assist ILHZ/LGU/NGO/CSO in the formulation, through small group sessions, of policies/guidelines for the adoption of a distribution scheme for free commodities following the inputs on CSR policy formulation

e) Assist the province/ILHZ sustain monitoring of LGU CSR plans implementation
   - Provide the province/ILHZ TA in the development of a CSR monitoring checklist;
   - Orient PHO/DOH Reps/ILHZ/LGU on the CSR monitoring checklist;
   - Provide technical support to the province/ILHZ in monitoring LGUs' CSR plan implementation using the checklist.

1.3 Technical support to the province/DOH Reps in conducting regular ICV compliance monitoring

a) Assist the province/DOH Reps in orienting LGU health personnel on ICV compliance monitoring;
b) Provide the province/DOH Reps technical support in developing and implementing a provincial ICV monitoring plan.

Milestones

- 17 updated city/municipal CSR plans
- 1 province-wide CSR plan
- 20 RHMs trained on FPCBT
- 1 provincial policy/guidelines crafted in support of CSR plan implementation

- 5 LGUs of 1 ILHZ approving an FP-related approved policy on the distribution scheme of free or government-purchased FP commodities
- 3 LGUs forging a memorandum of understanding with an NGO/private sector for the integration of FP into their existing program
- 25 health personnel trained on ICV compliance monitoring
- 10 LGUs from SWAILHZ and NAILHZ with ICV compliance quarterly reports

Expected results
- At least eight (80% target of the province) LGUs from SWAILHZ and NAILHZ with approved budget for FP contraceptives
- At least 5 LGUs from SWAILHZ and NAILHZ have procured contraceptives based on their commodity forecast
- 10 additional RHMs from SWAILHZ and NAILHZ able to provide FP services including IUD insertion/removal in their respective RHUs

2. Technical support to the province and low-performing LGUs in the implementation of their selected interventions for MCH, FP, and TB stated in their ILHZ IPH

2.1 Child Health

a) TA to province and ILHZs in improving Vitamin A supplementation coverage for 6-71 month old children (in collaboration with A2Z). Assist the province core group in the analysis of data on micronutrients particularly on GP (Vitamin A supplementation coverage) using the accomplishment reports, by identifying issues and concerns for low coverage and concrete activities/strategies for improvement:
   - Develop tools for doing the analysis, such as guide questions, checklist and consolidation matrix/worksheet;
   - Orient the core group on these tools and their use;
   - In a small group meeting, assist the core group in analyzing the data using the tools.

b) Assist the province in the conduct of a one-day planning workshop for MHOs to develop the GP social mobilization plan, including presentation of assessment results and related updates:
   - Present and validate the GP assessment results made by the core group
   - Discuss and agree with the LGU participants on the issues and concerns for low coverage
   - Identify concrete and doable actions to improve the coverage
   - Present technical updates on GP activities (include plan to conduct rapid community assessment) with resource persons from DOH, CHD, PHO, HealthPRO, and A2Z
   - Prepare social mobilization plan per LGU using suggested worksheet
   - Monitor and follow up implementation of plans with CHD and PHO.

c) Assist province/ILHZs in the conduct of a rapid community assessment (RCA) of Reaching Every Barangay (REB) for GP to be conducted 3 weeks after the GP in April 2009 and in October 2009 using the DOH guidelines and prescribed instrument:
   - Discuss with the core group the guidelines and instrument developed by DOH;

- Revise and finalize the instrument to include suggestions in the improvement of the RCA instrument;
- Discuss the sampling and methodologies in determining the priority areas to be visited;
- Identify the staff to be involved and orient them on the procedures using the prescribed instrument;
- Discuss areas of assignment with the staff to be involved.
- Assist PHO staff and DOH Reps in the actual conduct of RCA
- Provide assistance in data analysis and writing up the RCA findings
- Assist the provincial nutritionist/DOH Reps in the presentation of results to PHO.

d) Assist and propose with CHD and PHO for the recognition of high-performing LGUs for GP using the GP accomplishment report and RCA results
   - Discuss plan with the core group about the recognition awards;
   - Develop a checklist/instrument in identifying the LGUs to be recognized;
   - Orient the core group on how to use the checklist/instrument;
   - Conduct a one-day meeting with the core group and identify LGUs/ILHZs with high coverage;
   - Present certificates of recognition during one of the special events observed in the province.

2.2 TA to the province to increase utilization of zinc and reformulated ORS in the management of diarrhea among children

a) Utilization of zinc and reformulated ORS in the management of diarrhea among children (integrated with IMCI training)
   - Coordinate with the provincial nutritionist and IMCI coordinator regarding the schedule of orientation on AO No. 0045 (Utilization of zinc and reformulated ORS in the management of diarrhea among children);
   - Discuss DOH guidelines on integration of zinc with IMCI;
   - Conduct an orientation on AO No. 0045 with the PHO technical staff and MHOs (guidelines, allocation, reporting, and monitoring).

Milestones

- 17 LGUs implementing GP mobilization plans that incorporates the priorities identified in the PIR using the SDIR+
- 17 LGUs with trained staff on - the guidelines, allocation, reporting and monitoring to increase the utilization of zinc and reformulated ORS in the management of diarrhea among children

Expected results

- At least 5 LGUs with budget allocation for the procurement of Vitamin A to increase Vitamin A coverage
- At least 50% of the total number of LGUs in the province with budget allocation for the procurement of zinc

3. Support CHD/PHO in the capability building of health staff to improve service provision on MCH, FP, and TB in priority low performing areas (HealthGov, HealthPRO, TB LINC, A2Z)

3.1 MCH and FP

a) Installation of maternal death review at the province and ILHZ levels
   - Provide technical support to the province and SWAILHZ in the maternal death review (MDR) orientation;
   - Assist SWAILHZ in developing an MDR action plan;
   - Assist SWAILHZ in securing approval of the MDR action plan from the ILHZ; board, including issuance of an executive order for the MDR teams;
   - Provide training support to the province and ILHZ on MDR;
   - Provide technical support to the province and ILHZ in analyzing results of the maternal death reviews and in planning for the appropriate interventions.

b) Training on community-managed maternal and newborn care for 20 untrained health workers of 13 low-performing LGUs;

c) Training of trainers of selected health personnel of the province on the manual of operations of the micronutrient supplementation program
   - Provide the province technical support in the provincial rollout of the training for LGUs;
   - Provide the province technical support in the conduct of post-training follow-up.

3.2 Micronutrients

a) Assist the CHD and PHO in the selection of provincial participants to be trained on the manual of operations of the micronutrient supplementation program (strengthening the local-level implementation of micronutrients program);

b) Provide technical support to the province in the provincial roll-out training for LGUs
   - Organize a pool of trainers from CHD and PHO;
   - Request training materials from DOH;
   - Prepare training worksheet for approval and funding support;
   - Conduct facilitators' meeting to discuss details of the training program;
   - Activities, resource persons and assignments, venue, training kits, pre- and post-evaluation, attendance, training evaluation, etc.);
   - Conduct training with the pool of trainers;
   - Evaluate the results of the training.

c) Provide technical support to the province in the conduct of post-training follow-up
   - Discuss with CHD and PHO the rollout training with the MHOs and selected staff;
   - Conduct rollout training with the PHO, CHD, and trainers using training funds from DOH;
   - Conduct of post-training monitoring using prescribed guidelines/checklist.

3.3 TB

For TB-specific interventions, first priority LGUs are the low CDR - low CR areas of Balete, Batan, and Kalibo; second priority LGUs are the high CDR - low CR areas of Altavas, Malinao, and Numancia.

a) Provide training support in Monitoring Supervision and Evaluation (MSE);

b) Provide TA on quality assurance in DSSM through dissemination of the administrative order on TB quality assurance system;
c) Provide LGUs TA to train RHMs and BHWs on basic DOTS and sputum smearing;
d) Provide training support to medical technologists of first and second priority LGUs on DSSM;
e) Assist LGUs on forecasting and budgeting logistics requirements for TB.

Milestones

- 20 personnel trained in maternal death review
- 1 executive order on MDR team issued
- 15 RHMs trained on CMMNC
- 30 health personnel trained on inter-personal communication skills
- 15 personnel trained in REB
- 30 PHO and RHU staff trained on strengthening the local-level implementation of micronutrient program (manual of operations on micronutrient program)
- 17 TB health personnel trained on MSE
- 17 Medical technologists/RHMs trained on DSSM
- At least 30 RHMs and BHWs (5 from the 6 priority LGUs) trained on basic DOTS and sputum smearing

Expected results

- Provincial MDR Committee actively doing their functions which will help contribute to the reduction in maternal deaths
- At least 1 executive order issued in support to the organization of the MDR Committee
- At least 10 health personnel practicing CMMNC in hard-to-reach areas which will contribute to the increase in deliveries attended by skilled birth attendants

4. Provide technical support to the province and ILHZs in the formulation of a strategic communication plan (SCP) and assist the PHO, ILHZ and selected LGUs in implementing it

In general, this will be an input to PIPH. Specifically, the SCP will be a provincial plan to improve the health-seeking behavior (particularly in regard to FP, facility-based delivery, FIC, and TB) of consumers in low-performing areas. This TA will be led by HealthPRO with support from the rest of the CAs. The list of activities for this particular component will be expanded once the SCP has been finalized.

4.1 Provide technical support to the PHO, DOH Reps, and selected municipal health teams in the formulation of a provincial SCP based on the results of the SDIR Plus. Facilitate the conduct of the planning workshop for province/ILHZ/selected LGUs on the formulation of a provincial SCP

4.2 Assist the province and SWAILHZ and NAILHZ in the implementation of selected interventions indicated in the SCP which may include the following (HealthPRO as lead CA):
a) Development of key messages and/or easy-to-understand, socially and culturally appropriate health messages for the intended target groups (e.g., conversion of pregnant mothers/clients into FP clients, health promotion for mothers to utilize

the public-private or private-public referral system, health promotion messages for pregnant mothers to go for pre-natals and give birth in MCP-accredited RHUs which will result in increased PHIC reimbursements for LGUs);

b) Training of health service providers on family planning counseling for low-performing municipalities.

Milestones

- 1 provincial SCP formulated (HealthPRO)
- At least 30 provincial/ILHZ/LGU health personnel trained on health message development (HealthPRO)

Expected results

- Increased utilization of priority health services

B. Technical assistance in resource mobilization planning and strategy development that includes planning and implementation of the PHIC sponsored program

1. Technical support to the province and Southwest Aklan ILHZ in the implementation of interventions identified in the PIPH/ILHZ IPH related to financing, including PHIC-related TA, resource mobilization, and accessing FP/MNCHN grants to improve priority health programs (MCH, FP, and TB)

The USAID CAs will work together in providing assistance to the PHO, selected ILHZs, and LGUs. HealthGov will lead the provision of TA on resource mobilization planning, PHIC planning and implementation, with TB LINC taking care of assistance in TB facility accreditation. HealthGov and TB LINC will jointly facilitate the provision of TA in LGU-private partnerships. TB LINC and A2Z will provide service delivery-specific TB and micronutrient TA to priority LGUs.

1.1 TA to the province and SWAILHZ in formulating and getting ILHZ board approval of the resource mobilization plan

a) Assist the province and ILHZ in assessing, through consultations using an assessment tool, the status and implementation of existing financing strategies, and the status of PhilHealth Sponsored Program (coverage, utilization, revenues and their utilization, accreditation) implemented by LGUs
   - Assist the PHO/ILHZs in the preparation of appropriate discussion materials for use during initial discussions and consultations with key personnel of the province/ILHZ on their existing financing strategies (e.g., users' fee, PHIC, access to FP/MNCHN and other grants);
   - Develop and finalize, together with the province/ILHZ, the assessment tool;
   - Support the province and ILHZ in the conduct of the assessment using the tool;
   - Develop guide questions as aid in the analysis of the assessment;
   - Assist the province and ILHZ in the analysis of results, using the guide questions, through a small group meeting.

b) Assist the province and ILHZ in the resource mobilization planning workshop
   - Develop and finalize together with the province and ILHZ the workshop design, presentation materials and resource persons;

- Assist the facilitators in the conduct of the planning workshop to draft the resource mob plans. In this workshop, assist the province and ILHZ engage the participation of an NGO/private group (preferably the NGO representative of the local health board or ILHZ board).

c) Provide advocacy support to the province and ILHZ in presenting the resource mobilization plans and securing approval from the SP and ILHZ Board, including budget commitment
   - Assist the provincial and ILHZ teams in the preparation of presentation materials and talking points;
   - Provide support during meetings with SP and ILHZ board to present resource mobilization plans.

d) Assist the provincial and ILHZ team in the preparation of proposals and other requirements for funding requests with identified sources.

Milestones

- 1 Approved provincial resource mobilization plan to support core public health programs
- 1 Approved ILHZ resource mobilization plan to support core health programs of the five LGUs of Southwest Aklan ILHZ

Expected results

- Fund leveraged to support core public health programs

1.2 TA to the province and SWAILHZ in the formulation and approval of the PHIC universal coverage plan

a) Orient the province and ILHZs on the PHIC assessment results and the planning components of and tools in formulating a PHIC universal coverage plan;
b) Assist the province/ILHZ in the conduct of planning/workshop for the formulation of a PHIC universal coverage plan;
c) Assist the PHO in providing advocacy support to ILHZs in presenting the PHIC plans and securing approval from the ILHZ Board, including budget commitment.

1.3 TA to the province and SWAILHZ in the implementation of their PHIC plan, with emphasis on the following

a) Assist LGUs in the PHIC accreditation of their RHUs for MCP: 2 (SWAILHZ) and 3 other priority LGUs (Balete, Batan, New Washington); TB-DOTS: 4 LGUs
   - Provide training support to RHMs of 5 RHUs on life-savings skills (LSS), a PHIC requirement for MCP accreditation;
   - Assist LGUs in facilitating the process of completing requirements for MCP accreditation;
   - Assist non-TB-DOTS accredited LGUs in first and second priority LGUs in completing certification and PHIC accreditation requirements for TB-DOTS facilities.

b) Assist the province/ILHZs in the development of local policy and guidelines in establishing fund mechanisms to ensure use of PHIC-generated funds for public health improvement
   - Orient province/ILHZs on fund mechanism schemes (e.g., setting up a trust fund, a percentage of which will be used for facility improvement, procurement of commodities, incentives to health providers, etc.) for the use of PHIC

capitation or reimbursements for public health and provide TA in choosing appropriate scheme;

- Provide technical support to the province and ILHZs technical working group in advocating for and getting ILHZ board approval of the fund mechanism;
- Assist the province and ILHZs in improving utilization of TB-DOTS package reimbursements through policy and guidelines development on the use of TB-DOTS reimbursements (TB LINC);
    - Assist the ILHZs on local policy development for sustained financing of premium subsidies for enrolment of the poor. Provide support to the province/ILHZ in advocating for ILHZ board approval of the scheme for premium subsidies financing for the poor as detailed in the PHIC universal coverage plan through the preparation of appropriate presentation materials and coaching the key health personnel on what key messages should be delivered to the LCEs/ILHZ board.
    - Assist the province/ILHZ in engaging the services of a local NGO to help advocate for the enrolment of the informal sector and promoting/ increasing awareness of member's benefits among members of the Sponsored Program as part of the PHIC universal coverage plan of the province and ILHZs. This NGO will be contracted by HealthGov and work closely with the province/ILHZ to facilitate the identification of NGOs/ private groups who are working with or whose program beneficiaries belong to the informal sector (e.g., tricycle and "*trisikad*" drivers association, market vendors association), and encourage these groups to enroll their members with PHIC. The additional enrolment of the informal sector will help increase revenues from PHIC reimbursements for MCP, TB-DOTS, and OPB).

Milestones

- 5 LGUs with PHIC universal coverage plan
- 5 LGUs accessing FP and MNCHN grant
- 6 RHMs trained on LSS
- 2 LGUs with accredited by PHIC for MCP
- 2 LGUs accredited by PHIC for TB-DOTS
- 5 LGUs with an NGO/CSO engaged by the province/ILHZ to enroll members classified under the informal sector

Expected results

- Increase in the enrolment of indigent families in SWAILHZ
- Additional 2 RHUs (for a total of 14 RHUs) providing quality TB-DOTS services to increase TB CDR and CR
- FP grant accessed (PhP1.1 million) and utilized to procure FP commodities
- At least 1 ILHZ (SWAILHZ) with an approved budget for PHIC Sponsored Program

C. Technical assistance in the preparation of 2010 AOP and installation of province-wide PME to track AOP implementation

1. Technical support to the province/ILHZs/LGUs in the conduct of PIR and AOP/ AIP preparation

1.1 In collaboration with all CAs, facilitate the conduct of province-wide PIR using SDIR
   a) Support the province/ILHZs/LGUs in the conduct of provincial/ILHZ PIR workshops using the SDIR tool (All CAs);
   b) Assist the province and ILHZs in engaging the participation of NGOs/CSOs in PIR and planning process;
   c) Assist the SWAILHZ and NAILHZ in the consolidation and analysis of the SDIR results (HealthGov);
   d) Assist SWAILHZ and NAILHZ in packaging SDIR results for dissemination to LCEs/ILHZ Board and generating budget support for MCH, FP, and TB programs (HealthGov).

1.2 Technical support to the PHO/MHOs in the formulation of 2010 AOP/AIP that reflects health service, governance, and financing priorities for low-performing LGUs in priority ILHZs, the process of which will be participated in by NGO/CSO representatives of PHB or LHB and organizations engaged by the province for their active health programs
   a) Ensure utilization of SDIR results in the formulation of 2010 AOP/AIP giving priority to low-performing LGUs in the ILHZs;
   b) Provide technical support to the province/ILHZs/LGUs in the conduct of AIP planning workshop;
   c) Strengthen local TB control plans through the review and updating of situational and gaps analysis of TB control program in PIPH and identification of interventions such as enforcement of existing policy on the use of TB reimbursements for the purchase of Category 3 anti-TB drugs, and monitoring and supervision (TB LINC).

Milestones
- 17 municipalities have conducted SDIR workshops and prepared acceleration plans
- 1 provincial-level SDIR workshop conducted
- 5 LGUs with NGOs/CSO inputs in the SDIR workshops and AOP/AIP development and formulation
- 1 provincial 2010 AIP developed and approved
- 17 municipal AOPs/AIPs formulated and approved

Expected Results
- Investments in key programs with attention to FP, MNCHN, and TB, facilitating the flow of funding to improve service delivery and service utilization.

AKLAN – Improving health care financing in the province and priority ILHZs (Southwest Aklan and Northwest Aklan) to ensure sufficient resources for priority public health programs

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Technical assistance in support of selective interventions to implement the 2009 AOP to address gaps in SO3 concerns**					
A1	Technical support to the Province, SWAILHZ and NAILHZ in implementing the interventions indicated in the PIPH/ILHZ IPH to address FP service provision gaps					
	IR 1.1B	17 updated city/municipal CSR plans		**X**		
	IR 1.1B	1 province-wide CSR plan completed		**X**		
	IR 1.3A	20 RHMs trained on FPCBT				**X**
	IR 1.1G	1 provincial policy/guidelines crafted in support of CSR plan implementation			**X**	
	IR 1.1G	1 FP-related policy on the distribution scheme of free or government-purchased FP commodities approved by 5 LGUs of 1 ILHZ			**X**	
	IR 1.1H/ IR 1.4D	A memorandum of understanding forged between 3 LGUs and an NGO/Private sector for the integration of FP into their existing programs				**X**
	IR 1.3E	25 health personnel trained on ICV compliance monitoring		**X**		
	IR 1.3E/ IR 1.1H	ICV compliance quarterly reports of 10 LGUs from SWAILHZ and NAILHZ completed			**X**	**X**
A2	Technical support to the province and low-performing LGUs in the implementation of their selected interventions on MCH, FP, and TB stated in their ILHZ IPH					
	IR 1.3D	GP mobilization plans that incorporates the priorities identified in the PIR using the SDIR+ implemented by 17 LGUs			**X**	
	IR 1.3A	17 LGUs with trained staff on the guidelines, allocation, reporting and monitoring to increase the utilization of zinc and reformulated ORS in the management of diarrhea among children			**X**	
A3	Support CHD/PHO in the capability building of health staff to improve service provision on MCH, FP, and TB in priority, low performing areas					
	IR 1.3A	20 personnel trained in maternal death review		**X**		
	IR 1.1G	1 executive order on MDR team issued	**X**			
	IR 1.3A	15 RHMs trained on CMMNC				**X**
		30 health personnel trained on inter-personal communication skills (HealthPRO)				
	IR 1.3A	15 personnel trained in REB			**X**	
	IR 1.3A	30 PHO and RHU staff trained on strengthening the local-level implementation of micronutrient program (manual of operations on micronutrient program)			**X**	
	IR 1.3A	17 TB health personnel trained on MSE			**X**	
		17 Medical technologists/RHMs trained on DSSM (TB LINC)				
		30 RHMs and BHWs (5 from the 6 priority LGUs) trained on basic DOTS and sputum smearing (TB LINC)				

A4	Provide technical support to the province and ILHZs in the formulation of a strategic communication plan (SCP) and assist the PHO/ILHZ/selected LGUs in implementing it					
		1 provincial SCP formulated (HealthPRO)				X
		30 provincial/ILHZ/LGU health personnel trained on health message development (HealthPRO)				X
B	**TA in resource mobilization planning and strategy development that includes planning and implementation of the PHIC sponsored program**					
B1	Technical support to the province and Southwest Aklan ILHZ in the implementation of interventions identified in the PIPH/ILHZ IPH related to financing, including PHIC-related TA, resource mobilization, and accessing FP/MNCHN grants to improve priority health programs (MCH, FP, and TB)					
	IR 1.1G/ IR 1.2A	1 Approved provincial resource mobilization plan to support core public health programs			X	
	IR 1.1G/ IR 1.1I	1 Approved ILHZ resource mobilization plan to support core health programs of the five LGUs of Southwest Aklan ILHZ			X	
B2	TA to the province and SWAILHZ in the formulation and approval of the PHIC universal coverage plan					
	IR 1.2C	5 LGUs with approved PHIC universal coverage plan		X		
B3	TA to the province and SWAILHZ in the implementation of their PHIC plan					
	IR 1.1B/ IR 1.2D	5 LGUs accessed FP and MNCHN grant		X		
	IR 1.3A	6 RHMs trained on LSS			X	
	IR 1.2C	2 LGUs accredited by PHIC for MCP				X
	IR 1.2C	2 LGUs accredited by PHIC for TB-DOTS				X
	IR 1.4D	5 LGUs with an NGO/CSO engaged by the province/ILHZ to enroll members classified under the informal sector				X
C	**Technical assistance in the preparation of 2010 AOP and installation of province-wide PME to track AOP implementation**					
C1	Technical support to the province/ILHZs/LGUs in the conduct of PIR and AOP/ AIP preparation					
	IR 1.3D	17 municipalities have conducted SDIR workshops and prepared acceleration plans			X	
	IR 1.3D	1 provincial-level SDIR workshop conducted			X	
	IR 1.4D	5 LGUs provided with NGO/CSO inputs in the SDIR workshops and AOP/AIP development and formulation			X	
	IR 1.1A	1 provincial 2010 AIP developed and approved			X	
	IR 1.1A	17 municipal AOPs/AIPs formulated and approved			X	

BOHOL: Strengthening public-private partnerships: A strategy to improve MCH, FP and TB health outcomes in the province

The Governor, who is on his last term, has been able to mobilize support and resources for different sectors, including health. Two of the Governor's 10-Point Agenda (10 in 2010) is specific to health, namely**:**

- Managing population growth by reducing the growth rate through a program that provides its people with options for FP, and,
- Improving the people's well-being through upgrading of hospital services, increasing health insurance coverage under PhilHealth, reduction of child mortality, malnutrition and incidence of diseases, medical missions and improved environmental sanitation.

Bohol has been a recipient of local and foreign donors starting in early 2000, when it has been listed as one of the 20 poorest provinces in the country. During these times, the private sector actively partnered with the local government and assisted the province improve its poverty ranking in the country. An example to this was the partnership with private groups for the power and water development program, which resulted in a stable power supply in the province.

In 2007, through the initiative of the PHO and with the Governor's approval, the province reduced the number of Inter-local Health Zones (ILHZ) from nine to five. This move aims to maximize use of resources and to better manage delivery of services. To date, the five ILHZs are: Tagbilaran ILHZ (Tagbilaran City and 12 municipalities); Jagna ILHZ (9 municipalities); Carmen ILHZ (10 municipalities); Talibon ILHZ (8 municipalities), and Loon ILHZ (8 municipalities). Of the five, only Carmen ILHZ is organized, SEC-registered and has its project management team that runs the day to day implementation of the zone. The rest of the ILHZs are in the process of re-organization.

A review of the health situation of the province reveals low performance in FP, MCH and TB (except for TB cure rate which is above national performance standard). In particular, the indicators whose performance is low against standards are: facility-based deliveries (25%), where LGUs of Talibon ILHZ performed the lowest; FIC coverage (66%), lowest performer is Loon ILHZ; TB case detection rate (65%), and a low CPR (28%), where Jagna and Tagbilaran ILHZs have the lowest CPR (some LGUs with CPR below 10%).

Supporting the government's efforts in responding to the health situation is an active private sector. Through the efforts of the PRISM project, the Family Health Program (FHP) was installed in 13 companies, 14 cooperatives and one SME (Small-Medium Enterprise). Family planning in the workplace is implemented by the Alturas Group of Companies and Bohol Quality Corporation. They have included FP/MCH topics in their pre-employment orientation and had established clinics in the different workplaces. Three clinic malls, manned by trained midwives, were established. Botika Express was set up in 8 of 14 cooperatives in partnership with Gershion Company, a pharmaceutical company that supplies the drugs. The IMAP–BOHOL was also spun off as an enterprise, resulting to an increased income of 46% from the sale of FP commodities and 60% increase from their services. The IMAP Lying in Clinic currently has seven branches province-wide, three of which are MCP accredited. Along with this is the continuing capability building for the midwives, which resulted to 77 midwives trained on Basic Enterprise Sustainability Training (BEST), a course that will equip a midwife to operate her own FP/MCH clinic, and 22 midwives trained on Life Saving Skills (LSS), a requirement of PHIC for the accreditation of midwives as service providers.

However, LGUs raised the concern for under-reporting as clients who go to private service providers were not reported. For instance, FP and basic MCH services provided at the IMAP lying-in clinics with six birthing homes, as well as those provided at company clinics that provide FP/MCH services, are not reported to the P/MHO. There is also no monitoring system in place to ensure that these performances are captured and reported as the province's total health performance.

In 2006, the Governor made a public announcement encouraging private sector, NGOs, CSOs, and business groups to a partnership and joint ventures with the provincial government for the total development of the province. Most recently, the Provincial Health Officer and the SP on Health recognized the efforts of the private sector in the delivery of health services, and expressed their interest in strengthening and expanding public-private partnership. Therefore, considering all these, USAID's strategic handle in the province in Year 3 is *"strengthening public-private partnerships: a strategy to improve MCH, FP and TB health outcomes in the province"*.

Technical assistance will be provided to further strengthen LGU-private sector collaboration and to improve public health performance and outcomes through the following mechanisms:

A. Expansion of LGU- private companies/private health service providers partnership:
   - Expansion of private service providers of FP and basic MCH services in the province.
   - FHSIS enhancement –establish a mechanism for companies to report service outputs for inclusion to public health service statistics of ILHZ and municipalities.
B. Expansion of LGU-NGO/CSO partnership to help promote MCH, FP and TB services among NGO program beneficiaries leading to increased utilization
   - Provision of grants to NGO/CSO to undertake advocacy, health promotion, and support of FP, MCH and TB control programs. Initially, the project will work with the current PRISM partner, BANGON, an umbrella of around 30 NGOs with health and other programs operating in various areas in the province.
C. Selective interventions in service delivery to address critical gaps in behavior change communication, commodity security (CSR+ planning), accreditation of facilities, and capacity building of health workers in the provision of FP, MCH and TB control services)
D. Completion of MIPH/ILHZ-IPH and PIPH and AOP/AIP, and development of an LGU M&E system to monitor their implementation and impact on public health outcomes.

Year 3 Technical Assistance

In year 3, HealthGov will work closely with PRISM, the USAID private sector program for FP and basic MCH and that has identified the province as one of its priority areas or Local Market Model (LMM) area in their fifth project year (October 2008-September 2009). The USAID CAs will start with existing private sector partners in the province for the expansion of LGU-private partnerships for FP programs. Other CAs – TB Linc, A2Z and HealthPRO, will closely work with HealthGov in providing some TAs, priority of which are also in the low performing areas – which can either be ILHZs, as in the case of Jagna and Tagbilaran ILHZs for FP, or LGUs with low CDR, low CR on TB. In addition, USAID CAs (with HealthGov as lead) will continue to assist the CHD/province in the formulation

of the Province-wide Investment Plan for Health (PIPH), including CSR planning, MIPH completion and ILHZ integration.

Technical assistance will focus on:

A. Completion of 2010 M/C/P-IPH/ AOP/ AIP and CSR sub-plan including approval and policy support and installation of PME;
B. Expansion of LGU-private sector partnership in FP, MCH and TB;
C. Implementation of selective interventions to improve service delivery in FP, MCH and TB in low performing areas based on the service delivery acceleration plan level 1 interventions.

A. Completion of 2010 M/C/P-IPH/ AOP/AIP and CSR sub-plan including approval and policy support and installation of PME

(1) Technical support to the CHD, PHO and C/MHOs in the formulation and approval of the Province-wide Investment Plan for Health (PIPH)

HealthGov, together with the CAs (HealthGov, A2Z, HealthPRO, TB-Linc and PRISM), will assist the CHD, province formulate the PIPH. Inputs to these are the C/MIPH completed by LGUs during the 3rd quarter of 2008. The plan will also serve as the health/sub-sector plan of the 6-year Provincial Physical Framework Development Plan (PPFDP), the crafting of which this year is spearheaded by the PPDO. The process of formulating the plans (ILHZ, PIPH) will be participated in by the private sector, starting with existing PRISM and TB-Linc partners, and by some NGO/CSOs operating FP, TB and MCH programs in priority areas. All CAs will work together with the province, ILHZs in reviewing and refining the PIPH, especially in the area of SO3 program components.

Activities

a. Assist the CHD and members of the Provincial Planning Facilitators (PHO and DOH Reps) in the completion and approval of the city/municipal Investment Plan for Health (C/MIPH)
   - Assist the PPF in the development and use of a checklist in monitoring completion of C/MIPH by LGUs;
   - Provide advocacy support to selected LGUs in securing the approval of the C/MIPH from the local development? councils and LCEs.
b. Technical support to the CHD, PHO, ILHZ in the formulation and approval of ILHZ IPH
   - Assist the CHD, PHO in the development of ILHZ integration planning tools;
   - Assist the CHD, PHO in orienting the PPF on the use of these tools;
   - Assist the PHO in engaging the participation of existing PRISM, TB-Linc private partners and other private sector/NGO/CSO in the ILHZ planning workshop to provide inputs on and help plan for LGU-private sector partnerships interventions in the area of FP, TB or MCH in selected LGU/ILHZ
   - Provide technical support during the planning workshop;
   - Advocacy support to the PHO, ILHZs in presenting the ILHZ IPH to the ILHZ board and securing budget approval through ILHZ board meetings.
c. Assist the CHD, PHO, ILHZs and private groups in the formulation of the PIPH
   - Assist CHD, PHO in customizing PIPH planning guidelines, tools;
   - Assist CHD, PHO in orienting the PPF on these tools;

- Provide technical support during the PIPH consolidation workshop and succeeding sessions, write shop to complete the PIPH;
- Assist in the conduct of joint technical reviews by CHD, PHO, USAID CAs

d. Advocacy support to the PHO, NGO/CSO in presenting the PIPH to the Provincial Finance Committee, through the PHB, for their endorsement of the provincial counterpart and in securing the approval of the Governor
e. Assist the PHO in ensuring that the PIPH, as the health sector sub-plan, is integrated into the 6-Year PPFDP 2009.

Milestones

- city and 47 municipal LGUs with C/MIPH completed and approved for implementation
- 5 ILHZ IPH completed and approved for implementation by the respective ILHZ boards
- 1 PIPH technically reviewed, formulated and endorsed by Provincial Health Board and office of the governor
- 48 AOP/AIP formulated by 1 city and 47 municipal LGUs and corresponding ordinance for implementation issued
- Province-wide PME installed

Expected results

- province and 48 LGUs implementing comprehensive critical interventions to address MCH, FP and TB health situation

(2) Technical support to the Province/LGUs in updating the LGU CSR Plans, and assist the province, and Jagna, Tagbilaran ILHZ in the implementation of these plans to address gaps in FP service provision

HealthGov will be the lead CA for CSR. The project will assist LGUs update the 1-year CSR action plans developed in 2007 and assist priority Jagna and Tagbilaran ILHZs implement their updated CSR plans. It will work closely with HealthPRO for the FP health promotions and communications component. TA in the implementation will focus on assisting LGUs secure approval of CSR plan and its corresponding budget for the FP commodities, expanding private sector alternatives for FP services in the priority areas, strengthening the two-way referral system between public and private and ensuring that these are captured in the local health reports, and capacity building of health providers to contribute to making available complete range of FP services in the area.

Activities:

a. Assist the CHD/PHO in updating the LGU CSR plans and in formulating the Province-wide CSR plan
    - Orient CHD/PHO/DOH Reps on the LGU CSR planning tools (forecasting, etc.)
    - Assist PHO in the conduct of a 2-day LGU CSR plan updating workshop
    - Develop together with the PHO/DRCOs a CSR plan checklist and using this, assist in the review of LGU plans
    - Assist the PHO/DRCO formulate a province-wide CSR plan
    - Assist the PHO finalizing the plan

b. Assist the province, Jagna and Tagbilaran ILHZs implement their updated CSR Plans, with emphasis on the following:

Securing approval of CSR plan and budget, particularly for the procurement of FP commodities for the poor based on the forecast requirement

- Assist the LGU MHO team develop appropriate presentation materials to LCE, council
- Provide technical support to LGU MHO team during meetings with LCEs
- Link up ILHZ/LGU with commercial sources of FP commodities

Ensuring availability of FP services up to provision of IUD insertion

- Provide training support to at least 30 RHMs of Jagna and Tagbilaran ILHZs and other low performing LGUs in the province with untrained midwives on FP-CBT

Forging partnerships with private FP providers (in collaboration with PRISM):

- Work with province, ILHZs and/or LGUs where there are existing PRISM-assisted FP in the workplace programs for possible public-private partnership, specifically on referral of clients between public-private or private-public
- Assist IMAP in operationalizing the Family Planning Action Session (FPAS) serving private-public sectors to increase number of FP acceptors in local communities (PRISM)
    - Conduct a training of trainers of PHO technical staff, IMAP on FPAS sessions in workplaces, cooperatives and local community
- Assist IMAP, PHO integrate the on-going community-level private sector FP & MCH education efforts to public sector health promotion programs

Local policy development in support of LGU CSR plan implementation

- Assist ILHZ/LGU/NGO-CSO in the formulation of policies/guidelines for the adoption of a scheme for the distribution of free commodities

Assist the province/ILZH sustain monitoring of LGU CSR plans implementation

- Provide TA to the province/ILHZ in the development of a CSR monitoring checklist
- Orient PHO/DOH Reps/ILHZ/LGU on the CSR monitoring checklist
- Provide technical support to the province/ILHZ in monitoring LGUs' CSR plan implementation using the checklist

c. Technical support to the province/DOH Reps in conducting regular ICV compliance monitoring
    - Assist the province/DOH Reps in orienting LGU health personnel on ICV compliance monitoring
    - Provide technical support to the province/DOH Reps in developing a provincial ICV monitoring plan and in its subsequent implementation

Milestones

- 48 updated city/municipal CSR plans
- 10 LGUs from Jagna and Tagbilaran ILHZs with approved CSR plans and budget for the procurement of FP commodities
- 1 province-wide CSR Plan with supporting provincial policy/guidelines approved
- 20 RHMs trained on FP-CBT
- 5 LGUs from 1 ILHZ collaborating with each other for referral system and with a signed MOU
- 20 PHO/DOH Reps and 50 C/MHO and other LGU health personnel trained on ICV compliance monitoring and 1 provincial ICV monitoring planned formulated
- 10 LGUs from 2 ILHZs with ICV compliance quarterly reports

Expected results

- At least 10 LGUs from Jagna and Tagbilaran ILHZs procuring FP commodities based on CSR plan forecasts
- At least 10 RHUs providing FP services up to IUD insertion

(3) Provide technical support to the province, ILHZ, LGUs in the formulation of a Strategic Communication Plan (SCP) and assist the PHO/ILHZ/selected LGUs in the implementation of the plan

In general, this will be an input to the PIPH; specifically, it will be a provincial plan to improve the health seeking behavior (particularly on FP, facility-based delivery, FIC and TB) of consumers in low performing areas. This TA will be lead by HealthPRO, with the rest of the CAs supporting. Note too that the list of activities for this particular component will be expanded once the SCP has been finalized.

Activities

a. Provide technical support to the PHO, DOH Reps and selected municipal health teams in the formulation of a provincial Strategic Communication Plan (SCP), based on the results of the SDIR plus. Facilitate the conduct of the planning workshop for province/ILHZ/selected LGUs on formulation of a provincial Strategic Communication Plan (HealthPRO as lead CA);
b. Assist the province and priority ILHZ/LGUs in the implementation of selected interventions indicated in the SCP which may include the following:
    - Development of key messages and/or easy-to-understand, socially and culturally appropriate health messages for the intended target group/s (e.g. conversion of pregnant mothers/clients to FP clients, health promotion for mothers to follow the referral system between public-private or private-public, health promotion messages for pregnant mothers to go for pre-natals and give birth in PHIC–MCP accredited RHUs which will result to an increase in PHIC reimbursements for LGUs)
    - Training of health service providers on family planning counseling for low performing municipalities

Milestones

- 1 provincial SCP formulated (HealthPRO)
- At least 20 province/ILHZ/LGU health personnel trained on Health Message Development (HealthPRO)
- At least 20 service providers/community health volunteers trained on family planning counseling (HealthPRO)

Expected results

- Increased utilization of FP services

B. Expansion of LGU-private sector partnership in FP, MCH and TB.

(1) Technical support to the province, ILHZ and LGUs in expanding partnerships between LGUs, private companies, and health service providers on FP, MCH services, and TB

Activities

a. Assist the PHO/M/CHOs and private sector in assessing public-private partnership initiatives and experiences. This will include the following:
   - Assist CHD, PHO develop an enhanced diagnostic tool, SDIR Plus for public-private partnership, which will include a review of existing referral system or practices between private and public facilities
   - Orient the PHO/DOH Reps/M/CHO on the tool and its utilization
   - Assist in the conduct of the assessment
   - Provide TA in the analysis of assessment results, including profiling of private sector companies /providers for FP, MCH and TB in ILHZs
   - Facilitate the development by the PHO/ILHZ/NGO-CSO-private sector of a roadmap for the public-private partnerships, which will serve as the overall framework for the expansion of the partnerships in the province and ILHZs.
b. Advocacy support to the PHO/ILHZ representative in presenting assessment results and securing endorsement from the PHB/Governor and ILHZ boards of the roadmap/ over-all framework for public-private partnership, including next steps and actions which will guide the province, ILHZs in expanding partnerships
c. Following the roadmap and next steps/actions, assist and support PHO, Jagna ILHZ and Tagbilaran ILHZ expand public-private partnerships with private companies/providers. This will be done in close collaboration with PRISM, TB Linc.

FP and basic MCH services:

- Assist PHO, ILHZ in negotiating with PRISM-assisted private service providers for FP and basic MCH services, through orientations and coaching on existing PRISM processes for engaging the private sector. This will result to an agreement on a two-way referral of clients (public to private, private to public), expansion of IMAP clinics or private providers in Jagna ILHZ, agreement with group of companies to expand FHP in specific areas and a referral arrangement with the LGUs/ILHZ in covered areas
- Assist PHO, private sector in the customization of a Memorandum of Understanding between ILHZ and private sector, which will contain terms of partnership
- Assist IMAP Bohol in establishing more outlets on FP/MCH products to private-public sectors and to capacitate the organization in order to qualify and participate for public health bidding at the provincial level (PRISM)

TB (TB LINC as lead agency):

- Assist the PHO develop PROCAT as the main organization that will promote public-private cooperation for TB in the province
- Provide TA to the province in crafting the ordinance for the province's adoption of PROCAT as the advisory council for TB control in Bohol
- Advocacy support to the province for the passage of the ordinance
- Advocacy support to PHO, ILHZs Talibon, Loon and Carmen in expanding the PPMD clinics in these zones

- Provide technical support to the province in engaging existing NGOs, PBSP-organized community organizations, and World Vision supported TB Task Forces
  - Assist in establishing a referral mechanism for TB cases among these groups
  - Assist in the development of tools for monitoring community organizations involved in TB programs
  - Capacitate key health workers of low CDR, low CR areas on IPC/C

Micronutrient/iron supplementation (A2Z as lead agency)
TA to the province/ILHZ increase iron supplementation coverage for low birth weight infants and pregnant mothers

- Coordinate with PRISM, occupational groups and private companies on the availability of iron supplements in the different workplaces
- Send appropriate communication to Occupational Health Nurses Association (OHNAP) with endorsement from PRISM
- Set a meeting with OHNAP officials in Bohol to discuss possible areas of collaboration/integration of micronutrients in the workplaces (Alturas)
- Act as resource person to OHNAP's staff development programs to advocate for the utilization of micronutrients in the workplaces

d. Assist and support PHO, ILHZs in engaging BANGON member-NGOs/CSOs undertake advocacy, health promotion and support of FP, MCH and TB control programs within their existing organization's health and other non-health programs
   - Provide TA to the province/ILHZ identify NGOs/private sector with community-based programs (health or non-health with the poor as program beneficiaries), that it can partner with to promote key messages on FP
   - Assist the province, ILHZ negotiate with these NGOs/private sector in integrating FP key messages or modules in their existing programs (e.g. an NGO into a livelihood or micro-credit program will integrate FP/health promotion in their modules for borrowers, and RHU personnel will be tapped as resource person)

Milestones

- Provincial LGU using SDIR Plus tool in assessing health program performance, including related indicators on public-private partnership initiatives
- 5 ILHZs and 48 municipalities/cities with acceleration plans resulting from pre-SDIR Plus workshops
- 1 provincial TA plan with inputs from NGO/CSOs during the provincial SDIR plus workshop
- 1 province and 5 ILHZ with inputs from NGOs/CSOs in SDIR Plus workshops
- 1 Executive Order issued by the Governor for the PHO to proceed with LGU-Private Sector partnership for FP, MCH or TB program
- 2 ILHZs (Jagna and Tagbilaran) with signed MOUs with private sector on referral system for FP and basic MCH services
- 1 PPMD established in the province
- 1 provincial ordinance adopting PROCAT as the advisory council for TB control in Bohol enacted

Expected results

- Increased engagement of private sector in implementation of FP, basic MNCHN and TB programs (i.e., IMAP clinics in Bohol applying as BnB express outlets, IMAP participating in public biddings for FP commodity, etc.)

C. Technical support in the implementation of selective interventions to improve service delivery in FP, MCH and TB in low performing areas based on the service delivery acceleration plan level 1 interventions

(1) Support CHD/PHO in the capability building of health staff to improve service provision on MCH, FP and TB in priority, low performing areas: (HealthGov, HealthPRO, TB-Linc, A2Z)

Activities

MCH and FP

a. Installation of maternal death review at the province, ILHZ levels
    - Provide technical support to the province, SWA ILHZ in the orientation on MDR
    - Assist SWA ILHZ in developing an MDR action plan
    - Assist SWA ILHZ secure approval of the MDR action plan from the ILHZ board, including issuance of an Executive Order for the MDR teams
    - Provide training support to the province, ILHZ on MDR
    - Provide technical support to the province, ILHZ in analyzing results of the maternal death reviews and in planning for the appropriate interventions
b. Community-based Managed Maternal and Newborn Care for low performing LGUs with 60 untrained health workers
c. Life Saving Skills training for midwives of low performing LGUs on facility-based deliveries to complete the requirements for MCP accreditation
d. Support to low performing LGUs in strengthening REB implementation in the low performing LGUs on FIC through the review of REB strategy, development of a REB plan and provide support in the implementation
e. Support to the province and LGU health personnel of low performing LGUs on the use of Interpersonal Communication and Counseling (IPC/C), community groups to convey messages for behavior change to generate FP clients.

Micronutrient and Vitamin A

TA to province/ improve Vitamin A supplementation coverage for 6 to 71 months children *(A2Z as lead agency)*

a) Assist the province core group in the analysis of data on micronutrients particularly on GP (vitamin A supplementation coverage) using the accomplishment reports by the identification of issues and concerns for low coverage, concrete activities/strategies for improvement
    - Develop tools in coming up with the analysis, such as guide questions or checklist, consolidation matrix/worksheet
    - Orient the core group on these tools and their use
    - Assist the core group in analyzing the data using the tools through a small group meeting
b) Assist the province in the conduct of a one-day planning/workshop for MHOs to develop the GP Social Mobilization Plan, including presentation of assessment results, related updates
    - Present and validate the GP assessment results made by the core group

- Discuss and agree with the LGU participants on the issues and concerns for low coverage
- Identify concrete and doable actions to improve the coverage.
- Present technical updates on GP activities (include plan to conduct rapid community assessment) with resource persons from DOH, CHD, PHO, HealthPRO and A2Z.
- Prepare social mobilization plan per LGU using suggested worksheet
- Monitor/follow-up implementation of plans with CHD and PHO.

c) Assist province in the conduct of Rapid Community Assessment for GP to be conducted 3 weeks after the GP in April 2009 and October 2009 using the DOH guidelines and prescribed instrument
   - Discuss with the core group the guidelines and instrument developed by DOH
   - Revise/finalize the RCA instruments to include suggestions from the core group
   - Discuss the sampling and methodologies in determining the priority areas to be visited
   - Identify the staff to be involved and orient them on the procedures using the prescribed instrument.
   - Discuss areas of assignment with the staff to be involved.
   - Assist PHO staff and DOH reps in the actual conduct of RCA
   - Provide assistance in the data analysis and write-up of findings of the RCA.
   - Assist provincial Nutritionist/DOH reps in the presentation of results to PHO
d) TA to the province to increase utilization of zinc and reformulated ORS in the management of diarrhea among children
   - Utilization of zinc and reformulated ORS in the management of diarrhea among children (integrated with IMCI training)
   - Coordinate with the provincial nutritionist and IMCI coordinator regarding the schedule of orientation on AO#0045
   - Discuss DOH guidelines on integration of zinc with IMCI.
   - Conduct an orientation on AO#0045 with the PHO technical staff MHOs and hospital staff (guidelines, allocation, reporting and monitoring).

e) Assist the CHD and PHO in the selection of provincial participants to be trained on the Operations Manual on Micronutrient Supplementation Program
   - Provide technical support to the province in the provincial roll-out training for LGUs
   - Organize a pool of trainers from CHD and PHO
   - Request training materials from DOH
   - Prepare training worksheet for approval and funding support
   - Conduct facilitators' meeting to discuss details of the training-program, activities, resource persons and assignments, venue, training kits, pre-post evaluation, attendance, training evaluation, etc.)
   - Conduct training with the pool of trainers
   - Evaluate the results of the training
f) Provide technical support to the province in the conduct of post-training follow up
   - Discuss with CHD and PHO the roll-out training with the MHOs and selected staff
   - Conduct roll-out training with the PHO, CHD and Trainers with training funds from DOH
   - Conduct of post training monitoring using prescribed guidelines/checklist

Milestones

- 30 personnel trained on Maternal Death Review
- 60 midwives trained on CMMNC
- 15 midwives trained on LSS
- 48 personnel trained on REB
- 48 LGUs submitting quarterly ICV compliance reports
- 1 province and 10 LGUs from 5 ILHZs implementing GP Social Mobilization Plan that incorporates the priorities identified in the PIR using SDIR+
- 5 ILHZs conducting GP social mobilization activities
- At least 30 health personnel oriented on the Operations Manual on Micronutrient Supplementation Program

Expected results

- Increased utilization of FP and MNCHN services

BOHOL – Strengthening public-private partnerships: A strategy to improve MCH, FP and TB health outcomes in the province

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Completion of 2010 M/C/P-IPH/ AOP/AIP and CSR sub-plan including approval and policy support and installation of PME**					
A1	Technical support to the CHD, PHO and C/MHOs in the formulation and approval of the Province-wide Investment Plan for Health (PIPH)					
	IR 1.1A/ IR 1.1G	1 city and 47 municipal LGUs with C/MIPH completed and approved for implementation		**X**		
	IR 1.1H/I	5 ILHZ IPH completed and approved for implementation by the respective ILHZ boards			**X**	
	IR 1.1A/ IR 1.1G	1 PIPH technically reviewed, formulated and endorsed by Provincial Health Board and office of the governor				**X**
	IR 1.1A/ IR 1.1G	48 AOP/AIP formulated by 1 city and 47 municipal LGUs and corresponding ordinance for implementation issued				**X**
	IR 1.1C/ IR 1.1I	Province-wide PME installed				**X**
A2	Technical support to the Province/LGUs in updating the LGU CSR Plans, and assist the province, and Jagna, Tagbilaran ILHZ in the implementation of these plans to address gaps in FP service provision					
	IR 1.1B	48 city/municipal CSR plans updated		**X**		
	IR 1.1B	10 LGUs from Jagna and Tagbilaran ILHZs with approved CSR plans and budget for the procurement of FP commodities			**X**	
	IR 1.1B	1 province-wide CSR Plan completed and CSR provincial policy/guidelines approved		**X**	**X**	
	IR 1.3A	20 RHMs trained on FP-CBT				**X**
	IR 1.1H	5 LGUs signed MOU to collaborate with each other for an ILHZ referral system for FP services				**X**
	IR 1.3E	20 PHO/DOHReps and 50 C/MHO and other LGU health personnel trained on ICV compliance monitoring and 1 provincial ICV monitoring plan formulated		**X**		
	IR 1.3E	10 LGUs from 2 ILHZs with ICV compliance quarterly reports			**X**	**X**
A3	Provide technical support to the province, ILHZ, LGUs in the formulation of a Strategic Communication Plan (SCP) and assist the PHO/ILHZ/selected LGUs in the implementation of the plan					
		1 provincial SCP formulated (HealthPRO)		**X**		
		20 province/ILHZ/LGU health personnel trained on Health Message Development (HealthPRO)			**X**	
		20 service providers/community health volunteers trained on family planning counseling (HealthPRO)			**X**	

B	**Expansion of LGU-private sector partnership in FP, MCH and TB**					
B1	Technical support to the province/ILHZ/LGUs in expanding LGU-private companies/ health service providers' partnerships on FP, MCH services, and TB					
	IR 1.3D/1.4D	Provincial LGU using SDIR Plus tool in assessing health program performance, including related indicators on public-private partnership initiatives		**X**		
	IR 1.3D	5 ILHZs and 48 municipalities/cities with acceleration plans resulting from pre-SDIR Plus workshops		**X**		
	IR 1.4D/1.1H	1 provincial TA plan with inputs from NGO/CSOs during the provincial SDIR plus workshop completed			**X**	
	IR 1.4D	1 province and 5 ILHZ provided with inputs from NGOs/CSOs in SDIR Plus workshops			**X**	
	IR 1.1G	1 Executive Order issued by the Governor for the PHO to proceed with LGU-Private Sector partnership for FP, MCH or TB program			**X**	
	IR 1.1I/ IR 1.4D	MOU on referral system for FP and basic MCH services between 2 ILHZs (Jagna and Tagbilaran) and private sector signed				**X**
		1 PPMD established in the province (TB LINC)				**X**
	IR 1.1G	1 provincial ordinance adopting PROCAT as the advisory council for TB control in Bohol enacted				**X**
C	**Technical support in the implementation of selective interventions to improve service delivery in FP, MCH and TB in low performing areas based on the service delivery acceleration plan level 1 interventions**					
C1	Support CHD/PHO in the capability building of health staff to improve service provision on MCH, FP and TB in priority, low performing areas: (HealthGov, HealthPRO, TB-Linc, A2Z)					
	IR 1.3A	30 personnel trained on Maternal Death Review				**X**
	IR 1.3A	60 midwives trained on CMMNC				**X**
	IR 1.3A	15 midwives trained on LSS			**X**	
	IR 1.3A	48 personnel trained on REB			**X**	
	IR 1.3E	48 LGUs submitting quarterly ICV compliance reports		**X**	**X**	**X**
	IR 1.3D	1 province and 10 LGUs from 5 ILHZs implementing GP Social Mobilization Plan that incorporates the priorities identified in the PIR using SDIR+		**X**		
	IR 1.3D/IR 1.1H	5 ILHZs conducting GP social mobilization activities			**X**	
	IR 1.3A	30 health personnel oriented on the Operations Manual on Micronutrient Supplementation Program			**X**	

CAPIZ: Increasing utilization of health services for maternal and child health and family planning

Capiz is an F1 site and has formulated its PIPH called the Capiz Integrated Health Services Development Program (CIHSDP). The Governor, who is in his first term, lists health as one of his administration's priority programs consistent with the provincial thrust *Padayunon … Uswag Capiz: Labin na sa tanan ang tawo* (sustaining the progress of Capiz and giving priority to people's development). Funding support for CIHSDP comes from DOH and EC. The province has been a recipient of several grants from UNICEF and several USAID projects over a number of years.

An analysis of the provincial health situation reveals that a number of public health indicators are still below national standard, with performance in some indicators decreasing in the last two years. For example, 2007 data show that the percentage of facility-based deliveries is 47% and FIC coverage declined from 74% in 2006 to 69% in 2007. While the performance in TB control is above the standard, case detection rate has dropped from 85% in 2006 to 78% in 2007.

Among LGUs, Bailan ILHZ (Maayon, Pilar, President Roxas and Pontevedra) recorded low health performance, with facility-based deliveries ranging from 31-69%, pregnant women with at least 4 prenatal visits between 47-63%, CPR between 51-58%, and FIC 68-78%. Aside from Bailan ILHZ, CDD ILHZ (Cuartero, Dumarao, and Dao) was also a low performer on maternal health indicators in 2007, particularly pregnant women with at least 4 prenatal visits (30-60%), facility-based deliveries (18-71%), deliveries in health facility (54-71%), and CPR (24-55%). Two other LGUs, Jamindan and Tapaz, also registered low CPR.

With the implementation of CIHSDP (or PIPH), systems and reforms were established in the province. These include, among others, a drug procurement system, achieving universal PhilHealth coverage, upgrading facilities for accreditation and certification, and training of health personnel. As a result of these as well as past investments in health, the supply side of health service delivery is said to be in place, although lack of health provider supervision and monitoring was raised as one of the reasons for low MCH performance. What appear to account for low MCH program performance are demand-side factors that translate into low utilization of MCH services. These factors include poor health-seeking behavior, which the province's participatory action research (PAR) conducted with HealthPRO TA in 2008 identified as one of the reasons for low service utilization. In addition, while there may be high client awareness of services, as indicated by FP and MCH data analysis, converting this awareness into action remains a challenge. At least 20 local NGOs with health and non-health programs, which participated in a provincial partnership-building workshop organized with HealthGov support in 2007, signified their interest to partner with the provincial government specifically on promoting health among its members or beneficiaries. This is expected to lead to increased service utilization.

To address the province's health situation and as a follow-on TA to the province's AOP implementation, USAID Year 3 TA will anchor on *"increasing utilization of health services for maternal and child health and family planning."* This will serve as the main strategy in increasing MCH and FP performance in the province, in low performing ILHZs – CDD and Bailan – and the low-performing LGUs of Jamindan and Tapaz.

The elements of the technical assistance are as follows:

Health sector reassessment using SDIR as a diagnostic tool

At the request of the Governor, assist the PHO in reassessing health sector performance and outcomes and recommending strategies for increasing health service utilization. The findings and recommendations are likely to lead to further technical assistance in the following areas:

- Behavior change communication and health promotion with focus on FP, MCH, and TB
- Strengthening LGU-NGO/CSO partnership for advocacy and health promotion on FP, MCH, and TB control
- Selective interventions in health service delivery based on SDIR analysis, to include commodity security (CSR+ implementation); capacity building of health workers in FP, MCH, and TB-DOTS service provision; strengthening monitoring and supervision of personnel; and quality of service improvements (SDExH)
- Development of an LGU M&E system to update information on the impact of PIPH/AOP implementation with attention on the recommended strategies to increase FP, MCH, and TB service utilization

Year 3 Technical Assistance

In Year 3, the focus of USAID assistance to the province, and low-performing ILHZs – CDD and Bailan, and low-performing LGUs of Jamindan and Tapaz will be on the following:

A. Technical assistance in health sector assessment using SDIR+ as diagnostic tool to fine-tune interventions to improve service delivery quality and access, behavior change communication (BCC), and area focus;
B. Technical assistance in the implementation of selective interventions to improve utilization suggested by the health sector assessment (i.e., based on the SDIR acceleration plan level 1 interventions) and contained in AOP, which could include BCC efforts, and CSR+ plan updating and implementation;
C. Technical assistance in the preparation of 2010 AOP and installation of PME with emphasis on investments (SDIR acceleration plan levels 2 and 3 interventions) related to utilization of SO3 services

Activities:

A. Technical assistance in health sector assessment using SDIR+ as diagnostic tool to fine-tune interventions to improve service delivery quality and access, behavior change communication, and area focus

1. Using SDIR, assist in reassessing health sector performance and outcomes and providing recommendations on strategies for increasing health service utilization (HealthGov in collaboration with HealthPRO, A2Z, and TB LINC)

1.1 Review and analysis of the province's performance and outcome indicators through analysis of data on performance coverage and outcomes by LGU, and performance

and outcomes by priority health programs, and review of results of PAR and the rapid community assessment;

1.2 Analysis of the performance outcomes using HSR/F1 frame (consumer, provider, M/C-LGU, P-LGU, DOH, other NGAs, NGOs);

1.3 Development of strategic interventions based on analysis – This will focus on the demand side with attention to BCC and focused-targeting of subsidies and information. For the supply side, attention will be given on factors like worker motivation, schedule of services, outreach programs, supervision and monitoring, and health policies, which are often placed in the margins given that focus is on investments in facilities and worker skills.

Milestones

- 1 province-wide SDIR+ conducted
- 1 province-wide and LGU acceleration plans formulated and implemented, with specific facility and service provider level interventions to increase utilization of services in low-performing areas

Expected results

- Increased utilization of FP, MCH, and TB services in low-performing LGUs.

B. Technical assistance in the implementation of selective interventions to improve utilization suggested by the health sector assessment (i.e., based on acceleration plan level 1 facility and service provider-level interventions) and contained in AOP, including BCC efforts, and CSR+ plan update and implementation in priority areas

1. Technical support to PHO/ILHZs in the implementation of their provincial strategic communication plan (SCP) to increase demand for priority MCH and FP services in the province, CDD, and Bailan ILHZs, and in the low-performing LGUs of Jamindan and Tapaz (HealthPRO is lead CA, in collaboration with HealthGov and A2Z)

1.1 Assist the province in assessing health service providers' (e.g., rural health midwife) technical knowledge of maternal health, FP, etc.

a) Provide technical assistance in the development and finalization of an assessment tool;
b) Provide technical assistance in analyzing data gathered by the province, using the assessment tool.

1.2 Assist the province in the development of billboards for maternal health, family planning, and TB (HealthPRO)

a) Provide technical assistance in the development of the MCH, FP, and TB messages and design layout;
b) Discuss with the PHO the prioritization of allocating billboards to low-performing LGUs, in terms of maternal health, family planning, and TB.

1.3 Assist the province in the development of print communication materials for child health, family planning, avian influenza, and HIV (HealthPRO)

a) Provide technical assistance to the province in identifying creative suppliers who can assist the PHO in crafting the print materials;
b) Provide technical support to identified creative supplier that will assist the PHO;

c) Discuss with the PHO to prioritize allocation of print materials to low-performing LGUs.

1.4 Assist the province in translating the family planning wall chart in the local dialect
a) Provide technical assistance to the province in translating FP wall chart in Ilonggo;
b) Provide technical support in pre-testing the Ilonggo translation.

1.5 Assist the province in developing radio plugs for maternal health
a) Provide technical assistance in the development of at least two radio plugs on maternal health.

1.6 Assist the province in monitoring and evaluating target clients reached by health promotion and communication (HPC), such as billboards and radio plugs
a) Provide technical assistance in the development of an HPC evaluation tool and protocol for appraising the impact of HPC;
b) Provide technical support to the province in the conduct of an orientation session on HPC evaluation.

Milestones
- 1 set of assessment tool for health service providers
- Analysis of health service provider assessment data
- 1 billboard message for maternal health, one for FP, and one for TB
- 1 billboard layout for maternal health, one for FP, and one for TB
- 1 creative supplier provided technical support to develop print materials
- 1 family planning wall chart translated in Ilonggo
- 1 set of HPC evaluation tool and protocol

Expected results
- At least 70% of identified low-performing ILHZ and LGUs have allocated a budget for the development of billboards or health promotional materials (flyers, wall chart, etc.)

2) Technical support to the province and Bailan ILHZ (for SDExH) in the implementation of specific service quality interventions to improve provision of MCH, FP, and TB services (HealthGov in collaboration with HealthPRO, A2Z, TB LINC)

2.1 Provide technical support to the PHO in modeling SDExH in Bailan ILHZ
a) Assist the province through its SDExH trainers in the conduct of SDExH in Bailan ILHZ;
b) Assist the province and Bailan ILHZ in the conduct of internal and external assessment of the implementation of identified local standards;
c) Assist PHO and ILHZ in the development of the service improvement plan for MCH, FP, TB, and nutrition.

2.2 Provide technical support to the PHO/DOH Reps in strengthening monitoring and supervision
a) Assist in the conduct of a TOT on the use of an enhanced supervisory manual for public health nurses developed by DOH with HealthGov TA (HealthGov in collaboration with HealthPRO, A2Z, TB LINC)

Milestones

- 5 LGUs with RHU service improvement plans (SIPs) implemented
- 17 PHNs trained on monitoring and supervision

Expected results

- At least 50% of Bailan ILHZ LGUs allocated a budget for the improvement of facility services as a result of the SIP developed

2.3 TA to province/ILHZ in improving Vitamin A supplementation coverage for 6 to 71 months children *(*A2Z in collaboration with HealthGov and HealthPRO*)*

a) Assist the provincial nutritionist in micronutrient data analysis particularly on GP (vitamin A supplementation coverage) using accomplishment reports, by identifying issues and concerns on low coverage, concrete activities and strategies for improvement
   - Develop tools for analysis, such as guide questions or checklist, consolidation matrix/worksheet;
   - Orient the core group on these tools and their use;
   - Assist the core group in analyzing the data using the tools through a small group meeting.

b) Assist the province in planning for the early conduct of Garantisadong Pambata *(Note: Capiz will conduct GP in February 2009 instead of April 2009)* to include an orientation of MHOs on social mobilization plan, including presentation of assessment results and related updates
   - Discuss results of the October GP rapid community assessment and prepare presentation for the meeting;
   - Coordinate with NCDPC for the early release of guidelines for the first round of Garantisadong Pambata for the PHO's use;
   - Facilitate preparation of social mobilization plan per LGU using suggested workshop;
   - Initiate monitoring of GP implementation using GP monitoring board per RHU.

c) Assist province/ILHZs in the conduct of rapid community assessment (RCA) for GP three weeks after the GP in February 2009 using the DOH guidelines and prescribed instrument
   - Review and discuss with the core group the guidelines and instrument developed by DOH;
   - Discuss the sampling and methodologies in determining the priority areas to be visited;
   - Identify the staff to be involved and orient them on the procedures using the prescribed instrument;
   - Discuss areas of assignment with the staff to be involved;
   - Assist PHO staff and DOH reps in the actual conduct of RCA;
   - Provide assistance in data analysis and writing the RCA findings;
   - Assist provincial nutritionist/DOH Reps in presenting the results to PHO.

d) Assist and propose to CHD and PHO the recognition of GP high-performing LGUs using the GP accomplishment report and RCA results as basis
   - Discuss plan with the core group about the recognition awards;

- Develop checklist/instrument in identifying the LGUs to be recognized;
- Orient the core group on how to use the checklist/instrument;
- Conduct a one-day meeting with the core group and identify LGUs/ILHZs with high coverage;
- Present certificates of recognition during the provincial annual awards.

e) Assist the province in increasing utilization of zinc and reformulated ORS in the management of diarrhea among children (A2Z in collaboration with HealthGov and HealthPRO)
   - Utilization of zinc and reformulated ORS in the management of diarrhea among children (integrated with IMCI training)
     - Coordinate with the provincial nutritionist and IMCI coordinator regarding the schedule of orientation on AO No.0045 on the utilization of zinc and reformulated ORS in the management of diarrhea among children;
     - Discuss DOH guidelines on integration of zinc with IMCI;
     - Conduct an orientation on AO No. 0045 with the PHO technical staff, MHOs, and hospital staff (guidelines, allocation, reporting, and monitoring).

Milestones
- 17 LGUs implementing GP mobilization activities
- At least 17 PHO staff and 17 LGU staff oriented on AO No. 0045

Expected results
- 17 LGUs with an increased Vitamin A coverage

3) Technical support to the LGUs in updating the LGU CSR plans, and implementing these plans (of priority CDD ILHZ and low-performing LGUs of Jamindan and Tapaz) to address gaps in FP service provision, including budget allocation, procurement of FP commodities for the poor, capacity building for FP service providers, and involving the NGO/CSO/private sector in health promotion interventions (HealthGov, in collaboration with HealthPRO)

3.1 Assist the CHD/PHO in updating LGU CSR plans and formulating the province-wide CSR plan
   a) Orient CHD/PHO/DOH Reps on the LGU CSR planning tools (forecasting, etc.);
   b) Assist PHO in the conduct of a 2-day LGU CSR plan updating workshop;
   c) Develop together with the PHO/DRCOs a CSR plan checklist and using this, assist in the review of LGU plans;
   d) Assist the PHO/DRCO in formulating a province-wide CSR plan through small group sessions;
   e) Assist the PHO in finalizing the plan.

3.2 Assist the province, CDD ILHZ, and other low-performing LGUs in implementing their updated CSR plans, with emphasis on the following:
   a) Securing budget approval, particularly for the procurement of FP commodities for the poor based on the forecast requirement for 2008-2009:
      - Assist the LGU MHO team in developing appropriate presentation materials for the LCE, local health boards or Sanggunian;

- Provide technical support to LGU MHO team during meetings with LCEs, LHB, SB;
- Link up ILHZ/LGU with commercial sources of FP commodities.

b) Ensuring availability of FP services including IUD insertion/removal
   - Provide training support to the province in the conduct of TOT on FPCBT;
   - Provide technical support to the provincial rollout of FPCBT training for RHMs, and nurses in priority low-performing ILHZs and LGUs.

c) Forging partnerships with NGOs/private sector in the province, specifically on FP health promotion and behavior change, as part of increasing FP awareness leading to increased utilization of FP (and basic MCH) services. This component will be done in close collaboration with HealthPRO.
   - Provide TA to the province/ILHZ in identifying NGOs/private sector with community-based programs (health or non-health with the poor as program beneficiaries), that it can partner with to promote key FP messages;
   - Assist the province/ILHZ negotiate with these NGOs/private sector in integrating FP key messages or modules in their existing programs (e.g., an NGO with a livelihood or micro-credit program will integrate FP/health promotion in their modules for borrowers, and RHU personnel will be tapped as resource person).

d) Local policy development in support of LGU CSR plan implementation
   - Assist identified ILHZs and LGUs in the formulation of policies/guidelines for the adoption of a distribution scheme for free commodities

e) Assist the province and identified ILHZs sustain monitoring of LGU CSR plans implementation
   - Provide TA to the province/ILHZ in developing a CSR monitoring checklist;
   - Orient PHO/DOH Reps/ILHZ/LGU on the CSR monitoring checklist;
   - Provide follow-on coaching, through small group meetings, to the province/ILHZ in monitoring LGUs' CSR plan implementation using the checklist.

3.3 Technical support to the province/DOH Reps in conducting regular ICV compliance monitoring

a) Assist the province/DOH Reps in orienting LGU health personnel on ICV compliance monitoring;
b) Provide technical support to the province/DOH Reps in developing a provincial ICV monitoring plan and its subsequent implementation

Milestones

- 17 updated city/municipal CSR plans
- 1 province-wide CSR plan
- 20 RHMs trained on FPCBT
- 1 provincial policy/guidelines in support of CSR plan implementation crafted
- At least 1 FP/MCH-related policy on the distribution scheme for free FP commodities
- 20 health personnel trained on ICV compliance monitoring
- At least 1 memorandum of understanding (MOU) forged with an NGO/private sector for the integration of FP into their existing program
- 5 cities/municipalities with ICV compliance quarterly reports

Expected results

- At least 5 LGUs from CDD ILHZ with approved budget for FP commodities and actually procuring these commodities
- At least 5 LGUs from CDD ILHZ have procured contraceptives based on their commodity forecast
- At least 20 RHMs providing FP services including IUD insertion/removal at their RHUs.

4. Technical support to the CHD, province, and low-performing LGUs to strengthen service delivery for micronutrient supplementation and TB prevention and cure through service provider skills upgrading

Micronutrient program

4.1 Technical support to the province in the training and rollout of the Operations Manual on Micronutrient Supplementation Program

a) Assist the CHD and PHO in selecting provincial participants to be trained on the Operations Manual on Micronutrient Supplementation Program;
b) Provide technical support to the province in the provincial rollout training for LGUs
   - Organize a pool of trainers from CHD and PHO;
   - Request training materials from DOH;
   - Prepare training worksheet for approval and funding support;
   - Conduct facilitators' meeting to discuss details of the training-program, activities, resource persons and assignments, venue, training kits, pre-post evaluation, attendance, training evaluation, etc.);
   - Conduct training with the pool of trainers;
   - Evaluate the results of the training.
c) Provide technical support to the province in the conduct of post-training follow-up
   - Discuss with CHD and PHO the rollout training with the MHOs and selected staff;
   - Conduct rollout training with the PHO, CHD, and trainers with training funds from DOH;
   - Conduct of post-training monitoring using prescribed guidelines/checklist.

Tuberculosis

4.2 For TB-DOTS accreditation requirements, collaborate with CHD on the training of untrained personnel on direct sputum-smear microscopy (DSSM), TB-DOTS refresher course for nurses, and TB-DOTS orientation for private providers;

4.3 Provide technical support to the province in the conduct of multi-sectoral orientation for private pharmacies and operators on TB-DOTS.

Milestones

- 40 PHO and LGU staff trained on the Operations Manual on Micronutrient Supplementation Program
- 17 LGU nurses trained on TB-DOTS refresher course
- 4 medical technologists trained on DSSM

Expected results

- 17 LGUs have implemented micronutrient supplementation program based on Operations Manual on Micronutrient Supplementation Program

- 16 LGUs with increased TB-DOTS utilization (note: there is 1 LGU that is not yet TBDOTS accredited facility)

5) Technical support to the province and seven LGUs in the completion of AI preparedness and response interventions. HealthGov will take the lead in the delivery of TA in AI, while HealthPRO will provide TA in the health promotion and communication component.

5.1 Assist the LGU AI teams in the finalization of their AI preparedness plan (AIPP);
5.2 Provide advocacy support to the AI Team to ensure passage of an executive order legitimizing the formation of the AI task forces, passage of AI ordinance, and approval of an AIPP budget;
5.3 Provide technical support to the CHD/province/city AI team in the installation of CBEWS in the pilot barangay, i.e., Talon, Roxas City
   a) Develop CBEWS (community-based early warning system) training design in collaboration with CHD/province;
   b) Provide TA to the CHD/province/city AI team in the conduct of CBEWS training, including the formulation of an AI action plan per city;
   c) Provide technical support to the CBEWS installation training of trainers for the city AI teams.
5.4 Provide technical support to the province and LGUs in the conduct of AI simulation drill to be piloted in Barangay Talon, Roxas City
   a) Briefing with the city AI task force on the basics of avian influenza, role of the task force, and overview of AI simulation drill;
   b) Provide technical support during the conduct of the AI simulation drill.
5.5 Assist the AI team in the development of AI messages for billboards and tarpaulins aimed at increasing community awareness of AI (HealthPRO)

Milestones
- 7 LGU AIPPs finalized
- 7 City AI ordinances passed
- 7 City AI task forces organized supported by executive orders
- CBEWS installed in at least 1 city
- At least 1 barangay AI task force (Barangay Talon) capacitated on AI exercise

*Expected result*s
- 7 LGUs are implementing their AI preparedness plan

6. Technical support to the province/ILHZs/LGUs in the conduct of PIR and 2010 AOP preparation

6.1 In collaboration with all CAs, facilitate the conduct of province-wide PIR using SDIR, an enhanced diagnostic tool
   a) Support the province/LGUs in the conduct of provincial PIR workshops using the SDIR tool (All CAs);
   b) Assist the province/ILHZ in engaging NGOs/CSOs in PIR and planning process;
   c) Assist CDD and Bailan ILHZs in packaging SDIR results for dissemination to LCEs/ILHZ Board and in generating budget support for MCH, FP, and TB programs (HealthGov).

6.2 Technical support to PHO/MHOs in the formulation of 2010 AOP that reflects health service, governance, and financing priorities for low-performing LGUs in priority ILHZs, the process of which will be participated in by NGO/CSO representatives of the PHB or LHB and organizations engaged by the province for their active health programs
   a) Ensure utilization of SDIR results in the formulation of 2010 AOP/AIP giving priority to low-performing LGUs in the zone;
   b) Provide technical support to the province/ILHZ/LGU in the conduct of AOP planning workshop.

Milestones
- 17 municipalities have conducted SDIR workshops
- 1 provincial-level SDIR workshop conducted
- 1 provincial 2010 AOP developed

Expected results
- 17 LGUs identified priority issues to serve as basis for formulating appropriate AOP interventions
- At least 50% of LGUs in the priority ILHZs have increased budget support for MNCHN implementation

CAPIZ – Increasing utilization of health services for maternal and child health and family planning

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Technical assistance in health sector assessment using SDIR+ as diagnostic tool to fine-tune interventions to improve service delivery quality and access, behavior change communication, and area focus**					
A1	Using SDIR, assist in reassessing health sector performance and outcomes and providing recommendations on strategies for increasing health service utilization (HealthGov in collaboration with HealthPRO, A2Z, and TB LINC)					
	IR 1.3D/ IR 1.1I	1 province-wide SDIR+ conducted		**X**		
	IR 1.3D/ IR 1.1I	1 province-wide and 17 LGU acceleration plans formulated and implemented, with specific facility and service provider level (level I) interventions to increase utilization of services in low-performing areas			**X**	
B	**Technical assistance in the implementation of selective interventions to improve utilization suggested by the health sector assessment (i.e., based on acceleration plan level 1 facility and service provider-level interventions) and contained in AOP, including BCC efforts, and CSR+ plan update and implementation in priority areas**					
B1	Technical support to PHO/ILHZs in the implementation of their provincial strategic communication plan (SCP) to increase demand for priority MCH and FP services in the province, CDD, and Bailan ILHZs, and in the low-performing LGUs of Jamindan and Tapaz (HealthPRO is lead CA)					
		1 assessment tool that captures validation of the SDIR result on the supply side (human resource) of service delivery developed (with HealthGov inputs)				**X**
		Analysis of health service provider assessment data *(HealthPRO)*				
		1 billboard message for maternal health, one for FP, and one for TB *(HealthPRO)*				
		1 billboard layout for maternal health, one for FP, and one for TB *(HealthPRO)*				
		1 creative supplier provided technical support to develop print materials *(HealthPRO)*				
		1 family planning wall chart translated in Ilonggo *(HealthPRO)*				
		1 set of HPC evaluation tool and protocol *(HealthPRO)*				
B2	Technical support to the province and Bailan ILHZ (for SDExH) in the implementation of specific service quality interventions to improve provision of MCH, FP, and TB services (HealthGov in collaboration with HealthPRO, A2Z, TB LINC)					
	IR 1.3C	5 LGUs of Bailan ILHZ completed the 4 SDExH modules				**X**
	IR 1.3C	5 LGUs with RHU service improvement plans (SIPs) for MNCHN, FP, TB and nutrition implemented			**X**	
	IR 1.3A	17 PHNs trained on monitoring and supervision			**X**	
	IR 1.3D	17 LGUs GP mobilization plans that incorporates the priorities identified in the PIR using the SDIR+ implemented			**X**	
	IR 1.3A	17 LGU health personnel trained on - the guidelines, allocation, reporting and monitoring to increase the utilization of zinc and reformulated ORS in the management of diarrhea among children			**X**	

B3	Technical support to the LGUs in updating the LGU CSR plans, and implementing these plans (of priority CDD ILHZ and the low-performing LGUs of Jamindan and Tapaz) to address gaps in FP service provision, including budget allocation, procurement of FP commodities for the poor, capacity building for FP service providers, and involving the NGO/CSO/private sector in health promotion interventions (HealthGov, in collaboration with HealthPRO)					
	IR 1.1B	17 updated city/municipal CSR plans completed		**X**		
	IR 1,1B	1 province-wide CSR plan completed		**X**		
	IR 1.3A	20 RHMs trained on FPCBT				**X**
	IR 1.1G	1 provincial policy/guidelines in support of CSR plan implementation crafted			**X**	
	IR 1.1G	1 FP/MCH-related policy on the distribution scheme for free FP commodities approved				**X**
	IR 1.3E	20 health personnel trained on ICV compliance monitoring		**X**		
	IR 1.1H/ IR 1.4D	1 memorandum of understanding (MOU) forged among 5 LGUs with the NGO/private sector for the integration of FP into their existing program				**X**
	IR 1.3E	5 cities/municipalities with ICV compliance quarterly reports submitted			**X**	**X**
		5 LGUs with multi-sectoral orientation on TB-DOTS for private pharmacies and operators (TB LINC)				
		2 local NGOs identified to be partner with PHO covering 17 municipalities for intensifying health promotion campaign (HealthPRO)				
B4	Technical support to the CHD, province, and low-performing LGUs to strengthen service delivery for micronutrient supplementation and TB prevention and cure through service provider skills upgrading					
	IR 1.3A	40 PHO and LGU staff trained on the Operations Manual on Micronutrient Supplementation Program			**X**	
	IR 1.3A	17 LGU nurses trained on TB-DOTS refresher course			**X**	
	IR 1.3A	4 medical technologists trained on DSSM			**X**	
B5	Technical support to the province and seven LGUs in the completion of AI preparedness and response interventions					
	IR 1.3D	7 LGU AIPPs finalized	**X**			
	IR 1.1G	7 City AI ordinances passed		**X**		
	IR 1.1G/ IR 1.1H	7 City executive orders supporting the organization of the AI task forces	**X**			
	IR 1.1C	CBEWS installed in at least 1 city		**X**		
	IR 1.3A	1 barangay AI task force (Barangay Talon) capacitated on AI exercise		**X**		

C	**Preparation of 2010 AOP and installation of PME with emphasis on investments (SDIR acceleration plan levels 2 and 3 interventions) related to utilization of SO3 services**					
C1	Technical support to the province/ILHZs/LGUs in the conduct of PIR and 2010 AOP preparation					
	IR 1.3D	17 municipalities have conducted SDIR workshops			**X**	
	IR 1.3D	17 municipalities with acceleration plans			**X**	
	IR 1.3D/ IR 1.1I	1 provincial-level SDIR workshop conducted			**X**	
	IR 1.1A/ IR 1.4D	1 approved provincial 2010 AOP that reflects level 2& 3 interventions to health service, governance and financing priorities for low-performing LGUs in priority ILHZs			**X**	
	IR 1.1H/ IR 1.1G	7 LGUs of CDD and Bailan ILHZs with approved budget allocation for priority programs identified in the plans				**X**
C2	Design and installation of Province-Wide Monitoring and Evaluation System (PME) to track implementation and performance with attention to public health programs					
	IR 1.1C/ IR 1.1I	Province-wide PME installed				**X**

NEGROS OCCIDENTAL: Zonal approach towards improving health outcomes on MCH, FP, and TB

The current Governor assumed office in March 2008 upon the death of the elected Governor. One of his major thrusts is health as reflected in his "HEARTS PLUS" Program. (H for Health and Nutrition and Hospitals, E for Environment, A for Agriculture, R for Roads and other infrastructure, T for Tourism and Trade, S for Social Services, P for Personnel Development, L for Livelihood Opportunities, U for Urban-Rural Development, and S for Systems and Governance.) He shares the belief that a "Healthy Negrense is a Healthy Negros."

A review of the provincial health situation in 2007 reveals performance below standard in FP and maternal and child care. The province's performance in TB control, however, met the national standard, except for Toboso (DBESTCA ILHZ), Candoni and Kabankalan (South ILHZ) that have low case detection rate (CDR). Variations in performance exist among ILHZs and municipalities within an ILHZ. Low- and high- performing LGUs are distributed in the different zones, e.g., LGUs with high infant and maternal deaths like Calatrava, Candoni, Kabankalan, and Cauayan are found in the DBESTCA and South Negros ILHZs. DBESTCA LGUs also have the lowest percentage of deliveries by skilled birth attendants (27%-52%) and facility-based deliveries (12%-33%). In Midland ILHZ, Pontevedra has 10 of the 33 reported infant deaths in 2007 CPR performance likewise varies among LGUs in the zones. In terms of resources, Midland and DBESTCA are better off because they have member-cities and LGUs which allocate 5-13% of their budget for health.

There are six functional ILHZs corresponding to the six congressional districts of the province. These ILHZs are D'BESTCA, CASAMA, North Central, Midland, South Central, and South Negros. All are SEC-registered with functional boards and Technical Working Committees (TWC), conduct regular meetings, have pooled funds, share resources and logistics, and implement activities and programs. In spite of these initiatives though, SO3 health indicators remain low, with DBESTCA and Midland ILHZs registering the lowest.

The province is utilizing the six ILHZs as its health programs and services implementing arm. With hospital operations placed under the EEDD (Economic Enterprise Development Department), the ILHZ provides the mechanism to provide the continuum of public health services from preventive to curative. ILHZs in the province have also effectively responded to the communities' needs relative to drug procurement, resource sharing (both human and logistics), hospital referral, and capacity-building. But the Governor posed a big challenge when he said he needs to see the real meaning of a "functional" ILHZ.

Thus, capitalizing on the provincial strategy of utilizing ILHZs as its health implementing arm, and at the same time responding to the challenge of the Governor for ILHZs to be truly functional, the Year 3 USAID inter-CA strategic TA handle for the province is *"Zonal approach towards managing better health outcomes on MCH, FP, and TB."* This year, TA will be provided at the provincial level, and in DBESTCA and Midland ILHZs whose member-LGUs show low performance in MCH and FP health indicators. These are also the areas where there are active TWC members and responsive local chief executives (LCEs) – factors that can greatly facilitate the implementation of health reforms and interventions. With USAID CAs capacitating the PHO technical staff and DOH Reps to

provide various TA support to these areas, any learning from the process of applying these TA to the two ILHZs will be replicated in other ILHZs.

The elements of the technical assistance are as follows:

- Technical support in the implementation of province/ILHZ/LGU 2009 plans for selected health interventions to improve MCH, FP, TB, and AI programs in their 2009 plans, with emphasis on PHIC universal coverage, CSR, expanding public-private partnerships, service delivery improvement through capacity building of key health personnel, selected interventions for TB, Vitamin A and micronutrient programs, health promotions, and avian influenza.
- Conduct of SDIR modified to address ILHZ issues as a follow-through to the province-wide SDIR in two ILHZs, namely, D'BESTCA and MIDLAND. This modification will include review and assessment of zone performance according to three domains suggested in the AO on ILHZ, namely public health outcomes, personal care capacity and quality, and governance and regulation.
- Development of ILHZ plans that revolve around the following major areas:
    - Financing: implementation of the PhilHealth Sponsored Program in the context of ILHZ. This includes ensuring that capitation funds and TB-DOTS and MCP reimbursement go to the RHUs belonging to the ILHZ. In addition, assistance in accessing DOH MNCHN grants will be provided.
    - Expansion of LGU-private sector partnership:
        - Expansion of workplace Family Health Program (FHP) in companies located in the ILHZ
        - ILHZ-to-private companies referral system, with workplace FHP using the service referral arrangements with ILHZs
        - Provision of grants to NGO/CSO to undertake advocacy, health promotion, and support of FP, MCH and TB control programs
        - FHSIS enhancement by encouraging companies to report service outputs for inclusion in public health service statistics of ILHZ and municipalities
    - Selective interventions in health service delivery based on SDIR analysis to include behavior change communication and health promotion with focus on FP, MCH, and TB, commodity security (CSR+ implementation), capacity-building for health workers in the provision of FP, MCH, and TB-DOTS services, strengthening monitoring and supervision of personnel, and quality of service improvements (SDExH).
    - Re-channeling of investments in the AOP/AIP to implement recommended interventions
- Development of an LGU M&E system to update information on the impact of ILHZ/AOP implementation and for the identification of successful strategies that could be adopted by other ILHZs

Technical Assistance for Year 3

In Year 3, the elements of the handle will be translated into the provision of technical assistance in three areas as follows:

A. Technical assistance in the implementation of selective interventions to improve service delivery and financing province-wide based on AOP 2009

B. Technical assistance in the development and implementation of zonal (ILHZ) plan in two ILHZs namely D'BESTCA and Midland
C. Technical assistance in the formulation of AOP 2010 incorporating level 2 and 3 of acceleration plan and installation of PME

A. Technical assistance in the implementation of selective interventions to improve service delivery and financing province-wide based on AOP 2009

1. Technical support to the province, DBESTCA and Midland ILHZs, and LGUs with low TB performance in the implementation of interventions to improve MCH, FP, TB and AI programs contained in their 2009 plans (LGU, ILHZ, provincial)

The USAID CAs will work together in providing assistance to the PHO, selected ILHZs and LGUs. HealthGov will lead the provision of TA on PHIC planning and implementation, with TB-Linc taking care of the TB-related assistance on facility accreditation. On the expansion of LGU-private partnerships, HealthGov, PRISM and TB LINC will jointly facilitate the provision of TA, starting in: a) Midland where there are existing PRISM private partners; b) DBESTCA and selected LGUs where TB LINC has initiatives with academe, community organizations, and industries in the province. TB LINC and A2Z will likewise provide service delivery specific TA to priority LGUs for TB and micronutrient components.

Activities

a) TA to the province, DBESTCA and Midland ILHZs in the formulation of the PHIC universal coverage plan
   - Assist the province/ILHZs in assessing the status of PHIC insurance coverage/sponsored program (coverage, utilization, revenues and its utilization, accreditation) implemented by the LGUs
     - Develop and finalize, together with the province/ILHZ, the assessment tool
     - Support the province/ILHZ in the conduct of the assessment using the tool
     - Develop guide questions as aid in the analysis of the assessment
     - Assist the province/ILHZ in the analysis of results, using the guide questions, through a small group meeting
   - Orient the province/ILHZ on the components of and tools in formulating a PHIC universal coverage plan
   - Assist and support the province/ILHZ in the conduct of a PHIC planning workshop
   - Provide advocacy support to the ILHZs in presenting the PHIC plans to and securing approval of the ILHZ Board, including budget commitment

b) TA to the province, DBESTCA and Midland ILHZs in the implementation of their PHIC plan with emphasis on the following:
   - Assist LGUs in the PHIC accreditation of their RHUs for: *MCP – 2 RHUs (DBESTCA), 2 RHUs (Midland), TB-DOTS – 1 RHU (DBESTCA) and 3 from the low- performing LGUs of Himamaylan, Candoni, and La Castellana*
     - Provide training support to RHMs of 4 RHUs on Life-saving skills (LSS), a PHIC-requirement for MCP accreditation
     - Provide TB-DOTS training support to 15 nurses/doctors
     - Provide training support to 12 medical technologists on direct sputum smear microscopy (DSSM)
     - Provide training support to 12 RHMs, BHWs on sputum smearing

    - Assist LGUs in facilitating completion of requirements for MCP accreditation and renewal of TB-DOTS accreditation
- Assist the province/ILHZs in developing local policies or guidelines in establishing a fund utilization scheme (e.g., revolving fund) to ensure use of PHIC-generated funds for public health improvement
    - Orient province/ILHZs on schemes for using PHIC capitation and reimbursements
    - Provide technical support to the province/ILHZ in advocating for ILHZ board approval of the fund utilization scheme
- Assist the ILHZs in developing local policy on sustained financing of premium subsidies for the enrolment of the poor
- Provide the province/ILHZ advocacy support to obtain approval of the scheme for financing premium subsidies for the poor

c) TA to the province, and DBESTCA and Midland ILHZs on the expansion of LGU-NGO/CSO and private sector partnerships for the improvement of MCH, FP and TB programs. For this component, HealthGov will identify and engage an NGO to work closely with the province/ILHZ to facilitate the implementation of the following specific interventions (HealthGov, HealthPRO, PRISM):
    - Assist the ILHZs in engaging NGO/CSOs in planning for PHIC universal coverage, advocacy for indigent enrolment, and increasing awareness of members' benefits
    - In close collaboration with private providers supported by PRISM assist the province and ILHZs explore potential for expanding workplace FHP in companies located in DBESTCA
    - Together with the province, develop the University of Negros Occidental – Recoletos (UNO-R) as a non-DOH institution training facility for DSSM (TB LINC as lead agency)
        - Assist UNO-R in the development and finalization of the proposal
        - Facilitate consultation meetings of partners (PHO NTP Team, UNO-R, CHD 6 and DOH-National TB Reference Laboratory) in the finalization and approval of the proposal
        - Assist the PHO National TB Control Program (NTP) Team and NTRL in the accreditation of UNO-R training laboratory for DSSM
        - Facilitate signing of a memorandum of understanding (MOU) among partners
        - Assist PHO NTP Team and CHD 6 in monitoring and assessing the DSSM training by UNO-R.
    - Assist the province expand the TB control network in hospitals (P2P or public to public), NGOs (ICM, Central Azucarera de La Carlota, SIFI), GOs (Department of Education) (TB LINC as lead agency)
        - Facilitate the conduct of exploratory meeting of PHO and other organizations on collaboration and partnership in establishing a TB referral system
        - Assist the PHO in the conduct of TB-DOTS orientation for these organizations
        - Facilitate a planning workshop among partners in establishing a system of referral between the organization and the TB-DOTS facilities
        - Monitor and assess the implementation of the system
    - Assist the province strengthen operations of community-organized TB task force in the municipality of La Castellana (TB LINC as lead agency)
        - Conduct field visit and meeting with community-organized TB task force

- Assist the province in assessing the operations/capacity of existing community-organized TB task force and identify gaps
- Assist PHO and RHU in the provision of TA interventions

d) Assist the province in the expansion of quality assured TB laboratory network and other TB services in community primary hospitals of convergence sites - Inapoy Hospital in Kabankalan, Negros Occidental, and Luz Sikatuna Hospital in Guijulngan, Negros Oriental (TB LINC as lead agency)
   - Assist the province in assessing hospitals' capacity to provide TB services through field monitoring visit and identification of gaps and interventions
   - Facilitate collaboration of partners (PHOs of Negros Occidental and Negros Oriental, CHD 6 and CHD 7) in completing the requirements for the hospitals to become TB-DOTS facilities
   - Conduct monitoring visits to and evaluation of the hospitals

e) TA to the province/ILHZs in improving Vitamin A supplementation coverage of 6 to 71 month old children (A2Z as lead agency; HealthGov, HealthPRO)
   - Assist the province (nutritionist) in preparing a concept paper on the conduct of 2009 Garantisadong Pambata (GP) and its budget requirements
     - Coordinate and follow-up with DOH-NCDPC on the availability of guidelines/theme of 2009 GP
     - Assist the PHO preparing and finalizing the GP concept paper following DOH guidelines on GP
     - Provide advocacy support to the PHO in getting approval of the concept paper, including budget
   - Assist the province Nutritionist in analyzing micronutrients data particularly on GP (vitamin A supplementation coverage), reflected in accomplishment reports, through identification of issues and concerns for low coverage and concrete activities/strategies for improvement
     - Develop tools for analysis, such as guide questions or checklist, consolidation matrix/worksheet
     - Orient the core group on these tools and their use
     - Assist the core group in analyzing the data using the tools through a small group meeting
   - Assist the province/ILHZ in the conduct of a one-day planning/workshop per zone to develop the GP social mobilization plan, including presentation/validation of assessment results and related technical updates
     - Develop, together with the province, the one-day planning/workshop module on GP social mobilization to include among others the presentation/validation of assessment results, identification of reasons for low coverage, and doable actions to address this concern
     - Provide technical support to the province/LGUs in the conduct of a one-day social mobilization planning/workshop
     - Provide technical support to the province in monitoring the GP implementation plan
   - Assist province/ILHZs in the conduct of a rapid community assessment (RCA) for GP (to be conducted three weeks after the GP in April 2009 and October 2009 using the DOH guidelines and prescribed instrument)

    - Provide the provincial core group orientation on the RCA guidelines and instrument, customization of the tool, sampling methodologies to determine priority areas, and staff assignments
    - Support the provincial core group in its meeting with the LGU/RCA team on scheduling, sampling, tools, and staff assignments
    - Provide technical support to the PHO/DOH Reps in the conduct of RCA
    - Provide TA to the provincial core group in data analysis and writing the RCA findings
    - Provide technical support to the province/DOH Reps in the presentation of results to LCEs
  - Assist and propose to CHD 6 and PHO the recognition of GP high-performing LGUs as determined through the GP accomplishment report and RCA results
    - Assist PHO in the development of a checklist/instrument for identifying the LGUs to be recognized
    - Orient the core group on how to use the checklist/instrument
    - Provide technical support in the conduct of a one-day meeting with the core group to identify LGUs/ILHZs with high coverage and in planning for the recognition event

f) TA to the province/ILHZ in increasing iron supplementation coverage for low birth weight infants and pregnant mothers (in collaboration with A2Z and PRISM)
  - Assist the province/ILHZ coordinate with PRISM and occupational groups on the availability of iron supplements in the different workplaces
    - Provide technical support to the province during a meeting with Occupational Health Nurses Association (OHNAP) to discuss possible areas of collaboration on /integration of micronutrients in the workplace
    - Act as resource person to OHNAP's staff development programs to advocate for the utilization of micronutrients in the workplace
  - Tapping the IMCI training as venue, work with the province in integrating the utilization of zinc and reformulated ORS in the management of diarrhea among children
    - Provide technical support to the province in the conduct of an orientation to C/MHOs on AO No. 0045 (Utilization of zinc and reformulated ORS in the management of diarrhea among children) in one of the monthly M/CHO meetings.

Milestones
- 11 LGUs with PHIC universal coverage plan formulated with inputs from NGO/CSO and supported by approved ordinances including budget commitment
- 4 RHMs trained on LSS
- 15 nurses/doctors trained on TB-DOTS
- 12 medical technologists trained on DSSM
- 12 RHMs and BHWs trained on sputum smearing
- 2 RHUs accredited by PHIC for MCP
- 2 RHUs accredited by PHIC for TB-DOTS
- University of Negros Occidental – Recoletos (UNO-R) signing a memorandum of understanding (MOU) with the province for the integration of the DSSM training in their Med Tech curriculum
- 31 LGUs with GP mobilization plans that incorporates the priorities identified in the inter-CA PIR using the SDIR+ and RCA

Expected results

- Increased number of indigent families in DBESTCA, Midland ILHZs enrolled in the National Health Insurance Program
- Increased access and utilization of priority health services

2. Technical support to the province/LGUs in updating and implementing the LGU CSR plans to address gaps in FP service provision

HealthGov will be the lead CA for CSR. The project will assist LGUs update and implement their plans. It will work closely with PRISM and TB LINC in expanding LGU-private sector partnerships, particularly on improving the referral system in the target ILHZs.

Activities

a) Assist the CHD/PHO with formulating the enhanced LGU CSR plans and the province-wide CSR plan (HealthGov, A2Z)
   - Orient CHD/PHO/DOH Reps on the LGU CSR planning tools (e.g., forecasting)
   - Assist PHO in the conduct of a two-day LGU CSR plan updating workshop
   - Together with the PHO/DRCOs, develop a CSR plan checklist for use in the review of LGU plans
   - Assist the PHO/DRCO formulate a province-wide CSR plan through a two-day write shop
   - Assist the PHO finalize the plan

b) Assisting the province, and DBESTCA and Midland ILHZs implement their updated CSR plans, with emphasis on the following: (HealthGov, PRISM, HealthPRO)
   - Securing budget approval, particularly for the procurement of FP commodities for the poor based on the forecast requirement
     - Assist the LGU MHO team develop appropriate presentation materials to LCE, council
     - Provide technical support to LGU MHO team during meetings with LCEs
     - Link up the ILHZs/LGUs with commercial sources of FP commodities
   - Ensuring availability of the whole range of FP services
     - Provide training support to DBESTCA and Midland ILHZs and other low-performing LGUs with untrained midwives on FP-CBT

c) Forging partnerships with existing PRISM partner private FP providers for a two-way referral system and the NGOs in the province, specifically on FP health promotion and behavior change, as part of increasing FP awareness leading to an increased utilization of FP (and basic MCH) services. This component will be done in close collaboration with PRISM, HealthPRO).
   - Assist the province and Midland, CASAMA, and South Central ILHZs where there are existing PRISM-assisted FP in the workplace programs to develop a two-way referral system (public-private and private-public) for FP service provision
   - Provide technical support to the province/ILHZ in the signing of an MOU with private providers/facilities for the two-way referral
   - Provide TA to the province/ILHZ identify NGOs/private sector with community-based programs (health or non-health with the poor as program beneficiaries), that it can partner with to promote key messages on FP

- Assist the province, ILHZ negotiate with these NGOs/private sector in integrating FP key messages or modules in their existing programs (e.g. an NGO into a livelihood or micro-credit program will integrate FP/health promotion in their modules for borrowers, and RHU personnel will be tapped as resource person)

d) Developing local policy in support of LGU CSR plan implementation
   - Assist ILHZ/LGU/NGO-CSO in formulating policies/guidelines for the adoption of a scheme for the distribution of free commodities
   - Provide advocacy support to the MHO/ILHZ TWC for approval of the policy

e) Assisting the province/ILZH sustain monitoring of LGU CSR plans implementation
   - Provide TA to the province/ILHZ in the development of a CSR monitoring checklist
   - Orient PHO/DOH Reps/ILHZ/LGU on the CSR monitoring checklist
   - Provide technical support to the province/ILHZ in monitoring LGUs' CSR plan implementation using the checklist

f) Technical support to the province/DOH Reps in conducting regular informed choice and voluntarism (ICV) compliance monitoring
   - Assist the province/DOH Reps in orienting LGU health personnel on ICV compliance monitoring
   - Provide technical support to the province/DOH Reps in developing a provincial ICV monitoring plan and in its subsequent implementation.

Milestones
- 31 updated and approved city/municipal CSR plans
- 1 province-wide CSR Plan with committed budget and approved policy/guidelines to implement with inputs from NGO/CSO
- 20 RHMs trained on FP-CBT
- 2 LGUs of 1 ILHZ signing a memorandum of understanding (MOU) with private providers to establish an FP referral system
- 30 PHO, DOH Reps and LGU personnel trained on ICV compliance monitoring
- 10 cities/municipalities from DBESTCA, Midland ILHZs with ICV compliance quarterly reports

Expected results
- 8 LGUs from DBESTCA, Midland leveraged funds for FP contraceptives,
- 10 LGUs from DBESTCA have procured contraceptives based on their commodity forecast
- 20 RHMs from 10 LGUs in DBESTCA providing FP services including IUD insertion in their respective RHUs
- Increased access to and utilization of FP services

3. Technical support to the CHD, province, and low-performing LGUs strengthen service delivery for MCH, FP and TB through capability enhancement

Activities

a. Support CHD/PHO in the capability building of health staff to improve service provision on MCH, FP and TB in priority, low performing areas: (HealthGov, HealthPRO, TB LINC, A2Z)

MCH and FP

- Installation of maternal death review (MDR) process at the province, ILHZ levels
  - Provide technical support to the province, DBESTCA ILHZ in the orientation on MDR
  - Assist DBESTCA ILHZ in developing an MDR action plan
  - Assist DBESTCA ILHZ secure approval of the MDR action plan from the ILHZ board, including issuance of an Executive Order for the MDR teams
  - Provide training support to the province and ILHZ on MDR
  - Provide technical support to the province and ILHZ in analyzing results of the maternal death reviews and in planning for the appropriate interventions
- Training on community-based managed maternal and newborn care for 20 untrained health workers of 10 LGUs with low maternal health program performance
- Trainers' training for 30 selected health personnel (province/ILHZ) on inter-personal communication skills to convey behavior change messages and generate FP clients
- Trainers' training for selected health personnel of the province on the manual of operations (MOP) of the micronutrient supplementation program
  - Provide technical support to the province in the provincial rollout of the training for LGUs
  - Assist the province develop a concept paper on strengthening local-level implementation of micronutrient program, including a review of existing policy instruments
  - Provide TA during consultative meetings with partners and LGUs on identified policy gaps
  - Assist in the development of instructional materials for trainers
  - Provide technical support to the province in the roll-out training of LGU health staff on MOP on micronutrient supplementation
  - Provide the province technical support in the conduct of post-training follow-up using DOH prescribed guidelines/checklist

Tuberculosis

- Orientation of 25 nurses/doctors on DOTS (directly observed treatment, short course) and public-to-public mix DOTS (P2PMD) referral scheme
- Training of 12 DOH Reps, 2 PHOs, 30 MHOs on advocacy and local TB policy development
- Trainers' training for provincial TB medical and nurse coordinators on TB management and MSE
- Training of 31 TB nurse coordinators on TB supply chain, with emphasis on forecasting

b. Provide the province and LGUs technical support in sustaining quality assured TB laboratory services
   - Assess external quality assurance reports of TB microscopy laboratories (TMLs) in the TB-DOTS facilities
   - Identify gaps in the implementation of external quality assurance (EQA) among TMLs
   - Provide TA to poor performing TMLs on EQA
   - Assist the PHO TB and QA team in the monitoring TMLs

Milestones

- 30 personnel from 5 LGUs from DBESTCA ILHZ and the province trained on maternal death review
- 1 DBESTCA Executive Order on formation of MDR team issued
- 20 RHMs trained on community-managed maternal and newborn care
- 30 PHO, LGU health personnel trained on Inter-personal Communication Skills
- 20 PHO, LGU health personnel trained on the micronutrient supplementation program manual of operations
- 25 nurses/doctors oriented on P2P, DOTS
- 44 PHO/DOH Reps/MHOs trained on advocacy modules and local TB policy development
- 12 TB medical/nurse coordinators trained on TB management and MSE
- 31 TB nurse coordinators trained on TB supply chain

Expected results

- Decreased number of maternal deaths among the LGUs in D'BESTCA, Midland ILHZs
- Increased micronutrient coverage in D'BESTCA and Midland ILHZs

4. Technical support to the province, and cities of Bago, Himamaylan and Escalante in the completion of AI preparedness and response interventions

HealthGov will take the lead in the delivery of TAs on AI.

Activities

- Assist the AI teams in finalizing their AI preparedness plan (AIPP)
- Provide advocacy support to the AI Team to ensure passage of an executive order legitimizing the formation of the AI task forces, passage of AI ordinance, and approval of AIPP budget
- Provide technical support to the CHD/province/city AI team in the installation of a community-based early warning system (CBEWS) in the pilot barangay of Himamaylan and Bago cities
    - Develop CBEWS training design in collaboration with CHD/province
    - Provide TA to the CHD/province/city AI team in the conduct of CBEWS training, and the formulation of an AI action plan per city
    - Provide technical support during the trainers' training for the city AI teams on CBEWS installation

Milestones

- 3 city AIPPs finalized
- 3 city AI ordinances passed
- 3 city AI task forces organized and supported by executive orders
- CBEWS installed in 2 cities

Expected results

- 3 LGUs implementing their AI preparedness plan

5. Technical support to the PHO/ILHZs in the implementation of their provincial strategic communication plan (SCP) to improve health-seeking behavior of consumers on maternal health, FP, and TB in the province, and DBESTCA and Midland ILHZs, and in other low- performing LGUs

This TA will be spearheaded by HealthPRO in collaboration with HealthGov, TB LINC, and A2Z.

a. Assist the province in the development of audiovisual presentations (AVPs) for TV and radio plugs, to include real-life stories on how couples avoided the dangers of pregnancy and delivery and/or stories on how couples coped with near-maternal death. (HealthPRO)
   - Provide TA in the development of the storyboard
   - Provide technical inputs to the province/PIO in finalizing the AVPs and radio plugs. (Provincial Information Office will edit and PHO will facilitate the province-wide airing using their budget.)

b. Assist the province in developing billboards, tarpaulins, and other print materials with key messages on maternal health, FP, and TB (HealthPRO as lead agency)
   - Provide the province technical support in the conduct of a two-day workshop on developing effective communication materials (HealthPRO)
   - Discuss with the PHO the need to prioritize allocation for and put up billboards/tarpaulins in DBESTCA and Midland ILHZs, and in other low-performing LGUs (HealthPRO)

c. Assist the province implement an enhanced special health event, the "Buntis Congress" (HealthPRO)
   - Provide TA to the PHO in the review of "Buntis Congress" conducted in the past, and discuss enhancement aspects for pre-event, conduct of event itself and post-event:
     - Facilitate discussion on the inclusion of iron supplementation as one of the messages and services for pregnant mothers during event (A2Z);
     - Assist in the development of a one-page flyer on iron and pregnancy using local dialect (A2Z);
     - Provide technical support to the province in coordinating with local suppliers for supply of iron for pregnant mothers during event.
   - Pilot special event in Escalante City (DBESTCA ILHZ) and Moises Padilla (South Central ILHZ) (HealthPRO, HealthGov)

d. Assist the PHO in developing an integrated health advocacy kit for use in soliciting LCE's support for health programs, budget, and attaining performance benchmarks (HealthPRO)
   - Discuss with and get inputs from CAs on the development of advocacy kit (All CAs)
   - Provide TA to the PHO in developing a prototype omnibus advocacy kit covering MCH, FP, and TB programs (All CAs)

e. Assist the province in evaluating health promotion and communication (HPC) activities (HealthPRO)
   - Provide PHO TA in developing an HPC evaluation tool and protocol in appraising the impact of special health events, such as Garantisadong Pambata and Family Planning Day (HealthPRO, A2Z, HealthGov, TB LINC)
   - Provide technical support to the province in the conduct of an orientation session on HPC evaluation (All CAs)

f. Assist the province/priority LGUs implement TB-related health promotion activities (TB- LINC, HealthPRO)
   - Assist the province in the review and reproduction of selected materials - TB-DOTS video; Provide prototype materials on TB symptomatics, advocacy, communication and social mobilization (ACSM) handbook, rollout of the cough manners campaign
   - Provide the province TA on ACSM orientation for LGUs
   - Provide TA in the implementation of TB communication and social mobilization plan
   - Provide technical support to the management of multi-drug resistant (MDR) TB and TB in children by increasing public awareness of these conditions through primers

Milestones
- 5 TV AVPs and 5 radio spots developed by the province - HealthPRO
- 30 provincial health personnel trained on developing effective communication materials - HealthPRO
- 1 province with a set of protocol on enhanced special health, "Buntis" Congress event developed - HealthPRO
- 1 prototype of an integrated health advocacy kit developed - HealthPRO
- 1 set of HPC evaluation tool and protocol developed – HealthPRO/TB-LINC
- 10 health personnel oriented on ACSM –TB-LINC

Expected results
- Fund leverage to develop BCC materials with key messages on maternal health
- Increased number of people who have seen or heard FP, MNCHN, and TB messages.

B. Technical assistance in the development and implementation of zonal (ILHZ) plan in two ILHZs namely D'BESTCA and Midland

(1) Technical support to the CHD, PHOs, M/CHOs in the conduct of SDIR Plus for ILHZs and private sector involvement

Activities
a. In collaboration with other CAs facilitate the conduct of province-wide SDIR using modified or customized SDIR tool to capture the status and specific needs of the ILHZs. This entails the following:
   - Consultation meetings with the PHO on the Yr 3 priorities i.e. D'BESTCA and Midland ILHZs as priority.
   - Conduct of orientation session to PHO, DOH/CHD and ILHZs on the modified SDIR for ILHZs
   - Assist the PHO, DOH Reps and ILHZ in getting mandate from the ILHZ Board to conduct the assessment using the enhanced diagnostic tool or SDIR Plus and planning;
   - Conduct of modified SDIR with the participation of NGOs/CSOs giving inputs to the assessment process, improvement of the tool and advocacy support to low performing LGUs.

b. Finalize SDIR modified tools based on feedback/report on the comments and recommendations of the ILHZs/Province/NGOs and assist in the conduct of the modified SDIR
   - Assist the ILHZs in the consolidation and analysis of the results and packaging of the results for dissemination to the LCEs/ILHZ Board
   - Advocacy Support
     - assist the province and the Zonal TWC in advocating to the LCEs and the SPs for specific support (i.e. budget, legislations, etc.) to specific programs like MCH (and micronutrient), FP, TB;
     - assist in the development of advocacy tools

Milestones
- 25 PHO, DOH and ILHZ staff oriented on SDIR Plus and mandated by ILHZ Board to conduct SDIR
- 6 ILHZs; 31 municipalities/cities have conducted SDIR workshops with resulting acceleration plans with inputs from NGO/CSOs
- 3 batches of provincial level SDIR workshops have been conducted and a resulting provincial TA plan with inputs from NGO/CSOs

(2) Technical support to the PHO in facilitating the formulation/development of ILHZ plans with emphasis on financing, expansion of LGU-private sector partnership and improvement of service delivery

Activities
a. Facilitate the conduct of planning workshop at the ILHZ and provincial level to formulate plans using SDIR results (note: detailed TA/intervention stated in Sect. C.1)

b. Facilitate the formulation of PHIC universal coverage plan including communication and advocacy component
   - Assessment of status of universal coverage/Sponsored Program (coverage, utilization, revenues, revenue utilization) implemented by the LGUs;
   - Communication and advocacy component including developing advocacy strategy;
   - Local policy development in support of financing premium subsidies, investment for accreditation of facilities, establishments of fund mechanisms to ensure use of PhilHealth-generated funds for public health improvement;
   - Engagement of LGU-NGO-private sector partnership for advocacy in promoting enrollment of indigents and utilization of services by beneficiaries;
   - Local policy development in support of financing premium subsidies, investment for accreditation of facilities, establishments of fund mechanisms to ensure use of PhilHealth-generated funds for public health improvement.

c. In collaboration with PRISM and HealthPRO support in expansion of LGU- private sector partnership leading to the delivery of utilization of FP and MCH services.
   - Formation of two ILHZ core groups (with PHO reps) for the expansion of LGU-private sector partnership for FP and basic MCH services
   - Development of an ILHZ Action Plan on the expansion of LGU-private sector partnership to include expansion of workplace Family Health Program (FHP) in companies located in the ILHZ ; referral system from ILHZ to private - companies with workplace FHP to use service referral arrangements with ILHZ

d. Mobilization of NGO/CSO to undertake advocacy, health promotion, and support of FP, MCH and TB control programs.
    - Identification of a local NGO that will be engaged by HealthGov to work in DBESTCA and MIDLAND ILHZs for advocacy, health promotion, and support of FP, MCH and TB control programs.

Milestones
- 1 LGU each in the 2 ILHZs implementing an expansion plan of LGU-Private sector partnership for FP and MCH with the support of approved implementation policy/guidelines by ILHZ Health Boards
- 11 LGUs with PHIC Universal Coverage Plan supported by approved policy/guidelines to implement
- 11 LGUs engaging NGOs/CSOs in planning, advocating for improved health and resource mobilization for public health priorities

Expected results
- ILHZs implementing action plans to expand LGU-private sector partnership for FP and MNCHN with inputs from NGO/CSO
- Increased number of PhilHealth enrollment

C. Technical support in the formulation of AOP 2010 incorporating levels II and III interventions of the acceleration plan and installation of PME

1. Technical support to the province/ILHZs/LGUs in the conduct of SDIR and annual planning

All CAs, with HealthGov as lead, will support the province/ILHZ/LGUs in their annual SDIR and AIP/AOP preparation. This support may come in the form of tool review, enhancement and/or customization (as in the case of SDIR for ILHZ), and, providing technical inputs during planning sessions.

Activities
a. In collaboration with all CAs, facilitate the conduct of province-wide SDIR using an enhanced diagnostic tool or SDIR Plus for ILHZs, a tool that captures the status and specific needs of ILHZs (HealthGov)
    - Consultation with the province/ILHZs/CHD in the customization of the SDIR tool (All CAs)
    - Conduct orientations for PHO, DOH/CHD, and ILHZs on the modified SDIR for ILHZs (HealthGov)
    - Assist the PHO, DOH Reps, and ILHZ in getting mandate from the ILHZ Board to conduct the assessment using the SDIR Plus tool (HealthGov)
    - Support the province/ILHZs/LGUs in the conduct of provincial/ILHZ PIR workshops using the SDIR Plus for ILHZ tool (All CAs)
    - Assist the province/ILHZ in engaging the NGOs/CSOs to participate in the PIR and planning process (HealthGov)
    - Assist the DBESTCA and Midland ILHZs in consolidating and analyzing the SDIR results (HealthGov)

- Assist DBESTCA and Midland ILHZs in packaging SDIR results for dissemination to the LCEs/ILHZ Board and in generating budget support for MCH, FP, and TB programs (HealthGov)

2. Technical support to the PHO/MHOs in the formulation of the 2010 AOP/AIP that reflects health service, governance and financing priorities for low-performing LGUs in priority ILHZs

a. Ensure utilization of SDIR results in the formulation of the 2010 AOP/AIP giving priority to low-performing LGUs in the zone
b. Provide technical support to the province/ILHZ/LGU in the conduct of AOP/AIP planning workshop
c. Strengthen local TB control plans through the review and update of situational and gaps analysis of TB control program in the PIPH, identification of interventions (e.g., enforcement of existing policy on the use of TB reimbursements for the purchase of Category 3 anti-TB drugs, and monitoring and supervision) (TB LINC)
d. Ensure participation of NGOs/CSOs and other private sectors in AOP/AIP formulation

3. Design and install Province-Wide Monitoring and Evaluation (PME) system to tract AOP implementation with attention to public health program (to include as sub-components the CSR and PhilHealth Sponsored Program tracking systems)

a. With PHO, design PME system based on PIPH feature and AOP framework of linking interventions and financing to performance and outcomes; and includes organizational set up for implementation
b. Train PHO staff to implement PME system with focus on roles and responsibilities of key personnel; and data collection, analysis and reporting for decision making.

Milestones
- 25 PHO, DOH and ILHZ staff oriented on SDIR Plus and mandated by ILHZ Board to conduct SDIR
- 31 municipalities/cities with acceleration plans resulting from SDIR plus workshops and supported by approved policy/guidelines to implement
- 1 provincial TA plan and 5 ILHZ acceleration plans with inputs from NGO/CSOs
- 2010 provincial and 11 municipal/city AOP/AIP (D'BESTCA and MIDLAND) formulated for approval and funding
- Province-wide PME installed

Expected results
- Increased budget allocation for FP, MCH, TB and Vit A in the provincial 2010 AOP/AIP
- 11 municipalities of DBESTCA and MIDLAND ILHZs have increased budget allocation for FP, MCH, TB and Vit A in their respective 2010 AOP/AIP

NEGROS OCCIDENTAL – Zonal approach towards improving health outcomes on MCH, FP, and TB

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**TA in the implementation of selective interventions to improve service delivery and financing province-wide based on AOP 2009**					
A1	Technical support to the province, DBESTCA and Midland ILHZs, and other low-performing LGUs in the implementation of interventions to improve MCH, FP, TB and AI programs contained in their 2009 plans (LGU, ILHZ, provincial)					
	IR 1.2A/ 1.2B/ 1.1G/ 1.4D	11 LGUs with PHIC universal coverage plan formulated with inputs from NGO/CSO and supported by approved ordinances including budget commitment			**X**	
	IR 1.3A	4 RHMs trained on LSS			**X**	
	IR 1.3A	15 nurses/doctors trained on TB-DOTS			**X**	
	IR 1.3A	12 medical technologists trained on DSSM				**X**
	IR 1.3A	12 RHMs and BHWs trained on sputum smearing				**X**
	IR 1.2C	2 RHUs accredited by PHIC for MCP				**X**
	IR 1.2C	2 RHUs accredited by PHIC for TB-DOTS				**X**
	IR 1.4D	University of Negros Occidental – Recoletos (UNO-R) signing a memorandum of understanding (MOU) with the province for the integration of the DSSM training in their Med Tech curriculum				**X**
	IR 1.3D	31 LGUs with GP mobilization plans that incorporates the priorities identified in the inter-CA PIR using the SDIR+ and RCA		**X**		
A2	Technical support to the province/LGUs in updating and implementing the LGU CSR plans to address gaps in FP service provision					
	IR 1.1B/ 1.1G	31 city/municipal CSR plans updated and approved		**X**		
	IR 1.1B/ 1.1G/ 1.2A/ 1.4D	1 province-wide CSR Plan with committed budget and approved policy/guidelines to implement with inputs from NGO/CSO		**X**	**X**	**X**
	IR 1.3A	20 RHMs trained on FP-CBT				**X**
	IR 1.4D	Memorandum of understanding (MOU) to establish an FP referral system between 2 LGUs of 1 ILHZ with private providers signed				**X**
	IR 1.3E	30 PHO, DOH Reps and LGU personnel trained on ICV compliance monitoring		**X**		
	IR 1.3E	ICV compliance quarterly reports of 10 cities/municipalities from DBESTCA, Midland ILHZs completed			**X**	**X**
A3	Technical support to the CHD, province, and low-performing LGUs strengthen service delivery for MCH, FP and TB through capability enhancement					
	IR 1.3A	30 personnel from 5 LGUs from DBESTCA ILHZ and the province trained on maternal death review		**X**		
	IR 1.1G/ 1.1H	1 DBESTCA Executive Order on formation of MDR team issued	**X**			
	IR 1.3A	20 RHMs trained on community-managed maternal and newborn care				**X**
		30 PHO, LGU health personnel trained on Inter-personal Communication Skills (HealthPRO)				**X**
	IR 1.3A	20 PHO, LGU health personnel trained on the micronutrient supplementation program manual of operations			**X**	
		25 nurses/doctors oriented on P2P, DOTS (TB LINC)			**X**	
		44 PHO/DOH Reps/MHOs trained on advocacy modules and local TB policy development (TB LINC)				**X**
		12 TB medical/nurse coordinators trained on TB management and MSE (TB LINC)			**X**	
		31 TB nurse coordinators trained on TB supply chain (TB LINC)				**X**

A4	Technical support to the province, and cities of Bago, Himamaylan and Escalante in the completion of AI preparedness and response interventions					
	IR 1.3D	3 city AIPPs finalized	**X**			
	IR 1.1G	3 city AI ordinances passed		**X**		
	IR 1.1G	3 city executive orders to organize AI task forces approved	**X**			
	IR 1.1C	CBEWS installed in 2 cities		**X**		
A5	Technical support to the PHO/ILHZs in the implementation of their provincial strategic communication plan (SCP) to improve health-seeking behavior of consumers on maternal health, FP, and TB in the province, and DBESTCA and Midland ILHZs, and in other low- performing LGUs. This TA will be spearheaded by HealthPRO in collaboration with HealthGov, TB LINC, and A2Z					
		5 TV AVPs and 5 radio spots developed by the province - HealthPRO				**X**
		30 provincial health personnel trained on developing effective communication materials - HealthPRO			**X**	
		1 province with a set of protocol on enhanced special health, "Buntis" Congress event developed - HealthPRO			**X**	
		1 prototype of an integrated health advocacy kit developed - HealthPRO		**X**		
		1 set of HPC evaluation tool and protocol developed – HealthPRO/TB-LINC				**X**
		10 health personnel oriented on ACSM – TB-LINC			**X**	
B	**Technical assistance in the development and implementation of zonal (ILHZ) plan in two ILHZs namely D'BESTCA and Midland**					
B1	Technical support to the CHD, PHOs, M/CHOs in the conduct of SDIR Plus for ILHZs and private sector involvement					
	IR 1.1G/ 1.1H	25 PHO, DOH and ILHZ staff oriented on SDIR Plus involving the private sector		**X**		
	IR 1.3D	SDIR Plus involving the private sector mandated by 2 ILHZ Boards		**X**		
B2	Technical support to the PHO in facilitating the formulation/development of ILHZ plans with emphasis on financing, expansion of LGU-private sector partnership and improvement of service delivery					
	IR 1.1H/ IR 1.4D	An expansion plan of LGU-Private sector partnership for FP and MCH completed and implemented with the support of approved implementation policy/guidelines by ILHZ Health Boards in 1 LGU each in 2 ILHZs			**X**	
	IR 1.4A/ 1.4D	11 LGUs provided with NGOs/CSOs inputs in the planning and advocating for improved health and resource mobilization for public health priorities			**X**	
C	**Technical support in the formulation of AOP 2010 incorporating levels II and III interventions of the acceleration plan and installation of PME**					
C1	Technical support to the province/ILHZs/LGUs in the conduct of SDIR and annual planning					
	IR 1.3D/IR 1.1G	31 municipal/city acceleration plans resulting from SDIR plus workshops and supported by approved policy/guidelines to implement			**X**	
	IR 1.3D/IR 1.4D	3 batches of provincial level SDIR workshops have been conducted resulting to 1 provincial TA plan and 6 ILHZ acceleration plans with inputs from NGO/CSOs completed and approved for implementation			**X**	
C2	Technical support to the PHO/MHOs in the formulation of the 2010 AOP/AIP that reflects health service, governance and financing priorities for low-performing LGUs in priority ILHZs					
	IR 1.1A	2010 provincial and 10 municipal/city AOP/AIP (D'BESTCA and MIDLAND) formulated for approval and funding			**X**	
C3	Design and install Province-Wide Monitoring and Evaluation (PME) system to tract AOP implementation with attention to public health program (to include as sub-components the CSR and PhilHealth Sponsored Program tracking systems)					
	IR 1.1C/ IR 1.1I	Province-wide PME installed				**X**

NEGROS ORIENTAL: Strengthening provincial government influence on improving public health outcomes on MCH, FP, and TB province-wide

The Governor is a medical doctor. Not surprisingly, he is supportive of health and family planning. However, his prime interest is hospital development. The province envisions "quality health for all, especially the poor of Negros Oriental, through strengthening of various stakeholders, computerization of health information system, technically capable manpower with adequate budgetary support to ensure client satisfaction."

The province is an F1 province and has access to DOH and EC funding support. It has been a recipient of USAID and UNICEF assistance in the past. The province is characterized by initiatives in community health insurance. The latest of these is the Provincial Health Insurance of Negros Oriental (PHINO), which will be implemented side by side with the National Health Insurance Program.

There are a number of NGO/CSO groups with diverse development programs operating in the province. One of these is NEOFPRHAN (Negros Oriental Family Planning Reproductive Health Advocates Network), a network of advocates, which has long been working with the province in implementing and supporting local initiatives on public health. The network, known for its many linkages, has the ability to influence government policies and programs and can help vitalize local NGOs through an exchange of information, sharing of resources, experience and technical expertise. It has partnered with the province, LGUs for family planning initiatives in the past.

A review of the health situation in 2007 in the province reveals very low performance in maternal and child care. For instance, deliveries by skilled birth attendants (SBA) and facility-based deliveries are 35% and 20%, respectively. The LGUs of Jimalalud, La Libertad, Tayasan, Vallehemoso, Bindo and Mabinay 1 and 2 performed the lowest on facility-based deliveries (12% or less). These are the same LGUs with low performance in deliveries by SBAs. The provincial FIC coverage is only 69%, and Vitamin A coverage is only 11%. Nine out of the total 25 LGUs in the province reported an FIC below the provincial average. The province met performance standards with respect to TB control; however, variations exist among municipalities.

The province is divided into six ILHZs of which the Metropolitan ILHZ is considered the most functional and active. Being an F1 province, with relatively more resources to move, the PHO and DOH Reps manage and supervise a number of health programs and activities in the 25 LGUs. However, a major challenge is the difficulty of effectively managing and monitoring province-wide these health programs and activities. Therefore, USAID TA project's main approach in the province in year 3 (October 2008 to September 2009) is *"Strengthening provincial government influence on improving public health outcomes on MCH, FP, and TB province-wide".*

To ensure province-wide improvement in public health performance particularly on FP and MCH, technical assistance will focus on the following areas:

- Development of and strengthening management practices in three areas (with attention to PHO)
  - Policies related to the PhilHealth Sponsored Program (relationship with local community financing schemes, hospital operations, referral system in ILHZs, benefit delivery, and fund utilization for improved maternal and child care);

- Aligning AOP/AIP to SDIR results to ensure adequate investments in priority public health services especially for low-performing areas;
- Development and implementation of a local M&E system to provide updated information of PIPH/AOP implementation for effective and efficient program management

- Implementation of PIPH/AOP: provision of selective technical assistance that is of direct concern to SO3 and focus on low-performing areas using SDIR results. This TA will focus on CSR+ planning, accessing DOH MNCHN grants, SDExH replication, behavior change communication, and local health policy development.
- Completion of CHLSS and utilizing its results to effectively identify indigent households for enrollment in the Sponsored Program and to address issues obtained from the SDIR results, particularly for more focused targeting of FP, MCH, and TB control services.

Year 3 Technical Assistance

In addressing the above health situation and as a follow on TA to the province in the implementation of their PIPH, USAID inter-Cooperating Agencies (CA) Year 3 technical assistance will be anchored on *"Strengthening provincial government influence on improving public health outcomes on MCH, FP, and TB province-wide".*

In Year 3, the core TA interventions will focus on the following key areas:

A. Technical support to the implementation of the AOP 2008 & 2009.
B. Technical support to the strengthening of health management practices
C. Technical support to the formulation of AOP 2010 and installation of PME

As agreed with the PHO/key local officials these will include assistance to the province and LGUs on strengthening management practices along PHIC sponsored program, CHLSS completion and utilization of survey data/results, strengthening LGU response to CSR, capacity building of health personnel on service delivery provision and planning, strengthening LGU- NGOs/CSOs partnership, health promotion and communication, and on strengthening Avian Influenza program in the three high-risk LGUs in the province.

A. Technical support to the implementation of the AOP 2008 and 2009 (note: the province did not complete the planned activities in 2008 and has carried over the implementation of these in 2009)

(1) Technical support to the province and low performing LGUs in the implementation of selected health interventions in their PIPH and AOP 2008 and 2009 to improve MCH, FP and TB service delivery:

Activities
Child Health

a. TA to province to improve Vitamin A supplementation coverage for 6 to 71 months children *(in collaboration with A2Z)*
   - Assist the provincial Nutritionist in the analysis of data on micronutrients particularly on GP (vitamin A supplementation coverage) using the accomplishment reports by the identification of issues and concerns for low coverage, concrete activities/strategies for improvement

- Develop tools for use in the analysis, such as guide questions or checklist, consolidation matrix/worksheet;
- Orient the core group on these tools and their use;
- Assist the core group in analyzing the data using the tools through a small group meeting.

- Assist the province in the conduct of a one-day planning/workshop for MHOs to develop the GP Social Mobilization Plan, including presentation of assessment results, related updates
  - Present and validate the GP assessment results made by the core group
  - Discuss and agree with the LGU participants on the issues and concerns for low coverage.
  - Identify concrete and doable actions to improve the coverage.
  - Present technical updates on GP activities (include plan to conduct rapid community assessment) with resource persons from DOH, CHD, PHO, HealthPRO and A2Z.
  - Prepare social mobilization plan per LGU using suggested worksheet
  - Monitor/follow-up implementation of plans with CHD and PHO.
- Assist province/ILHZs in the conduct of Rapid Community Assessment for GP to be conducted 3 weeks after the GP in April 2009 and October 2009 using the DOH guidelines and prescribed instrument
  - Discuss with the core group the guidelines and instrument developed by DOH
  - Revise/finalize the RCA instruments to include suggestions from the core group
  - Discuss the sampling and methodologies in determining the priority areas to be visited.
  - Identify the staff to be involved and orient them on the procedures using the prescribed instrument.
  - Discuss areas of assignment with the staff to be involved.
  - Assist PHO staff and DOH reps in the actual conduct of RCA
  - Provide assistance in the data analysis and write-up of findings of the RCA.
  - Assist provincial Nutritionist/DOH reps in the presentation of results to PHO

b. TA to the province to increase utilization of zinc and reformulated ORS in the management of diarrhea among children
   - Utilization of zinc and reformulated ORS in the management of diarrhea among children (integrated with IMCI training)
     - Coordinate with the provincial nutritionist and IMCI coordinator regarding the schedule of orientation on AO#0045
     - Discuss DOH guidelines on integration of zinc with IMCI.
     - Conduct an orientation on AO#0045 with the PHO technical staff, MHOs and hospital staff (guidelines, allocation, reporting and monitoring).

Tuberculosis

In year 3, priority 1 LGUs are the three low CDR/low CR areas of Bayawan City, Canlaon City, Guihulngan and San Jose. Second priority is the high CDR/low CR municipality of Vallehermoso. Priority 3 LGUs are the seven low CDR/high CR municipalities of Dauin, Jimalalud, La Libertad, Mabinay, Manjuyod, Pamplona and Valencia.

a. Assist the PHO develop and pass a local policy for DOTS referral system among District and Community Primary Hospitals;
b. Assist the PHO establish a referral flow between the district hospital and LGU TB-DOTS facilities;

c. Assist the LGU increase DOTS practice from among private and non-DOH sector through linking Bayawan LGU with Sugar Industry Associations and continuing TA to priority 1 and 2 LGUs with TB-DOTS accredited facilities for multi-sectoral mobilization for TB among private sector groups.

Milestones
- 25 LGUs implementing GP mobilization plans that incorporates the priorities identified in the inter-CA PIR using the SDIR+
- 10 PHO, 25 M/CHO, 17 Hospital staff oriented on AO#0045 (Zinc and Reformulated ORS)
- LGUs with a TB-DOTS referral system policy among a district or community primary hospital

Expected results
- Overall provincial coverage of Vitamin A supplementation improved
- TB-DOTS referral system installed

(2) Technical support to the province and LGUs in updating the CSR plans, and assist with the implementation of these plans in 8 low performing LGUs (CPR of less than 40 in 2007: Ayungon, Bacong, Basay, Guihulngan, Siaton, Valencia, Vallehermoso, and Sta. Catalina) to address gaps in service provision that includes budget allocation, procurement of FP commodities for the poor, and capacity building of FP service providers

HealthGov will be the lead CA for CSR TA. Its assistance will range from updating the plans to the implementation of these by priority LGUs. PRISM and HealthPRO will facilitate the provision of TA related to public-private partnerships, starting with current partners in the province, and health promotions respectively.

Activities
a. Assist the CHD/PHO update the LGU CSR plans and formulate the Province-wide CSR plan
    - Orient CHD/PHO/DOH Reps on the LGU CSR planning tools (forecasting, etc.);
    - Assist PHO in the conduct of a 2-day LGU CSR plan updating workshop;
    - Develop together with the PHO/DRCOs a CSR plan checklist and using this, assist in the review of LGU plans;
    - Assist the PHO/DRCO formulate a province-wide CSR plan through small group sessions;
    - Assist the PHO in the finalization of the plan.

b. Assist the province, eight low performing LGUs implement their updated CSR plans, with emphasis on the following:

b.1 Securing budget approval, particularly for the procurement of FP commodities for the poor based on the forecast requirement
    - Assist the LGU MHO team develop appropriate presentation materials to the LCE, local sanggunian or local health board (LHB);
    - Provide technical support to LGU MHO team during meetings with LCEs or local sanggunian, LHB;
    - Link up ILHZ/LGU with commercial sources of FP commodities.

b.2 Ensuring availability of FP services up to IUD insertion in RHUs

- Provide training support to the province in the conduct of TOT on FPCBT;
- Provide technical support to the provincial rollout of FPCBT training for RHMs, and nurses in the eight priority low-performing LGUs.

b.3 Forging partnerships with NGOs/private sector in the province, specifically on FP health promotion and behavior change, as part of increasing FP awareness leading to increased utilization of FP (and basic MCH) services. This component will be done in close collaboration with HealthPRO.

- Provide TA to the province/LGUs in identifying NGOs/private sector with community-based programs (health or non-health with the poor as program beneficiaries), that it can partner with to promote key FP messages;
- Assist the province/LGUs negotiate with these NGOs/private sector in integrating FP key messages or modules in their existing programs (e.g., an NGO with a livelihood or micro-credit program will integrate FP/health promotion in their modules for borrowers, and RHU personnel will be tapped as resource person)

b.4 Local policy development in support of LGU CSR plan implementation

- Assist the province/selected low performing LGUs and NGO-CSO in the formulation of policies/guidelines for the adoption of a scheme for the distribution of free commodities

b.5 Assist the province/LGU sustain monitoring of LGU CSR plans implementation

- Provide TA to the PHO, DOH Reps in the development of a CSR monitoring checklist;
- Orient PHO/DOH Reps/LGU on the CSR monitoring checklist;
- Provide technical support to the PHO, DOH Reps in monitoring LGUs' CSR plan implementation using the checklist.

b.6 Technical support to the province/DOH Reps in conducting regular ICV compliance monitoring

- Assist the province/DOH Reps in orienting LGU health personnel on ICV compliance monitoring
- Provide technical support to the province/DOH Reps in developing a provincial ICV monitoring plan and in its subsequent implementation

Milestones

- 25 updated city/municipal CSR plans supported by approved policy/guidelines to implement
- 1 province-wide CSR Plan with approved provincial policy/guideline support to implement
- 12 RHMs trained on FP-CBT
- 10 PHO personnel, 16 DOH Reps and at least 50 LGU health personnel trained on ICV compliance monitoring
- 10 cities/municipalities with ICV compliance quarterly reports

Expected results

- 8 low performing LGUs with approved budget for FP commodities
- 8 low performing LGUs have procured contraceptives based on their commodity forecast
- 12 RHMs providing FP services up to IUD insertion at their RHUs

B. Technical support to strengthening health program management practices

(1) Technical support to CHD / PHO in developing and strengthening management practices through the following interventions:

1.1 Community Health and Living Standard Survey (CHLSS)

Technical support to the PHO, LGUs in the completion of the CHLSS and utilization of its data/results in monitoring health program performance, particularly on MCH, FP and TB. The provision of this TA will be led by HealthGov. TB-Linc, A2Z and PRISM will provide inputs to the PHO, LGUs related to supervising and managing health programs on MCH, FP and TB using the province-wide CHLSS data/results on unmet needs. Focus will be on priority, low performing LGUs based on the provincial health data in year 2007.

Activities:

a. Provide assistance to the PHO/CHLSS Technical Working Group (TWG) and LGUs in coming up with the consolidated CHLSS survey data/results
   - Assist the TWG monitor the completion of LGU data gathering
   - Assist the TWG in the consolidation of results at the provincial level
b. Provide TA to the PHO, TWG in the analysis of the CHLSS results using a data analysis tool/program
   - Assist the PHO, TWG in packaging these for presentation to LCEs, M/CHO and program managers
c. Provide support to the PHO in documenting the process of CHLSS implementation in the province for (1) accreditation of survey tool as means test tool for PHIC, (2) development of a CHLSS manual for LGUs' future use/reference
d. Work with CHD and assist the PHO in the development of a policy to adopt the CHLSS tool as the means test in identifying program beneficiaries
e. Provide technical assistance to the PHO, DOH Reps in the regular utilization of data generated from the "identification of unmet needs" portion of the CHLSS to improve service delivery, with attention to health services on MCH, FP, TB
   - Assist the PHO, LGUs in reviewing CHLSS data/results on unmet needs during regular, monthly staff meetings and identify, prioritize interventions to address these;
   - Assist the PHO, DOH Reps in orienting LGU supervisors on the use of CHLSS data/results on unmet needs as a tool to monitor RHU performance and in planning for immediate, appropriate interventions.

Milestones

- CHLSS used by the province and 25 LGUs as a tool to identify the poor
- 1 Process documentation on CHLSS implementation in Negros Oriental
- 1 policy passed and approved by the province for the utilization of CHLSS results and adopting the tool as the means test in identifying program beneficiaries for PHIC
- 10 PHO technical staff and 16 DOH Reps capacitated on the use of CHLSS data/results on unmet needs as a tool for program monitoring and planning

Expected results

- The province and at least 50% of LGUs in the province have used the results of CHLSS to enroll the poor in the PhilHealth sponsored program

- The province and 25 LGUs have used the results of the CHLSS to identify and provide health services to the poor.

1.2 Service Delivery Excellence in Health (SDExH)

Technical support to the PHO in sustaining SDExH implementation in the pilot area of Metropolitan ILHZ, and its expansion in at least 2 ILHZs (SiaZam and Sta. Bayabas) in the province.

a. Provide assistance to the PHO in the conduct of sustained monitoring of the Service Improvement Plans of the LGUs of Metropolitan ILHZ
b. Assist the PHO in expanding SDExH in SiaZam and Sta. Bayabas ILHZs
    - Assist PHO in the advocacy activities to LCEs / Sanggunian / health officials of the two ILHZs for their approval to apply SDExH in their zones
    - Provide TA to the PHO, SDExH trainers in the conduct of the five training modules in the two ILHZs

Milestones
- 4 LGUs of SiaZam and Sta. Bayabas ILHZs' health personnel completing the four modules on SDExH and formulating their Service Improvement Plans

Expected Results
- Increase in the program coverage on MNCHN and FP as a result of the SIP implementation

1.3 Capability building of key PHO, LGU staff on health program management and supervision (TB LINC as lead CA)

a. Assist CHD in training the PHO staff on program management and supervision
b. Assist the PHO in preparing a provincial roll-out plan on program management and supervision for C/MHO, PHN
c. Provide technical support to the PHO, LGUs during the provincial roll-out of the program management and supervision training
d. Capacitate PHO, LGUs on TB program management skills and MSE (TB Linc)

Milestones
- 20 PHO, DOH Reps trained on health program management and supervision - TB-LINC
- 50 M/CHO, PHN trained on health program management and supervision - TB- LINC

Expected results
- TB program management and supervision rolled-out in the province

(2) Technical support to the CHD, Province and low performing LGUs strengthen service delivery for MCH, FP and TB through capability enhancement

Activities
Maternal and Child Health
a. Assist the CHD and PHO in the training of health personnel on the Operations Manual on Micronutrient Supplementation Program

b. Provide technical support to the province in the provincial roll-out training on the Operations Manual on Micronutrient Supplementation Program for LGUs
   - Organize a pool of trainers from CHD and PHO
   - Request training materials from DOH
   - Prepare training worksheet for approval and funding support
   - Conduct facilitators' meeting to discuss details of the training-program, activities, resource persons and assignments, venue, training kits, pre-post evaluation, attendance, training evaluation, etc.)
   - Conduct training with the pool of trainers
   - Assist CHD, PHO in evaluating results of the training

c. Provide technical support to the province in the conduct of post-training follow up
   - Discuss with CHD and PHO the roll-out training with the MHOs and selected staff
   - Conduct roll-out training with the PHO, CHD and Trainers with training funds from DOH
   - Conduct of post training monitoring using prescribed guidelines/checklist

d) Provide technical support to the province and low performing LGUs – Ayungon, Zamboaguita, Valencia and Mabinay RHU 2 in the conduct of Life Saving Support (LSS) training to rural health midwives as requirement for MCP accreditation.
   - Discuss with training team, POGS and PHO the roll-out training.
   - Assist PHO identify rural health midwives qualified to undertake the training.
   - Facilitate linkage of RHU to PHIC in meeting other requirements of MCP accreditation.

Family Planning

a. Assist the province in the conduct of a Training of Trainers on Family Planning Counseling for selected LGU health personnel (HealthPRO)
b. Assist the LGUs on the training of municipal level participants on Family Planning Counseling for low performing LGUs

TB

Technical assistance will be provided to LGUs following these prioritization: Priority 1 LGUs are the four low-performing sites (low CDR / low CR) – Bayawan City, Canlaon City, Guihulngan and San Jose. Priority 2 is the high CDR / low CR municipality of Vallehermoso. Priority 3 are the seven low CDR / high CR municipalities of Dauin, Jimalalud, La Libertad, Mabinay, Manjuyod, Pamplona and Valencia.

a. Orient RHMs and BHWs on TB-DOTS modules for the local expansion of Basic TB-DOTS
b. Train TB-DOTS treatment partners in Interpersonal Communication and Counseling
c. Training of Trainers on TB DOTS Counseling (HealthPRO)
d. Training of municipal level participants on TB DOTS Counseling for low performing LGUs (HealthPRO)

Milestones

- 40 PHO, LGU/RHU staff trained on Operations Manual on Micronutrient Supplementation Program
- Regional/Provincial FP Coordinator and Regional/Provincial HEPO trained on FP Counseling - HealthPRO
- 20 midwives and CVHWs trained on FP Counseling - HealthPRO
- Regional/Provincial TB Coordinator and Regional/Provincial HEPO trained on TB DOTS Counseling – TB-LINC

- 12 municipal health service providers trained on TB DOTS Counseling – TB LINC

Expected results

- Increased utilization of child, FP, maternal and TB services in low performing LGUs

(3) In collaboration with HealthPRO and other CAs, assist the PHO in the implementation of provincial strategic communication plan (SCP) to improve health seeking behavior of consumers on maternal health, FP, and TB in the province, particularly in low performing LGUs

Technical assistance on health promotion and communication is primarily geared to the Provincial Health Office program coordinators. The modeling and coaching approach will entail the active involvement of the PHO technical staff. For instance, PHO technical staff will be actively engaged during the field assessment visits, protocol review/enhancement, social mobilization, and prototype materials development. This will help improve their management and supervision of health promotion and communication activities in the province, and in so doing strengthen the provincial government influence on public health outcomes.

a) Assist the province in enhancing the implementation of the Women's Health Team (WHT)
   - Appraise status of WHT implementation in selected LGUs;
   - Review and identify areas for enhancing the WHT protocol following the MNCHN AO and which may include expanding areas of concern e.g. to include child health;
   - Conduct orientation on enhanced WHT to provincial health office program coordinators;
   - Pilot enhanced WHT protocol in one or two LGUs;
   - Conduct interpersonal communication training (one-on-one and group communication) for WHT members of low performing LGUs.
b) Assist the province in the conduct of social mobilization activities to promote proper child health care practices
   - Provide technical assistance on improved social mobilization methodology to reach families with pre-schoolers;
   - Provide technical assistance in the conduct of social mobilization in low performing LGUs.
   - Assist the province in the development of communication materials, with appropriate health messages, in order to provide quality maternal care services and family planning services
   - Conduct message development workshop, utilizing the results of the Maternal Death Review undertaken by the provincial health office.
   - Provide technical assistance in the development of prototype communication materials for billboards, streamers and other print medium.
c) Assist the province in the development of an information kit for maternal health, child health, family planning and TB
   - Provide technical assistance in the development of a prototype information kit

Milestones (HealthPRO)

- An enhanced Women's Health Team orientation protocol
- Enhanced WHT protocol piloted in one to two LGUs
- IPC training provided to health service provider and community health volunteer-members of WHT in low performing LGUs
- Social mobilization conducted in at least one low performing LGU (low performing in terms of child health indicators)
- One billboard/streamer message for maternal health and one for FP
- One billboard/streamer layout for maternal health and one for FP
- One prototype information kit for maternal health, child health, family planning and TB

Expected results

- *Increased utilization of FP, MCH and TB services in low performing LGUs*

(4) Technical support to the province, and LGUs of Tanjay City, Bais City and Guihulngan in the completion of AI Preparedness and Response interventions

HealthGov will take the lead in the delivery of TAs on AI, while HealthPRO will provide TA on the health promotion and communication component.

Activities

a. Provide advocacy support to the AI Team to ensure passage of Executive Order legitimizing the formation of the AI Task Forces, passage of AI Ordinance and approval of AIPP budget
b. Provide technical support to the CHD/province/City AI team in the installation of CBEWS in Tanjay City
    - Develop CBEWS training design in collaboration with CHD/province
    - Provide TA to the CHD/province/City AI team in the conduct of CBEWS training, including the formulation of an AI action plan per city
    - Provide technical support during the training of trainers for the City AI teams on CBEWS Installation

Milestones

- 3 LGU AI ordinances passed
- 3 City AI Task Forces organized supported by executive orders
- CBEWS installed in at least 1 city

Expected results

- 3 LGUs implementing AIPPs

C. Technical support to the formulation of 2010 AOP and installation of PME system

(1) TA to the province/ILHZs/LGUs in the conduct of SDIR and annual planning

All CAs, with HealthGov as lead, will continue to support the province/ILHZ/LGUs in their annual SDIR and AIP/AOP preparation. Support from the CAs may come in the form of tool review, enhancement and/or customization (as in the case of SDIR for ILHZ) of the tools, and, providing technical inputs during planning sessions.

Activities

a. In collaboration with all CAs, provide technical support to the province in the conduct of province-wide SDIR
    - Assist the province/ILHZ in engaging the NGOs/CSOs to participate in the PIR and planning process;
    - Assist the province, LGUs in analyzing consolidated SDIR results;
    - Assist the PHO, priority LGUs in packaging SDIR results for dissemination to the LCEs/ILHZ Board and in generating budget support for MCH, FP, and TB programs.
b. Technical support to the PHO/MHOs in the formulation of the 2010 AOP/AIP that reflects health service, governance and financing priorities for low-performing LGUs in priority ILHZs:
    - Ensure utilization of SDIR results in the formulation of the 2010 AOP/AIP giving priority to low-performing LGUs in the zone;
    - Provide technical support to the province/ILHZ/LGU in the conduct of AOP/AIP planning workshop;
    - Strengthen local TB control plans through the review and update of situational and gaps analysis of TB control program in the PIPH, identification of interventions (e.g., enforcement of existing policy on the use of TB reimbursements for the purchase of Category 3 anti-TB drugs, and monitoring and supervision) (TB LINC).
c. Ensure participation of NGOs/CSOs and other private sectors in AOP/AIP formulation
d. Develop with the province and provide TA in the implementation of a participatory M&E system to generate updated information on progress of PIPH and AOP implementation for improving program management
    - Enhancement of the PHO integrated monitoring checklist to include other LGU scorecard indicators and indicators for LGUs complying with program standards and for monitoring progress of AOP/AOP and CSR plan implementation

Milestones

- 25 PHO, DOH and ILHZ staff oriented on SDIR Plus and mandated by ILHZ Board to conduct SDIR
- 25 municipalities/cities with service delivery acceleration plans and 1 provincial TA plan
- 1 provincial AOP/AIP formulated for approval and funding with inputs from NGO/CSO
- Province-wide PME installed

Expected results

- Increased budget allocation for FP, MCH, TB and Vit A in the provincial 2010 AOP/AIP
- 11 municipalities of DBESTCA and MIDLAND ILHZs have increased budget allocation for FP, MCH, TB and Vit A in their respective 2010 AOP/AIP
- # LGUs utilizing SDIR outputs as inputs to their IPH and AOP implementation

NEGROS ORIENTAL – Strengthening provincial government influence on improving public health outcomes on MCH, FP, and TB province-wide

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Technical support to the implementation of the AOP 2008 and 2009 (note: the province did not complete the planned activities in 2008 and has carried over the implementation of these in 2009)**					
A1	Technical support to the province and low performing LGUs in the implementation of selected health interventions in their PIPH and AOP 2008 and 2009 to improve MCH, FP and TB service delivery					
	IR 1.3D	25 LGU GP mobilization plans that incorporates the priorities identified in the inter-CA PIR using the SDIR+ implemented		**X**		
	IR 1.3A	10 PHO, 25 M/CHO, 17 Hospital staff oriented on AO#0045 (Zinc and Reformulated ORS)	**X**			
		LGUs TB-DOTS referral system policy among a district or community primary hospital approved (TB LINC)				**X**
A2	Technical support to the province/LGUs in updating the LGU CSR Plans, and assist with the implementation of these plans, of eight low performing LGUs (Ayungon, Bacong, Basay, Guihulngan, Siaton, Valencia, Vallehermoso, and Sta. Catalina) to address gaps in service provision that includes budget allocation, procurement of FP commodities for the poor, and capacity building of FP service providers.					
	IR 1.1B/ IR 1.1G	8 city/municipal CSR plans updated and supported by approved policy/guidelines to implement			**X**	
	IR 1.1B/ IR 1.1G	1 province-wide CSR Plan with approved provincial policy/guideline support to implement				**X**
	IR 1.3A	12 RHMs trained on FP-CBT				**X**
	IR 1.3A	10 PHO personnel, 16 DOHReps and 50 LGU health personnel trained on ICV compliance monitoring			**X**	
	IR 1.3E	10 cities/municipalities submitted complete ICV compliance quarterly reports			**X**	**X**
B	**Technical support to strengthening health program management practices**					
B1	Technical support to CHD/PHO in developing and strengthening management practices through Community Health and Living Standard Survey (CHLSS), Service Delivery Excellence in Health (SDExH), and Capability building of PHO, LGU staff on TB program management and supervision (TB LINC as lead CA)					
	IR 1.1D	CHLSS used by the province and 25 LGUs as a tool to identify the poor			**X**	
	IR 1.1D	1 Process documentation on CHLSS implementation in Negros Oriental			**X**	
	IR 1.1G	1 policy passed and approved by the province for the utilization of CHLSS results and adopting the tool as the means test in identifying program beneficiaries for PHIC			**X**	
	IR 1.1C	10 PHO technical staff and 16 DOHReps capacitated on the use of CHLSS data/results on unmet needs as a tool for program monitoring and planning				**X**
	IR 1.3C	3 LGUs of Sta. Bayabas ILHZs' health personnel completed the four modules on SDExH and formulated their Service Improvement Plans				**X**
		20 PHO, DOH Reps trained on health program management and supervision -TB-LINC			**X**	
		50 M/CHO, PHN trained on health program management and supervision – TB- LINC				

B2	Technical support to the CHD, Province and low performing LGUs strengthen service delivery for MCH, FP and TB through capability enhancement					
	IR 1.3A	40 PHO, LGU/RHU staff trained on Operations Manual on Micronutrient Supplementation Program				**X**
		Regional/Provincial FP Coordinator and Regional/Provincial HEPO trained on FP Counseling - HealthPRO				**X**
		20 midwives and CVHWs trained on FP Counseling – HealthPRO		**X**		
		Regional/Provincial TB Coordinator and Regional/Provincial HEPO trained on TB DOTS Counseling – TB-LINC				
		12 municipal health service providers trained on TB DOTS Counseling – TB LINC				
		4 RHUs accredited BY PHIC for MCP				**X**
B3	With HealthPRO as lead CA, assist the PHO in the implementation of provincial strategic communication plan (SCP) to improve health seeking behavior of consumers on maternal health, FP, and TB in the province, particularly in low performing LGUs					
B4	Technical support to the province, and LGUs of Tanjay City, Bais City and Guihulngan in the completion of AI Preparedness and Response interventions					
	IR 1.1G	3 LGU AI ordinances passed		**X**		
	IR 1.1G	Executive orders endorsing the organization of 3 City AI Task Forces	**X**			
	IR 1.1C	CBEWS installed in at least 1 city		**X**		
C	**Technical support to the formulation of 2010 AOP and installation of PME**					
C1	Technical support to the province/ILHZs/LGUs in the conduct of SDIR and annual planning					
	IR 1.3D	25 PHO, DOH and ILHZ staff, who are oriented on SDIR Plus, mandated by ILHZ Board to conduct SDIR			**X**	
	IR 1.3D	25 municipalities/cities with service delivery acceleration plans and 1 provincial TA plan			**X**	
	IR 1.1A/ IR 1.4D	1 provincial AOP/AIP formulated for approval and funding with inputs from NGO/CSO			**X**	
C2	Develop with the province and provide TA in the implementation of a participatory M&E system to generate updated information on progress of PIPH and AOP implementation for improving program management					
	IR 1.1C/ IR 1.1I	Province-wide PME installed				**X**

Regional Technical Assistance Delivery Strategy

With the completion of the planning phases in the provinces, HealthGov's TA and support towards the end of Year 2 focused towards plan implementation, not only at the provincial level but in selected LGUs as well. Following this track, Year 3 will usher in an intensified presence of HealthGov's TA and support to component cities and municipalities, keeping in mind the inter-CA TA management priority of focusing on low performing areas or areas. The clustering of LGUs capitalizing on the ILHZ approach will figure prominently in planning for efficiency in TA implementation. Furthermore, the following over-all regional strategy will be maintained:

a) Support the implementation of PIPH, AOP strategic interventions that are supportive of provincial "handles", will contribute to the achievement of OP/HG indicators, and are within CHD's overall regional thrusts and directions;
b) Continue to build and expand local capacities, keeping in mind the absorptive capacity of regional/provincial health staff to effectively deliver TA services;
c) Expand utilization of local TA providers from other government and non-government agencies in addition to the CAs and existing local partners;
d) Sustain and maximize inter-CA collaboration to achieve synergy in TA delivery;
e) Strengthen regional coordination structures (PHTAC, CHD7) to facilitate provision and institutionalization of TAs and,
f) Document innovative case studies or promising practices for adoption by other areas or for development as learning sites for Lugs (at least 1 per province).

5.4 Mindanao

The Mindanao region covers 11 provinces and two HIV/AIDS sites. The performance of these provinces based on selected indicators is presented below (Table 5). The MMR and IMR in almost the provinces (no data for Bukidnon) were below the national average. Nine of 11 provinces have CPR below the national target. While majority of the provinces have high TB CDR, most of them failed to achieve high cure rate. Low-low provinces include Sarangani, Zamboanga Sibugay, Zamboanga del Norte and Bukidnon. All provinces failed to achieve the target of 95% for fully immunized children.

Table 5 Selected health indicators

Province	Region	Status	Maternal deaths	IMR	CPR	CDR	CR
Agusan del Norte	13	Others	68	4.87	**60**	85	**70**
Bukidnon	10	Others	14 deaths	-	**49**	**49**	**76**
Compostela Valley	11	F1 Rollout	167	16.4	**60**	82	87
Davao Sur	11	Others	54	9.13	**51**	72	**72**
Misamis Occidental	10	F1	92	6.47	**51**	84	93
Misamis Oriental	10	Others	69	6.0	67	**67**	90
Sarangani	12	F1 Rollout	70	40.0	**61**	**59**	**73**
South Cotabato	12	F1	12 deaths	5.23	**61**	87	85
Zambo Norte	9	F1 Roll-out	38	6.33	**40**	**55**	**82**
Zamboanga Sibugay	9	F1 Rollout	102	5.7	65	**52**	**78**
Zamboanga del Sur	9	F1 Rollout	13 deaths	5.0	65	77	**77**
Davao City	11	Sentinel					
General Santos City	12	Sentinel					

Figures in bold are below national standard.

Regional Accomplishments in Year 2

The following are the major accomplishments in Years 1 and 2 of project implementation:

- PIPH formulation and preparation of AOP -Through the CHDs, HealthGov provided technical assistance to provincial, municipal and city health staff and other stakeholders of the five roll-out provinces in formulating their respective PIPH, and 2008 and 2009 Annual Operational Plans. HealthGov assisted the Provincial Health Office (PHO) of South Cotabato review its draft 2008 AOP and the PHO of Misamis Occidental finalize its 2008 AOP. The latter's 2009 AOP is currently being drafted with HealthGov assistance. Technical assistance is on-going for the finalization of the PIPHs of the provinces of Davao del Sur, Misamis Oriental, and Agusan Norte. Bukidnon's municipalities have prepared their respective municipal-wide investment plans for health.
- Increased investment for health **-** All 11 provinces have increased their budgets for health and funding for health programs, projects and activities were observed to be more strategic and rationalized. Eight of the 11 provinces have pursued PHIC universal coverage and three provinces already implement universal coverage.
- Service delivery implementation reviewed **-** Ten provinces have undergone SDIR to determine the performance status and coverage of their priority health programs. In

provinces that formulated their PIPH, the SDIR results were used as basis of the situation analysis.

- Family planning program and local CSR response strengthened - The eleven provinces through their respective health offices have committed to strengthen family planning programs and local CSR response. The provinces of Zamboanga del Sur, Zamboanga del Norte and Zamboanga Sibugay (non-LEAD for Health sites) developed its commodity forecast plan and CSR implementation plan. Said plans will be presented to the Local Chief Executives for approval.
- The province of South Cotabato has updated its CSR plan and the provincial, municipal and city health offices have finalized their commodity forecast plan. The province of Sarangani has validated its Family Planning data and finalized its commodity forecast plan. F1 convergence and roll-out provinces have included CSR as one of the sub-plans in the PIPH.
- HealthGov through the CHDs has capacitated provincial, municipal and city health staff on Informed Choice and Voluntarism (ICV) to ensure that clients of FP and MCH programs are provided complete and correct information on family planning methods. After the ICV orientation, the PHO technical staff and DOH representatives are already conducting the ICV monitoring.
- Service Delivery Excellence in Health (SDExH) modeled in one ILHZ in Misamis Occidental and gained wide acceptance by participating LGUs and CHD Northern Mindanao. Because of the positive experience in piloting SDExH in one ILHZ, the PHO requested its implementation in all the M/C LGUs in the province.
- Supported TA tools/product development - In response to emerging TA needs of the provinces, the Mindanao field office through the CHD and some of the Provincial Health Offices, participated in the development of tools and guides on MIPH preparation, participatory monitoring, problem-solving and action planning, CSR monitoring & planning, proposals for PhilHealth universal coverage specifically options to increase enrollment and cost-sharing of payment of insurance premium, local policy development (EBL), AOP/AIP for Health, and ILHZ assessment.
- Initiated the strengthening of key LGU mechanisms and systems especially the ILHZ/Inter-LGU collaborations and the provincial health office.

  Advocacy integrated in Project activities - In all provinces, advocacy is integrated in the LGU engagements and TA delivery; local champions were identified and mobilized.
- Community Health & Living Standard Survey (CHLSS) - Local Chief Executives have realized the value of providing safety net for the poor to achieve better health outcomes, equitable financing, rational planning and allocating resources for the poor. HealthGov assisted the PHO and PPDO of Misamis Occidental in piloting the CHLSS, a tool for poverty mapping and for identifying unmet needs. CHLSS will also be used by the province of South Cotabato for the same purpose
- Implemented activities towards strategic LGU information management i.e. utilization for service delivery improvement, governance, health care financing and regulations: SDIR (10), M/C/PIPH (11), EBL (1) and PME (1).
- Improving TB performance and coverage. Started the groundwork for the conduct of TB assessments and planning in six provinces (non-TB LINC areas), namely South Cotabato, Davao del Sur, Agusan del Norte, Misamis Oriental, Misamis Occidental, and Zamboanga del Norte. The TB assessment and situation analysis will be undertaken starting September 2008. The results of that assessment will be used to define provincial strategies to address TB and formulate a technical assistance plan. Documentation of emerging best practice on TB is underway.

The other accomplishments include: (1) strengthened collaboration between the Centers for Health Development (CHD) and other members of the RICT i.e. PhilHealth, POPCOM Regional Office, National Nutrition Council, (2) improved Inter-CA collaboration through regular meetings, consensus on provincial profile and TA plan and, (3) through the PHO, improved coordination among donors and TA providers.

Provincial Technical Assistance Plans for Year 3

AGUSAN DEL NORTE: Increasing facility-based deliveries and ensuring better access to FP services from public and private providers through advocacy, behavior change communication, and PhilHealth financing

Agusan del Norte is the economic hub of the CARAGA region, the leading producer of rice in eastern Mindanao, the host of the Nasipit international port, and the strategic crossroad to Mindanao's major trade and tourism destinations, namely, Cayagan de Oro City and Davao City. The province, which is composed of two congressional districts, two cities, 10 municipalities, and 167 barangays, is home to various indigenous groups, such as, the Mamanwa in the north, Manobo in the southwest, and Higaonon in the west.

The first of the province's 6-point development agenda is "poverty reduction through efficient and effective delivery of basic services, including health care." The province's health priorities include upgrading of three province-owned hospitals to attract client patronage, particularly those enrolled in PhilHealth, and universal coverage of indigents through the multi-payer scheme (MPS) where the province, municipalities, *barangays*, and other sponsors share the premium subsidies.

Analysis of the province-wide health situation reveals particularly low maternal health indicators, especially facility-based deliveries (17%), and low family planning use. Both supply-side factors (lack of commodities, trained staff, and service outlets) and demand-side factors (clients' lack of information and awareness on various services) have been identified. A number of private sector groups, NGOs, and cooperatives have undertaken MCH-related activities and continue to show strong interest in health.

Technical assistance will be provided in the following areas:

1. Technical support in the implementation of the 2009 AOP by capacitating the LGUs to strengthen and sustain the operations of the multi-payer scheme; manage PhilHealth revenues (capitation and reimbursement funds); and finance selected interventions in the PIPH, 2009 AOP/AIP, and CSR + plan to improve FP, MNCHN, TB, and STI program performance coverage;
2. Increasing facility-based deliveries and ensuring better access to FP services from public and private providers through advocacy, local legislation on MNCHN, maximizing the use of functional facilities, linking RHUs with the private sector, generating demand, expanding the network of maternal and newborn facilities, and PhilHealth financing in Cabadbaran Inter-Local Health Zone (ILHZ) and other LGUs; and
3. Formulation of the 2010 AOP based on SDIR data through support in the conduct of province-wide SDIR using the enhanced SDIR tool that incorporates the concerns of indigenous people (IPs) and geographically isolated and depressed areas (GIDAs) as well as private sector involvement, and assistance to the PHO in the development of its 2010 AOP.

It is expected that full implementation of the PhilHealth Sponsored Program (i.e., from enrolment to benefit delivery to utilization of funds for health) will generate resources to procure needed commodities, upgrade facilities for accreditation, provide training to key providers, and extend the reach of selected services in underserved areas.

Starting Year 3 (2009), HealthGov will focus on implementing the province's technical assistance (TA) handle in the cluster of municipalities comprising the Cabadbaran ILHZ, which has shown low performance in almost all health indices but has all the ingredients of a model area for increasing facility-based deliveries and improving access to FP services. This support will be provided in addition to the TA in implementing the 2009 AOP and formulating the 2010 AOP.

Year 3 Technical Assistance

A. TA in the implementation of the 2009 AOP

Agusan del Norte has not yet completed its PIPH. However, individual LGUs have formulated their respective Municipal Investment Plans for Health (MIPHs), which have incorporated a budget to cover the premium payments of PHIC enrollees.

The implementation of the cost-sharing of premium payments, or the multi-payer scheme, has met with several problems that need to be resolved quickly. These include problems related to enrolment (*barangays* have a different list of the poor from those that might truly qualify for subsidy); delayed premium payments by the various payers; slow accreditation of OPB, TB-DOTS, and MCP facilities; unclear guidelines on the utilization of PhilHealth revenues; and lack of a monitoring system for fund utilization. Addressing these operational issues will ultimately result in additional funds for health service delivery and health worker incentives.

1. Technical support to PhilHealth, CHD, and PHO in capacitating the LGUs to strengthen and sustain the operations of the multi-payer scheme

1.1 Facilitate the strengthening of the MPS operations through support to PhilHealth, CHD, and PHO in the assessment of the current MPS performance with particular attention to the use of the capitation fund.
   a) Assessment of current MPS performance in 10 municipalities;
   b) Presentation of results to the Governor, mayors, and key members of the respective SPs/SBs and local finance committees of the 10 municipalities; and
   c) Conduct of planning workshop to strengthen MPS performance: enrolment (identification and enrolment of true indigents using existing tools like CHLSS), more efficient accreditation of facilities, service utilization, and fund management (especially, development of guidelines on the use of and crafting of a system to monitor the utilization of capitation and reimbursement funds);

1.2 Provide technical guidance to provincial and municipal LGUs in the enactment of a policy on enrollment of the poor, cost-sharing among Provincial/Municipal LGUs, *barangay* and cardholder for premium payment, and utilization of benefit payments to strengthen and sustain the MPS based on the assessment results, including setting up of a trust fund for PhilHealth capitation and reimbursement;

1.3 Provide technical support to MHOs to facilitate MCP and TB-DOTS accreditation of facilities in five LGUs by orienting them on the guidelines, conducting facility self-assessment, and mentoring them on how to qualify the facilities for accreditation;

1.4 Support the implementation of the newly developed two-way referral system that links RHUs to the hospital to ensure maximum benefit utilization of PhilHealth cards.

Milestones

- Guidelines on MPS enrollment, cost-sharing of premium payment, and benefit utilization formulated and approved by the Governor and confirmed by the League of Municipalities
- 5 LGUs with RHU PhilHealth accreditation plans (facility improvement plans) formulated and approved with funding support from Mayors
- 1 provincial and 5 municipal LGUs with policies, i.e. Ordinance or Executive Order mandating the setting up of MPS trust fund for PhilHealth capitation and reimbursement funds, and allowing its utilization to support implementation of public health programs
- 5 LGUs submitting application for MCP and TB-DOTS accreditation
- 2 LGUs with facilities accredited for MCP and TB-DOTS
- 5 LGUs signing an MOU to adopt the two-way referral system to ensure maximum benefit utilization of PhilHealth cards

Expected results

- Provincial and 5 municipal LGUs utilizing PhilHealth capitation and benefit reimbursements to support public health programs
- Improved health services utilization in 5 RHU facilities

2. In collaboration with the CHD, PPDO, and PHO, provide technical guidance to LGUs in utilizing the PhilHealth capitation and reimbursement funds to finance selected interventions in the 2009 AOP/AIP and CSR plan to improve the health indices, particularly facility-based deliveries, and to enhance access to FP services.

2.1 Provide technical guidance to the PHO in the use of the SDIR results in reviewing the PIPH and enhancing the 2009 AOP/AIP with focus on FP, MNCHN, TB, and STI programs.;

2.2 Support the conduct of a CSR+ forecasting and CSR plan enhancement workshop, and ensure that investments required are incorporated in the enhanced 2009 AOP/AIP and assist in requesting for supplemental budget support from the provincial and municipal/city chief executives;

2.3 Provide technical guidance to the MHO/CHO in identifying priority interventions to improve the delivery of core public health services that could be funded out of capitation and reimbursement funds, e.g., procurement of drugs/supplies for MCP accreditation; procurement of supplies like iron-folate supplements for pregnant women, vitamin A capsules for high-risk groups, and zinc and reformulated ORS in the management of diarrhea among children; TEV for health teams to conduct regular outreach services in low-performing *barangays* and nurses to conduct supervisory/ monitoring visits to *barangay* health stations; conduct of community-based education activities to improve health-seeking behavior of mothers, e.g. deliveries by skilled birth attendants and birth deliveries in facilities;

2.4 With A2Z as lead CA and in coordination with HealthGov, technically assist the province and municipalities in linking up with accredited suppliers of Vitamin A, iron-folate tablets, zinc, and reformulated ORS to enable the provincial/municipal/city General Services Office to procure these commodities.

Milestones

- 1 provincial and 10 municipal 2009 AOPs/AIPs enhanced, with corresponding supporting policy/guidelines for approval of LCEs/SPs/SBs
- 1 provincial and 10 municipal CSR+ plans incorporated in enhanced 2009 AOP
- 1 Provincial and 10 municipal LGU policies in support of CSR+ plan implementation approved, i.e., LGU Ordinance or Executive Order providing safety net for the poor, and allowing the RHU to undertake cost recovery schemes for non-poor clients which may include public-private referral of FP clients
- 1 provincial and 10 municipal local finance committees integrating investments for priority core public health interventions in the AIP
- 1 provincial- and 10 municipal-approved guidelines on the use of MPS funds (capitation and reimbursement) established

Expected results

- Provincial and 10 municipal LGUs allocating budget for commodities of public health programs, especially FP commodities and other drug supplies for MCP/ TB-DOTS accreditation
- Provincial and 10 municipal LGUs procuring FP commodities and utilizing PhilHealth capitation and reimbursement funds to procure commodities (drugs/supplies) for priority health programs

B. TA interventions to improve service delivery performance in Cabadbaran ILHZ and other LGUs

Of the four inter-local health zones (ILHZs) organized in Agusan del Norte, the Cabadbaran ILHZ is the home base of the Women's Federation, which has been actively involved in matters concerning women and their children throughout the province. The ILHZ's population represents 37% of the provincial population. Hence, the Cabadbaran ILHZ can easily be a model site where convergence of TA interventions could translate into achievement of the province's handle, which is increasing facility-based deliveries and ensuring better access to FP services from public and private providers through advocacy, behavior change communication, and PhilHealth financing.

1. In collaboration with the CHD, assist the PHO/NGOs/CSOs in advocating with the Governor, mayors, provincial/city/municipal legislators for the passage of an ordinance promoting deliveries in facilities and by skilled birth attendants with clarification on the new role of hilots in child delivery based on the Department Administrative Order on Implementing Health Reforms to Rapidly Reduce Maternal and Newborn Mortality.

1.1 Mentor the PHO and MHOs/CHO in organizing and packaging information for presentation to the Governor, mayors, provincial/city/municipal legislators, conveying the relationship of maternal death to home deliveries and deliveries attended by *hilots* (traditional birth attendants) and the need to pass an ordinance promoting deliveries in health facilities and by skilled birth attendants. The information will include maternal and neonatal deaths occurring in both private and public hospitals.

1.2 Support the PHO and MHOs/CHO in the preparation and actual presentation of relevant information to the Governor, Mayors, provincial/city/municipal legislators by mentoring them on effective presentation and advocacy messages.

Milestones

- 5 LGUs with ordinance from LCEs to improve the health status of women and children
- 5 LGUs with approved ordinance or executive order promoting deliveries in facilities and by skilled birth attendants, with clarification on the new role of *hilots* in child delivery and providing funds to improve delivery of MNCHN services

Expected results
- Increased number of deliveries by skilled birth attendants
- Increased number of deliveries in health facilities

2. Assist the PHO/LGUs in implementing key action points to maximize the utilization of existing functional maternal and newborn facilities, including FP service providers

2.1 Desk review and mapping of existing functional public and private facilities for BEmONC, CEmONC, birthing facilities, and FP service providers for the different methods
2.2 Assessment of the MCP-accredited Magallanes RHU (one of the ILHZ's catchment LGUs) in terms of utilization of maternal health services, especially its maternity care service, and reimbursements of MCP benefit package; role of the women's federation and TBAs in the MNCHN strategy; availability of FP providers for all methods; functionality of the transportation and communication system; and referral system to CEmONC facility;
2.3 Assessment of the other functional public and private health facilities in Cabadbaran ILHZ in terms of their maternal and newborn services;
2.4 Development and dissemination of a package of information on designated functional CEmONC and BEmONC facilities, both private and public, among political leaders (LCEs/SB and Association of *Barangay* Captains) and to the community; and
2.5 Conduct of a workshop for the Municipalities of Magallanes and Kitcharao to plan for maximizing their MNCHN facilities, including FP services and delivery by skilled birth attendants.

Milestones
- 5 LGUs in Cabadbaran ILHZ identifying and endorsing functional public and private health facilities providing maternal and newborn services and designated as BEmONC and CEmONC facilities

Expected results
- Increased accessibility of BEmONC and CEmONC services
- LGU-members of Cabadbaran ILHZ applying for their facility's PhilHealth accreditation for MCP

3. In coordination with PRISM and HealthPRO, assist the PHO in linking the RHU with private-practice midwives to increase the accessibility and utilization of facility-based deliveries and FP/MCH services.

3.1 Assist cooperatives to formalize the referral system with RHUs and private- practice midwives to increase access to FP/MCH services and facility-based deliveries by mentoring the PHO in the design and conduct of consultative meetings among MHOs, private midwives, and local cooperatives;

3.2 Assist LGUs in developing and implementing specific health promotion strategies and BCC interventions to generate demand for FP/MCH services and facility-based delivery; and
3.3 Assist community women's groups in conducting facility familiarization tours and community dialogues to improve the quality of maternal health care.

Milestones
- 4 cooperatives with formal referral agreements with public or private service providers (PRISM)
- 1 provincial communication plan developed (HealthPRO)
- 50 women health leaders/BHWs, representing 10 community groups, trained on interpersonal communication and counseling (IPC/C) on maternal and child health and conducting weekly IPC/C activities on MCH (HealthPRO)
- 10 community groups providing feedback to MHOs or Municipal Local Health Board on quality of care.

Expected results
- Increased access to and utilization of facility-based deliveries and FP/MCH services

4. In collaboration with the CHD-DOH Representatives and HealthPRO, assist the PHO to improve its provision of MCH, FP, and TB health services, including the installation of an informed choice and voluntarism (ICV) compliance monitoring system and making the system functional through:

4.1 Conduct/Dovetailing of ICV orientation for health providers in other program activities;
4.2 Conduct of dialogues and fora with LCEs and other stakeholders on FP and ICV compliance to ensure quality of care and informed choice, and to involve them in regular ICV compliance monitoring, recording, and reporting;
4.3 Coordinate with the CHD and PHO for the training of direct service providers on FPCBT and ICV compliance monitoring, and PHNs on supervision, including facilitating the provision of trainers/facilitators;
4.4 Develop appropriate messages that encourage clients to demand for correct and complete information on all FP methods (HealthPRO); and
4.5 A2Z, as lead agency, will coordinate with the CHD and PHO for the conduct of an orientation for service providers on the AO on zinc supplementation and use of reformulated ORS in the management of diarrhea among children.

Milestones
- PHO technical staff and DOH representatives conducting ICV monitoring in 11 RHUs
- 2 PHOs and 50 MLGU health staff trained on ICV compliance monitoring
- PHO submitting ICV compliance report to CHD
- 2 PHOs and 20 MLGU health staff trained in FPCBT

*Expected result*s
- Increased access to quality FP and MNCHN services

C. TA intervention in the formulation of the 2010 AOP based on the SDIR results

1. Facilitate the conduct of province-wide SDIR using the enhanced SDIR tool that takes into account the IPs, ILHZ concerns, and private sector involvement to capture specific needs and realities in other low-performing areas.

1.1 Assist the PHO in enhancing the SDIR tool by incorporating the IPs' and ILHZ's concerns and private sector involvement;
1.2 Provide technical support to the PHO in conducting social preparation activities (leading to the conduct of SDIR) with CSOs/NGOs, community leaders, and other government agencies. This includes orientation and community consultation/focus group discussion, the results of which will serve as input to the SDIR provincial workshop;
1.3 Assist the PHO and MHOs/CHO in the actual conduct of SDIR (internal assessment and analysis of RHUs, and one provincial workshop);
1.4 Assist the PHO and MHOs/CHO in the dissemination of the SDIR results to LHB, *Sanggunian*/LCE and other local leaders in Cabdbaran ILHZ to generate support in addressing the gaps identified in the SDIR; and
1.5 Mobilize NGOs/CSO to provide feedback on the SDIR results to community leaders in the Cabadbaran ILHZ LGUs. .

2. In collaboration with the CHD/other CAs, assist the PHO in the development of the 2010 AOP based on the SDIR results.

2.1 Assist the PHO in consolidating the City/Municipal acceleration plans and developing a TA plan to support the implementation of the LGU acceleration plan;
2.2 In collaboration with the CHD/other CAs, assist the PHO in organizing and conducting the 2010 AOP workshop;
2.3 Assist the PHO/CHO/MHOs in integrating their investment requirements into the local 2010 Annual Investment Plan; and
2.4 Mentor the PHO/CHO/MHOs and DOH representatives in organizing and packaging information for presentation to their respective SPs/SBs/LFCs/other stakeholders to advocate for increased funding support for priority program/projects/activities.

Milestones

- 10 municipalities and 1 city with an approved ordinance promoting facility-based deliveries and deliveries by skilled birth attendants and clarifying the role of *hilots* in child delivery, an ordinance adopting exclusive breastfeeding, etc.
- 10 municipalities and 1 city have acceleration plans with inputs from NGO/CSOs, i.e. feedback and concerns of clients on quality of care
- 1 provincial, 10 municipal and 1 city AOPs/AIPs formulated, for approval and funding, with inputs from NGO/CSO indicating priority PPAs, especially for improving public health services in low performing areas

Expected results

- Investments in key programs, i.e. FP, MCH, and TB, including the PhilHealth Sponsored Program, secured, thus, facilitating the flow of funds to improve service delivery and service utilization, particularly in low- performing areas

AGUSAN DEL NORTE – Increasing facility-based deliveries and better access to FP services from public and private providers through advocacy, behavior change communication, and PhilHealth financing

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**TA in the implementation of 2009 AOP**					
A1	Technical support to PHIC, CHD, and PHO in capacitating LGU to strengthen and sustain the operations of the multi-payer scheme					
	IR 1.2E/ IR 1.1G	Guidelines on MPS enrollment, cost sharing on premium payment and benefit utilization formulated and approved by the Governor and confirmed by the League of Municipalities			**X**	**X**
	IR 1.2C/ IR 1.1G	5 LGUs with RHU PhilHealth accreditation plans (facility improvement plans) formulated and approved with funding support of Mayors			**X**	
	IR 1.1G	1 provincial and 5 municipal LGUs with policies i.e. Ordinance or Executive Order mandating the setting-up of MPS trust fund for PHIC capitation and reimbursement funds, and allowing its utilization to support implementation of public health programs				**X**
	IR 1.2C	5 LGUs submitting application for MCP and TB-DOTS accreditation			**X**	
	IR 1.2C	2 LGUs with facilities accredited for MCP and TB-DOTS				**X**
	IR 1.1H	5 LGUs signing an MOU that links the RHUs to the hospital to ensure maximum benefit utilization of PHIC cards			**X**	
A2	In collaboration with the CHD, PPDO and PHO, provide technical guidance to LGUs in utilizing PhilHealth capitation and reimbursement funds to finance selected interventions in 2009 AOP/AIP, and CSR plan to increase health indices, particularly facility-based deliveries, and to improve access to FP services					
	IR 1.1A/ IR 1.1G	1 provincial and 10 municipal enhanced 2009 AOPs/AIPs with corresponding supporting policy/ guidelines to implement drafted for approval of LCEs/SPs/SBs		**X**	**X**	
	IR 1.1B	1 provincial and 10 municipal CSR+ plans incorporated in the enhanced 2009 AOP			**X**	
	IR 1.1G	1 Provincial and 10 municipal LGU policies in support of CSR+ plan implementation approved i.e. LGU Ordinance or Executive Order providing safety net for the poor, and allowing the RHU to undertake cost recovery schemes for non-poor clients which may include public-private referral of FP clients				**X**
	IR 1.2A	1 provincial and 10 municipal local finance committees integrating investments for priority core public health interventions in the AIP			**X**	
	IR 1.2E/ IR 1.1G	1 provincial and 10 municipal approved guidelines on the use of special funds established for MPS funds (capitation and reimbursement)			**X**	

B	**TA interventions to improve service delivery performance in Cabadbaran ILHZ and other LGUs**					
B1	In collaboration with the CHD, assist the PHO/NGOs/CSOs in advocating with the Governor, mayors, provincial/city/municipal legislators for the passage of an ordinance promoting deliveries in facilities and by skilled birth attendants with clarification of the new role of hilots in child delivery using the Department Administrative Order on Implementing Health Reforms to Rapidly Reduce Maternal and Newborn Mortality					
	IR 1.1G	5 LGUs with ordinance from LCEs to improve the health status of women and children w			**X**	
	IR 1.1G/1.4C	5 LGUs with approved ordinance or executive order promoting deliveries in facilities and by skilled birth attendants, with clarification of the new role of hilots in child delivery and providing funds to improve delivery of MNCHN services as a result of collaborative effort of PHO and the NGO/CSOs			**X**	**X**
B2	Assist the PHO/LGUs in implementing key action points to maximize the utilization of existing functional maternal and newborn facilities, including FP service providers					
	IR 1.1G/ IR 1.1H	5 LGUs in Cabadbaran ILHZ identifying and endorsing functional public and private health facilities providing maternal and newborn services and designated as BEmONC and CEmONC facilities				**X**
B3	In coordination with PRISM and HealthPRO, assist the PHO in linking the RHU with private-practice midwives to increase access to and utilization of facility-based deliveries and FP/MCH services					
B4	In collaboration with CHD-DOH Reps and HealthPRO, assist the PHO to improve provision of MCH, FP, and TB health services including the installation of an ICV compliance monitoring system and making the system functional					
	IR 1.3E	PHO technical staff and DOH representatives conducted ICV monitoring in 11 RHUs			**X**	
	IR 1.3E	2 PHOs and 50 MLGU health staff trained on ICV compliance monitoring			**X**	
	IR 1.3E	PHO submitted ICV compliance report to CHD			**X**	**X**
	IR 1.3A	2 PHOs and 20 MLGU health staff trained in FPCBT			**X**	
C	**TA intervention in the finalization of the PIPH and formulation of 2010 AOP based on SDIR results**					
C1	Facilitate the conduct of province-wide SDIR using the enhanced SDIR tool that incorporates IP, ILHZ concerns, and private sector involvement to capture specific needs and realities in other low-performing areas and formulate the PIPH.					
	IR 1.3D/ IR 1.1G/ IR 1.4D	10 municipalities and 1 cities have acceleration plans with inputs from NGO/CSOs, i.e. feedback and concerns of clients on quality of care			**X**	
	IR 1.1A	PIPH reviewed by CHD and endorsed by the provincial government			**X**	
	IR 1.1G	Approved municipal ordinance promoting facility-based deliveries and deliveries by skilled birth attendants with clarification as to the role of hilots in child delivery, Municipal Ordinance adopting Exclusive Breastfeeding, etc. in 10 mLGUs and 1 cLGU				**X**
C2	In collaboration with CHD/other CAs, assist the PHO in the development of the 2010 AOP based on the PIPH					
	IR 1.1A/ IR 1.4D	1 provincial, 10 municipal and 1 city LGUs with AOP/AIP formulated for approval and funding with inputs from NGO/CSO indicating priority PPAs especially in improving public health services in low performing areas				**X**

BUKIDNON: Improving province-wide results in FP, MCH and TB control through stronger program management practices and culturally-appropriate behavior change communication

The Governor, who is in his last term, enjoys the support of all 20 mayors and two congressmen. Health is his top priority and he has made substantial investments in hospital development and establishment of provincial health stations (PHSs) in each municipality without a hospital. Such investments were financed from an unusual implementation of the PhilHealth Sponsored Program: the province paid all the premium subsidies for the indigents and got all the capitation payments in addition to hospital reimbursements. The existence of the PHS outpatient services is perceived to compete with the RHUs' direct service delivery function. Leadership at the Provincial Health Office has been lacking for a number of years. A new PHO was hired just 10 months ago and is still learning to manage the province-wide health system.

Analysis of the provincial health situation reveals low and uneven performance across areas in maternal health, particularly in birth deliveries and TB control. For child health, the province had achieved the national standards for FIC and Vitamin A supplementation but there are still LGUs below the performance standards.

Bukidnon is home to 7 Indigenous tribes that compose 40% of the total population of the Province. They are spread in the remote communities and hinterlands of the Municipalities of San Fernando, Impasu-ong, Talakag, Malaybalay City, Cabanlasan, Pangantucan and Kitaotao. To respond to the health issues affecting the tribal communities, one of the TA areas for the Province is to develop culturally-appropriate health interventions and effective communication plan geared towards the IP's. The PHO and MHO will also be assisted towards improving and strengthening program management to improve health service delivery.

Specifically, technical assistance will be provided in the following areas:

1. Implement 2009 AOP / AIP interventions with attention to improving access and utilization of FP / MNCHN and TB services and to PhilHealth financing of IPs. This will include special diagnostics of the IP population, conduct of enhanced SDIR to explicitly consider IPs' (40% of the population) situation and needs with attention to such things as what prevents them from accessing FP, MNCHN, and TB services, including issues related to PhilHealth benefit delivery such as, enrollment and claims of those with no birth registration.

2. Strengthening the PHO in public health systems management, particularly in the areas of:
   - Health information management (development and use of enhanced SDIR to address IP issues)
   - PME (institutionalization of PME system and tools for problem-solving and decision making)
   - Behavior change communication (capacity building for BCC in select population groups such as IPs)
   - Implementation of the PhilHealth Sponsored Program for more effective benefit delivery (enrollment of IPs, accelerating accreditation of facilities, facilitating claims processing and fund management.

3. Facilitating 2010 AOP/AIP formulation that will align investments, including those financed from MNCHN grants based on SDIR results

Year 3 Technical Assistance

1. Implement AOP/AIP 2009 interventions with attention to improving access and utilization of FP, MNCHN and TB services and to PhilHealth financing of IPs

1.1 Technical support to CHD and PHO in the conduct of special diagnosis through use of modified SDIR with attention to indigenous people practices in accessing FP, MNCHN and TB services, and in designing culturally-appropriate approaches and health interventions to be incorporated in their 2010 AOP.

a) Providing TA to the PHO in the enhancement of the SDIR tool to capture practices, needs and realities of tribal groups particularly maternal and child health, FP (birth spacing) and infectious TB, and knowledge, attitude and behavior of IP women and men with regards to accessing FP, MNCHN, and TB services and PhilHealth benefits;
b) Support to the CHD/PHO to facilitate the social preparation of the SDIR process using an enhanced tool to capture specific needs of indigenous people (IPs) especially Menuvu, Matigsalog, Umayamnon, Bukidnen, Higaonon, Tigwahonon and Talaandig tribes. This will entail:
   - Together with other CAs holding of consultative meetings with the National Council on Indigenous People (NCIP), PHO and MHOs of Pangantucan, Kitaotao, Cabanglasan, Malaybalay City, Impasug-ong, San Fernando and Talakag, to discuss the idea/concept of the SDIR focused on conditions of indigenous people;
   - Securing mandate from the provincial governor and municipal mayors and Tribal Council of these 7 municipalities to conduct SDIR;
   - Assist the conduct of a focus group discussion among IPs by helping in the formulation of questionnaires and orienting DOH representatives and PHO on how to conduct FGD. The results will be used in the SDIR.
c) Together with other CAs assist the CHD and PHO in the conduct of the provincial SDIR which shall include the development of acceleration plans with culture-sensitive interventions to improve program performance in high IP populated barangays taking into consideration their unmet needs in MNCHN, FP, TB, etc.;
d) Dissemination of SDIR results to LCEs for policy and funding support to critical interventions and to tribal leaders to generate community involvement in increasing utilization of FP/MNCHN/TB services.

Milestones

- Provincial TA plan with culturally-appropriate interventions to improve performance in FP, MCH and TB services of 7 priority LGUs
- Municipalities of Pangantucan, Kitaotao, Cabanglasan, Malaybalay City, Impasug-ong, San Fernando and Talakag implementing their acceleration plans with inputs from the community FGDs
- 1 community meeting conducted in each of the 7 LGUs to provide feedback on results of SDIR to generate support for improving service utilization in IP areas

- 1 provincial and 7 municipal LGUs have identified specific policies related to improving public health services in IP areas

Expected Results
- Increased utilization of services on MNCHN / FP / TB in the 7 LGUs

1.2 Collaborate with HealthPRO and other CAs to support the PHO in mobilizing NCIP and the LGUs of IP areas to develop health promotions and BCC strategies and interventions that are responsive to the practices of the IP tribes based on results of the FGD that will be conducted by HealthPRO.
   a) Support the PHO and LGUs in formulating the provincial strategic communication plan using the FGD and SDIR results with participation of NGOs/CSOs and other community stakeholders from IP areas
   b) Support to the 7 municipal LGUs in the development of key messages and community-based interventions to improve health seeking behavior and utilization of services in IP areas
   c) Identification and training of community volunteer health workers on Interpersonal communication skills for Integrated MCH / FP / TB
   d) Organizing and training of community health team for MNCHN strategy

Milestones (HealthPRO)
- 7 LGUs with communication plans for IPs developed
- BCC messages developed for the IP areas to increase client access to health services
- Two CVHW per barangays with IP's in the identified 7 priority LGUs trained on IPC and providing key health messages to IPs
- 7 LGUs with community teams trained

Expected results
- Increased utilization of MNCHN / FP / TB services

1.3 Assist priority LGUs in DOTS facilities accreditation
   a) Support for accreditation of 5 DOTS facilities - San Fernando, Sumilao**,** Kibawe, Kalilangan, Lantapan
   b) Technical assistance for the development of policy and advocacy on utilization of PHIC reimbursement or passage of ordinance allocating resources for TB in Don Carlos, Maramag, Malitbog, Lantapan, Talakag

Milestones
- 5 TB DOTS facilities accredited
- 5 local policies allocating resources for TB passed

Expected results
- Increased access to TB services

2. Implement AOP/AIP 2009 in the area of improved program management practices

2.1 Assist the LGUs update and implement their existing CSR+ plans to include policy support and leveraging the DOH MNCHN grant.

a) Assist the P/MLGUs in reviewing and updating the CSR+ plans through validation of forecasted commodities and expanding coverage to include other MNCHN commodities and in formulating procurement and distribution plans for MNCHN commodities;
b) Assist the PHO and MHOs in securing policy and funding support for the implementation of their CSR plans through local CSR policy development workshop participated by SB on health and local finance committee members, PHO/MHO technical staff and private sector/CSO/NGO representatives;
c) Assist the province and municipalities in establishing a linkage with accredited suppliers of FP commodities, Category 3 anti-TB drugs, Vitamin A capsules, iron folate, zinc, and reformulated ORS to facilitate LGU procurement;
d) Assist the province in designing a performance-based scheme as basis for the distribution of the MNCHN grant to municipal LGUs using as reference the set of criteria used in the rapid appraisal of the provinces for the award of the MNCHN grant by DOH;
e) Assist the province in leveraging the MNCHN grant to municipal LGUs to provide a budget for MNCHN and other essential drugs based on a performance-based scheme.

2.2 In collaboration with CHD-DOH Reps and HealthPRO, assist the PHO in the installation of ICV compliance monitoring and making the system functional through:
a) Conduct of orientation on ICV for health providers or incorporate in other program activities;
b) Conduct of dialogue and fora with LCEs and other stakeholders regarding FP and ICV compliance to ensure quality of care, informed choice, and involve them in regular ICV compliance monitoring, recording and reporting.

2.3 Assist the PHO to improve program management and service delivery of health personnel for DOTS services (TB LINC)
a) Capacity building of NTP managers on data management and analysis;
b) Capability building of NTP core team at provincial and city levels including DOH Reps on quality supervision and monitoring through the conduct of Monitoring/Supervision/ Evaluation (MSE) training and who would in turn conduct capacity building (roll-out trainings) to the MHOs/PHN;
c) Support for the strengthening of the quality assurance focusing on TMLs with low correct microscopy reading;
d) Support on data management and analysis through the conduct of quarterly and annual program implementation review and planning workshop.

Program assessment
a) Capacity building for skills in analysis and development of municipal and province-wide situationer
b) Support on data management and analysis through the conduct of annual program implementation review and planning workshop
c) Conduct of quarterly PIRs by ILHZ – North, Central and South ILHZs

Expand the network of quality assured laboratories
a) Implementation of QAS
- Dissemination of AO on QAS
- Support for the strengthening of the quality assurance focusing on TMLs with low correct microscopy reading

- TA in the conduct of quality supervision through mentoring and coaching.

b) Availability of service providers
   - Mapping of hard-to-reach barangays for areas with problems in access
   - Training of informal lab workers on smear preparation and thereby establish remote smearing sites
   - Monitoring of the trained workers as to their functionality and additionality to the CDR

c) Enhancement of the referral systems
   - Capacitate PHO and NTP managers in policy development and in the institutionalization of an effective referral system between the Provincial Health Stations (PHS) and the 7 provincial-managed hospitals and the CHOs/RHUs.

Milestones
- 2 city and 20 LGUS with CSR+ updated implementation plans approved and funded through ordinance or executive order with inputs from NGO/CSO
- MNCHN grant awarded/distributed to 22 LGUs based on a performance-based scheme
- 2 cities and 20 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS
- 3 ILHZs providing quarterly ICV reports

Expected results
- Increased utilization of FP services in 22 LGUs
- Increased TB detection and cure rates in low performing LGUs

2.4 Technical support to improve service provider performance in the targeted LGUs through the development and implementation of training plan
   a) In collaboration with CHD, assist the PHO in establishing service providers' capability profile;
   b) Identify and prioritize training needs through assistance in formulating criteria for prioritization and selection of training participants; assist in developing 2009 training plan;
   c) Assist PHO in identifying Training Package/s and training providers;
   d) Assist the PHO in implementing training plan which includes but not limited to training on LSS, Community-Managed Maternal and Newborn Care (CMMNC), FP-CBT, and PHN Supervision and monitoring by facilitating and coordination of trainers / institutions and providing training manuals.

Milestones
- Health Human Resource Database on Capability of existing health manpower
- Provincial training plan formulated
- 20 Service Providers trained in FP-CBT, 20 PHNs trained on supervision

Expected results
- 22 LGUs with increased utilization of FP and MCH services

2.5 In collaboration with CHD 10 and the provincial government of Bukidnon provide technical assistance to the PHO in the review, finalization and installation of a province-wide PME system.
   a) Enhance participatory monitoring and evaluation system (PME) tools and guidelines to include ICV, CSR and NGO/CSO participation:.
      - Assessment of initial PME implementation,
      - Enhancement to include other important indicators,
      - Formulation of guidelines, installation of the system at the PHO and orientation of PHO technical staff, ILHZ TWG, MHO/PHN and adoption of PME by the LMP and Governor.
   b) Mentoring and coaching PHO, DOH reps and MHOs in the conduct of PME at ILHZ and RHU levels;
   c) Development of PME manual and dissemination to Mayors and MHO for utilization

Milestones
- PME manual containing the indicators, tools for data gathering, operational guideline for data collection, analysis and reporting completed
- 1 LMP resolution, 1 Executive Order from the Provincial Governor adopting the PME systems for utilization by PHO and RHUs passed
- PME installation plan detailing the roles and functions of PHO, ILHZ TWG and RHUs in operationalizing the PME system
- 20 RHUs and 2 CHOs conducting quarterly PME runs and submitting report to PHO and respective Mayors and Sanggunian
- At least 2 NGOs participating in PME runs at the ILHZ level
- 22 LGU quarterly action plans developed and implemented based on the results of PME

Expected results
- 22 LGUs using PME to track and validate the effectiveness of planned interventions against performance indicators

2.6 In collaboration with CHD X, provide advocacy to the PHO on Service Delivery Excellence in Health (SDExH) for continuing quality improvement of health services
   a) Orient the PHO and DOH representatives on the principles, operational framework, objectives and key activities and benefits of SDExH in order for PHO to promote its application in at least one ILHZ and LGU's sharing funds for its implementation
   b) Conduct modules 1-4 in one priority ILHZ

Milestones
- 1 ILHZ completing 4 modules of SDExH and implementing their Service Improvement Plans (SIP) with funding support from the LGUs

Expected results
- Increase in the program coverage on priority health programs as a result of the SIP implementation and improvement in the quality of services as manifested by health facilities of priority ILHZ meeting service delivery standards

3. Assist PHO formulate the 2010 AOP/AIP

3.1 In collaboration with CHD, assist the PHO in the formulation of 2010 AOP/AIP that will also reflect health service, governance, and financing priorities for IPs and other low-performing areas using PME and SDIR results.

a) Technical support to ensure utilization of PME and SDIR results in the formulation of 2010 AOP/AIP;
b) Provide technical support in the conduct of AOP/AIP planning workshop to ensure budgeting, financing, logistics, and expanding public health service delivery;
c) Assist the PHO/MHO in formulating the 2010 AOP to ensure inclusion of procurement and distribution of vitamin A supplements for high risk groups, iron for pregnant women, zinc, and reformulated ORS and micronutrient program implementation, TB drugs, IMCI and FP commodities.

Milestones

- 1 province-wide AOP/AIP formulated for approval and funding
- Local finance committees of P/C/MLGUs approved the increase in health investments in the AIP, reflecting increased health operations and health program budget, increased PHIC sponsored program enrolment, and increased number of PHIC-accredited health facilities

Expected Results

- Investments in key priority programs including PhilHealth Sponsored Program implementation secured, facilitating the flow of funding to improve service delivery and service utilization particularly the IPs.

BUKIDNON – Improving province-wide results in FP, MCH and TB control through stronger program management practices and culturally-appropriate behavior change communication

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Implement AOP/AIP 2009 interventions with attention to improving access and utilization of FP, MNCHN and TB services and to PhilHealth financing of IPs**					
A1	Technical support to PHIC, CHD, and PHO in capacitating LGU to strengthen and sustain the operations of the multi-payer scheme					
	IR 1.3D	Provincial TA plan with culturally-appropriate interventions strengthening and sustaining the operations of the multi-payer scheme completed to improve performance in FP, MCH and TB services of 7 priority LGUs		**X**		
	IR 1.4D	Municipalities of Pangantucan, Kitaotao, Cabanglasan, Malaybalay City, Impasug-ong, San Fernando and Talakag implemented their acceleration plans with inputs from the community FGDs			**X**	**X**
	IR 1.4A	1 community meeting conducted in each of the 7 LGUs to provide feedback on results of SDIR to generate support for improving service utilization in IP areas			**X**	
	IR 1.1G/1.4C	Specific policies related to improving public health services in IP areas crafted and approved by the province and 7 municipal LGUs with inputs of NGOs/CSOs			**X**	**X**
A2	Mobilizing NCIP and the LGUs of IP areas to develop health promotions and BCC strategies and interventions that are responsive to the practices of the IP tribes (HealthPRO as lead agency)					
		7 LGUs with communication plans for IPs developed (HealthPRO)				
		BCC messages developed for the IP areas to increase client access to health services (HealthPRO)				
		Two CVHW per barangays with IP's in the identified 7 priority LGUs trained on IPC and providing key health messages to IPs (HealthPRO)				
		7 LGUs with community teams trained (HealthPRO)				
A3	Assisting priority LGUs in DOTS facilities accreditation					
	IR 1.2C	5 LGUs with TB DOTS facilities accredited				**X**
	IR 1.1G	5 LGUs with local policies allocating resources for TB passed				**X**
B	**Implement AOP/AIP 2009 in the area of improved program management practices**					
B1	LGUs update and implementation of their existing CSR+ plans to include policy support and leveraging the DOH MNCHN grant; installation of a functional ICV compliance monitoring and improving program management and service delivery of health personnel for DOTS services					
	IR 1.1B/ 1.1G/ 1.4D	2 city and 20 LGUS with CSR+ updated implementation plans approved and funded through ordinance or executive order with inputs from NGO/CSO			**X**	
	IR 1.1B/ IR1.2D	MNCHN grant awarded/distributed to 22 LGUs based on a performance-based scheme			**X**	
	IR 1.1F	2 cities and 20 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS			**X**	**X**
	IR 1.1H/ IR 1.3E	3 ILHZs providing quarterly ICV reports		**X**	**X**	**X**

B2	Technical support to improve service provider performance in the targeted LGUs through the development and implementation of training plan					
	IR 1.3A	Health Human Resource Database on Capability of existing health manpower			**X**	
	IR 1.3A	Provincial training plan formulated			**X**	
	IR 1.3A	20 Service Providers trained in FP-CBT, 20 PHNs trained on supervision			**X**	**X**
B3	Technical assistance to the PHO in the review, finalization and installation of a province-wide PME system					
	IR 1.1C	PME manual containing the indicators, tools for data gathering, operational guideline for data collection, analysis and reporting completed			**X**	
	IR 1.1G	1 LMP resolution, 1 Executive Order from the Provincial Governor adopting the PME systems for utilization by PHO and RHUs approved			**X**	
	IR 1.1I	PME installation plan detailing the roles and functions of PHO, ILHZ TWG and RHUs in operationalizing the PME system			**X**	
	IR 1.1I	20 RHUs and 2 CHOs conducting quarterly PME runs and submitting report to PHO and respective Mayors and Sanggunian			**X**	**X**
	IR 1.4D	2 NGOs participating in PME runs at the ILHZ level			**X**	**X**
	IR 1.1C/ IR 1.1I	22 LGU quarterly action plans developed and implemented based on the results of PME			**X**	**X**
B4	In collaboration with CHD X, provide advocacy to the PHO on Service Delivery Excellence in Health (SDExH) for continuing quality improvement of health services					
	IR 1.3C/ 1.1G/ 1.1I	1 ILHZ completing 4 modules of SDExH and implementing their Service Improvement Plans (SIP) with funding support from the LGUs				**X**
C	**Assist PHO formulate the 2010 AOP/AIP**					
C1	Formulation of 2010 AOP/AIP that will also reflect health service, governance, and financing priorities for IPs and other low-performing areas using PME and SDIR results					
	IR 1.3D	1 province and 7 city/municipalities completed SDIR and using SDIR results as inputs to 2010 AOP preparation				**X**
	IR 1.3D	1 provincial level SDIR workshop conducted including community FGDs in the 7 priority LGUs				**X**
	IR 1.3D	7 mLGU service acceleration plans formulated				**X**
	IR 1.1A/ IR 1.1G	1 province-wide AOP/AIP formulated for approval and funding				**X**
	IR 1.2A/ IR 1.2B	Local finance committees of P/C/MLGUs approved the increase in health investments in the AIP, reflecting increased health operations and health program budget, increased PHIC sponsored program enrolment, and increased number of PHIC-accredited health facilities				**X**

COMPOSTELA VALLEY: Accelerating improvements in maternal and child health, FP, and control of infectious diseases through the implementation of NHIP and PIPH/AOP

The province is characterized by a stable political climate. Health ranks highest among its priorities and the PHO is deemed strong in terms of providing the needed technical leadership. As an F1 rollout site, the province has completed its PIPH which was accepted by DOH and donor agencies as basis for support and partnership. The province, with the support of the CHD and other CAs, has also initiated the Compostela Valley Family Health Book (FHB) that intends to improve utilization of family planning and other maternal, neonatal, and child care services to reduce the risks that lead to maternal and child deaths. A number of community-based organizations, e.g. women's associations, farmers associations, BHW federation, faith-based groups, etc. operate in the different municipalities and hard-to-reach *barangays* and can be tapped to support this province-wide initiative.

Survey data obtained from the Family Health Book initiative revealed that FP and MCH performance indicators are much lower than what FHSIS data usually show. However, both sets of data show uneven performance across municipalities. The survey data also yielded the specific reasons of potential clients for not availing of needed maternal and FP services. Although there was an upward trend in the TB performance indicators, area-wide variations in CNR and CR were observed, with half of the municipalities performing below standard in one or both indicators.

The survey data also showed that having PhilHealth coverage significantly raises CPR as well as the number of antenatal care visits, deliveries by skilled birth attendants, and facility-based deliveries. Yet, less than half of indigents are enrolled in the Sponsored Program and large variations exist across municipalities ranging from a low of 12% in Laak to a high of more than universal coverage in Mawab (indicating that non-indigents are enrolled as indigents).

To date, the province is geared towards accelerating improvements in maternal and child health, FP, and control of infectious diseases through the implementation of the NHIP and PIPH/AOP. This will entail strengthening the service delivery network, securing sustainable financing, implementing behavior change interventions to address the health needs of special populations, ensuring access to heath services and commodities, particularly in hard-to-reach *barangays*, and securing PhilHealth enrolment and access to accredited facilities.

Technical assistance will be provided in the following areas:

A. Implementation of the province's AOP/AIP to improve outcomes in FP, MCH, and TB control, including:
   - Implementation of the Family Health Book initiative such as advocacy to the LGUs and communities;
   - Local health policy development based on the SDIR results and other information to provide enabling conditions for the implementation of FP, MCH, and TB interventions; and
   - Linking LGUs with suitable suppliers of family planning commodities.

B. Implementation of behavior change interventions to improve family health, particularly in FP and maternal health. This includes improving understanding of the health needs and preferences of special populations.
C. Implementation of the PhilHealth Sponsored Program for more effective service delivery and efficient revenue utilization for health.

In Year 3, HealthGov, in collaboration with the CHD and other CAs, will provide: 1) province-wide technical support to the PHO and MHOs in implementing the 2009 AOPs, including the enhancement of the CSR plans and the PhilHealth Sponsored Program; 2) technical assistance in implementing selected interventions in FHB pilot LGUs that will accelerate improvements in MCH, FP, and control of infectious diseases; and 3) support to the preparation of the 2010 AOP. TA and fund support will also be provided to partner CBOs/NGO for the implementation of community-level advocacy and heath education in priority LGUs.

Year 3 Technical Assistance

A. In partnership with the CHD and its Provincial Health Team (PHT) and in collaboration with other CAs, provide technical support to the provincial/municipal LGUs in the implementation of their 2009 AOPs with particular focus on the enhancement of the CSR+ and PhilHealth universal coverage sub-plans of the PIPH.

1. Support the province and the component municipalities in the conduct of CSR+ assessment and plan enhancement workshop

a. Support the PHO in the conduct of a province-wide review of CSR implementation with particular focus on forecasting of FP commodities, anti-TB drugs and Vit. A capsules and enhancing the CSR+ plan;
b. Support the PHO and MHOs in securing policy and fund support for the implementation of the CSR plans, including policies related to client segmentation, subsidy for or providing safety net for the poor, cost recovery scheme or referral to private sector for the non-poor, establishment of revolving fund to ensure sustained financing for the purchase of FP commodities, and retention and management of user fees:
    - Provide technical assistance in the design and conduct of the CSR Policy Development Workshop involving members of local *Sanggunian*, LFC, and LHB to draft LGU policies as cited above.
    - Assist in the design and conduct of multi-sectoral fora involving local NGOs/CSOs and private sector groups in support of the public hearings convened by local *Sanggunians* to put in place a policy environment conducive to the implementation of the CSR+.
c. Assist the PHO and MHOs in implementing and monitoring the LGU CSR plans:
    - Mentor the PHO/MHOs in the procurement and distribution of commodities, particularly of FP commodities, to poor clients in low-performing areas through the provision of technical advice on the different procurement options and list of suppliers;
    - Guide the PHO/MHOs in mapping and establishing a referral network of public and private FP service providers for all (modern) methods of contraception; and

- Facilitate the review and enhancement of the CSR monitoring tool developed by CHD 10 to suit the monitoring needs/requirements of the PHO/MHOs. The monitoring tool shall include provisions for gathering community feedback regarding accessibility and quality of CSR+/FP information and education activities, counseling, referral, etc.

Milestones

- Completed CSR+ plans approved and funded through a policy or ordinance issued by the provincial government and 11 component municipal LGUs with inputs from various groups/sectors including NGOs and community leaders
- Tracking system to monitor CSR implementation installed in the province and 11 MLGUs with the involvement of NGOs and community leaders

Expected results

- Funds leveraged for CSR plan implementation in the province and 11 MLGUs for the procurement of FP commodities
- Province and component municipalities procured FP commodities

2. In collaboration with the CHD and PhilHealth Regional/Provincial Offices, assist the provincial/municipal LGUs in enhancing and implementing the province-wide PhilHealth Sponsored Program through the Multi-Payor Scheme

a. Update the province's PhilHealth universal coverage sub-plans in the PIPH, taking into account the estimated indigent population, required premium subsidies from LGU (multi-payor scheme), expected reimbursements and capitation funds, investment requirements for accreditation, investments in developing a means test mechanism such as CHLSS, and cost of local health policy development. (Note: The 2009 AOP/AIP ensures the inclusion of the investment requirements of the updated PhilHealth universal coverage plan);
b. Assist the PHO and MHOs in securing policy and fund support for the implementation of the province's PhilHealth Sponsored program, particularly policies related to enrolment, identification of the poor, accreditation of facilities, fund management of revenues, premium subsidy sharing among provincial/municipal LGUs and component LGUs:
   - Assist in the design and conduct of multi-sectoral fora involving local NGOs/CSOs, private sector groups in support of the public hearings convened by local *Sanggunians* to put in place a policy environment conducive to the implementation of the CSR+ and PhilHealth universal coverage plans;
   - Assist in the design and conduct of dialogues with LCEs to orient them on the importance of social health insurance, including other policy actions to achieve universal coverage;
   - Provide technical assistance in the design and conduct of a local policy development workshop, involving local *Sanggunians*, LHBs, and LFCs, aimed at formulating appropriate policies in support of (i) the Province's PhilHealth Sponsored Program with priority consideration to the enrollment of true indigents, (ii) premium sharing (iii) facility accreditation, (iv) increasing service utilization, and (v) mechanisms to manage PhilHealth revenues.

Milestones

- Updated provincial PhilHealth universal coverage sub-plans, including account estimation of the indigent population, required premium subsidies from LGUs (multi-payor scheme), expected reimbursements and capitation funds, investment requirements for accreditation, investments in developing a means test mechanism such as CHLSS, and cost of local health policy development
- A provincial Executive Order issued by the Governor mandating the implementation of the PhilHealth Sponsored Program

Expected results

- 1 provincial and 11 municipal LGUs allocating funds and enrolling indigent families in the PhilHealth Sponsored Program resulting in an increase in PhilHealth coverage of indigent population

3. Support the PHO/LGUs in implementing service delivery interventions to improve provision of health services in the areas of MCH, FP and TB

a. Training of health personnel on FP-CBT, ICV compliance monitoring, life-savings skills, giving priority to RHMs in the 4 FHB municipalities, and TB-DOTS in low-low municipalities (in collaboration with TBLINC);
b. In collaboration with the CHD-DOH Representatives, assist the PHO in installing and operationalizing the ICV compliance monitoring system;
c. Initiate ICV compliance reporting through mentoring in the conduct of monitoring and report preparation and submission; and
d. With HealthPRO, assist the LGU in developing key messages to encourage clients to demand for correct and complete information on all MNCHN and TB programs.

Milestones

- Provincial and municipal LGU health personnel trained on FP-CBT (20), LSS (15), DSSM (4), TB-DOTS (25), TB-DOTS for BHWs (40) and ICV compliance monitoring

Expected results

- Province submitting regular quarterly monitoring report on ICV compliance
- Increased service utilization for maternal, newborn, FP, and TB-DOTS programs

B. In collaboration with HPDP, HealthPRO, and PRISM, support the provincial and municipal LGUs and health officers in FHB implementation in Compostela, Montevista, Maco, and Mabini

1. Technically support 4 FHB municipalities in the implementation of their PhilHealth universal coverage plans

a. Mentor the Provincial/Municipal Health Offices (P/MHOs) in developing technical notes on the rationale and importance of (i) client segmentation and enrollment of true indigents in the PhilHealth Sponsored Program, (ii) PhilHealth accreditation of health facility, and (iii) increasing health facility service utilization as tool to generate support for sponsored program implementation; and
b. Guide the MHOs in developing options and mechanisms for managing PhilHealth revenues (capitation and reimbursements) for presentation to LHB, LFC, local

Sanggunian, and LCE for policy issuance either in the form of a resolution, executive order or ordinance.

2. Assist the provincial/municipal LGUs in generating resources for FHB implementation

a. Mentor the provincial/municipal LGUs in developing proposals and accessing grants for (i) facility upgrading to meet PhilHealth accreditation requirements, and (ii) installing and maintaining an emergency communication and transport system; and
b. Assist the P/MHOs in identifying and accessing possible fund sources within the local budget (e.g. 20% development fund, GAD fund) to support FHB implementation in (i) enrolling indigent families in the PhilHealth sponsored program, (ii) providing transportation allowance for navigators, and (iii) supporting the cost of outreach services:
   - Orientation on resource mobilization for SBs, LFCs and other LGU officials;
   - Support SBs and LFCs in identifying financing options (user fees, new taxes, etc.) to finance priority health PPAs (outside of IRA);
   - Provide technical advise to and organize mentoring sessions for LFCs; and
   - As may be needed, provide TA in the review of the Local Revenue Code to increase LGU revenues and allocate funds for health investments/annual priorities.

3. Assist the PHO and MHOs in complying with PhilHealth's facility accreditation requirements

a. Conduct orientation for MHOs and PHNs on PhilHealth facility assessment guidelines, requirements, and tools (including filling out of required forms);
b. Mentor the MHOs/PHNs in conducting facility self-assessment and identifying key action points to maintain OPB and meet MCP accreditation requirements;
c. Provide guidance to MHOs/PHNs in complying with documentary and application requirements and ensure that these are submitted to the PhilHealth Regional Office for appropriate action; and
d. Assist the PHO in monitoring the progress of OPB and MCP accreditation of the RHUs and provide technical advice to the PHO and MHOs for continuing problem-solving to achieve accreditation.

Milestones

- 4 FHB municipalities implementing their approved PhilHealth universal coverage plans
- 4 FHB municipalities with approved resource mobilization plans endorsed by SBs, LFCs ,and LHBs for implementation
- Policy options for PhilHealth fund management to ensure the utilization of funds to meet the requirements of public health programs and FHB implementation
- 1 provincial and 4 municipal project proposals submitted to external funding sources to access additional resources to fund FHB implementation
- 4 FHB LGUs acquiring PhilHealth facility accreditation: 1 OPB and 3 MCP

Expected results

- 4 municipalities allocating funds for the PhilHealth Sponsored Program premium payments

- 4 FHB municipalities accessing grants, loans, and other external sources to fund facility upgrading to qualify for PhilHealth accreditation
- Increased utilization of FP, MNCHN, and TB services at the RHUs.

4. Support the PHO/LGUs in implementing service delivery interventions that will improve public health program performance in the areas of FP, and Maternal and Newborn Care

a. Maximize the utilization of functional facilities providing maternal and newborn and FP services by organizing a consultative workshop among four FHB RHUs and two core referral hospitals, including the Compostela Valley Provincial Hospital, to discuss the need to increase births in facilities and deliveries by skilled birth attendants. The workshop will emphasize the need to develop guidelines and mechanisms for (i) deliveries by midwives in public birthing facilities and hospitals, (ii) referral of pregnant women to public/private birthing facilities or hospitals by TBAs, (iii) compensating TBAs who refer pregnant women for pre-natal, natal, and post-natal care, and (iv) establishing an efficient emergency communication and transportation system;
b. In collaboration with HealthPRO, assist the LGUs in developing key messages that will be used by health workers and BHWs in increasing awareness of the community on the importance of delivering in health facilities and having deliveries attended by skilled birth attendants;
c. Develop an inventory tool for master listing of all TBAs in the 4 FHB sites;
d. Provide technical guidance to the MHOs/PHNs in organizing and re-tooling of TBAs as partners in health service delivery, particularly in the master listing and referral of pregnant women to birthing facilities and skilled birth attendants for proper care and management.

Milestones
- Inventory of TBAs in the 4 FHB LGUs
- Guidelines and mechanisms for referral developed and agreed upon by the public (RHU)/private birthing facilities and core referral hospitals in the 4 FHB LGUs
- 4 FHB LGUs implementing a referral mechanism to access birthing facilities or skilled birth attendants and FP/MNCHN services with the support of the Local Health Board, LCEs, Association of *Barangay* Captains, RHU staff, and TBAs
- Directory of public and private maternal and newborn/FP providers disseminated to all RHUs and CHO, NGOs, BHW federation and women federation chapters
- 4 LHB LGUs approving and adopting policies/guidelines on the new role of TBAs in managing pregnant women, including provisions for compensation of TBAs for referrals made

Expected results
- Increased referral for facility-based delivery

5. In collaboration with the CHD and HPDP, assist the PHO/MHOs in mobilizing local champions in advocating for policy and funding support for Community Health Teams and implementing community actions for health

a. Assist the PHO/MHOs in developing MNCHN and health programs briefing kits;

b. Mentor the identified local champions on MNCHN and health programs' technical contents, strategies, policy requirements, as well as on how to make effective presentations;
c. Provide avenues for cross-posting/fielding of local health champions in various fora and dialogues to enhance their skills and boost self-confidence; and
d. Conduct a proposal writing workshop to facilitate access to grants to implement community actions for MCH, FP and TB.

Milestones
- 4 MLGUs with NGO/community champions oriented on and actively advocating for LGU support to MCH, FP and TB
- 4 LGUs with partner NGO/community leaders implementing community actions

Expected results
- Increased utilization of MCH, FP, and TB services in the 4 FHB LGUs

6. In collaboration with the CHD, support the PHO in improving quality of services in the Compostela Valley Provincial Hospital and the RHUs of Compostela, Maco, Mabini, and Montevista through the Service Delivery Excellence in Health (SDExH) initiative

a. Orient the PHO and MHOs on SDExH;
b. Assist the PHO and MHOs in advocating for SDExH implementation in the CVPH and the 4 FHB municipalities among concerned LCEs; and
c. Conduct SDExH workshops for CVPH and the RHUs of Mabini, Maco, Montevista, and Compostela.

Milestones
- Province and 4 MLGUs completing the four modules of SDExH and implementing their Service Improvement Plans

Expected results
- Increase in program coverage for MNCHN and FP as a result of the implementation of the Service Improvement Plan and actual improvements in the quality of services in the CVPH and 4 FHB RHUs as manifested by an increase in the standards met by each facility

C. Technical support in the development of the 2010 AOP, in collaboration with the CHD and other CAs.

1. Assist the PHO and MHOs in the conduct of the modified SDIR, taking into account the peculiarities of indigenous communities and the conditions of men, women and children in the four municipalities, with special attention to their health practices and experiences in accessing FP, MCH, and TB services at the health facilities

a. Develop modified SDIR tools and process to assess the knowledge, attitudes, and practices (KAP) of women and men, and indigenous people, particularly in the areas of MCH, FP (birth spacing), and infectious diseases, i.e. TB and malaria, and surface issues and concerns in accessing FP, MCH, and TB services;

b. Conduct modified SDIR, including FGDs/community consultations involving local NGOs/CBOs, community or sectoral leaders and develop LGU acceleration plans;
c. Assist in disseminating the results of the modified SDIR and LGU acceleration plans to Mayors, *Sanggunian Bayan*, Association of *Barangay* Captains, and local NGOs/community leaders to generate funding support to critical interventions and enlist the support of IP leaders/community leaders and their communities in increasing utilization of FP/MNCHN/TB services; and
d. In collaboration with HealthPRO, develop culture-sensitive BCC interventions to improve program performance in highly IP-populated and low performing *barangays,* taking into consideration their unmet needs for MCH, FP, TB, etc.

2. Assist the provincial/municipal LGUs in developing their respective 2010 AOPs/AIPs

a. Assist the provincial/municipal LGUs in identifying the three (3) levels of interventions during the conduct of the provincial SDIR workshop;
b. Mentor the provincial/municipal LGUs in the formulation of provincial TA plan and municipal acceleration plans which shall be composed of 1st level-interventions; and
c. Assist the provincial/municipal LGUs in ensuring that 2nd and 3rd level- interventions are incorporated into the 2010 provincial and municipal AOPs/AIPs.

Milestones
- 11 municipalities with service delivery acceleration plans
- 1 provincial TA plan
- 1 provincial and 11 municipal 2010 AOPs, formulated with inputs from NGO/CSO, submitted for approval and funding
- 1 provincial and 11 municipal health boards endorsing to the Governor/Mayors and *Sanggunians* the priority 2010 PPAs for funding allocation

Expected results
- Investment requirements for 2010 integrated into the provincial/municipal AIPs/AOPs
- Local Finance Committee of province and 11 MLGUs allocating funds for priority 2010 PPAs.

COMPOSTELA VALLEY – Accelerating improvements in maternal and child health, FP, and control of infectious diseases through implementation of NHIP and PIPH/AOP

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**In partnership with the CHD and its Provincial Health Team (PHT) and in collaboration with other CAs, provide technical support to the P/MLGU in the implementation of 2009 AOP with focus on the enhancement of the CSR+ and PhilHealth universal coverage sub-plans in the PIPH**					
A1	Support the province and the component municipalities in the conduct of CSR+ assessment and plan enhancement workshop					
	IR 1.1B/ IR 1.1G/ IR 1.4D	Completed CSR+ plans approved and funded through policy or ordinance to implement by the provincial government and 11 component municipal LGUs with inputs from various groups/sectors including NGOs and community leaders				**X**
	IR 1.1C/ IR 1.4D	Tracking system to monitor CSR implementation installed in the province and 11 mLGUs with the involvement of NGOs and community leaders				**X**
A2	Assist the P/M LGUs in enhancing and implementing the province-wide PhilHealth Sponsored Program through Multi-Payor Scheme in collaboration with CHD and PhilHealth Regional/Provincial Office					
	IR 1.2B	Updated provincial PhilHealth universal coverage sub-plans, including account estimation of the indigent population, required premium subsidies from LGU (multi-payor scheme), expected reimbursements and capitation funds, investment requirements for accreditation, investments in developing a means test mechanism such as CHLSS, and cost of local health policy development			**X**	
	IR 1.1G	A provincial Executive Order issued by the Governor mandating the implementation PhilHealth Sponsored Program				**X**
A3	Assist the P/M LGUs in enhancing and implementing the province-wide PhilHealth Sponsored Program through Multi-Payor Scheme in collaboration with CHD and PhilHealth Regional/Provincial Office					
	IR 1.3A	Provincial and mLGU health personnel trained on FP-CBT (20), LSS (15), DSSM (4), TB-DOTS (25), TB-DOTS for BHWs (40) and ICV compliance monitoring (25)		**X**	**X**	**X**
B	**In collaboration with HPDP, HealthPRO and PRISM support the provincial and municipal LGUs and health officers in the FHB implementation in Compostela, Montevista, Maco, Mabini**					
B1	Technically support the implementation of their PhilHealth Universal Coverage Plans of the 4 FHB municipalities					
	IR 1.2B	4 FHB Municipalities implementing their approved PhilHealth Universal Coverage Plans				**X**
B2	Assist the P/MLGU in generate resources to support FHB implementation					
	IR 1.2A	4 FHB municipalities with approved resource mobilization plans endorsed by SBs, LFCs and LHBs for implementation				**X**
	IR 1.2A	Policy options for PHIC fund management ensuring utilization for public health programs requirements and FHB implementation				**X**
	IR 1.2D	1P/4Municipal project proposals submitted to external sources to access additional resources to fund FHB implementation				**X**
B3	Assist PHO and MHOs in complying with the PHIC facility accreditation requirements					
		4 FHB LGUs acquiring PhilHealth facility accreditation – 1 OPB & 3 MCP				**X**

B4	Support the PHO/LGUs in implementing service delivery interventions that will improve public health program performance in FP, Maternal and Newborn Care					
	IR 1.3A/ IR 1.1C	Inventory of TBAs in the 4 FHB LGUs			**X**	
	IR 1.1H/ IR 1.3A	Guidelines and mechanisms for referral developed and agreed upon by the public (RHU)/private birthing facilities and core referral hospitals in the 4 FHB LGUs			**X**	
	IR1.1I	4 FHB LGUs implementing a referral mechanism to access birthing facilities or skilled birth attendants and FP/MNCHN services with support of Local Health Board, LCEs, Association of Barangay Captains, RHU staff, and TBAs			**X**	
	IR 1.1C	Directory of public and private maternal and newborn/FP providers disseminated to all RHUs and CHO, NGOs, BHW federation and women federation chapters			**X**	
	IR 1.1G	4 LHB LGUs approving policy/guidelines on the new roles of TBAs in managing pregnant women including compensation for referral			**X**	
B5	In collaboration with CHD and HPDP, assist the PHO/MHO in mobilizing local champions to advocate for policy and funding support for Community Health Teams and implementing community actions for health					
	IR 1.4C	NGO/community champions of 4mLGU trained on MCH/FP and TB situation, policy, technical content, strategies/interventions and funding requirements and advocating for LGU support to MCH, FP and TB				**X**
	IR 1.4C/ IR 1.4D	Community actions implemented by partner NGO/community leaders of 4 LGUs				**X**
B6	In collaboration with CHD support the PHO in improving quality of services in the Compostela Valley Provincial Hospital and the RHUs of Compostela, Maco, Mabini and Montevista through the conduct of Service Delivery Excellence in Health					
	IR 1.3C	Province and 4 mLGUs completing the four modules of SDExH and implementing their Service Improvement Plans			**X**	**X**
C	**Technical support to development of 2010 AOP, in collaboration with CHD and other CAs**					
C1	Assist PHO and MHOs in the conduct of modified SDIR taking into account particularities of indigenous communities and the conditions of men, women and children in the four municipalities with attention to their health practices and experiences in accessing FP, MCH and TB services at the health facilities.					
	IR 1.3D	11 municipalities with service delivery acceleration plans and 1 provincial TA plan		**X**		
C2	Assist the P/MLGU in developing 2010 AOP/AIP					
	IR 1.1A	1 Provincial and 11 municipal 2010 AOP formulated for approval and funding with inputs from NGO/CSO				**X**
	IR 1.1G	Provincial and 11 municipal health boards endorsing funding allocation for priority 2010 PPAs to Governor/Mayors and Sanggunian				**X**

DAVAO DEL SUR: Demonstrating health system improvements in a select group of LGUs leading to province-wide improvements in public health outcomes

The province is characterized by intense partisan politics. The 2007 election was one of the most violent and divisive in non-ARMM Mindanao. At present, the Governor enjoys the political support of only five out of 14 mayors, one of two congressmen, and a limited number of provincial and municipal legislators. Given this, obtaining province-wide consensus on issues is often difficult. Nevertheless, the province has formulated its Provincial Investment Plan for Health (PIPH) and is currently awaiting the results of its review by the Center for Health Development (CHD) 11.

There are 14 municipalities and one city in the province, with an estimated population of 822,406 (NSO, 2007). Fifty-one percent of this population consists of indigenous people (IPs). About 80-90% of the population of five municipalities, namely, Santa Maria, Malita, Don Marcelino, Jose Abad Santos, and Sarangani is made up of IPs.

An assessment of the current health situation reveals low performance in maternal care (four prenatal visits, deliveries in facilities/by skilled birth attendants, iron supplementation among pregnant women), child care (low fully immunized child (FIC) and Vitamin A supplementation coverage), and tuberculosis (TB) control. Data for contraceptive prevalence rate (CPR) appear overstated, and variations across municipalities are large. Among family planning (FP) current users, use of pills and IUD has increased but DMPA has declined.

Technical assistance will be provided in the following areas:

A. Enhancement and approval/legitimization of PIPH, ensuring that the plan addresses the improvement of access to and utilization of FP; maternal, newborn, and child health and nutrition (MNCHN); and TB services, especially among the IPs, and strengthening the PhilHealth-Sponsored Program by increasing enrollment and accreditation.
B. Implementation of selected interventions to improve the MNCHN, FP, and TB programs. These interventions include CSR planning and implementation, improving PhilHealth fund management to enhance program performance, communication and advocacy planning to address issues identified through the Service Delivery Implementation Review (SDIR), and building the capability of service providers.
C. Formulation of 2010 Annual Operational Plan (AOP)/Annual Investment Plan (AIP) based on gaps analysis. This requires the conduct of SDIR using the enhanced SDIR tool that incorporates the concerns of indigenous people (IPs), and the use of interventions reflected in the acceleration plans and PIPH as inputs to the 2010 AOP/AIP.

Year 3 Technical Assistance

A. Enhancement and approval/legitimization of PIPH, ensuring that the plan addresses the improvement of access to and utilization of FP, MNCHN, and TB services, especially among IPs, and ensures PhilHealth financing for IPs

1. Assist the CHD and PHO in enhancing and completing the PIPH

- Review and finalize the PIPH review tools with CHD 11 and Provincial Health Team Office (PHTO).
- In collaboration with CHD, USAID cooperating agencies (CAs) support the Planning Team in the conduct of PIPH review.
- Assist the Planning Team enhance and complete the PIPH based on the comments and recommendations of the CHD and other CAs.
- Support the Planning Team in securing PIPH approval/legitimization by assisting the Provincial Planning and Development Office (PPDO)/PHO in preparing relevant presentation materials for the Local Health Board (LHB), *Sanggunian*/ local chief executives (LCEs), and DOH-CHD Director for increased funding support for priority programs, projects, and activities (PPAs).

2. **In collaboration with the PHTO and PHO, assist the MHO and MPDO in six selected municipalities in resource mobilization for health**

   Six municipalities will be selected based on enabling conditions, such as, high population growth rate, low maternal and child health (MCH), TB and FP performance, strong political will to support health, committed health staff, and presence of health champions.

   a. Orient the *Sanggunian Bayan* (SB), local finance committee (LFC), and other LGU officials on resource mobilization.
   b. Support the SB and LFC in formulating appropriate policies to increase financing for priority health PPAs (outside of IRA) as indicated in the 2009 health plan
   c. Assist the LFC in reviewing the Local Revenue Code as basis for increasing LGU revenues and allocating funds for health investments/annual priorities by providing technical advice.

3. **Assist the Provincial LGU through the PHO, PPDO, and Provincial Social Welfare and Development Office (PSWDO) in updating the PhilHealth universal coverage sub-plan in the PIPH**

   This including identifying policy options for enrolling the poor and inter-LGU cost sharing for premium payment, benefit utilization, and facility (RHU) accreditation:

   a. Identify the indigent population based on existing tools (CBMS) that the P/M/C LGUs are using and formulate the enrollment plan;
   b. Determine the required premium subsidies from P/M/C LGUs to enroll the poor based on the enrollment plan;
   c. Estimate the expected capitation funds;
   d. Assist in the facility self-assessment of RHUs and estimation of investment required for RHU accreditation, including formulation of proposal for RHU 3-in-1 accreditation for LCE's action (Note: Only the Davao Sur Provincial Hospital and the Gregorio Mattas District Hospital are MCP -accredited with PhilHealth. None of the 14RHUs/1CHU has ever been MCP-accredited. However, all of these facilities are in the process of applying for such an accreditation. Bansalan RHU is providing child delivery at its facility but is not yet MCP-accredited. Its application is still pending approval):
      - In collaboration with the PhilHealth Provincial Office, DOH-PHTO and PHO will conduct an orientation for Municipal Health Officers (MHOs)/Public Health Nurses (PHNs) on PhilHealth accreditation requirements, including filling out of assessment and application forms for accreditation and PhilHealth reimbursements.
      - Assist PHO and MHOs in the conduct of self-assessment and formulation of action plan and proposal to address gaps/deficiencies.

- Assist the PHO and MHO in presenting to LCEs the action plan and proposal to comply with PhilHealth accreditation requirements to generate support and facilitate decision-making.
- Through DOH-PHTO and PHO, assist the MHOs in filling out the required PhilHealth forms and acquiring OPB, TB-DOTS, and MCP accreditation.
- Training of personnel in life-saving skills (LSS), TB-DOTS for MHO, PHN and Rural Health Midwives (RHMs), and direct sputum-smear microscopy (DSSM) for Medical Technologists of selected RHUs.

e. Advocate for budget support among LCEs for the adoption of a tool for means testing (e.g., analysis of CBMS).

Milestones

- Final and LCE-approved PIPH submitted to CHD for support
- 1 provincial and 6 MLGU resource mobilization plans prepared and endorsed by LCEs
- 1 Provincial and 6 MLGU Finance Committees have integrated health investments in LGU AIP 2009
- 1 provincial and 6 municipal LGUs allocating funds for enrollment of indigents as indicated in the enrollment plan
- Provincial PhilHealth Universal Coverage sub-plan of PIPH updated and enhanced; enrollment plan developed
- 6 RHU self-assessments conducted and proposal for RHU 3-in-1 accreditation submitted and presented to LCEs for support
- 6 RHU applications for accreditation submitted to PhilHealth
- 5 LGUs with PhilHeath-accredited facilities: 2 RHUs acquired OPB accreditation, 2 RHUs with DOTS accreditation, and 1 RHU with MCP accreditation
- 10 RHMs trained in LSS
- 10 Medical Technologists trained in DSSM
- 30 RHU personnel (MHO, PHN, and RHMs) and 60 *Barangay* Health Workers (BHWs) trained in TB DOTS

Expected results

- DOH commitment to provide fund support to priority PPAs as indicated in the PIPH
- Funds leveraged by provincial and municipal/city LGUs for priority health programs identified in the PIPH

B. Implementation of selected interventions to contribute to improvements in MNCHN, FP, and TB programs, including CSR planning and implementation

1. Support to CHD, PHO, and MHOs of six municipalities to improve FP, MCH, and TB service delivery based on SDIR findings

a. Assist the MHO/PHN in 6 municipalities in the following:
   - Mentor PHO and MHO/PHN in organizing and presenting SDIR results and acceleration plan for presentation to Local Health Board, SB/Mayor and other stakeholders, i.e. *Barangay* Captains and community leaders, to enlist their support in improving/addressing gaps identified in the SDIR.
   - Through the PHO and DOH representatives, assist the MHOs in presenting the SDIR results and acceleration plan to SB/Mayor and other stakeholders.

Milestones

- 6 LGUs with SDIR results and acceleration plans presented to LHB, SB/Mayor, and other stakeholders to leverage for fund support or budget supplementation

Expected results

- LGU funding support for MCH, FP, and TB increased
- Acceleration plan supported by *Barangay* Captains and community leaders, i.e. committed support for master listing, organization/conduct of community outreach to deliver public health services, especially in hard-to-reach *barangays*, *Barangay* Council providing funds in support of priority public health services, etc.

b. With HealthPRO as lead CA and in collaboration with the CHD, assist PHO/MHOs in building community support for MNCHN. This will be undertaken through partnership between the LGU health staff and existing community organizations in 6 municipalities*,* e.g., *bantay buntis* (pregnancy tracking), birth planning, community blood collection activities, "no more home births" ordinance, transport and communication system, master listing of pregnant women and EPI target groups, health education for mothers and pregnant women, women's health team (TBA, RHM, BHW, mothers) and mobilization of community volunteers.
    - Mentor PHO and PHN/RHMs in setting up an RHU-Civil Society Organization (CSO) partnership mechanism for health in order to bring in NGOs and community volunteer groups and organizations and mobilize them in addressing the health challenges in their locality.
    - Mentor the MHO/PHN in designing and organizing a dissemination forum/dialogue with CSO partners and *Barangay* Officials as a venue for presenting the health situation and challenges and, consequently, enlisting their support in addressing the gaps to improve public health.
    - Assist the MHOs/PHNs/RHMs and NGOs/CSOs in 6 municipalities in developing proposals to access small grants for implementing community actions in support of maternal and child health, FP, and TB programs. Proposals may include any of the following eligible activities:
        - Organize community health team (CHT) composed of BHWs, TBAs, RHMs, NGOs/community leaders;
        - Orientation of CHT on MNCHN and TB strategies, emphasizing their roles and responsibilities, e.g. master listing of pregnant women and infants (0-1) and under-five children, follow-up of defaulters, referrals, birth planning, pregnancy tracking/*buntis* watch, promotion of immunization, Vitamin A supplementation, proper nutrition, and full breastfeeding;
        - Organize *barangay* support groups for community blood collection activities, transportation and communication support, leveraging *barangay* funds in support of TB and MNCHN package of services (e.g., counterpart TEV for RHMs, *barangay* health and nutrition post, and hiring of additional RHMs);
        - Conduct regular community dialogues to identify concerns on accessibility and quality of TB and MNCHN services, gather feedback, and recognize good practices in collaboration with the *barangay* council/TBAs/ RHMs.

Milestones

- 6 MLGUs generating community support in addressing gaps and challenges in MNCHN, FP, and TB coverage and performance through dissemination fora and community leaders dialogue

- 6 MLGUs developing project proposals to access small grants from PLGU and other sources for the implementation of community actions for maternal and child health, FP, and TB

Expected results
- Increased community awareness on local health situation/issues and enhanced support to address gaps and challenges in MCH, FP, TB program coverage and performance

c. With HealthPRO as lead CA, assist the PHO/MHO and other local stakeholders in developing culture-sensitive communication strategies and messages for specific target audiences, i.e. pregnant women, mothers/caregivers, to promote quality pre-natal care, prevention of maternal anemia, tetanus toxoid immunization, deliveries by skilled birth attendants and facility-based birthing, complete child immunization and full breastfeeding, including proper nutrition, bi-annual and routine Vitamin A supplementation, and improve awareness of zinc and reformulated ORS in the management of diarrhea among children.

Milestones
- Communication plan developed (HealthPRO)
- Behavior change communication (BCC) strategies and target audience-specific messages developed (HealthPRO)
- 30 LGU health staff, BHWs, and other community leaders trained in inter-personal communication (IPC) (HealthPRO)
- Provincial and 6 municipal LGUs providing funding support for health promotion activities

Expected results
- Increased number of target audience in 6 LGUs reached by culture-sensitive communication strategies and messages on FP, MNCHN, and TB

2. In collaboration with the CHD, assist the PHO and MHOs in enhancing their respective CSR plans and implementing key activities

a. Assessment of CSR implementation, including FP program performance, at the provincial and municipal/city levels by DOH representatives, PHO technical staff, and MHOs;
b. Organization and conduct of commodity forecasting workshop, including validation of FP data at the RHU level, and formulation of the CSR plan with an embedded session on advocacy and communication planning;
c. Conduct of advocacy meeting with LCEs, i.e. Mayor/Governor, SP/SB on Health and Appropriation, Local Finance Committee, PHO, and MHOs to mobilize policy and funding support for FP and CSR; and
d. Organization and conduct of orientation for GSOs on FP/CSR, including presentation of commodity requirements to facilitate procurement.

Milestones
- 1 provincial and 6 municipal CSR plans enhanced and presented to LHB, SP/SB, and LCEs for funding and policy support

- CSR+ implementation plans approved and funded through ordinance or executive order by the provincial government and 6 component municipalities
- 1 provincial and 6 municipal commodity procurement plans submitted to respective LCEs, for approval, and GSOs, for bidding
- 1 provincial, 1 city, and 14 municipal LGUs have enhanced and updated their respective CSR+ implementation plans

Expected results
- 1 provincial and 6 municipal LGUs procuring commodities for RHU/BHSs o increase the number of current FP users.

C. Formulation of 2010 AOP/AIP

Together with A2Z, HealthPRO, and TBLINC, technical assistance will be provided to CHD 11 and the PHO in the following activities:

1. Conduct of province-wide SDIR using an enhanced SDIR tool to capture specific needs and realities of IPs

a. Secure mandate and funding from the provincial governor and municipal mayors to conduct SDIR Plus;
b. Provide technical support to the PHO in enhancing the SDIR tool to include factors affecting the health status of IPs;
c. Provide technical assistance to the PHO in conducting social preparation activities (leading to the conduct of SDIR) for CSOs/NGOs and other government agencies. This includes orientation and community consultation/focus group discussion, the results of which will serve as input to the SDIR provincial workshop;
d. Actual conduct of SDIR Plus (internal assessment of RHUs and one provincial workshop); and
e. Provide technical assistance to the PHO and MHOs in the dissemination of the SDIR Plus results and the acceleration plan to the Local Health Board, *Sanggunian*/LCEs, and other stakeholders at the municipal level, with particular focus on 6 municipalities.

2. In collaboration with the CHD/other CAs, assist the PHO and MHOs in the development of the 2010 AOP based on the SDIR results

a. Assist the PHO in consolidating the city/municipal acceleration plans and in developing a PHO TA plan to support the implementation of the LGU acceleration plans;
b. In collaboration with the CHD/other CAs, assist the PHO in organizing and conducting the 2010 AOP workshop;
c. Assist the PHO/CHO/MHOs in integrating investment requirements into the local 2010 Annual Investment Plan;
d. Mentor the PHO/CHO/MHOs and DOH representatives in organizing and packaging presentation materials and in presenting to/advocating with their respective SPs/SBs/LFCs/other stakeholders for increased funding support for priority programs/projects/activities.

Milestones

- SDIR completed with inputs from NGOs/CSOs in the province, 14 municipalities and 1 city, and results used as input into 2010 AOP preparation
- 1 provincial, 1 city , and 14 municipal LGU acceleration plans
- 2010 AOP/AIP indicating priority PPAs to improve the health status in low-performing areas of the province; 14 municipalities and 1 city formulated AOP/AIP for approval and funding

Expected results

- Investments in key priority health programs facilitating the flow of funds to improve service delivery and service utilization.

DAVAO DEL SUR – Demonstrating health system improvements in a select group of LGUs leading to province-wide improvements in public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Enhancement and approval/legitimization of PIPH ensuring that the plan addresses the improvement of access to and utilization of FP, MNCHN, and TB services especially among IPs, and PhilHealth financing for IPs**					
A1	Assist CHD and PHO in enhancing and completing the PIPH					
	IR 1.1A/ IR 1.1G	PIPH finalized and approved by LCE submitted to CHD for support		X		
A2	In collaboration with PHTO and PHO, assist the MHO/MPDO in six selected municipalities in resource mobilization for health					
	IR 1.2A/ IR 1.1G	1 provincial and 6 MLGU resource mobilization plans prepared and endorsed by LCEs		X		
	IR 1.2A	1 Provincial and 6 MLGUs Finance Committee have integrated health investments in LGU AIP 2009			X	
A3	Assist the PLGU through the PHO, PPDO, PSWDO in updating the PhilHealth universal coverage sub-plan in the PIPH					
	IR 1.2B	1 provincial and 6 LGUs allocating funds for enrollment of indigents as indicated in the enrollment plan			X	
	IR 1.2B	Provincial PhilHealth Universal Coverage PIPH sub-plan updated, and enhanced – enrollment plan developed			X	
	IR 1.2C	6 RHUs self assessment conducted and proposal for RHU 3in accreditation submitted and presented to LCEs for support			X	
	IR 1.2C	6 RHU PhilHealth accreditation application submitted to PhilHealth			X	
	IR 1.2 C	5 LGUs with PhilHeath-accredited facilities - 2 RHUs acquired OPB accreditation, 2 RHUs with DOTS accreditation and 1 RHU with MCP accreditation				X
	IR 1.3A	10 RHMs trained in LSS; 10 Med Techs trained in DSSM; and 30 RHU personnel (MHO, PHN and RHMs) and 60 BHWs trained in TB DOTS				X
B	**Implementation of selected interventions to contribute to improvement in MNCHN, FP, and TB programs including CSR planning and implementation**					
B1	Support to CHD, PHO, and MHOs of six municipalities to improve FP, MCH, and TB service delivery based on SDIR findings					
	IR 1.1C	6 LGUs with SDIR results and acceleration plans presented to LHB, SB/Mayor and other stakeholders for support and fund leverage or budget supplementation			X	
B2	With HealthPRO as lead CA and in collaboration with CHD, assist PHO/MHOs in building community support for MNCHN - this will be undertaken through the partnership between the LGU health staff and existing community organizations in 6 municipalities					
	IR 1.4A/ IR 1.4D	6MLGUs generating community support in addressing gaps and challenges in MNCHN, FP and TB coverage and performance through dissemination forum and community leaders dialogue				X
	IR 1.2D/ IR 1.4D	6MLGUs with RHU-driven with NGO inputs submitting project proposals to access small grants from LGU and other sources to implement community actions for maternal and child, FP and TB				X

B3	With Health PRO as lead CA, assist the PHO/MHO and other local stakeholders in developing culture-sensitive communication strategies and messages for specific target audience i.e. pregnant women, mothers/care givers to promote – quality pre-natal care, prevention of maternal anemia, tetanus toxoid immunization, deliveries by skilled birth attendants and facility-based birthing, complete child immunization and full breastfeeding including proper nutrition, bi-annual and routine Vitamin A supplementation, and improve awareness of zinc and reformulated ORS in the management of diarrhea among children						
		Provincial and 6 municipal LGUs providing funding support for health promotion activities					X
B4	In collaboration with CHD, assist the PHO and MHOs enhance the CSR plan and implement its key activities						
	IR 1.1B	1 P, 1 C, 14 MLGUs have enhanced and updated CSR+ implementation plan					X
	IR 1.1B	1 provincial and 6 municipal CSR plan enhanced and presented to LHB, SP/SB and LCEs for funding and policy support					X
	IR 1.1B/ IR 1.1G/ IR 1.2A	CSR+ implementation plan approved and funded through ordinance or executive order by the provincial government and 6 component municipalities					X
	IR 1.1F	1 provincial and 6 municipal commodity procurement plan submitted to LCE for approval and GSO for bidding				X	
	IR 1.1F	1 provincial and 6 mLGUs procuring commodities according to approved procurement plan					X
C	**Formulation of 2010 AOP/AIP**						
C1	Conduct of province-wide SDIR using an enhanced SDIR tool to capture specific needs and realities of IPs						
	IR 1.3D	SDIR completed with inputs from NGOs/CSOs in the province, 14 municipalities and 1 city, and results used as input into 2010 AOP preparation				X	
	IR 1.3D	1 provincial, 14 municipal and 1 city LGU acceleration plans				X	
C2	In collaboration with CHD/other CAs, assist the PHO and MHOs in the development of the 2010 AOP based on SDIR results						
	IR 1.1A	2010 AOP/AIP indicating priority PPAs to improve low-performing areas of the province, 14 municipalities and 1 city formulated for approval and funding					X

MISAMIS OCCIDENTAL: Through provincial leadership, mobilizing social and financial resources to accelerate gains in maternal health outcomes

The Governor, who is also the President of the League of Provinces of the Philippines (LPP), is a staunch advocate of health development as reflected in his Executive Agenda called "CHAMPS" (Competence, Health, Agriculture, Maintenance of Peace and Order, Protection and Preservation of the Environment, and Sustainable Social Services).

The province is one of the F1 16 sites. It is now in its second year of PIPH implementation with funding support from DOH, EC, USAID, LGUs and other donors. The implementation of PIPH has been delayed and the Governor has expressed his concern to DOH about the slow pace of PIPH implementation. To assess the progress of PIPH implementation there is a need to improve the monitoring and evaluation of the program.

A review of the health situation reveals that performance indicators in maternal care, like births in facilities (17%), postpartum Vitamin A supplementation (22%), complete iron supplementation among pregnant women (36%) and 4 ANC visit (65%), are much lower than the standard partly due to lack of facilities, inadequate micronutrient supply and partly to poor client health-seeking behavior. Other public health performance indicators appear satisfactory. However, some decline has been noted in family planning, partly attributed to weak CSR strategy implementation. A number of local NGOs, cooperatives and the Misamis Occidental University Community Extension Program (MUCEP), involved on such issues as agriculture and the environment has already come together to help the LGUs respond to the health situation in their localities.

Technical assistance will be provided in the following areas:

1. Preparation of status report on PIPH implementation: Get the Governor's mandate to prepare a status report on PIPH implementation to include internal and external issues, e.g., bottlenecks in getting DOH and EC money flowing to the province. The progress, problems, and recommendations will be presented to the provincial leadership for their information and action.
2. LGU M&E on PIPH/AOP implementation: Assist in developing and installing an LGU M&E of the PIPH/AOP implementation so that the PHO can undertake evaluation regularly to inform the Governor and other LGUs. Get LMP into the loop.
3. Selective technical assistance to implement PIPH/AOP: Deliver selective technical assistance that directly addresses SO3 concerns and focus on low-performing areas identified through SDIR results. This technical assistance will focus on CSR+ planning, accessing DOH MNCHN grants, SDExH replication, behavior change communication, PhilHealth Sponsored Program implementation, and local health policy development.
4. Completing CHLSS and using results to address issues identified through SDIR. Use the data for more focused targeting of FP, MCH, and TB control services.

Year 3 Technical Assistance

1. **In collaboration with other CAs and external TA provider, provide technical assistance to the PHO in improving their overall data management particularly on data generation and utilization for decision-making process in support to**

PIPH implementation. This will be in collaboration with CHD and HPDP to get the national perspective of the support to the provincial AOP implementation

1.1. Secure Governor's mandate to conduct assessment of PIPH implementation and installation of M&E system;
1.2. Conduct consultative meetings with the PHO to secure the approval of the Governor to the PIPH assessment, formation of an assessment team and the installation of an M & E system;
1.3. Provide technical guidance in the design of the PIPH assessment and/or M&E system/tool to determine status of PIPH and bottlenecks and, provide regular feedback and recommendations for Governor's action;
1.4. Conduct of PIPH assessment;
1.5. Provide technical assistance to the PIPH assessment team in the packaging and presentation of the PIPH assessment reports and recommendations for Governor's action;
1.6. Support the installation of the M&E system province-wide;
1.7. Organizing and staffing. The Governor shall designate by Executive Order an M&E coordinator as point person from among the PHO technical staff and in enjoining lower level LGUs and other local institutions to support MES activities.
- Other technical staff will assist in data gathering, processing and other ME activities;
- Training shall be conducted by the DOH-CHD internal planning and HRD with the TA of HealthGov;
- programming of activities will be the final module in the training of ME coordinator and field implementers. It shall contain the schedule of activities, expected outputs, responsible persons, as well as resource requirement for operational expenses incurred for these activities;
- Implementing the Information generation procedures.

1.8. Provide TA to one ILHZ (as pilot ILHZ) on data utilization for crafting relevant policies using FHSIS, SDIR and CHLSS results.

Milestones
- Obtained Governor's mandate to improve data management and utilization of PHO for decision making
- 1 LMP Resolution, 1 Executive Order from the Provincial Governor adopting the PME system for utilization by PHO and RHUs passed
- PME installation plan and structure detailing the roles and functions of PHO, ILHZ, TWG and RHUs
- 3 MLGUs and 1 CLGU crafted health related policies based on their own data appreciation and analysis

Expected results
- Resolutions or policy decisions drawn from generated and analyzed data of PIPH M&E system and enhanced decision-making process

1.9. Assist the PHO/MHO in data analysis and utilization of FHSIS reports for use in monitoring progress of LGU acceleration plans and in decision making and appropriate action of the LHBs/local Sanggunian/LCEs by:

- Supporting the conduct of training on FHSIS version 2008 for RHU personnel to level off understanding of definition of indicators, calculation of eligible population, recording and reporting of accomplishments;
- Mentoring the PHO Program Coordinators/MHO/PHNs in analyzing FHSIS reports and establish mechanism in providing feedback (monthly at RHU level, quarterly at PHO level) i.e. timely submission, validated data, recognition of performance, technical advice to address performance gaps;
- Mentoring the PHO/MHOs in packaging and presenting the FHSIS reports to the LHB/Sanggunian/LCEs for appropriate action.

Milestones
- 40 LGU health staff trained on FHSIS version 2008
- 20 LGU health staff trained in data utilization and management
- 17 MHOs / CHOs / PHNs presenting FHSIS reports/health data to their respective LHBs/local Sanggunian/LCEs

Expected results
- P/MLGUs utilizing health data for decision making such as providing additional funds for MCNHN, FP, and TB

2. Technical support to LGUs in the implementation of 2009 AOP with attention to CSR+ planning and implementation, improving service provider performance (in partnership with CHD and DOH Reps)

2.1 Support P/MLGUs in the conduct of CSR+ assessment and enhancement planning including monitoring system.
   a) Conduct of CSR+ assessment with particular reference to forecasting of FP commodities, TB drugs and Vitamin A capsules and status of free FP commodities for the poor, response to FP Unmet need,
   b) Conduct of CSR+ enhancement planning workshop
   c) Mentor the PHO/MHOs in procurement of FP commodities for free distribution by LGU's to poor clients (provide for FP safety net) particularly in low performing areas by providing notes on procurement options and list of suppliers
   d) Mentor PHO / LGUs in the development of a provincial logistic management plan
   e) Mentor LGUs in formulating CSR plus legislation to ensure sustenance of the availability of commodities.
   f) Mentor the PHO/MHOs in implementing their CSR Plans especially in low performing areas which include mapping of network of FP service providers for all method, safety net for the poor, integrating FP services into other basic services to women and children
   g) Package the CSR + assessment / planning results for advocacy to Governor, SP, LCEs and SBs. Support the PHO in her presentation to the LMP conduct of LCE orientation on CSR+ through the LMP meeting

Milestones
- 1 provincial and 17 LGU CSR+ plans enhanced and approved for implementation by supporting policies
- 1 provincial logistics management plan formulated and implemented
- 1 provincial and 17 LGUs procuring essential drugs and commodities
- 1 provincial and 17 LGUs distributing essential drugs and commodities to the poor

Expected results

- Increased current FP users

2.2 In collaboration with CHD, assist PLGU in the completion of CHLSS and utilization of results.
   a) Support PLGU in data encoding and analysis of survey results through existing TAP contract;
   b) Mentor the RHUs and CHOs in utilizing CHLSS results to provide immediate response for FP unmet needs, care for pregnant women, Vit A supplementation and TB symptomatics;
   c) Mentor the PHO and RHUs/CHOs in assessing the potentials for CHLSS sustainability and institutionalization at the PHO and PPDO;
   d) Engage a TAP to work with DOH reps and PHO in the institutionalization of CHLSS;
   e) Advocate to local officials to achieve PHIC universal coverage by presenting benefits for this enrollment;
   f) Mentor the PHO and RHUs/CHOs in the effective utilization of the master listing of health needs and the conduct of planning for immediate use/response on maternal care, FP unmet needs, Vit A, iron-folate supplementation and TB-control to improve service delivery and program coverage.

Milestones

- 17 LGUs using CHLSS results as basis in enrolling indigents for the PHIC indigency program and in providing free FP logistics to the poor
- 17 LGUs immediately utilizing results of CHLSS (unmet needs for FP, MCH, Vit A portion) as basis in providing health services

Expected Results

- Enrollment of indigents rationalized (i.e., qualified indigent properly identified and enrolled) based on results of CHLSS contributing to improved access to quality health services by the poor

2.3 Provide selective technical assistance for the implementation of the PIPH and 2009 AOP.
   a) Facilitate in analyzing SDIR results focusing on low performing LGUs and develop province-wide intervention;
   b) Collaborate with HealthPRO to provide technical guidance in packaging SDIR results and disseminating to the governor and mayors to ensure messages and materials demonstrate link between health investments and performance outcomes;
   c) Provide technical guidance in packaging results and disseminating to other stakeholders especially NGOs/ CSOs and community to generate support and cooperation for development and implementation of timely and appropriate interventions in low performing areas;
   d) Collaborate with HealthPRO in the development of strategic communication plan including formulation of client and issue based key messages to improve health seeking behavior and increase utilization of core public health program services;
   e) Provide technical assistance to support service delivery interventions to improve provision of health services in MCH, FP and TB;

f) Support CHD/PHO in the capacity building of health personnel especially in low performing areas on FP-CBT, ICV compliance monitoring, TB-DOTS and LSS;
g) Support the conduct of CSR+ assessment and enhancement planning including monitoring system;
h) Support the LGU in the conduct of CSR+ assessment with particular reference to forecasting of FP commodities, TB drugs and Vitamin A capsules;
i) Support LGU in the conduct of LCE orientation on CSR+;
j) Support LGUs in the conduct of CSR+ enhancement planning workshop;
k) Technical assistance on the allocation and distribution of logistics particularly to low performing areas;
l) Technical assistance on the identification of local champions and development of advocacy strategies/messages to generate support for decision making and policy formulation including budget allocation in support to the implementation of the CSR+ plan;
m) Support the LGU in resource mobilization to increase financing for priority interventions of core public health programs including CSR+ implementation including supporting the LGU in accessing DOH MNCHN grant and its effective utilization and providing technical guidance in improving PHIC sponsored program implementation with particular focus on MCP and TB-DOTS facility accreditation;
n) Provide technical oversight to CHD-10 and PHO in the conduct of SDExH replication.

Milestones

- 17 LGUs implementing service acceleration plans with inputs from NGOs/CSO to generate support for funding and implementation in low-performing areas
- 2 LGUs approving policies supported by SDIR results with broad stakeholder participation/support
- P/M/C health personnel trained in FP-CBT (15); ICV compliance (35); TB-DOTS (35) and LSS (10)
- 17 LGUs submitting quarterly ICV compliance monitoring reports
- 1 provincial and 17 formulated/enhanced LGU CSR+ plans endorsed for implementation provincial and municipal LGU policies
- 1 provincial logistics management plan formulated for approval and implementation
- 1 provincial and 17 LGUs procuring and distributing essential drugs and commodities
- 17 LGUs implementing facility improvement plans
- 5 out of 10 LGU applications for MCP PHIC accreditation approved
- 8 of the 10 LGU applications for TB-DOTS PHIC accreditation approved
- 1 provincial and 17 municipal LCE completing 3 SDExH modules and developing service improvement plans

Expected Results

- Service quality assured through accreditation, while generating new resources for health through PhilHealth capitation and reimbursements, also directly contributing to increased utilization of health services

3. Formulate AOP 2010 based on SDIR and install PME

3.1 Technical support to PHO/MHOs in formulating 2010 AOP based on SDIR and installing PME in collaboration with CHD and other CAs.

a) Support conduct of SDIR including pre-SDIR workshops and development of LGU acceleration plans to be incorporated in their 2010 AOP including culture-sensitive interventions to improve program performance in high IP populated barangays taking into consideration their unmet needs in MNCHN, FP, TB, etc.
b) Design and conduct forums to disseminate SDIR results to LCEs for policy and funding support to critical interventions and to tribal leaders to generate community involvement in increasing utilization of FP/MNCHN/TB services.
c) Assist PHO/MHOs in developing mechanisms to solicit community feedback on access and quality of MCH, FP and TB services and reporting such to LCEs/LHBs/Local Sanggunian/MHO/PHO for appropriate action

Milestones

- 1 province and 7 city/municipalities completing SDIR and using SDIR results as inputs to 2010 AOP preparation
- 1 provincial level SDIR workshop conducted including community FGDs in IP areas
- 7 service acceleration plans formulated
- PHO and 15 CHOs /_MHOs presenting results of SDIR to their LCEs and NGO/community/IP leaders
- 1 provincial and 7 municipal LGUs have identified specific policies related to improving public health services in LPAs
- 2010 AOP formulated including community feedback mechanism

Expected results

- Investment requirements for 2010 AOP integrated into the LGU AIP

MISAMIS OCCIDENTAL – Through provincial leadership, mobilizing social and financial resources to accelerate gains in maternal health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Technical assistance to the PHO in improving their overall data management particularly on data generation and utilization for decision-making process in support to PIPH implementation.**					
A1	Installation of province-wide PME					
	IR 1.1G	Mandate to improve data management and utilization of PHO for decision making approved		**X**		
	IR 1.1G	1 LMP Resolution, 1 Executive Order from the Provincial Governor adopting the PME system for utilization by PHO and RHUs passed			**X**	
	IR 1.1C/ IR 1.1I	Provincial PME installation plan and structure detailing the roles and functions of PHO, ILHZ, TWG and RHUs completed			**X**	
	IR 1.1G	3 MLGUs and 1 CLGU crafted health related policies based on their own data appreciation and analysis				**X**
A2	Data analysis and utilization of FHSIS reports for use in monitoring progress of LGU acceleration plans and in decision making and appropriate action of the LHBs/local Sanggunian/LCEs					
	IR 1.1C	40 LGU health staff trained on FHSIS version 2008			**X**	
	IR 1.1C	20 LGU health staff trained in data utilization and management			**X**	
	IR 1.1C	17 MHOs / CHOs / PHNs presenting FHSIS reports/health data to their respective LHBs/local Sanggunian/LCEs			**X**	
B	**Technical support to P/C/MLGUs in the implementation of 2009 AOP with attention to CSR+ planning and implementation, improving service provider performance . This support is in partnership with CHD and their DOH representatives.**					
B1	Conduct of CSR+ assessment and enhancement planning including monitoring system					
	IR 1.1B/ IR1.1G	1 provincial and 17 LGU CSR+ plans enhanced and endorsed for implementation by provincial and municipal LGU policies		**X**	**X**	
	IR 1.1F	1 provincial logistics management plan for MNCHN commodities formulated for approval and implementation			**X**	
	IR 1.1F	1 provincial and 17 LGUs procuring essential drugs and commodities			**X**	
	IR 1.1F	1 provincial and 17 LGUs procuring and distributing essential MNCHN drugs and commodities to the poor				**X**
B2	Completion of CHLSS and utilization of results					
	IR 1.1D	17 LGUs using CHLSS results as basis in enrolling indigents for the PHIC indigency program and in providing free FP logistics to the poor				**X**
	IR 1.1C	17 LGUs immediately utilizing results of CHLSS (unmet needs for FP, MCH, Vit A portion) as basis in providing health services				**X**

B3	Selective technical assistance for the implementation of the PIPH and 2009 AOP					
	IR 1.3D/ IR1.4D	7 LGU service acceleration plans implemented with inputs from NGOs/CSO to generate support for funding and implementation in low-performing areas		**X**		
	IR 1.1G/ IR 1.4D	2 LGUs approving policies supported by SDIR results with broad stakeholder participation/support		**X**	**X**	
	IR 1.3A	P/M/C health personnel trained in FP-CBT (15); ICV compliance (35); TB-DOTS (35) and LSS (10)		**X**	**X**	
	IR 1.3E	17 LGUs quarterly ICV compliance monitoring reports completed and submitted		**X**	**X**	**X**
	IR 1.2C	17 LGUs facility improvement plans implemented			**X**	
	IR 1.2C	5 out of 10 LGU applications for MCP PHIC accreditation approved			**X**	**X**
	IR 1.2C	8 of the 10 LGU applications for TB-DOTS PHIC accreditation approved			**X**	**X**
	IR 1.3C	1 provincial and 17 municipal LCE completing 3 SDExH modules and developing service improvement plans		**X**	**X**	**X**
C	**Formulate AOP 2010 based on SDIR and install PME**					
C1	Formulation of 2010 AOP/AIP that will also reflect health service, governance, and financing priorities for IPs and other low-performing areas using PME and SDIR results					
	IR 1.3D	1 province and 7 city/municipalities completed SDIR and using SDIR results as inputs to 2010 AOP preparation				**X**
	IR 1.3D	1 provincial level SDIR workshop conducted including community FGDs in IP areas (Don Victoriano, Concepcion and Panaon)				**X**
	IR 1.3D	7 mLGU service acceleration plans formulated				**X**
	IR 1.4A	PHO and 15 CHOs /MHOs presenting results of SDIR to their LCEs and NGO/community/IP leaders				**X**
	IR 1.1G	1 provincial and 7 municipal LGUs have identified specific policies related to improving public health services in LPAs				**X**
	IR 1.1A/ IR 1.4D	2010 AOP formulated including community feedback mechanism				**X**

MISAMIS ORIENTAL: Implementing PhilHealth's Sponsored Program through inter-LGU cooperation and scaled-up private sector investments to improve public health outcomes

A priority concern of the provincial government is the improvement of health among Misamisnons, especially the children. The Governor's strategy is to upgrade referral hospitals, implement the PhilHealth Sponsored Program, improve nutrition of children, strengthen public health services, and increase private sector participation. The Governor enjoys the support of only 5 out of 24 mayors.

In the case of the Sponsored Program, the Governor adopts the approach used in Bukidnon whereby the provincial government shoulders the entire cost of premium subsidies but claims all the capitation funds. Unlike Bukidnon, however, Misamis Oriental did not establish provincial health stations.

The province is divided into five ILHZs. These were originally formed as economic zones but are now moving to integrate health into their cluster plan. The province is home to several large private companies and NGOs/CSOs that are interested in supporting the implementation of public health programs. The Governor now wants to refocus public health programs that will respond to MDG commitments, strengthen ILHZs, and reorganize the PHO to improve its technical leadership.

A review of the provincial health situation reveals not only low (below standard) performance in maternal care, especially birth deliveries, child care and TB control, but also large variations across municipalities. This low and varying performance is attributed to a number of factors that include those related to clients' health-seeking behavior and the capacity of the service delivery network to provide the needed quality services.

The proposed handle has the following elements:

1. Conduct of SDIR modified to address ILHZ issues as a follow-through to the province-wide SDIR in two ILHZs, namely MISORET and CLAJAVITA. This modification will include review and assessment of zone performance according to three domains suggested in the AO on ILHZ, namely public health outcomes, personal care capacity and quality, and governance and regulation;
2. Development of ILHZ plans that include the following items:
    a. Implementation of the PhilHealth Sponsored Program in the context of ILHZ. This includes ensuring that capitation funds for OPB and reimbursement from TB-DOTS and MCP go to the RHUs belonging to the ILHZ.
    b. Private sector participation. Explore with Oro Chamber the following items:
        - Expansion of workplace Family Health Program in other companies in Misamis Oriental;
        - Companies with workplace Family Health Program to use service referral arrangements with ILHZs;
        - Involvement of private companies in advocacy, promotion, recognition, and support of ILHZs;
        - Encouraging private companies to report service outputs for inclusion to public health service statistics of ILHZ and municipalities.
3. Development of PIPH and 2009 and 2010 AOP

Year 3 Technical Assistance

1. Provide technical support to CHD and PHO in the implementation of selective intervention to improve service delivery and financing with attention to CSR+ planning and implementation and improve service delivery for MCH, FP and TB

1.1 Provide technical support in the province-wide implementation of CSR+ plans.

a. Assist CHD / PHO in the conduct of a CSR plus workshop that will include in-depth assessment and analysis and enhancement of the CSR plan to ensure integration of all domains of CSR
b. Assist PHO in developing guidelines for budget allocation and issuance of policies in support of CSR implementation
c. Mentor the PHO and MHOs in implementing the resource mobilization options and cost recovery schemes e.g. user fees, revolving fund, etc. as indicated in the CSR plans and policy
d. Mentor the PHO and MHOs/PHNs in the formulation of procurement and distribution plans for MNCHN commodities
e. With PRISM, assist in the establishment of business linkages with MNCHN and FP commodity suppliers by providing their names and contact numbers. PRISM will endorse these LGUs;
f. Utilization and management of MNCHN grants including designing and implementing performance-based schemes to support the MNCHN grant distribution to LGUs.

Milestones

- 1 provincial, 2 cities and 23 MLGUs with approved CSR plans
- 1 provincial and 10 MLGUs with approved CSR policy and budget for the LGU procurement of free FP commodities for the poor
- 1 provincial and 10 MLGUs with procurement and distribution plans

Expected results

- P/MLGUs allocating funds for CSR plan implementation
- P/MLGUs procuring CSR+ commodities

1.2 Technical assistance to build frontline health workers capability and improve service delivery of core public health programs

a. In collaboration with CHD, assist PHO in installing ICV compliance monitoring and reporting:
    - Conduct of ICV orientation for health providers and integration of its monitoring in other programs;
    - Orient local officials in ICV by integrating it into the CSR plus orientation of LCEs;
    - Follow up in the monitoring and reporting of IVC compliance.
b. Conduct of training of P/M/C LGU health staff on FHSIS version 2008;
c. In coordination with CHD and TB Linc, support the CHD/PHO in the conduct of TB-related training: direct sputum smear microscopy; TB-DOTS for MHOs, PHNs, RHMs; TB-DOTS for treatment partners;
d. Support A2Z in the conduct of orientation of LGU staff on diarrhea control and new policy on zinc supplementation and reformulated ORS in collaboration with A2Z;

e. Conduct of training on FP-CBT by facilitating with the trainers and quality assurance if the training modules are followed as prescribed.

Milestones

- 40 LGU health providers oriented on ICV and its implementation
- ICV compliance monitoring report regularly submitted quarterly by PHO to CHD without any violation or vulnerability
- 50 LCEs/LGU officials and stakeholders oriented on the importance of CSR/FP and ICV
- 60 LGU health staff oriented on 2008 FHSIS
- 90 LGU health staff oriented/updated on TB-DOTS program
- 50 treatment partner-volunteers oriented on DOTS treatment program
- 6 LGU Medical Technologists trained on DSSM
- Six TB microscopy centers have EQA in place
- 25 LGU staff oriented on diarrhea control, zinc supplementation, and reformulated ORS for A2Z
- 20 service providers trained on FP-CBT

Expected Results

- Timely FHSIS reporting including data utilization for planning and decision making
- Increase case detection and case holding of TB patients
- Decrease number of child death due to dehydration
- Increase number of FP acceptors

2. Development and implementation of ILHZ plan in two ILHZ in MISORET and CLAJAVITA

2.1 Technical assistance to the CHD and PHO in the development of a SDIR plus guide and tools with the end-view of conducting analysis and planning in MISORET and CLAJAVITA.

a. Conduct of SDIR Plus for ILHZs with private sector involvement;
b. Technical support to the PHO/MHOs in facilitating the formulation of ILHZ plans with emphasis on financing, expansion of LGU-private sector partnership towards improvement of MCH. FP and TB;
c. Implement selective intervention in ILHZ based on Acceleration Plan derived from SDIR+ (Level I interventions).

2.2 Technical assistance to the CHD and PHO for the development of the Inter-Local Health Zone in the areas of PhilHealth Sponsored Program and private sector participation to increase access to and utilization of core public health programs services.

a. Implementation of the PhilHealth Sponsored Program in the context of ILHZ. This includes exploring that capitation funds for OPB and reimbursement from TB-DOTS and MCP go to the RHUs belonging to the ILHZ;
b. In collaboration with CHD and PhilHealth Regional Office, design the review of the ILHZ PhilHealth Program with focus on utilization of the reimbursements and status of RHU PhilHealth 3-in-1 accreditation, results of which will be used to strengthen the RHUs;
c. Assist the PHO in design and conduct of a policy dialogue with the Mayors/LFC/local sanggunian from the 2 ILHZs to present the status and policy

recommendations to improve the PhilHealth Program particularly those related to the reimbursement funds to finance investments in priority interventions for core public health programs resulting in MOU of MLGUs in the 2 ILHZ detailing referral, financing, and cost sharing arrangements. This will be part of the presentation of the acceleration plans;

d. Support specific health provider training to enable the RHUs to meet requirements of PhilHealth facility accreditation (e.g. LSS, TB-DOTS, DSSM);
e. Assist the PHO/MHOs in the development of fact sheets or advocacy tool to mobilize local NGOs in MISORET and CLAJAVITA to help in the dissemination of the PhilHealth benefits among card holders to increase members' utilization of public health services in the RHUs and ILHZ core referral hospitals;
f. With PRISM, mobilize Oro Chamber of Commerce to increase private sector participation in the ILHZ along the following concerns:
    - Expansion of workplace Family Health Program in other companies in Misamis Oriental;
    - Referral arrangements between ILHZ and companies with workplace family health programs;
    - Involvement of private companies in advocacy, promotion, recognition and awards in support to ILHZ performance initiatives;
    - Encourage companies to report service outputs for inclusion to public health service statistics of ILHZ and municipalities;

Milestones

- Provincial PhilHealth Sponsored Program plan enhanced / updated
- Memorandum of Understanding of 2 ILHZs signed by 10 participating LGUs
- Criteria on awards for best performing ILHZ formulated and approved
- 10 LGU's in the 2 ILHZ have increased budget of MCH, FP and TB coming from the capitation fund and re-imbursements

Expected results

- Increase program performance in MCH, FP and TB in 10 member LGU's of the 2 ILHZ
- Increase number of sponsorship program enrollment in the two ILHZs

3. Formulation of the PIPH and the AOP 2010 (incorporating Level II and Level III interventions

3.1 Assist the PHO/MHOs in the formulation of a province-wide investment plan for health (PIPH). The Inter-CA will support CHD in providing technical assistance to the PHO / LGUs in the following activities.

a. Conduct of province-wide SDIR with multilevel and multi-sectoral participation resulting to a comprehensive situational analysis and an LGU acceleration plan which indicates level I interventions (those that do not need additional resources but improving clinic operations and program activities; level II interventions (that need additional budget from LGU); and level III (those that need support from donors and DOH and others outside the LGU)
b. Formulate a PIPH
c. Review of the draft PIPH by CHD and Inter-CA
d. Refinement of the PIPH and endorsement of CHD to JAC for review

3.2 Assist the PHO/MHO in formulating the 2009 and 2010 AOP to ensure inclusion of Level II and Level III interventions as well as the procurement and distribution of MNCHN commodities / FP / TB and its program implementation

Milestones

- 25 LGU Acceleration Plans formulated and implemented
- 1 PIPH drafted and reviewed by CHD/DOH
- 1 provincial, 2 cities, 23 municipal 2009 and 2010 AOP formulated and endorsed by P/M Health Boards for approval and funding by LCEs/Sangunian
- Provincial 2009 and 2010 AOP approved by LCEs/LGUs
- Municipal 2010 AOP and AIP included in the Municipal Development Plan of the Province
- Province and 25 LGUs allocating funds for MCH, FP, TB services as stated in the 2009 and 2010 LGU AIP
- 40 LGU officials (SB, LFC, LHBs) oriented on resource mobilization for health

Expected results

- DOH and other external donors providing funds to the province in support to Level III interventions as stated in their 2009 and 2010 AOP

MISAMIS ORIENTAL – Implementing PhilHealth's Sponsored Program through inter-LGU cooperation and scaled-up private sector investments to improve public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Selective intervention to improve service delivery and financing with attention to CSR+ planning and implementation and improve service delivery for MCH, FP and TB**					
A1	Province-wide implementation of CSR+ plans					
	IR 1.1B	1 provincial, 2 cities and 23 MLGUs with approved CSR plans			**X**	
	IR 1.1G	1 provincial and 10 MLGUs with approved CSR policy and budget for the LGU procurement of free FP commodities for the poor				**X**
	IR 1.1F	1 provincial and 10 MLGUs with procurement and distribution plans				**X**
A2	Technical assistance to build frontline health workers capability and improve service delivery of core public health programs					
	IR 1.3E	40 LGU health providers trained on ICV monitoring and its implementation			**X**	
	IR 1.3E	20 ICV compliance monitoring report regularly submitted quarterly by PHO to CHD without any violation or vulnerability				**X**
	IR 1.3A/ IR 1.3E	50 LCEs/LGU officials and stakeholders updated on the importance of CSR/FP and ICV			**X**	
	IR 1.1C	60 LGU health staff updated on the 2008 FHSIS				**X**
	IR 1.3A	90 LGU health staff oriented/updated on TB-DOTS program			**X**	
	IR 1.3A	50 treatment partner-volunteers trained on DOTS treatment program				**X**
	IR 1.3A	6 LGU Medical Technologists trained on DSSM			**X**	
		Six TB microscopy centers have EQA in place (TB-LINC)				
	IR 1.3A	25 LGU staff trained on diarrhea control, zinc supplementation, and reformulated ORS			**X**	
	IR 1.3A	20 service providers trained on FP-CBT				**X**
B	**Development and implementation of ILHZ plan in two ILHZ in MISORET and CLAJAVITA**					
B1	Technical assistance to the CHD and PHO in the development of a SDIR plus guide/tools with the end-view of conducting analysis and planning in MISORET and CLAJAVITA and in the development of the Inter-Local Health Zone in the areas of PhilHealth Sponsored Program and private sector participation to increase access to and utilization of core public health programs services					
	IR 1.2B	Provincial PhilHealth Sponsored Program plan enhanced / updated			**X**	
	IR 1.1H	Memorandum of Understanding of 2 ILHZs signed by 10 participating LGUs to increase access to and utilization of core public health programs			**X**	
	IR 1.3B	Criteria on awards for best performing ILHZ formulated and approved			**X**	
	IR 1.2A/ IR 1.2D	10 LGU's in the 2 ILHZ have increased budget of MCH, FP and TB coming from the capitation fund and re-imbursements				**X**

C	**Formulation of the PIPH and the AOP 2010 (incorporating Level II and Level III interventions**					
C1	Formulation of a province-wide investment plan for health (PIPH). The Inter-CA will support CHD in providing technical assistance to the PHO / LGUs in the following activities					
	IR 1.3D	25 LGU Acceleration Plans formulated and implemented		**X**		
	IR 1.1A	1 PIPH drafted and reviewed by CHD/DOH			**X**	
	IR 1.1A	1 provincial, 2 cities, 23 municipal 2009 and 2010 AOP formulated and endorsed by P/M Health Boards for approval and funding by LCEs/Sangunian				**X**
	IR 1.1G	EO to implement Provincial 2009 and 2010 AOP approved by LCEs/LGUs			**X**	**X**
		Municipal 2010 AOP and AIP included in the Municipal Development Plan of the Province				**X**
	IR 1.2A	Province and 25 LGUs allocating funds for MCH, FP, TB services as stated in the 2009 and 2010 LGU AIP				**X**
	IR 1.2A	40 LGU officials (SB, LFC, LHBs) oriented on resource mobilization for health				**X**

SARANGANI: Making investments, governance, and services yield improved province-wide outcomes in FP, MCH, and TB (MIGS for Better Health)

Sarangani is an F1 rollout province. Provincial and municipal LGUs formulated their respective health investment plans with USAID technical assistance provided through the Provincial Health Office. The Provincial Investment Plan for Health (PIPH) was approved by the Governor and submitted to the Department of Health.

Technical support from HealthGov and PRISM enabled the LGUs to implement the CSR sub-plan of the PIPH. This TA resulted in 1) a better appreciation among LGU officials, i.e., provincial and municipal planning and budget officers, *Sanggunian Bayan* Health Committee members, of the need to strengthen their family planning program; 2) the updating of their FP commodities forecast plan based on the 2007 NSO Census and validated local FP data; 3) the review and validation of data on current FP users which helped local officials see the need to improve the health information system, particularly recording and reporting, in the basic service delivery units (i.e., BHS and RHU), as well as appreciate data use for continuous problem-solving and decision-making; and 4) the formulation of their local CSR policy that ensures a safety net for the poor and defines mechanisms for responding to the FP needs of the non-poor.

In addition, USAID CAs provided technical support to the PHO and MHOs in organizing and conducting program implementation reviews using the harmonized SDIR and LGU score card indicators and tools. The PIR results were used as input in the formulation of the 2009 AOP of the LGUs. With TA from HealthGov, COMDEV, which is the NGO representative in the Provincial Health Board, actively coordinated with the PHO in RH information dissemination and service provision as well as in policy development and advocacy for HIV/AIDS and avian influenza preparedness.

Both the Governor and the Vice Governor speak the language of business and are "selling" the province as a premier investment destination. The province is small with a population of less than half a million spread across seven municipalities. Indigenous people (IPs) comprise about 45% of its population. The province has a high poverty incidence of 52% in 2006. The province has five primary hospitals. Patients who need higher-level care are referred to public and private hospitals in General Santos City.

A review of the province's health situation reveals low performance in maternal care, particularly in facility-based deliveries. Except for Vitamin A supplementation, child care performance indicators are also low. For example, in 2007, FIC coverage was only 75% and only 16% of diarrhea cases were treated with ORS. In TB control, the CDR and cure rate fall below standard. Variations in performance in FP, MCH, and TB control also exist across the seven municipalities. The province is at risk of avian influenza. Because of the recent conflict between MILF forces and the Armed Forces of the Philippines, two municipalities have become home to internally displaced persons. With respect to financial protection, only 8% of the indigent population was enrolled in the National Health Insurance Program in 2007. The RHU of Maitum is accredited for MCP, OPB, and TB-DOTS benefit packages but because of the very low PhilHealth enrollment, it has not maximized PhilHealth's capitation and reimbursement benefits.

When no improvement in the 2007 health situation was noted as compared to that in 2006, the Governor issued a mandate to formulate the PIPH to address issues affecting

low performance, which included problems related to clients' health-seeking behavior, lack of commodities and supplies, poor training of personnel, and lack of outreach services for remote villages.

Several considerations were taken into account in defining the technical assistance to the province. These include:

- Appeal to the business side of provincial leaders (e.g., Governor);
- LGU management: need to demonstrate the impact of health investments on health services and health outcomes on a province-wide scale (convergence of performance across municipalities and across programs); and
- Need to link governance at the provincial level to that at the LGU level by reaching out to municipalities to inspire mayors to invest in health.

Technical assistance will be provided in the following areas:

1. Demonstrate the links between investments and performance.
   - Implement the interventions reflected in the 2009 AOP with attention to SO3 concerns (FP, MCH, TB, AI, STI, governance); and
   - Develop province-wide monitoring and evaluation (PME) and information system (to include role of NGOs in community feedback mechanisms) to establish and track the links between investments and performance.

2. Ensure an enabling policy environment to sustain improvements in service delivery and financing for better health.
   - Develop the capacity of LCEs and local legislators for evidence-based policymaking, legislation, and policy-tracking on identified issues related to CSR, financing (PhilHealth, user charges, revolving drug fund), and program-related issues, particularly the MNCH strategy which requires delivery by skilled birth attendants at health facilities; and
   - Provide technical assistance in advocating for a legislation to ensure a province-wide M&E (PME) system linked to decision-making at all levels.

3. Prepare the 2010 AOP and install the PME: Use results in (1) and (2) to craft the next AOP.
   The different CAs will support the conduct in 2009 of the SDIR harmonized with the LGU score card and enhanced to account for IPs, geographically isolated and depressed areas (GIDAs), and private sector concerns. The acceleration plans developed through SDIR will be utilized in the formulation of the 2010 AOPs. In addition, technical support in installing a province-wide M&E system linked to decision-making at all levels (health workers, LCE, local legislators) will be provided.

Year 3 Technical Assistance

1. Demonstrate the links between investments and performance through the implementation of the 2009 AOP

1.1 In collaboration with the CHD and other CAs, provide technical support in the implementation of the 2009 CSR Plan as component of the 2009 AOP

a) Design and conduct multi-sectoral fora and public hearings to generate policy and fund support for CSR plan implementation among members of the municipal health board and finance committee, local NGOs, private sector groups, and community leaders;
b) Mentor the MHOs in implementing cost-recovery schemes and resource mobilization options (e.g., user fees, revolving fund) as indicated in the approved CSR plan and ordinance;
c) Mentor the PHO and MHOs/PHNs in preparing procurement and distribution plan for FP commodities;
d) Facilitate, with PRISM support, linkages of PHO/MHOs with accredited suppliers of contraceptives to facilitate LGU procurement;
e) Mentor the PHO, together with partner-NGOs, in mounting community events, health assemblies, and fora to educate the community on the importance and benefits of FP/CSR and disseminate FP information and services to various audiences;
f) Mentor the PHO/MHOs in monitoring CSR plans and CSR policy implementation, including soliciting community feedback regarding access to and quality of FP information, counseling, and referral; and
g) Assist the PHO and CHD 12 in providing TA in the development of MIPH to ensure full support for the implementation of the PIPH. Assist the PHO in formulating a memorandum of agreement between the LGUs and the provincial governor to ensure their commitment.

Milestones

- 1 provincial and 6 municipal LGUs conducting multi-sectoral fora and public hearings to generate policy and fund support for CSR plan implementation
- 1 provincial and 6 municipal LGUs with approved CSR policy/ordinance formulated with inputs from NGOs, community leaders, and private sector groups
- 1 provincial and 6 municipal LGUs with assessment report on resource mobilization options
- 1 provincial and 6 municipal LGUs with resource mobilization plans
- 1 provincial and 4 municipal LGUs implementing cost-recovery schemes and resource mobilization plans as indicated in the approved CSR plan and ordinance
- 1 provincial and 4 municipal LGUs with procurement and distribution plan for FP commodities
- 1 provincial and 7 municipal LGUs with updated list of accredited suppliers of FP commodities that can be tapped at a minimal cost
- 4 MLGUs, along with partner NGOs, conducting community education on the importance and benefits of FP/CSR as well as outreach activities, including information and services
- Tool for monitoring the implementation of CSR plans and policy developed
- 4 MLGUs with established community feedback mechanism on the quality and accessibility of FP services, information, counseling and referral
- 7 MLGUs with MIPHs integrating the CSR component

Expected results

- 1 provincial and 7 municipal LGUs leveraging fund for FP commodities
- 1 provincial and 4 municipal LGUs procuring and distributing FP commodities
- 1 provincial and 4 municipal LGUs reporting an increase in the use of FP services

1.2 Assist the PHO and MHOs in utilizing health information for policy-making and improving service delivery coverage and performance.
   a) Conduct training for service providers on FHSIS version 2008 to have a common understanding as regards definition of the indicators, calculation of eligible population, and recording and reporting of accomplishments;
   b) Mentor the PHO and MHOs in analyzing data/FHSIS reports and establishing a mechanism for providing feedback on timely submission, validated data, recognition of performance, and technical advice to address performance gaps; and
   c) Mentor the PHO and MHOs in packaging and presenting health data to the local health board, *Sanggunian Bayan*, and Governor/Mayor for appropriate action.

Milestones
- 40 RHU personnel from 7 municipalities trained in FHSIS version 2008
- 20 provincial and municipal LGU personnel analyzing and managing FHSIS data as input to planning; reporting both to LCE and DOH; or developing project proposals for potential funding
- 1 provincial feedback form acknowledging receipt with corresponding comments on the completeness, timeliness, accuracy and/or validity of data submitted by RHUs; similar municipal form of acknowledgement by PHN/MHO to acknowledge midwives' submission of *barangay* data
- 7 municipal analysis reports of FHSIS data presented to their respective LHBs/LCEs for appropriate action

Expected results
- 7 MLGUs utilizing health data for decision-making, e.g. budget support and/or local policy to improve public health program performance and utilization

1.3 Assist the PHO and MHOs in improving the capacity of RHU staff and facilities to provide quality FP, MCH, TB, AI, and STI services.
   a. Provide technical assistance to the MHOs/PHNs in attaining PhilHealth 3-in-1 accreditation for their RHUs.
      - Conduct of facility self-assessment and formulation of the facility development plan;
      - Completion of documentation requirements; and
      - Advocacy among LCEs/SPs/LFCs/LHBs to generate support for RHU accreditation (e.g., secure funding to improve/upgrade facility, procure equipment and supplies, train personnel).
   b) In collaboration with other CAs, upgrade the capacity of frontline health staff to provide quality services on the following:
      - Training on SDExH for the health personnel of the Municipalities of Kiamba, Maitum, and Malungon and core hospital, in partnership with UNICEF. The CHDs and a possible NGO-TAP will be trained on-the-job during the SDExH training of the three LGUs;
      - Training on FPCBT Level I. Service providers covering families in hard-to-reach areas and IPs will be prioritized for this training;
      - Training on life-saving skills for RHMs not trained in BEmONC to enable them to assist during deliveries at health facilities;
      - Training on direct sputum- smear microscopy (DSSM) and on TB-DOTS for midwives through TBLINC; and

- Orientation of LGU health staff on the AO on zinc supplementation and use of reformulated ORS in the management of diarrhea among children. This will be done by A2Z and could be integrated in activities such as the SDIR.

c) Support the PHO in providing technical assistance to the Municipality of Maitum, the only LGU with a BEmOC facility as well as three PhilHealth-accredited benefit packages. The TA will include advocacy among LCEs, *Sanggunian Bayan* members, and *barangay* captains to increase PhilHealth enrollment of indigents. The TA will cover strengthening the referral system, creating client demand through behavior change communication strategies, and strengthening/ establishing the transportation and communication system to maximize the utilization of the MCP facility as well as service providers of the maternal and neonatal service package. This will also include training of community health teams in hard-to-reach *barangays* and areas with a large IP population.
   - Develop advocacy tool for mobilizing resources for PhilHealth enrollment both for indigents and paying individuals;
   - Conduct of consultative workshop among selected LGU officials, including traditional birth attendants (TBAs) and *barangay* health workers to develop an action plan to achieve maximum utilization of services; and
   - Training of community health teams.

Milestones

- 6 MLGUs with existing RHU facility improvement plans have approved resolutions allocating funds to improve/upgrade facility, procure equipment and supplies, and train personnel
- 5 LGUs allocating funds for the accreditation and improvement of RHUs
- 3 LGUs acquiring PhilHealth facility accreditation: 3 for OPB, 3 for TB-DOTS, and 1 for MCP
- 20 PHO and RHU staff oriented on FPCBT and ICV
- 40 PHO and RHU staff oriented on AO on zinc supplementation and reformulated ORS, A2Z
- 15 RHU staff trained on Life-Saving Skills
- 15 RHU staff trained on TB-DOTS and 5 medical technologists trained on Direct Sputum Smear Microscopy, TB LINC
- 3 MLGUs approved office order to allow their RHU staff to be trained on SDExH
- 1 MLGU advocacy tool developed for mobilizing resources for PhilHealth enrollment, both for indigents and paying individuals
- 1 municipal action plan developed to ensure maximum utilization of health services
- 5 barangays in Maitum with trained community health teams

Expected results

- Increased deliveries at health facility
- Increased utilization of FP, MCH, and TB services

1.4 Assist HealthPRO in providing technical assistance to the PHO/MHOs in developing and implementing appropriate and culture-sensitive behavior change communication (BCC) interventions in the areas of FP, MCH, and TB.

a. Conduct study/focus group discussion on the health concepts, practices, and needs of IP communities;
b. Develop culture-sensitive BCC strategies and messages on FP, MCH, TB;

c. Train the Provincial Health Promotion and Communication Mentoring (PHPCM) Team in interpersonal communication and counseling (IPC/C) and message development specific to MCH, FP, and TB for various audiences (LCEs, community leaders, pregnant women, mothers/caregivers, fathers/husbands/ partners, TB symptomatics, confirmed TB patients, and the general public); and
d. Mobilize LGU/NGO health champions, including IP leaders/community leaders.
    - Develop briefing materials and media kits on PIPH/FP, MCH, and TB for LCEs, local leaders, and media partners.
    - Mentor champions on technical and policy issues surrounding MCH, FP, TB as well as on making effective presentations and improving communication skills.
    - Tap LGU/NGO health champions to attend various dialogues, community fora, and health events to build support and generate demand for MCH, FP, and TB services.

Milestones

- Research/FGD framework and instruments to capture health concepts, practices, and needs of IP communities (HealthPRO)
- Report on health concepts, practices, and needs of IP communities in Sarangani (HealthPRO)
- 4 LGUs with BCC materials incorporating results of FGDs with IP communities (HealthPRO)
- 7 LGUs with advocacy messages developed by the PHPCM Team to include specific messages for LCEs and community leaders (HealthPRO)
- 10 LGU/NGO health champions trained on MCH, FP, and TB advocacy and effective communication (HealthPRO)
- 10 LGUs with health champions initiating community-based health activities in support of demand generation for MNCHN, FP, and TB services (HealthPRO)

Expected results

- 7 MLGUs implementing culture-sensitive BCC strategies to improve MCH, FP, and TB service utilization
- Increased number of clients/community members/IP communities reached by culture-sensitive MCH, FP, and TB messages

1.5 Assist PHOs/MHOs in engaging NGOs and community leaders to implement community actions for health, including conduct of health education, community-level advocacy, and outreach activities in low-performing LGUs.
    a) Conduct dialogue with municipal/barangay officials and community leaders on status of MCH, FP, and TB programs to encourage them to leverage municipal/*barangay* resources for these programs and mobilize their communities to support the same;
    b) Assist in developing proposals to access small grants and implement community actions for health (e.g., organizing women's health teams per *barangay*);
    c) Support groups in the conduct of community health assemblies, fora, and community events to disseminate information on MCH, FP, and TB; and organize community dialogues in collaboration with *barangay* council/barangay health committees to surface concerns or issues on accessibility and quality of MCH, FP, and TB services; and

d) Training of selected barangay health workers in all barangays of the Municipality of Malungon on integrated maternal and child health, FP, and TB counseling. These BHWs are expected to conduct counseling of parents and families to improve health-caring and seeking behavior. This activity will be conducted in partnership with UNICEF.

Milestones

- 7 MLGUs with their *barangay* LGU officials and community leaders oriented on the MNCHN, FP, and TB situation
- 7 MLGUs with an ordinance/pledge of commitment that defines the commitment of municipal/barangay officials and community leaders to leverage resources and mobilize their communities in support of local MNCHN, FP, and TB programs
- 7 LGUs with partner-NGOs implementing community-level advocacy and health promotion activities related to FP, MCH, and TB
- 14 *barangay* LGUs identifying issues and concerns on accessibility and quality of MNCHN, FP, and TB services
- 40 BHWs trained on integrated MCH, FP, and TB counseling

Expected results

- 7 LGUs with at least *1 barangay* leveraging resources for community education and outreach
- 3 MLGUs reporting increased utilization of MCH, FP, and TB services

1.6 Institutionalize the harmonized SDIR-LGU score card monitoring and evaluation tool that is linked to decision-making at all levels (health workers, LCE, local legislators).

Milestones

- Install the harmonized SDIR-LGU score card monitoring and evaluation tool/system that tracks the alignment of the priority investments of the AOP with the priority health programs identified in the approved plans
- 7 MLGUs oriented on linking the harmonized SDIR-LGU score card monitoring and evaluation tool/system with decision-making processes

Expected results

- 1 provincial and 7 municipal LGUs have institutionalized the harmonized SDIR-LGU score card monitoring and evaluation tool/system

2. Ensure an enabling policy environment for sustaining improvements in service delivery and financing for better health. The project will support provincial and municipal governments in developing policies to ensure the sustainability of the CSR and MNCHN strategies, including defining the role of TBAs

2.1 Assist in the design and conduct of the CSR policy development workshop aimed at generating LGU CSR ordinances related to client segmentation, providing subsidy for the poor, referral of or cost recovery for the non-poor, establishment of revolving funds to support sustained financing of FP commodities, and retention and management of user fees. The workshop participants will include members of the SP, SB committees on health and appropriation, provincial/municipal planning and development coordinators, and budget officers;

2.2 Support the Municipality of Maitum in developing an ordinance on the MNCHN strategy that will include defining the role of TBAs. The ordinance will describe the strategy, functions of the different service providers, blood collection activities, and commodity and budget requirements.

Milestones

- 1 provincial and 7 municipal draft ordinances or legislations related to client segmentation, providing subsidy for the poor, referral of or cost recovery for the non-poor, establishment of revolving funds to support sustained financing of FP commodities, and retention and management of user fees
- 1 municipal LGU (Maitum) ordinance on the MNCHN strategy that includes a definition of the role of TBAs in the MNCHN program

Expected results

- Increased utilization of MNCHN services

3. Technical support in the preparation of the 2010 AOP in collaboration with the CHD and other CAs

3.1 The CAs will support the conduct of the 2009 SDIR harmonized with the LGU score card and enhanced to take into account IP, GIDA, and private sector concerns. The LGU acceleration plans developed through SDIR will be monitored for implementation of Level 1 interventions. Levels 2 and 3 interventions will be integrated into the 2010 AOP/AIP of the province and LGUs;

3.2 Assist in the design and conduct of fora to disseminate the SDIR results and build local leaders/community support for the implementation of the LGU acceleration plan (e.g., master listing, *barangay* funds leveraged for TEV of midwives, community support mechanisms for maternal and child health services, community mobilization for immunization day, outreach);

3.3 Assist the PHO in monitoring the implementation of the LGU acceleration plans using an integrated monitoring checklist;

3.4 Assist the PHO and MHOs in formulating the 2010 AOP/AIP incorporating areas for service delivery improvement and coverage;

3.5 Provide technical assistance in the design and conduct of multi-sectoral fora and public hearings aimed at generating policy and fund support for the implementation of the 2010 AOP/AIP.

Milestones

- 7 municipal acceleration plans formulated, implemented, and monitored
- 7 MLGUs with resolutions/ordinances in support of acceleration plans on any or all of the following: master listing, *barangay* fund leveraging for TEV of midwives, community support mechanisms for maternal and child health services, or community mobilization for immunization day
- 1 provincial and 7 municipal LGUs with 2010 AOP/AIP incorporating areas for service delivery improvement and coverage
- 7 MLGUs with LFCs integrating health investments in the 2010 AIPs
- 1 provincial- and 2 municipal-approved policies/ordinances providing for budget support to AOP/AIP implementation and finalized with inputs from NGOs/CSO and the private sector

Expected results

- Increased fund leverage for the implementation of MCH, FP, and TB programs included in the provincial and municipal 2010 AOP/AIPs
- Improved performance of MCH, FP, and TB programs

SARANGANI – Making investments, governance, and services yield improved province-wide outcomes in FP, MCH, and TB (MIGS for Better Health)

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**1. Demonstrate links between investments and performance through implementation of 2009 AOP**					
A1	Technical support to the implementation of 2009 CSR Plan as component of the 2009 AOP in collaboration with CHD and other CAs					
	IR 1.4A	1 provincial and 6 municipal LGUs conducting multi-sectoral forum and public hearings to generate policy and fund support for CSR plan implementation			**X**	
	IR 1.1G/ IR 1.4D	1P and 6 MLGUs with approved CSR policy/ordinance with inputs from NGOs, community leaders, and private sector groups		**X**		
	IR 1.2A	1P and 6MLGUs with assessment report on resource mobilization options			**X**	
	IR 1.2A	1P and 6 MLGUs resource mobilization plans completed			**X**	
	IR 1.2A	1P and 4MLGUs implementing cost-recovery schemes and resource mobilization plans as indicated in the approved CSR plan and ordinance			**X**	
	IR 1.1F	1P and 7 MLGUs with procurement and distribution plan for FP commodities			**X**	
	IR 1.1F	1P and 7MLGUs with updated list of accredited suppliers of FP commodities to locally access at the minimal cost		**X**		
	IR 1.4D	4 MLGUs with partner-NGOs conducting community education and outreach activities in FP/MCH on the importance and benefits of FP/CSR including information and services			**X**	
	IR 1.1C	Tool developed to monitor implementation of CSR plans and policy			**X**	
	IR 1.4D	4MLGUs with established community feedback mechanism on the quality of and access to FP services, information, counseling and referral				**X**
	IR 1.1A/ IR 1.1B	7 MLGUs with MIPHs integrating CSR components				**X**
A2	Assist the PHO and MHOs in utilizing health information for policy- making and improving service delivery coverage and performance					
	IR 1.1C	40 RHU personnel from 7 municipalities trained in FHSIS version 2008			**X**	
	IR 1.1C	20 P/M LGU personnel analyzing and managing FHSIS data as input to planning , reporting both to LCE and DOH or potential project proposals for funding			**X**	
	IR 1.1C	1 provincial feedback form acknowledging receipt with corresponding comments on the completeness, timeliness, accuracy and/or validity of data submitted by RHUs; similar municipal form of acknowledgement by PHN/MHO to acknowledge midwives' submission of barangay data				**X**
	IR 1.1C	7 municipal analysis reports of FHSIS data presented to their respective LHBs/LCEs for appropriate action			**X**	**X**

A3	Assist the PHO and MHOs in improving the capacity of RHU staff and facilities to provide quality FP, MCH, TB, AI, and STI services					
	IR 1.2C	6 mLGUs with RHUs facility improvement plan with approved resolution allocating funds to improve/upgrade facility, procure equipment and supplies and train personnel			**X**	
	IR 1.2C	5 LGUs allocating funds for the accreditation and improvement of RHUs			**X**	
	IR 1.2C	3 LGUs acquired PhilHealth facility accreditation - 3 for OPB, 3 for TB-DOTS, and 1 for MCP				**X**
	IR 1.3A	20 PHO and RHU staff oriented on FPCBT and ICV			**X**	
	IR 1.3A	40 PHO and RHU staff oriented on AO on zinc supplementation and reformulated ORS, A2Z			**X**	
	IR 1.3A	15 RHU staff trained on Life Saving Skills			**X**	
	IR 1.3A	15 RHU staff trained on TB-DOTS and 5 medical technologists trained on Direct Sputum Smear Microscopy, TB LINC				**X**
	IR 1.3C	3 MLGUs approved office order to allow their RHU staff to be trained in SDExH			**X**	
	IR 1.4C	1 MLGU advocacy tool developed for mobilizing resources for PHIC enrollment both for indigents and paying individuals			**X**	
	IR 1.3D	1 municipal action plan to increase maximum utilization of health services			**X**	
	IR 1.4C	5 barangays in Maitum with trained community health teams				**X**
A4	Assist HealthPRO in providing technical assistance to PHO/MHOs in developing and implementing appropriate and culture-sensitive FP, MCH, and TB behavior change communication (BCC) interventions					
		Research/FGD framework and instruments to capture health concepts, practices and needs of IP communities (HealthPRO)			**X**	
A5	Assist PHOs/MHOs in engaging NGOs and community leaders to implement community actions for health, including conduct of health education, community-level advocacy, and outreach in low-performing LGUs					
	IR 1.4C	7 mLGUs with barangay LGU officials and community leaders oriented on MNCHN, FP, and TB situation			**X**	
	IR 1.1G	7 mLGUs with ordinance/pledge of commitment defining commitment of municipal/barangay officials and community leaders to leverage resources and mobilize their communities to support local MNCHN, FP, and TB programs				**X**
	IR 1.4D	7 LGUs with partner-NGOs implementing community-level advocacy and health promotion activities related to FP, MCH, and TB				**X**
	IR 1.1G	14 barangay LGUs identifying issues and concerns on access to and quality of MNCHN, FP and TB services			**X**	
		40 BHWs trained on integrated MCH, FP, and TB counseling				**X**
A6	Institutionalize the harmonized SDIR-LGU score card monitoring and evaluation tool linked to decision-making at all levels (health workers, LCE, local legislators)					
	IR 1.1C	Install the harmonized SDIR-LGU score card monitoring and evaluation tool/system that tracks the alignment of the priority investments of the AOP with the priority health programs identified in the approved plans			**X**	
	IR 1.1C	7 mLGUs oriented in linking the harmonized SDIR-LGU score card monitoring and evaluation tool/system system with decision making processes			**X**	

B	**Ensure an enabling policy environment for continuity of and improving service delivery and financing for better health. The project will support provincial and municipal governments in developing policies to ensure sustenance of the CSR strategy and the MNCHN strategy, including defining role of TBAs**					
B1	Design and conduct of the CSR policy development workshop involving members of the SP, SB committees on health and appropriation, P/M planning and development officers as well as budget officers to draft LGU CSR ordinances related to client segmentation, providing subsidy for the poor, referral of or cost recovery for the non-poor, establishment of revolving funds to support sustained financing of FP commodities, and retention and management of user fees					
	IR 1.1G/ IR 1.2E	1 provincial and 7 municipal ordinances or legislation related to client segmentation, providing subsidy for the poor, referral of or cost recovery for the non-poor, establishment of revolving funds to support sustained financing of FP commodities and retention and management of user fees drafted		**X**		
B2	Support the municipality of Maitum in developing an ordinance on MNCHN strategy that will include defining role of TBAs in the strategy. The ordinance will describe the strategy, functions of the different service providers, blood collection activities, and commodity and budget requirements					
	IR 1.1G/ IR 1.4D	1 municipal LGU (Maitum) ordinance to support the MNCHN strategy that includes the definition of the role of TBAs in the MNCHN program				**X**
C	**Technical support to the preparation of 2010 AOP in collaboration with CHD and other CAs**					
C1	Support the conduct of 2009 SDIR harmonized with the LGU score card and enhanced to take into account IP, GIDA, and private sector concerns					
	IR 1.3D	7 municipal acceleration plans formulated, implemented, and monitored				**X**
C2	Design and conduct of fora to disseminate SDIR results and build local leaders/community support for the implementation of the LGU acceleration plan (e.g., master listing, barangay funds leveraged for TEV of midwives, community support mechanisms for maternal and child services, community mobilization for immunization day, outreach)					
	IR 1.1G	7 mLGUs of resolutions/ordinances to support acceleration plans on any or all of the following: master listing, barangay fund leveraging for TEV for midwives, community support mechanisms for maternal and child services, or community mobilization for immunization day				**X**
C3	Assist the PHO and MHOs in formulating 2010 AOP/AIP incorporating areas for service delivery improvement and coverage					
	IR 1.1A	1 provincial and 7 municipal LGUs with 2010 AOP/AIP incorporating areas for service delivery improvement and coverage				**X**
	IR 1.2A	7 mLGUs with LFCs integrating health investments in the 2010 AIPs				**X**
C4	Design and conduct of multi-sectoral forums and public hearings to generate policy and fund support for 2010 AOP/AIP implementation					
	IR 1.1G	1 provincial and 2 municipal approved policy/ordinance providing for budget support to AOP/AIP implementation with inputs from NGOs/CSO and private sector				**X**

SOUTH COTABATO: Accelerating local health system reforms through the effective implementation of the PIPH, focusing on reducing inequities and improving public health outcomes

The Governor, who is on her third term, has a good relationship with the mayors, and the *Sanggunian Panlalawigan* supports her health agenda. The province is an F1 province and, like other F1 provinces, experiences problems related to the implementation of the PIPH. The release of DOH and EC funds has been slow, and the implementation of some key activities has yet to start, e.g. facility upgrading for BEmONC and CEmONC. For the most part, only the training component of the PIPH has been implemented.

A review of the provincial health situation reveals low performance and large variations in performance across municipalities in the area of maternal care, especially for birth deliveries in facilities and deliveries by skilled birth attendants, as well as in child care, particularly for FIC coverage and diarrhea cases treated with ORS. In general, the province shows good performance in TB control, except in the Municipalities of T'boli, Lake Sebu, and Tupi. The province has a low level of NHIP enrollment among its indigent population, with only 3% of the estimated indigent households enrolled.

The province is home to indigenous people (IPs), who comprise more than 20% of its total population. They reside mostly in the municipalities of Lake Sebu and T'boli. The IPs have different health-seeking behaviors, available local resources, and access to the conventional service delivery network. Lake Sebu shows very low performance in all program indicators, except for Vitamin A supplementation.

Technical assistance will be provided in the following areas:

1. Implementation of the 2009 AOP (PIPH implementation update, CSR plan including use of MNCHN grant, completion of CHLSS, PhilHealth universal coverage, selective service delivery interventions in MCH, FP, and TB)
    - PIPH implementation update. Assist the PHO in the preparation of a status report on PIPH implementation to include internal and external issues, e.g., bottlenecks in getting DOH and EC money flowing to the province. The progress, problems, and recommendations will be presented to the provincial leadership for information and action;
    - LGU M&E on PIPH/AOP implementation. Assist in developing and installing an LGU M&E (harmonized LGU score card and SDIR) to enable the PHO to regularly evaluate the implementation of the PIPH/AOP and inform the Governor and other LGUs on its implementation progress;
    - Support to PHO in the conduct of the implementation review, using the harmonized SDIR and LGU Score Card, and enhancement of SDIR to take into account the unique characteristics of IPs and private sector involvement. Conduct a modified SDIR to explicitly consider the plight of IPs with special attention to factors that prevent them from accessing FP, MCH, and TB services. Look at the special needs of IPs, including issues related to PhilHealth, e.g. enrollment and processing of claims for those with no birth certificates;
    - CHLSS implementation to map out unmet needs for service delivery. Complete CHLSS and use results to address issues identified through the SDIR. Use the data for more focused targeting of FP, MCH, and TB control services in addition to its use in means testing;

- Implementation of the PhilHealth Sponsored Program to improve benefit delivery, and promote efficient utilization of PhilHealth revenues for investments in public health.

2. Reducing inequities and improving public health outcomes

   Support the PHO in providing technical assistance to the Municipalities of Lake Sebu and T'boli in the conduct of SDIR for IPs, and in developing demand-generation strategies for maternal and child, FP, and TB programs.

3. Formulation of the 2010 AOP/AIP using the SDIR results

   Assist the CHD in providing technical support to the PHO in using the SDIR results and acceleration plans in formulating the 2010 annual operational plan for the province.

Year 3 Technical Assistance

Specific interventions are as follows:

1. Implement the 2009 AOP (PIPH implementation update, CSR plan, including use of MNCHN grant, completion of CHLSS, PhilHealth universal coverage, selective implementation of service delivery interventions in the areas of MCH, FP, and TB).

1.1 Assist the LGUs in updating and implementing their respective CSR plans to include leveraging for the DOH MNCHN grant.
   a) Updating the FP+ commodity forecast plan and financing plan;
   b) Formulating the FP/CSR advocacy and communication plan which will include the following activities:
      - Provincial/Municipal LGU health staff and partner-NGOs organizing multi-sectoral fora for the P/MHBs, P/MFCs, local NGOs, private sector groups, and community leaders to generate policy and funding support for CSR plan implementation;
      - Orienting NGO/CSO leaders on FP/CSR, organizing public hearing on the proposed FP/CSR policy, disseminating information on FP/CSR to the community to create awareness on and generate support for the local CSR policy and FP program;
   c) Establishing a local policy development process, defining options for the poor and non-poor, procurement, logistics, and distribution;
   d) Training of provincial/municipal/city health staff on ICV and assisting the PHO in the installation and operationalization of the ICV compliance monitoring system;
   e) Assisting the PHO and MHOs/PHNs in preparing a procurement and distribution plan for FP commodities;
   f) Assisting the province and municipalities in linking up with accredited suppliers of micronutrient supplements, zinc, and reformulated ORS;
   g) Providing technical advice to the MHOs in implementing cost recovery schemes and resource mobilization options, e.g. user fees, trust fund, etc. as indicated in the approved CSR plan and ordinance; and

h) Assisting the PHO/MHOs and partner-NGOs in monitoring CSR plan implementation, including LGU purchases of commodities, and soliciting community feedback on accessibility and quality of FP services, including FP information, counseling, and referral.

Milestones

- 1 provincial, 10 municipal, and 1 city CSR plans updated and enhanced
- 1 provincial logistics management plan developed
- 12 LGU executive orders or ordinances on client segmentation, which includes provisions on subsidy for the poor and referral or cost recovery for the non-poor
- 12 LGU ordinances on establishment of revolving drug fund to ensure sustained financing for FP commodities
- 12 LGU executive orders or ordinances adopting a CSR plan with provisions for multi-year funding, safety net for the poor, cost recovery or referral to private sector for non-poor, and retention and management of user fees

Expected results

- Provincial/City/Municipal LGUs allocating budget for the procurement of FP commodities for the poor
- Provincial/City/Municipal LGUs complying with ICV protocol and submitting monthly reports

1.2 Support the PHO and PPDO in completing the implementation of CHLSS and utilizing the data/information for the rational allocation of LGU resources in targeting the poor and providing public health services based on the unmet needs master list.

a) Technical support to fast track the completion of the CHLSS survey through:
   - monitoring the progress of the survey;
   - data encoding and analysis, including training of PHO, PPDO, and municipal/city health and planning officers to generate reports on the municipality's poverty map using *barangay* data; and
   - packaging of results and presenting them to the governor, mayors, NGOs/CSOs, and other stakeholders.

b) Technical support to the PHO, PPDO, and municipal/city health and planning officers in utilizing the living standard (poverty mapping) data by:
   - training the provincial/municipal/city planning and development coordinators and social welfare and development officers in analyzing and using the poverty mapping data for planning appropriate interventions for the poor;
   - packaging and presenting the poverty mapping data to LCEs, *Sanggunian* members, and the Association of *Barangay* Captains (ABC); and
   - mentoring the municipal/city health officers/PHNs, BHWs, and *barangay* officials in Lake Sebu, T'boli, Tampakan, Sto Nino, and Tantangan in using the unmet needs master list in formulating a community health action plan which outlines the steps to ensure delivery of appropriate health services.

Milestones

- CHLSS survey completed
- Poverty mapping and unmet needs master list completed
- Municipal health and planning officers of 5 LGUs (viz., Lake Sebu, T'boli, Tampakan, Sto Nino, Tantangan) have formulated and implemented community action plans, in

collaboration with tribal leaders, *barangay* captains, BHWs, and local NGOs to respond to the identified unmet needs for MCH, FP, and TB services

Expected results

- RHU, in collaboration with *barangay* officials and community leaders, provided appropriate health services based on unmet needs master list which will result in improved public health program performance
- Increased utilization of MCH, FP, and TB services

1.3 In collaboration with the CHD and other CAs, support the provincial, city, and municipal health staff in selected municipalities in improving their MCH, FP, and TB service delivery performance by providing TA to the PHO in the following key activities:

a) Conducting program implementation review using the harmonized SDIR and LGU score card; and

b) Developing action steps to maximize the utilization of existing functional facilities, maternal and neonatal service packages, as well as service providers. This will include reviewing functional public and private facilities/providers for maternal and newborn care, especially birthing facilities and FP providers for permanent methods; disseminating information on these facilities and providers; strengthening the referral system; implementing behavior change communication strategies; and strengthening/ establishing the transportation and communication system;

c) Providing technical assistance to the Municipality of Polomolok in increasing CPR by strengthening public- private sector participation, establishing a network of FP providers for all methods, ensuring a safety net for the poor, and integrating FP into immunization activities. The LGU has an FIC of 98% in 2007. The key activities include:

- Planning for increasing CPR, which should be participated in by most of the stakeholders;
- Orienting the RHU staff on the interventions and their role in implementing them. There are three messages that the staff need to tell mothers of EPI children: i) there is a need to space the next pregnancy; ii) the health facility is providing FP services; and iii) she can come back for FP counseling; and
- Developing a monitoring and supervision tool for the intervention.

d) Ensuring the functionality of the MDR Committee by:

- Training the MDR committee members on the MDR guidelines/protocol;
- Improving the reporting system for maternal and infant deaths by including hospital deaths in the FHSIS through a provincial issuance establishing the reporting mechanism: who will report, to whom, and when and how to integrate the reports in the FHSIS;
- Conducting MDR on a quarterly basis; and
- Presenting to LCEs the results of the review and recommending actions to address preventable factors leading to maternal deaths.

e) Training of PHO program coordinators and public health nurses in 10 municipalities and 1 city on facilitative supervision;

f) Data analysis and utilization of FHSIS reports for monitoring progress of LGU acceleration plan, decision-making, and appropriate action by the LHB/local Sanggunian/LCEs:

- Support the conduct of training on FHSIS version 2008 for RHU personnel to ensure common understanding of the definitions of indicators, calculation of eligible population, and recording and reporting of accomplishments;
- Mentor the PHO program coordinators/MHO/PHNs in analyzing FHSIS reports and establishing a mechanism for providing feedback (monthly at RHU level, quarterly at PHO level), i.e., timely submission, validated data, recognition of performance, technical advice to address performance gaps;
- Mentor the PHO/MHOs in the packaging and presentation of FHSIS reports to the LHB/*Sanggunian*/LCEs for appropriate action; and
- Mentor the PHO technical staff in reviewing municipal/city FHSIS reports, validating data accuracy, preparing technical note/advisory for MHOs to improve or address performance gaps, and recognizing municipal/city LGUs' performance.

g) FPCBT training for selected participants;

h) MCP accreditation of MLGUs by conducting an orientation on MCP accreditation and reimbursements, preparing the facility improvement plan and budget requirements, advocating among LCEs for appropriate action, identifying qualified training institution providing life-saving skills, and organizing the training of 20 RHMs on the LSS course;

i) Conduct dialogues/forum with LCEs, local health board, Association of *Barangay* Captains, and NGO/community leaders on MNCHN issues resulting in a draft ordinance with corresponding budget for the MCH program. HealthGov will help in developing the criteria for identifying municipalities and *barangays*; designing and conducting dialogue/forum; developing technical advisories as guide in crafting ordinances; packaging the health data; and coaching the MHOs, PHNs, and RHMs on effective presentation of their health data to various stakeholders;

j) Assist the LGU health officers and staff and NGOs/CSOs in developing project proposals to access small grants for implementing community actions in support of MNCHN, for example, i) organizing and training community health teams composed of BHWs, TBAs, RHMs, community leaders, *Barangay Kagawad* on Health; ii) organizing *barangay* support groups such as community blood collection activities, and transportation and communication support; iii) conducting regular community dialogues to surface concerns or issues on accessibility and quality of MCH services; and iv) linking up with NGOs/private sector/professional groups like IMAP, POGS, and the local medical society in mounting community campaigns and events for MNCHN;

k) Assist the PHO/MHOs in mobilizing local champions in advocating for policy and funding support for MNCHN and other public health programs by:
   - developing briefing kits on MNCHN and other public health programs;
   - mentoring on MNCHN and other public health programs technical contents and strategies, policy requirements, and effective presentation techniques; and
   - providing a venue for cross-posting to enhance skills and boost self-confidence.

l) Specifically for TB program, HealthGov and HealthPRO will assist the PHO in:

- documenting and sharing successful and promising local TB program strategies/interventions; and
- developing Koronadal's private DOTS clinics, and public-private DOTS as learning sites for other LGUs.

Milestones

- PIPH M&E (harmonized SDIR and LGU score card) adapted to suit local needs
- PIPH M&E system (harmonized SDIR and LGU score card) approved by the Governor, with the mandate for P/M/C LGU health staff to utilize it
- 35 P/M/C health staff, and planning and development officers oriented on the PIPH M&E (harmonized SDIR and LGU score card) system
- PHO generating report on progress of PIPH implementation and providing feedback to LCEs and other stakeholders, for appropriate action, using the PIPH M&E (harmonized SDIR and LGU score card) system
- 10 PHO program coordinators and 20 PHNs trained on facilitative supervision
- 20 health personnel trained on FPCBT
- Polomolok as model for increasing CPR
- Provincial action plan on initiating the operationalization of the MNCHN strategy

Expected results

- Maternal and under-five deaths in public hospitals reported in the FHSIS system
- Increased CPR in Polomolok
- Increased deliveries by skilled birth attendants and in health facilities

2 Reducing inequities and improving public health outcomes (SDIR+ in IP areas, planning for non-traditional modes of service delivery)

2.1 Assist the LGUs of Lake Sebu and T'boli in a) conducting an implementation review using the modified SDIR, with consideration for concerns of IPs, and formulating acceleration plans that will maximize the use of existing health facilities/service providers and alternative systems for providing service delivery; b) improving the implementation of the PhilHealth Sponsored Program by increasing enrollment and accreditation; and c) maximizing local resources to help communicate healthy behavior;

2.2 Develop a community mobilization plan as a sub-component of the acceleration plan that will include, among others, identifying available human resources such as volunteers, school teachers, religious groups, TBAs, political and tribal leaders, and getting support from them; organizing and training community health teams; mobilizing community health teams for maternal and newborn support such as tracking pregnant women, counseling and referrals, and training of community volunteers on counseling for integrated MCH, FP, and TB services;

2.3 With HealthPRO and other CAs, assist the PHO and the Municipalities of Lake Sebu and T'boli in developing culture-sensitive health promotion and BCC strategies and interventions that are based on the SDIR results and responsive to the practices of IP tribes in these areas:

a) Hire a short-term consultant to design and conduct a special study on the health practices, needs, and realities of Manobo, B'lann and T'boli tribes, particularly in the areas of MCH, FP (birth spacing), TB and other infectious diseases, as well as on the knowledge, attitudes, and behavior of IP women and men with regard to accessing MCH, FP, and TB services and PhilHealth benefits. The results of the study will also

be used as inputs in developing culture-sensitive approaches/strategies and messages on MCH, FP, and TB;

b) Develop key messages and facility- and community-based interventions to improve health-seeking behavior and utilization of services in IP areas so that:
   - pregnant women will seek early prenatal consultation and tetanus toxoid immunization, take vitamin A and iron supplements, develop a birth plan with the health provider, and agree to deliver in the facility or be attended by a skilled birth attendant;
   - mothers will breastfeed their children, bring their child for immunization, practice birth spacing, and feed children with nutritious food;
   - fathers/husbands/partners will take an active role in caring for pregnant wife and infant/child;
   - TB symptomatics will consult in a health facility, and TB patients will complete the TB-DOTS treatment protocol; and
   - the general public will have a proper understanding of FP, TB, and immunization, and correct the myths and misconceptions on these health concerns among them.

2.4 Assist the CHD, PHO, and LGUs in the quarterly monitoring of program implementation:
   a) Develop additional indicators to reflect successful implementation of the LGUs' acceleration plans; and
   b) Lobby for support for the regular monitoring and supervision of service providers.

Milestones

- Acceleration plans of Lake Sebu and T'boli, incorporating a community mobilization plan, endorsed by the LCEs and office of the governor
- Report on the special study of knowledge and practices of IP communities in Lake Sebu and T'boli completed and disseminated to PHO/RHU staff and other stakeholders
- Findings and recommendations of the special study utilized in formulating culture-sensitive BCC strategies and interventions (HealthPRO)

Expected results

- Increased utilization of MCH, FP, and TB services

3 Formulation of 2010 AOP/AIP using SDIR results and acceleration plans

The CAs will assist the CHD/PHO/MHOs in the formulation of 2010 AOPs/AIPs that reflect priority programs, projects, and activities that will sustain good performance and accelerate interventions in low-performing areas and IP communities. Integration in the AOP of Levels 2 and 3 interventions identified in the LGU acceleration plans needs to be ensured as these need budget support. The AOP should include a sub-plan for the operationalization of the MNCHN strategy and CSR.

3.1 Assist the PHO/MHOs in formulating the 2010 AOPs to ensure inclusion of a) procurement and distribution of Vitamin A supplements for high-risk groups, ferrous sulfate for pregnant women, FP commodities, zinc, and reformulated ORS; and micronutrient program implementation; b) budget for facility improvement for RHUs to qualify for PhilHealth 3-in-1 accreditation; c) budget for PhilHealth premiums for indigents; and d) funding for health promotion activities, i.e., reproduction of IEC

materials and conduct of outreach activities, and other priority programs and activities that require funding:

a) Develop workshop design and conduct AOP workshop, including follow- through activities; and
b) Mentor PHO/MHOs, local health boards, and local finance committees on resource mobilization to ensure funding of priority programs, projects, and activities identified in the AOP.

Milestones

- 2010 AOP developed with sub-plans on MNCHN operationalization and CSR plan

Expected results

- Local investment plans of LGUs include the budget requirements reflected in the PIPH, including that for PhilHealth enrollment

SOUTH COTABATO – Accelerating local health system reform through effective implementation of PIPH focused on reducing inequities and improving public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Implement AOP 2009 (PIPH implementation update, functional PIPH M&E systems, CSR plan including use of MNCHN grant, completion of CHLSS, PHIC universal coverage, selective service delivery interventions in MCH, FP, and TB)**					
A1	Assist the LGUs in updating and implementing the CSR plans to include leveraging the DOH MNCHN grant					
	IR 1.1B	1 provincial, 10 municipal, and 1 city CSR plans updated and enhanced			X	
	IR 1.1F	1 provincial logistics management plan			X	
	IR 1.1G	12 P/M LGU executive order or ordinance on client segmentation, which includes provisions on subsidy for the poor and referral or cost recovery for the non-poor				X
	IR 1.1G	12 P/M LGU ordinance on establishment of revolving drug fund to support sustained financing for FP commodities				X
	IR 1.1G/ IR 1.2E	12 P/M LGU executive order or ordinance adopting a CSR plan with provisions for multi-year funding, safety net for the poor, cost recovery or referral to private sector for non-poor, and retention and management of user fees				X
A2	Support the PHO and PPDO in completing the implementation of CHLSS and utilizing the data/information for rational allocation of LGU resources targeting the poor, and provision of public health services based on the unmet needs master list					
	IR 1.1D	CHLSS survey completed			X	
	IR 1.1C	Poverty mapping and unmet needs master list completed			X	
	IR 1.3D/ 1.4D	Municipal health and planning officers of 5 LGUs (viz., Lake Sebu, T'boli, Tampakan, Sto Nino, Tantangan) in collaboration with tribal leaders, barangay captains, BHWs, and local NGOs have formulated and implemented community action plan to respond to the identified unmet need for MCH, FP, and TB services			X	
A3	Support the P/M/C LGU health staff in selected municipalities in improving their MCH, FP, and TB service delivery performance					
	IR 1.1C	PIPH M&E (harmonized SDIR and LGU score card) adapted to suit local needs			X	
	IR 1.1G	PIPH M&E system (harmonized SDIR and LGU score card) approved by the Governor, with the mandate for P/M/C LGU health staff to utilize it			X	
		35 P/M/C health staff, and planning and development officers oriented on the PIPH M&E (harmonized SDIR and LGU score card) system			X	
	IR 1.1C	PHO generating report on progress of PIPH implementation and providing feedback to LCEs and other stakeholders for appropriate actions using the PIPH M&E (harmonized SDIR and LGU score card) systems				X
	IR 1.3A	10 PHO program coordinators and 20 PHN trained on facilitative supervision				X
	IR 1.3A	20 health personnel trained on FPCBT				X
		Polomolok as model for increasing CPR				X
	IR 1.3D	Provincial action plan on initiating the operationalization of the MNCHN strategy			X	

B	**Reducing inequities and improving public health outcomes (SDIR+ in IP areas, planning for non-traditional modes of service delivery)**					
B1	Assist the LGUs of Lake Sebu and T'boli in a) conducting implementation review using the modified SDIR with consideration to concerns of IPs					
	IR 1.3D/ IR 1.1G	Acceleration plans of Lake Sebu and T'boli including a community mobilization plan endorsed by the LCEs and office of the governor			**X**	
B2	With HealthPRO and other CAs, assist the PHO and the LGUs of Lake Sebu and T'boli in developing health promotion and culture-sensitive BCC strategies and interventions that are based on SDIR results and responsive to the practices of IP tribes in these areas					
		Report on the special study of knowledge and practices of IP communities in Lake Sebu and T'boli completed and disseminated to PHO/RHU staff and other stakeholders (HealthPRO)			**X**	
		Findings and recommendations of the special study utilized in formulating culture-sensitive BCC strategies and interventions (HealthPRO)				**X**
C	**Formulation of 2010 AOP/AIP using SDIR results and acceleration plans**					
C1	Assist the PHO/MHO in formulating the 2010 AOP to ensure inclusion of a) procurement and distribution of Vitamin A supplements for high-risk groups, ferrous sulfate for pregnant women, FP commodities, zinc and reformulated ORS; and micronutrient program implementation; b) budget for facility improvement for RHUs to meet PhilHealth 3-in-1 accreditation; c) budget for PhilHealth premium for indigents; and d) funding for health promotion activities, i.e., reproduction of IEC materials and outreach activities, and other priority programs and activities that require funding					
	IR 1.1A/ IR 1.1B	2010 AOP developed with sub-plans on MNCHN operationalization and CSR plan				**X**

ZAMBOANGA DEL NORTE: Mobilizing Lando BIBO and ILHZ to improve public health outcomes

The Governor, now in his second term of office, supports pro-poor health, housing, and food sufficiency as part of his 8-point agenda. The province is one of the 21 F1 rollout sites. Its province-wide investment plan for health (PIPH), completed with USAID technical assistance (TA), was accepted by DOH and EC as basis for funding support. As major TA providers, the USAID CAs should now position toward supporting the LGUs implement and monitor the various activities contained in the PIPH/AOP.

A review of the provincial health situation reveals low performance in maternal and child care as well as TB and other infectious diseases programs relative to national standards. Factors attributed to low performance across programs revolve around poor health-seeking behavior of clients on the one hand, and problems related to access and quality of health services on the other. Service delivery problems include lack of facilities and personnel, poor management systems including supervision, and poor service outreach to far-flung areas.

Currently, the LGUs have enrolled 28,000 families in the National Health Insurance Program (NHIP). The provincial government plans to enroll in NHIP an additional 60,000 families in 2009.

The province is divided into five ILHZs, each engaged in integrated planning, referral, resource sharing, and disease surveillance. Based on these collaborative actions, the potential for ILHZs to support its member LGUs to improve service delivery performance is high. In one ILHZ, the SiLeonpoSia, two of the LGUs (Sindangan and Leon Postigo) which town centers are located along the highway is comparatively better off in terms health indicators. One the other hand, Siayan which is remotely located (most of its barangays are mountainous and registers high IP population) has very low program performance in FP (CPR 24%), maternal health (delivery by SBA – 42%), nutrition and TB (CDR – 20%, CR – 60%). This municipality experienced outbreak in capilariasis last year.

All LGUs completed their CSR plans in late 2008. However, the plans need to be reviewed and enhanced, particularly the forecasting of FP commodities, TB drugs, and other MNCHN commodities. The plans should also have a forecast of the iron folate, zinc, and reformulated ORS requirements as well as the budget to cover these commodities. Advocating with LGU officials for budget support is imperative in this regard.

One of the Governor's initiatives is called Lando BIBO, a poverty-mapping and reduction cum service delivery program. Lando is the Governor's nickname and BIBO stands for Barangay Indigent Benefit Organization. A Lando BIBO is present and well-entrenched in 441 (64%) of 690 barangays in the province. The Governor established through an executive order the Community Development Assistance Unit (CDAU) to oversee Lando BIBO. CDAU is also tasked to coordinate all provincial programs to ensure that services are brought down to the household level. The provincial government has allocated a sizable budget in support of Lando BIBO.

The Lando BIBO network leadership realizes the organization's potential to support public health programs other than existing programs anchored on community to hospital

referral, and identification and classification of indigent patients for hospital services. Given its strength, mandate, coverage, and resources, the Lando BIBO network is a potent force to effect improvements in public health program utilization and health outcomes.

Technical assistance will be provided in the following areas:

- Support to the implementation of selected activities in the PIPH/AOP 2009. These activities include CSR plus plan implementation, establish linkage/referral to private providers of FP services, capacity development of frontline health workers, strengthening of NTP, health information utilization for decision-making, PHIC accreditation and utilization of funds, strengthening SiLeonpoSia ILHZ and behavior change communication with focus to IPs.
- Upon the request of the Governor, provide a technical description of the LANDO BIBO program, based on specifications agreed-upon with the governor, to include the system for beneficiary identification and targeting, coverage of activities, client satisfaction, and how much in-roads it has made among the IPs. On the basis of this description, work out a plan for more specific technical assistance.
- Assess SiLeonpoSia ILHZ in terms of its structures, functions, current activities (especially on resource sharing and referral), program performance of member LGUs through SDIR and its potential to assist each member LGU especially Siayan to improve its service delivery performance. Based on the assessment, provide technical support to the ILHZ and Siayan to improve its service delivery performance. This will also support the PHO's current move to support SiLeonpoSia ILHZ which is reflected in AOP 2009.
- Undertake SDIR in January in district 2 as basis for selective interventions in the delivery of FP, MCH, and TB control services. Such LGU interventions would invariably include behavior change communication; commodity security (CSR+) in FP, TB drugs, and micronutrients; building personnel capacity to provide quality FP, MCH, and TB-DOTS services; and outreach programs in underserved and remote barangays.

Specific interventions are as follows:

A. Assist the LGUs to implement activities in their PIPH and 2009 AOP

1. Assist the LGUs update and implement the CSR plan to include policy support and leveraging the DOH MNCHN grant

- Assist the P/MLGUs in reviewing and updating the CSR plans through validation of forecasted commodities and expanding coverage to include other MNCHN commodities.
- Assist the PHO and MHOs/PHNs in formulating procurement and distribution plans for MNCHN commodities.
- Assist the PHO and MHOs in securing policy and funding support for the implementation of their CSR plans.
- Assist the PHO and MHOs in implementing and monitoring the CSR plans.
- Assist the province and municipalities in establishing a linkage with accredited suppliers of FP commodities, Category 3 anti-TB drugs, Vitamin A capsules, iron folate, zinc, and reformulated ORS to facilitate LGU procurement.

- Assist the province in leveraging the MNCHN grant to municipal LGUs to provide a budget for MNCHN and other essential drugs based on a performance-based scheme.
- Assist the province in designing a performance-based scheme as basis for the distribution of the MNCHN grant to municipal LGUs.

2. In collaboration with CHD-DOH Reps and HealthPRO, assist the PHO in the installation of ICV compliance monitoring and making the system functional

- Conduct of orientation on ICV for health providers or incorporate in other program activities
- Conduct of dialogue and for a with LCEs and other stakeholders regarding FP and ICV compliance to ensure quality of care, informed choice, and involve them in regular ICV compliance monitoring, recording and reporting
- Message development for clients to demand correct and complete information on all FP methods

Milestones

- CSR+ implementation plan approved and funded through ordinance or executive order by the provincial government, 25 municipal and 2 city LGUs
- 1 province and 25 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS based on their approved procurement and distribution plans
- 5 ILHZs submitting quarterly ICV reports
- 2 city LGUs with map and directory of public and private service providers posted in the CHOs

Expected results

- All LGUs with increased utilization of FP services
- 27 municipal and city LGUs have received financial, logistics and technical support from provincial MNCHN grant based on an agreed performance-based scheme
- 27 city and municipal LGUs have procured CSR+ commodities

3. Capability building for front-line health workers for health service delivery improvement base on the training profile of RHU personnel generated from the conduct of SDIR or the PIPH sub-plan

In identifying the training needs of front-line health workers, HG will assist the PHO in consolidation of the RHU training profile and identifying and prioritizing training needs, training packages and training providers. Training will include the following:

- FP competency-based training including informed choice and voluntarism
- Direct sputum smear microscopy
- TB-DOTS for MHOs, PHNs, and midwives
- TB-DOTS for treatment partners
- Supervision and monitoring
- Orientation of LGU health staff on control of diarrheal diseases new administrative order on zinc supplementation and reformulated ORS in the management of diarrhea among children

Milestones

- 20 PHO and RHU staff trained on FPCBT

- 135 RHU staff trained on TB-DOTS
- 5 Med techs trained on DSSM
- 100 Lando BIBO volunteers trained as treatment partners
- 27 RHU staff trained on new AO on control of diarrheal diseases

Expected results
- Improved quality of TB services, MCH services through the effects of improved quality of personnel, and basic services

4. Assist the provincial government, CHD and PHO to assess SiLeonpoSia ILHZ

The assessment will include its structures, functions, current activities (especially on resource sharing and referral), program performance and status of program functioning of member LGUs through SDIR and its potential to assist each member LGU especially Siayan to improve its service delivery performance. Based on the assessment, provide technical support to the ILHZ and Siayan to improve its service delivery performance.
- Assist the provincial government, PHO and CHD develop an assessment tool;
- Support the provincial government, PHO and CHD in the actual conduct of ILHZ assessment and conduct of SDIR;
- Support the ILHZ in the conduct of feedback to LCEs, provincial government officials, CHD and community;
- Support the ILHZ with special attention to SiLeonpoSia develop and implement interventions to improve service delivery performance

Milestones
- LGUs of SileonpoSia ILHZ conducted ILHZ assessment
- LGUs of SiLeonpoSia ILHZ formulated ILHZ acceleration plan to improve its service delivery performance with inputs from stakeholders

Expected results
- Increase utilization of priority health programs

5. Assist the province to improve its local TB control program

Zamboanga Del Norte is a non-TB Linc area but has a Low CDR and Low CR.

5.1 In collaboration with CHD, assist priority M/CLGUs in improving the provision of quality and accessible DOTS services through:

- TB assessment in priority LGUs with low CDR-low CR and high population
  - With CHD/TB-LINC, assist the PHO in the conduct of TB Assessment workshop which shall include orientation on global/national/regional/provincial TB situation, updates on TB program, and the assessment tool developed by TB-LINC
  - Support the reproduction of customized self-assessment forms for use of M/C LGUs
  - Support the conduct of TB assessment and planning workshops to come up with LGU TB action plan to improve TB performance.

- Support the PHO in monitoring implementation of TB action plans (to be incorporated in the integrated monitoring checklist that will be developed by the PHO)
- Assist MHOs in maximizing the involvement of BHWs, midwives, and community in case finding especially in hard to reach areas thru:
  - Training of BHWs/midwives in quality sputum collection, smearing and prompt submission to TMLs
  - Feedback of medtech to the collected sputum smear
- Assist MHOs in engaging Lando BIBO to support treatment supervision and strengthen case finding and case holding in:
  - Through conducting orientation for barangay leaders and NGOs/community partners on the magnitude of TB problem and the importance TB-DOTS especially early diagnosis and completion of treatment and identify their roles as community support groups.
- Assist the MLGU in identifying options for providing quality microscopy centers/TML in:
  - Mapping/inventory of available trained med techs and microscopy centers/TML;
  - Developing recommendations for appropriate options (share med techs or itinerant med techs, inter-intra LGU cooperation, send slides to TML, etc) to be covered by MOA of participating LGUs and facilities;
  - Conducting dialogue with the LCEs on the status of TB program and the need to fill up/creation of plantilla position for med techs and provision of funds for upgrading of microscopy laboratory/TML and maintaining quality microscopy services (i.e. setting up of Provincial EQA Center and providing funds for its operation);
  - Training RHMs in hard to reach barangays in sputum smearing and collection.

5.2 In collaboration with CHD and TB Linc, assist the PHO/MHO in improving the quality diagnostic services by:
- Orienting the PHO TB Coordinator, PHO Med Tech EQA validators and the RHU Med Techs on the DSSM protocol, EQA system, and TB-Linc's redesigned laboratory monitoring tools;
- Assist the PHO in improving MLGU access to existing TB Diagnostic Committees by:
  - Disseminating information on the mechanics of accessing TBDC services i.e. where, how often, when;
  - Facilitating linkages of MHOs to the TBDC in referring sputum negative, X-ray positive TB symptomatics and treatment failures.

5.3 In collaboration with CHDs/PhilHealth, assist M/C LGUs in the development of local guidelines for the utilization of TB-DOTS PHIC reimbursements and resource mobilization schemes by:
- Assist the MHOs in developing LGU guidelines on sharing of TB-DOTS PHIC reimbursements as a reward mechanism for treatment partners and securing policy support from the LCE/local Sanggunian;
- Drafting local policy on utilization of TB-DOTS reimbursements and revenue generation schemes:
  - Orient LHB, local Sanggunian, LFC on TB-DOTS benefit reimbursements, discuss the proposed guidelines, and secure approval;

- Orient the LFC, LHB, local Sanggunian on resource mobilization schemes (e.g. sputum exam as requirement for food handlers, hotel and establishment workers, etc.).

Milestones
- 27 RHUs with facility improvement plans approved by LCEs/LHBs for funding
- 2 LGUs accredited by PhilHealth for TB-DOTS and 3 LGUs for OPB

Expected results
- Increased access to FP, MNCHN and TB health services

B. Provide technical assistance to PHO and CDAU in mobilizing Lando BIBO Network to support public health programs

1. Provide technical assistance in the organization of a technical/coordinating working group between PHO and Lando Bubo

2. Assessment of Lando BIBO network
   a. Together with other CAs, CHD and PHO hold technical consultations with the Community Development Assistance Unit (CDAU) to agree on the scope and design of the assessment and profiling;
   b. Assist CHD, PHO and CDAU in conducting assessment and profiling;
   c. Together with the other CAs assist the CHD, CDAU and PHO in using the assessment and profiling results to formulate a TA plan that will capacitate and maximize the network and structure of LANDO BIBO to provide support to the following areas: identification of unmet needs; increasing service utilization through BCC/ client generation; TB case finding and follow up of defaulters and treatment partners; EPI and master-listing of pregnant women; referral system; participatory monitoring and evaluation; improving the tools in identifying the poor;
   d. Provide TA to the CHD and PHO in developing a set of TA interventions and system of identifying and addressing health issues;
   e. At least three health activities conducted with the support of the Lando BIBO Network.

Milestones
- A provincial LGU technical working group mandated through an executive order by the provincial government to conduct an in-depth technical description and profiling of its LANDO BIBO program
- Assessment of Lando BIBO conducted
- Province-wide TA plan formulated to capacitate and maximize the network and structure of LANDO BIBO to provide support priority health programs
- 6 LGUs (from second district) LGUs forging an MOU with LANDO BIBO detailing areas of collaboration network to improve public health service performance and coverage

Expected results
- Lando BIBO have supported the mobilization of barangays for health activities, i.e. conduct of GP, master listing of pregnant women and identification of unmet need on FP and TB

C. In collaboration with CHD, assist the /PHO/MHOs and Lando BIBO in the formulation of 2010 AOP/AIP that will also reflect health service, governance, and financing priorities for low low-performing areas

1. Conduct of SDIR+ to include assessments of IPs and the ILHZs
   Support conduct of 2008 SDIR incorporating special needs of IPs and ILHZs, as well as an in-depth TB assessment and facility assessment for PHIC accreditation:
   - Provide technical support to ensure participation of Lando BIBO, NGOs/CSOs, and other local stakeholders in acceleration plan formulation;
   - Assist PHO and MHOs in the dissemination of SDIR results to LCEs and local stakeholders to generate LGU and community support for the implementation of the LGU acceleration plans.

2. Formulation of AOP 2010
   - TA to ensure utilization of SDIR results in the formulation of 2010 AOP/AIP;
   - Provide technical support in the conduct of AOP/AIP planning workshop to ensure budgeting, financing, logistics, and expanding public health service delivery;
   - Assist the PHO/MHO in formulating the 2010 AOP to ensure inclusion of procurement and distribution of vitamin A supplements for high risk groups, iron for pregnant women, zinc, and reformulated ORS and micronutrient program implementation;
   - Provide technical support to ensure participation of Lando BIBO, NGOs/CSOs and other local stakeholders in the AOP/AIP formulation.

3. Assist the CHD/PHO/MHOs in monitoring progress of 2009 LGU acceleration plans/AOP/AIP and addressing areas for improvement by:
   - Conducting a consultative workshop to develop an integrated monitoring checklist and guide for FP, MCH, TB, and STI/HIV/AIDS;
   - Assist CHD, PHO and CDAU Developed M & E tool integrating CSR, SDIR, AOP, LGU scorecard and other LGU monitoring tools;
   - Coaching PHO Program Coordinators and PHNs in performing facilitative supervision;
   - Provide technical guidance in the conduct of monitoring.

Milestones

- 27 city/municipal service acceleration plans formulated, implemented, and monitored
- 1 provincial technical assistance plan to support implementation of LGU acceleration plan funded by PLGU
- 27 LGUs with at least one barangay leveraging funds for TEV of midwives, community education, and outreach services in support of the acceleration plan implementation
- 27 LGUs with Lando BIBO and other NGOs implementing community-level activities in support of service acceleration plans, PIPH/AOP, namely master listing, outreach, community campaign and events, community forum on MCH, FP, and TB reaching 500 community leaders, and 20,000 men and women in the communities
- 1 provincial, 2 city, 25 municipal AOP/AIP formulated for approval and funding
- Local finance committees of P/C/MLGUs approved the increase in health investments in the AIP, reflecting increased health operations and health program budget, increased PHIC sponsored program enrolment, and increased number of PHIC-accredited health facilities

- Provincial PME installed

Expected results
- 27 LGUs have increased funds for MCH, FP, and TB program implementation in the provincial and municipal 2010 AOP/AIPs
- 27 LGUs have Increased performance on MCH, FP, and TB programs

ZAMBOANGA DEL NORTE – Mobilizing Lando BIBO and ILHZ to improve public health outcomes

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Assist the LGUs to implement activities in their PIPH and 2009 AOP**					
A1	Assist the LGUs update and implement the CSR plan to include policy support and leveraging the DOH MNCHN grant and installation of a functional ICV compliance monitoring system					
	IR 1.1B/ IR 1.1G	25 municipal and 2 city LGU CSR+ implementation plan approved and funded through ordinance or executive order by the provincial government			**X**	
	IR 1.1F	1 province and 25 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS based on their approved procurement and distribution plans			**X**	**X**
	IR 1.3E/ IR1.1I	5 ILHZs quarterly ICV reports completed and submitted			**X**	**X**
	IR 1.1C	2 city LGUs with map and directory of public and private service providers posted in the CHOs				**X**
A2	Capability building for front-line health workers for health service delivery improvement base on the training profile of RHU personnel generated from the conduct of SDIR or the PIPH sub-plan					
	IR 1.3A	20 PHO and RHU staff trained on FPCBT			**X**	
	IR 1.3A	135 RHU staff trained on TB-DOTS			**X**	**X**
	IR 1.3A	5 Med techs trained on DSSM			**X**	**X**
	IR 1.3A	100 Lando BIBO volunteers trained as treatment partners			**X**	**X**
	IR 1.3A	27 RHU staff trained on new AO on control of diarrheal diseases			**X**	**X**
A3	Assist the provincial government, CHD and PHO to assess SiLeonpoSia ILHZ in terms of its structures, functions, current activities (especially on resource sharing and referral), program performance and status of program functioning of member LGUs through SDIR and its potential to assist each member LGU especially Siayan to improve its service delivery performance. Based on the assessment, provide technical support to the ILHZ and Siayan to improve its service delivery performance					
	IR 1.1I	3 LGUs of SileonpoSia ILHZ conducted ILHZ assessment			**X**	
	IR 1.1I/ IR1.3D	3 LGUs of SiLeonpoSia ILHZ formulated ILHZ acceleration plan to improve its service delivery performance with inputs from stakeholders				**X**
A4	Assist priority M/CLGUs in improving the provision of quality and accessible DOTS services, in improving the quality diagnostic services, and in the development of local guidelines for the utilization of TB-DOTS PHIC reimbursements and resource mobilization schemes					
	IR 1.2C	27 RHUs with facility improvement plans approved by LCEs/LHBs for funding				**X**
	IR 1.2C	2 LGUs accredited by PhilHealth for TB-DOTS and 3 LGUs for OPB				**X**

B	**Provide technical assistance to PHO and CDAU in mobilizing Lando BIBO Network to support public health programs**					
B1	Provide technical assistance in the organization of a technical/coordinating working group between PHO and Lando BIBO and assessment of Lando BIBO network					
	IR 1.1G	A provincial LGU technical working group mandated through an executive order by the provincial government to conduct an in-depth technical description and profiling of its LANDO BIBO program		**X**		
	IR 1.3D	Assessment of Lando Bibo conducted			**X**	
	IR 1.3D	Province-wide TA plan formulated to capacitate and maximize the network and structure of LANDO BIBO to provide support priority health programs			**X**	
	IR 1.1H/ IR1.1I	6 LGUs (from second district) LGUs forging an MOU with LANDO BIBO detailing areas of collaboration network to improve public health service performance and coverage			**X**	
C	**In collaboration with CHD, assist the /PHO/MHOs and Lando Bibo in the formulation of 2010 AOP/AIP that will also reflect health service, governance, and financing priorities for low low-performing areas**					
C1	Conduct of SDIR+ to include assessments of IPs and the ILHZs					
	IR 1.3D	27 city/municipal service acceleration plans formulated, implemented, and monitored			**X**	
	IR 1.3D	1 provincial technical assistance plan to support implementation of LGU acceleration plan funded by PLGU			**X**	
	IR 1.2A	27 LGUs with at least one barangay leveraging funds for TEV of midwives, community education, and outreach services in support of the acceleration plan implementation			**X**	
	IR 1.4A/ IR 1.4D	27 LGUs with Lando BIBO and other NGOs implementing community-level activities in support of service acceleration plans, PIPH/AOP, namely master listing, outreach, community campaign and events, community forum on MCH, FP, and TB reaching 500 community leaders, and 20,000 men and women in the communities			**X**	
C2	Formulation of AOP 2010 and in monitoring progress of 2009 LGU acceleration plans/AOP/AIP and addressing areas for improvement					
	IR 1.1A	1 provincial, 2 city, 25 municipal AOP/AIP formulated for approval and funding			**X**	
	IR 1.2A	Local finance committees of P/C/MLGUs approved the increase in health investments in the AIP, reflecting increased health operations and health program budget, increased PHIC sponsored program enrolment, and increased number of PHIC-accredited health facilities				**X**
	IR 1.1C/ IR 1.1I	Provincial PME installed				**X**

ZAMBOANGA DEL SUR: Implement the PhilHealth Sponsored Program to improve public health

The province is one of the 21 F1 rollout sites. It has completed its PIPH and this was accepted by DOH and EC as basis for funding support. A review of the provincial health situation reveals maternal care performance below national standards. Family planning use is about the national average but large variations exist across the 27 municipalities in the three ILHZs. Child care indicators are below national standards as well with FIC coverage at only 84%. For TB control CDR is 75% while cure rate is 77%, the latter being below national standard. The province like the other Zamboanga provinces is at risk of avian influenza due to migratory birds, smuggling of birds and poultry from infected neighboring countries, and free-ranging poultry raising methods.

The enormity of the health challenges require on the one hand the mobilization of external and internal resources to finance service delivery improvements and empowering the families to access health services on the other. The PHIC sponsored program therefore plays a key role in the equation as it both provides funds through capitation and reimbursements to health facilities and at the same time gives opportunity to enrolled families to access preventive and curative health services. The Sponsored Program started in 2000 with an initial enrollment of 5% of the eligible population. The coverage has risen to only 18% in June 2008. Accredited facilities for OPB (10 out of 27), TB-DOTS (only 1 facility), and MCP (only 5) are few. The provincial government decided to pursue universal coverage of the indigents through the sponsored program in a gradual manner. However to achieve this, requires a huge some of money. It is estimated that 97,812 of households are indigents.

The provincial coffers can only produce a portion of the required investments. Thus was born a collaboration commonly known as the multi-payor scheme. The scheme hinges on the participation and commitment of the provincial government, the congressional representatives, all municipal local government units and to some extent the *barangays*, as well as PhilHealth. The scheme involves a sharing plan where each major stakeholder pays a portion of the premium required for each family-enrollee. With this distribution plan, the multi-payor scheme comfortably lightens the financial load of paying for the indigent premium. It also creates a win-win situation for the various stakeholders.

The municipality, for one, easily earns two ways: from the capitation fund and from reimbursements for maternity care and TB-DOTS services that the rural health unit (RHU) provides. The province, on the other hand, benefits from the reimbursement that PhilHealth gives government hospitals. Per hospital records, roughly 8 out of 10 patients are charity cases and in most instances health care is subsidized by the provincial government. The provincial government at present finds it increasingly difficult to maintain the newly constructed Zamboanga del Sur Medical Center. On a monthly basis, the province has to cough out almost 10million pesos to operate the hospital and to pay its loan amortization. This bleeds dry the province's financial resources. Covering the indigent population will reduce, up to a very large extent, the number of charity cases in the hospital. Most importantly, this scheme allows the cardholders, most specially the poor, to access health services without resorting to emergency loans for which loan sharks charge exorbitant interest rates. What is more tragic is when poor families do not seek health care at all. It is therefore hoped that as they are now entitled to health services, they will actively seek health preventive and curative care for better health.

On the whole, the local health system gets the benefits as health standards and quality care are purposely assured. To qualify for capitation and reimbursements, the public health facilities need to accredit themselves by passing required standards of quality health care. Furthermore, the capitation funds can be used to procure the more drugs medicines and supplies. It can be used also to provide added financial incentives to health workers and the mobility to do outreach services.

The current provincial leadership has been successful so far in mounting the necessary initial steps towards the multi-payor scheme. For one, the governor enjoys the majority of the support of the mayor. The LMP president is the governor's son. The only component city (Pagadian) in the province however is not under the same political banner as the governor. The LCE and the city council decided to increase its enrollment under a single payer scheme.

The road to multi-payor scheme was not easy since even the regional PHIC endorses a single insurer type for universal coverage for easy and one time collection of premium payment. Most of the provincial governments favor the single insurer type since it automatically gets the entire largesse of the capitation fund. Although this defeats the very purpose of capitation, in most cases the provincial governments especially those whose interest is only to take care of the hospital, likes the scheme since they are assured of the return of investment. One of the key issues that should be settled early on is capitation utilization. There are a number of critical questions regarding this:

1. Will the LCEs, especially the provincial governor, agree that capitation fund goes to the municipal LGUs? If not, what are other viable capitation sharing schemes can be developed?
2. If given all the capitation (and eventually reimbursements from TB-DOTS and MCP), how will the MLGUs rationally utilize the capitation so that the funds will result to improvements in health service delivery and ultimately lead better health outcomes? How can the LGUs perspective become less input-focused (earning capitation money) and more output-focused (improvement in service performance and/or coverage)?
3. On the operational side, what technical assistance can be done by the USAID CAs so that the multi-payor scheme can be sustained?

Taking into account these questions and all the other realities in the province, the elements of the handle are:

A. Implement AOP 2009 with attention to CSR+ implementation including policy and financing support (including MNCHN grants) and service delivery interventions.
B. Implement the PhilHealth Sponsored Program by providing technical assistance in developing a strategy to improve the PhilHealth Sponsored Program which will address issues related to PHIC enrollment of indigents, individual paying, accreditation and utilization, reimbursements and fund management.
C. Formulate AOP 2010 based on SDIR and install PME. In collaboration with the Inter-CA and CHD, technical assistance will be provided in the conduct of SDIR and installation of a PME system to monitor AOP implementation and will harmonize LGU Score Card and SDIR

Year 3 Technical Assistance

A. Implement AOP 2009 with attention to CSR+ planning and implementation including policy and financing support

1.1 Technical support to the CHD, PHO in the enhancement of CSR+ plans and development of CSR+ policy.

a. Support LGUs in the review and enhancement of the CSR plan of the province with particular reference to forecasting of FP commodities, TB drugs, MNCHN commodities, including Vit A capsules, iron-folate tablets, zinc and reformulated ORS, IMCI drugs;
b. TA on the allocation and distribution of logistics to priority low priority areas;
c. TA on the identification of local champions and development of advocacy strategies to generate support for policy formulation and budget allocation in support of the implementation of the CSR plan especially in low performing;
d. Provide technical advice to the province in leveraging the MNCHN grant to municipal LGUs to provide a budget for MNCHN and other essential drugs based on a performance-based scheme;
e. Assist the province in designing a performance-based scheme as basis for the distribution of the MNCHN grant to municipal LGUs using as reference the set of criteria used in MNCHN rapid appraisal of the provinces for the MNCHN grant.

Milestones

- 1 provincial and 25 municipal/city updated commodity forecast for FP, TB drugs, MNCHN commodities, including Vit A capsules, iron-folate tablets, zinc and reformulated ORS, IMCI drugs
- 1 provincial logistics management plan for CSR + commodities prepared
- 1 provincial and 25 municipal/city policies in support of CSR plan implementation crafted
- 25 municipal and city LGUs have received financial, logistics and technical support from provincial MNCHN grant based on an agreed performance-based scheme
- 25 city and municipal LGUs have procured CSR+ commodities

Expected Results

- 25 LGUs with increased utilization of FP services

1.2 Advocacy to CHDs and PHO in the installation of quality of care (SDExH) including strengthening the referral system (community to RHUs, RHUs to district and provincial hospitals).

Orient the PHO and DOH representatives on the principles, operational framework, objectives and key activities and benefits of SDExH in order for PHO to promote its application in at least one ILHZ and LGU's sharing funds for its implementation including the installation of 2-way referral system in the ILHZ

Milestones

- 5 LGUs of one ILHZ completing 4 modules of SDExH and implementing their Service Improvement Plans with funding support from the LGU's
- Installation of 2-way referral system in one ILHZ with 6 LGUs

Expected results

- Increase in the program coverage on priority health programs as a result of the SIP implementation and improvement in the quality of services as manifested by an increase in the standards met in each facility
- Increase two-way referral of patients from rural health units to public hospitals and/or from public hospitals to rural health units

1.3 Assist the CHD / PHO in providing technical assistance to the LGUs to identify key action points in improving health service delivery system to maximize the utilization of the MN services in 5 MCP accredited health facilities.

a. With HealthPRO, support the PHO in the conduct of consultative workshop for selected representatives from the 5 MCP accredited facilities to formulate key action points to maximize utilization of the MN including FP services. The key action points will include advocacy to LCEs, Sanggunian Bayan members, and barangay captains to increase PhilHealth enrollment of indigents, strengthening the referral system, creating client demand through behavior change communication strategies, and strengthening/establishing the transportation and communication system and getting community support;
b. Assist in developing an advocacy tool for LCEs / Sanggunian for increase PHIC enrollment and support to maximizing utilization of MN services;
c. Support HealthPRO in providing technical assistance to the LGUs with MCP in generating demand for the MN services;
d. Support training of community health teams in hard-to-reach barangays and areas with a large IP population by ensuring that there are available trainers and funding;
e. Training of service providers on FP-CBT.

Milestones

- 5 LGUs with identified key action points for maximizing the MN package of services
- 10 LGUs making use of advocacy tool to increase PHIC enrollment and maximize MN service utilization
- 40 RHM / BHWs / TBAs as community health teams
- 20 service providers trained on FP-CBT

Expected Results

- Increase budget support for MN services.

B. Implement the PhilHealth Sponsored Program

2.1 Collaborate with PhilHealth Regional and Provincial Offices, to provide technical support to the PHO in the development of a strategy paper on implementing a province-wide PhilHealth Sponsored Program. The province-wide strategy paper describes the provincial government and municipal LGUs commitment to provide health insurance to their constituency, especially the poor.

a. Engage a TA provider to work closely with PhilHealth Regional and Provincial Offices, and the PHO in formulating the strategy paper. This entails the following:
    - Consultation meeting between PhilHealth Regional and Provincial Office, PHO and PPDO to discuss the current province-wide PhilHealth Sponsored Program and its operational issues, and agree on a set of recommendations to strengthen and improve it;

- Technical support to the PHO and PPDO in organizing a write shop to develop the PhilHealth Sponsored Program strategy paper with technical support of PhilHealth Regional and Provincial Offices;
- In collaboration with PhilHealth Provincial Office, assist the PHO and PPDO to organize and conduct a LCEs Orientation on Achieving PhilHealth Universal Coverage: Policy Issues and Options (with attention to the poor) to be convened by the Governor and the President of the League of Municipalities of the Province. In this forum, the province-wide PhilHealth Sponsored Program strategy paper will be presented and discussed. The Provincial Sanggunian en banc and the SB Chair on Health and Chair on Appropriation will be invited to participate in this activity;
- In collaboration with the SP on Health support the PHO and PhilHealth Provincial Office to convene a NGO/CSO Forum on Achieving PhilHealth Universal Coverage: Policy Issues and Options (with attention to the poor). This activity will be participated by the leaders of CSOs with preference to NGO representatives in the Provincial Development Council and P/M Health Boards;
- Finalization of the Province PhilHealth Sponsored Program strategy paper by the PHO and PPDO;
- Submission of the strategy paper to the Governor and LMP for approval and obtaining mandate to implement.

b. Assist the PHO and PhilHealth Provincial Office in formulating a communication and advocacy plan focused on disseminating the province-wide PhilHealth Sponsored Program strategy paper to various stakeholders including mobilizing a local NGO to plan, implement, monitor and evaluate information dissemination on PhilHealth benefits among NGOs/CSOs to increase benefit utilization.
c. Capacitate and mobilize CHD and a local champion (SP on Health) to spearhead the Local Health Policy Development workshop with participation of NGO leaders from the LGU Development Council and Local Health Board

2.2 With PhilHealth, CHD and the PHO, provide special technical assistance to the City of Pagadian.
a. Provide TA in the review and finalization of the city implementing rules and regulations (IRR) for the city resolution providing funds for enrollment;
b. Provide TA in the presentation of the IRR to the city mayor and city council;
c. Provide TA on facility improvement for 3 N1 accreditation.

2.3 Technical support to CHD, PHO and MHOs to improve utilization of PhilHealth capitation fund and benefit reimbursements by municipalities to improve service delivery in FP, MCH and TB based on SDIR findings.
a. Development of a monitoring system to track the utilization of capitation funds for public health services. The monitoring system will be installed at the PHO as part of its oversight function to the Province PhilHealth Indigency Program. The SDIR results shall be used in identifying low performing areas in MNCHN, FP, TB, and in proposing a set of interventions that will be funded by the capitation fund;
b. Assist the PHO and PPDO in organizing a workshop to update the PhilHealth universal coverage sub-plan in the PIPH including the estimation of:
- the indigent population based on existing tools that the P/M/C LGUs are using (CBMS);
- required premium subsidies from P/M/C LGUs to enroll the poor;

- expected reimbursements and capitation funds;
- investment requirements for accreditation;
- investments in adopting a means test mechanism (e.g., analysis of CBMS);
- identifying policy options.

c. Assist the PHO and PPDO, and their municipal/city counterparts in improving PhilHealth benefit delivery through enrollment of indigents through the use of means test mechanisms (i.e., CBMS), accreditation of health facilities, improving quality of services and logistics, and improving claims;
d. Technical advisory to P/M/C LGUs on options for maximizing capitation fund and benefit utilization to improve public health outcomes.

Milestones:

- Approval (Executive Order) and endorsement of the governor and the LMP of the implementation province-wide PhilHealth Sponsored Program strategy paper that incorporates policy issues and options with attention to the poor
- Province-wide PhilHealth Sponsored Program advocacy and communication plan formulated for approval and funding to implement
- 25 LGUs with Enrollment plan (covering the poor) endorsed by LCE commitment to fund
- 50,000 indigent families enrolled by 25 LGUs
- IRR for the implementation of the city resolution providing funds for enrollment approved by the Pagadian city mayor and local council
- 2 Pagadian City RHUs are MCP and OPB accredited and 1 city RHU is TB DOTS Accredited
- 5 LGUs with RHUs acquiring 3 in 1 PhilHealth accreditation
- Monitoring system on the utilization of capitation for public health services developed and installed at the Provincial Health Office
- Province-wide PhilHealth Universal Coverage PIPH sub-plan updated/ enhanced to include validated details or guidelines on indigent population, premium subsidies, reimbursement and capitation funds, required investment for facility accreditation and policy options
- 1 Provincial and 10 M/C LGUs crafted policies on maximizing capitation fund and TB DOTS reimbursements to improve public health outcomes

Expected results

- Increased access and use of FP, MCH and TB services by the poor as a result of province-wide implementation of PhilHealth Sponsored Program implemented

C. Formulate AOP 2010 based on SDIR and install PME

3.1 Support CHD, PHO and MHOs in the conduct of SDIR plus in March 2009 as basis for selective interventions in the improving service delivery performance in FP, MCH and TB control programs.

a. Facilitate the conduct of province-wide SDIR using enhanced SDIR tool to capture specific needs and realities in other low performing areas. SDIR tool will include review of the accomplishments of the 490 Health and Nutrition posts. This entails the following:
    - Secure mandate from the provincial governor and municipal mayors to conduct SDIR plus.

- Provide TA to the PHO in the enhancement of the SDIR tool to capture factors affecting consumer/client concerns
- Provide TA to the provincial LGU in conducting social preparation activities (leading to the conduct of SDIR) to CSOs/NGOs and other government agencies. This includes orientation and community consultation/focus group discussion, results of which will serve as input.
- Actual conduct of SDIR Plus

b. Dissemination of SDIR plus results to LCE and significant political leaders;
c. Mobilize NGOs/CSO to provide feedback on the SDIR results to low performing communities.

Milestones
- Mandate to conduct SDIR secured from the provincial governor
- 27 municipalities have conducted pre SDIR workshops
- 1 provincial level SDIR workshop conducted
- 27 acceleration plans formulated
- 5 NGOs/CSOs conducting community meetings to provide feedback on results of SDIR to generate support for improving service utilization in low performing areas
- 10 LGUs identifying policy issues related to improving public health services in low performing areas

Expected results
- Some Level I interventions of LGU Acceleration Plans are implemented

3.2 Assist CHD, PHO and MHOs in the establishment of province-wide M&E system that will harmonize with the SDIR and LGU scorecard to provide updated information on status of PIPH/AOP implementation and its operational issues, track public health performance, and public health outcomes for utilization by LCEs and other stakeholder for decision making
   a. TA to the CHD and PHO in developing and installing an M&E system to track implementation of PPAs as outlined in the operational plan. The M&E system will harmonize SDIR, ME3 and LGU score card indicators and processes. This entails a consultation meeting between CHD and PHO to agree on the scope of the M&E system and obtaining mandate from the Governor;
   b. Assist the CHD and PHO in designing the M&E framework and indicators;
   c. Assist the CHD and PHO in presenting the M&E framework and indicators to the municipal/city health officers, planning officers and selected NGO leaders for review and comments;
   d. Through the TA provider, assist the CHD and PHO in finalizing the M&E framework and indicators, and in formulating the M&E operational plan;
   e. Assist the PHO in presenting the M&E system to the Governor and Expanded Provincial Health Board for approval and securing mandate to implement;
   f. Assist in the installation of the M&E system at the Provincial Health Office and assist the CHD and PHO in orienting the M/C LGU health staff on the M&E system.

Milestones
- Mandate to develop and install the Province M&E system at the PHO obtained from the Governor
- Province-wide M&E system developed and pilot tested in I ILHZ

- Province-wide M&E system, approved by the Governor and installed at the PHO Technical Unit

Expected results

- Improved data management demonstrating link between investment and performance

ZAMBOANGA DEL SUR: Implement the PhilHealth Sponsored Program to improve public health

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**Implement AOP 2009 with attention to CSR+ planning and implementation including policy and financing support**					
A1	1.1. Technical support to the CHD, PHO in the enhancement of CSR + plans and development of CSR+ policy					
	IR 1.1B	1 provincial and 25 municipal/city updated commodity forecast for FP, TB drugs , MNCHN commodities, including Vit A capsules, iron-folate tablets, zinc and reformulated ORS, IMCI drugs			**X**	
	IR 1.1F	1 provincial logistics management plan for CSR + commodities prepared			**X**	
	IR 1.1G	1 provincial and 25 municipal/city policies in support of CSR plan implementation crafted			**X**	**X**
	IR 1.1B	25 municipal and city LGUs have received financial, logistics and technical support from provincial MNCHN grant based on an agreed performance-based scheme			**X**	
	IR 1.1F	25 city and municipal LGUs have procured CSR+ commodities			**X**	**X**
A2	Advocacy to CHDs and PHO in the installation of quality of care (SDExH) including strengthening the referral system (community to RHUs, RHUs to district and provincial hospitals)					
	IR 1.3C/ IR 1.1H	5 LGUs of one ILHZ completing 4 modules of SDExH and implementing their Service Improvement Plans with funding support from the LGU's				**X**
	IR 1.1H	2-way referral system in one ILHZ with 6 LGUs installed				**X**
A3	Assist the CHD / PHO in providing technical assistance to the LGUs to identify key action points in improving health service delivery system to maximize the utilization of the MN services in 5 MCP accredited health facilities					
	IR 1.3D	5 LGUs with identified key action points for maximizing the MN package of services			**X**	
	IR 1.4C	10 LGUs making use of advocacy tool to increase PHIC enrollment and maximize MN service utilization				**X**
	IR 1.4C	40 RHM / BHWs / TBAs trained as community health teams				**X**
	IR 1.3A	20 service providers trained on FP-CBT				**X**
B	**Implement the PhilHealth Sponsored Program**					
B1	Collaborate with PhilHealth Regional and Provincial Offices, to provide technical support to the PHO in the development of a strategy paper on implementing a province-wide PhilHealth Sponsored Program.					
	IR 1.2B/ IR 1.1G	Implementation province-wide PhilHealth Sponsored Program strategy paper that incorporates policy issues and options with attention to the poor endorsed by the LMP and an Executive Order by the governor		**X**	**X**	
	IR 1.2B	Province-wide PhilHealth Sponsored Program advocacy and communication plan formulated for approval and funding to implement			**X**	
	IR 1.2B	25 LGUs with Enrollment plan (covering the poor) endorsed by LCE commitment to fund				**X**
	IR 1.2B	50,000 indigent families enrolled by 25 LGUs				**X**
B2	With PhilHealth, CHD and the PHO, provide special technical assistance to the City of Pagadian					
	IR 1.1G	IRR for the implementation of the city resolution providing funds for enrollment approved by the Pagadian city mayor and local council		**X**		
	IR 1.2C	2 Pagadian City RHUs are MCP and OPB accredited and 1 city RHU is TB DOTS Accredited				**X**

B3	Technical support to CHD, PHO and MHOs to improve utilization of PhilHealth capitation fund and benefit reimbursements by municipalities to improve service delivery in FP, MCH and TB based on SDIR findings.					
	IR 1.2C	5 LGUs with RHUs acquiring 3 in 1 PhilHealth accreditation				**X**
	IR 1.1C	Monitoring system on the utilization of capitation for public health services developed and installed at the Provincial Health Office			**X**	
	IR 1.2B	Province-wide PhilHealth Universal Coverage PIPH sub-plan updated/ enhanced to include validated details or guidelines on indigent population, premium subsidies, reimbursement and capitation funds, required investment for facility accreditation and policy options		**X**		
	IR 1.1G/ IR 1.2E	1 Provincial and 10 M/C LGUs crafted policies on maximizing capitation fund and TB DOTS reimbursements to improve public health outcomes				**X**
C	**Formulate AOP 2010 based on SDIR and install PME**					
C1	Support CHD, PHO and MHOs in the conduct of SDIR plus in March 2009 as basis for selective interventions in the improving service delivery performance in FP, MCH and TB control programs					
	IR 1.3D/ IR 1.1G	Mandate to conduct SDIR secured from the provincial governor		**X**		
	IR 1.3D	27 municipalities have conducted pre SDIR workshops			**X**	
	IR 1.3D	1 provincial level SDIR workshop conducted			**X**	
	IR 1.3D	27 acceleration plans formulated				**X**
	IR 1.4D	5 LGUs provided with inputs from NGOs/CSOs (community meetings to provide feedback on results of SDIR to generate support for improving service utilization in low performing areas)				**X**
	IR 1.1G	10 LGUs identifying policy issues related to improving public health services in low performing areas				**X**
C2	TA in the formulation of 2010 AOP using the SDIR + data					
	IR 1.1A	1 Provincial and 27 municipal 2010 AOP				**X**
	IR 1.1G	Provincial and 27 municipal health boards endorsing funding allocation for priority 2010 PPAs to Governor/Mayors and Sanggunian				**X**
	IR 1.2A	Funds allocated for priority 2010 PPAs by Local Finance Committee of PLGU and 27 MLGUs				**X**
C3	Assist CHD, PHO and MHOs in the establishment of province-wide M&E system that will harmonize with the SDIR and LGU scorecard to provide updated information on status of PIPH/AOP implementation and its operational issues, track public health performance, and public health outcomes for utilization by LCEs and other stakeholder for decision making					
	IR 1.1C/ IR 1.1G	Mandate to develop and install the Province M&E system at the PHO obtained from the Governor		**X**		
	IR 1.1C/ IR 1.1I	Province-wide M&E system developed and pilot tested in I ILHZ			**X**	
	IR 1.1C/ 1.1G	Province-wide M&E system, approved by the Governor and installed at the PHO Technical Unit				**X**

ZAMBOANGA SIBUGAY: Improving public health outcomes in GIDA and other low-performing areas through LGU and community partnership

Created in 2001, the province is one of the newly established provinces in the country. It has a population of close to 600,000 inhabitants spread over 16 municipalities. Health service delivery is managed through three health districts (ILHD), namely Ipil District with six municipalities, Alicia district with seven municipalities, and Mataol or GIDA District with three municipalities. The districts are managed by Chief Medical Officers, who are in turn supervised by the Provincial Health Officer.

A review of the health situation of the province shows that specific areas or districts have relatively low performance in FP, maternal and child care, and TB. Such areas include the GIDA district, which is an island district consisting of three municipalities. These municipalities are geographically isolated and depressed areas, with poor means of transportation. The population consists of diverse ethnic groups. However, strong and influential groups are present in the area and are willing to take part in health sector reform implementation.

Technical assistance will be provided in the following areas:

- Analysis of SDIR results of three low-performing areas, including GIDA, to address issues of service delivery related to FP, MCH, and TB;
- Ensuring that the AOP/AIP reflect health service, governance, and financing priorities of low-performing areas'
- Strengthening ILHZ operations to deliver quality and timely public health services to low-performing ILHZs. This includes technical assistance in planning, financing, logistics, and expanding service delivery network to reach underserved populations, and strengthening LGU-NGO-community partnerships in public health.

In year 3, HealthGov's technical assistance to Zamboanga Sibugay will follow 3 tracts namely: (1) province-wide technical support to the P/MLGU in the implementation of the 2009 AOP particularly enhancement of the CSR sub-plan of the PIPH, and service delivery interventions that will improve provision of health services in MCH, FP and TB (2) technical assistance in the development and implementation of community partnership mechanisms in geographically isolated and depressed areas (GIDA) (Mabuhay, Olutanga, Talusan) and in low performing areas (LPA) (Tungawan, R.T. Lim, Ipil, Diplahan and Alicia) and (3) support to the preparation of the 2010 AOP/AIP.

To achieve these, the Year 3 Technical Assistance will focus on the following:

1. In collaboration with CHD, Provincial Health Team (PHT) and other CAs provide technical support to the P/MLGU in the implementation of 2009 AOP focusing on CSR implementation

1.1 Assist the LGUs update the CSR plan to include policy support and leveraging the DOH MNCHN grant and implement with the approval of LCEs/LHBs
   a. Support the P/MHO in the conduct of a province-wide review of CSR plan focusing on forecasting of FP commodities including anti-TB drugs, Vit. A, Iron with Folate, Zinc and reformulated ORS
   b. Assist the P/MLGUs in developing policy and identifying and securing funds in support for CSR plan implementation.

- Design and conduct of CSR Policy Development Workshop involving members of local Sanggunian, LFC, LHB to come up with draft LGU policy/legislation supportive to CSR implementation
- Assist the province in leveraging the MNCHN grant to municipal LGUs to provide a budget for FP commodities, MNCHN and other essential drugs based on a performance-based scheme
- Assist the province in designing a performance-based scheme as basis for the distribution of the MNCHN grant to municipal LGUs.

c. Assist the PHO in monitoring LGU CSR plan implementation
   - Facilitate the review and enhancement of the CSR monitoring tool developed by CHD-10 to suit the needs/requirements of the PHO in monitoring CSR implementation. The enhanced monitoring tool shall include provisions that will solicit community feedback regarding access and quality of CSR+/FP information and education activities, counseling, and referral, etc.
   - Support the PHO in mentoring the MHO during monitoring visits by providing advisories on (i) the procurement and distribution of commodities particularly distribution of FP commodities to poor clients in low performing areas, (ii) availability of TA package on client segmentation and policy development, (iii) different procurement options and (iv) list of suppliers
   - Guide the PHO/MHO in mapping and establishing a referral network of public and private FP service provider for all (modern) methods of contraception

Milestones
- 1 provincial, 16 municipal CSR plans reviewed and enhanced
- 1 provincial, 16 municipal policies in support of CSR plan implementation crafted with NGO participation
- MNCHN grant awarded to 16 municipal LGUs based on a performance-based scheme
- 1 province and 16 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS
- 16 MLGUs allocated funds for FP/MNCHN/TB activities from their AOP. Activities will include, but not limited to, conduct of IEC, master listing of pregnant women, training of staff, procurement of reagents and supplies and purchase of equipments

Expected results
- Increased access to priority health programs i.e. increased number of FP users, increased Vit. A coverage, etc.

1.2 Support the PHO/LGUs in service delivery interventions to improve provision of health services in MCH, FP and TB.
   a. Capacity building of health personnel on FP-CBT, ICV compliance monitoring, life savings skills prioritizing the RHMs in GIDA and low performing areas and TB-DOTS in low-low municipalities (in collaboration with TB-LINC);
   b. In collaboration with CHD-DOH-Reps, assist the PHO in the installing and making functional the ICV compliance monitoring system;
   c. Initiate ICV compliance reporting by mentoring in the conduct of monitoring and report preparation and submission;
   d. With HealthPRO assist the LGU in developing key messages for clients to demand correct and complete information on all FP methods;

e. Maximize utilization of functional facilities providing maternal and newborn and FP services by organizing a consultative workshop among P/MLGU and ILHZ core referral hospitals to discuss increasing performance on births in facility and by skilled birth attendants by developing guidelines and mechanisms for (i) deliveries by midwives in public birthing facilities and hospitals (ii) referral of pregnant women by TBA to public/private birthing facilities or hospitals (iii) compensating TBAs that refer pregnant women for pre-natal, natal and post-natal care (iv) establishing an efficient emergency communication and transportation and referral system;
f. In collaboration with HealthPRO assist the LGU in developing key messages that will be used by health workers and barangay health workers in increasing awareness of the community on the importance of delivering in health facilities and attended by skilled birth attendants;
g. Develop an inventory tool for master listing of all TBAs in the GIDA and LPA;
h. Provide technical guidance to the MHO/PHN in organizing and re-tooling of TBAs to be partners in health service delivery through master listing and referral of pregnant women to birthing facilities and skilled birth attendants for proper care and management

Milestones

- P/MLGU health personnel trained on FB-CBT(25), ICV compliance monitoring (40) and LSS (15)
- Guidelines and mechanisms for (i) deliveries by midwives in public birthing facilities and hospitals (ii) referral of pregnant women by TBA to public/private birthing facilities or hospitals (iii) compensating TBAs that refer pregnant women for pre-natal, natal and post-natal care (iv) establishing an efficient emergency communication and transportation and referral system developed
- Master list of TBAs in GIDA and LPA completed
- 4 LGUs with Executive Order or Resolution or Ordinance legitimizing an emergency communication, transportation and referral system
- Province submitting to CHD quarterly monitoring reports on ICV compliance

Expected results

- Increased number of deliveries in health facilities and attended by skilled birth attendants
- PLGU submitting regular quarterly monitoring report on ICV compliance
- 3 LGUs (1-GIDA, 2-LPAs) with TBAs referring pregnant women to public / private birthing facilities to demonstrate operationalization of guidelines
- 3 LGUs (1-GIDA, 2-LPAs) with efficient communication and transportation referral system

1.3 Support the PHO in assisting the RHUs to comply with the PHIC MCP accreditation requirements. For this intervention, two LGUs (1-GIDA, 1-LPA) are initially targeted for its first year of implementation.
   a. Conduct orientation for MHOs and PHNs on PhilHealth facility assessment guidelines, requirements, and tools (including filling up of required forms);
   b. Mentor the MHO/PHN in conducting facility self-assessment and identifying key action points to maintain/reapply OPB, TB-DOTS accreditation and meet MCP accreditation requirements. Provide guidance to MHOs/PHNs in complying

documentary and application requirements and ensure that these are submitted to PhilHealth Regional Office for appropriate action;

c. Assist the PHO in monitoring progress of OPB, TB-DOTS and MCP accreditation of the RHUs and provide technical advisory to PHO and MHOs for continuing problem solving to achieve accreditation.

Milestones

- 2 RHUs conducting facility self-assessment (Mabuhay and RT Lim)
- 2 LGUs (Mabuhay and R.T. Lim) formulating facility improvement plan to meet PHIC 3 + 1 accreditation

Expected results

- 2 RHUs are 3 + 1 accredited

1.4 Assist the PHO/MHO in FHSIS data analysis and utilization to monitor program performance and as inputs to decision making and crafting appropriate action by the Local Health Board/ Sanggunian/LCE's by:

a. Supporting the conduct of training on FHSIS version 2008 for RHU personnel to level off understanding of definition of indicators, calculation of eligible population, recording and reporting of accomplishments;

b. Mentoring the PHO Program Coordinators/MHO/PHNs in analyzing FHSIS reports and establish mechanism in providing feedback (monthly at RHU level, quarterly at PHO level) i.e. timely submission, validated data, recognition of performance, technical advice to address performance gaps;

c. Mentoring the PHO/MHOs and SP/SB committee on health in packaging and presenting the FHSIS reports to the LCEs and municipal councils for appropriate action.

Milestones

- And in 52 (PHO-4 and RHU48) personnel from PHO and 16 municipalities updated on the FHSIS version 2008 definition of indicators, and trained on recording and reporting
- 63 Provincial(15) and Municipal LGU(48) health personnel trained on data utilization and management
- 8 LGUs are submitting accurate reports on time, analyzing and utilizing the results for investment planning (AOP/AIP) and policy-making (TBA guidelines, CSR, facility-based deliveries)

Expected results

- 8 LGUs are submitting accurate reports on time, analyzing and utilizing the results for investment planning (AOP/AIP) and policy-making (TBA guidelines, CSR, facility-based deliveries)

2. Develop and implement LGU and. community partnership mechanisms in GIDA and low performing areas to improve public health outcomes based on results of SDIR+ that addresses issues of service delivery and financing of FP, MCH and TB

2.1 Technical assistance to the PHO in the development and conduct of SDIR plus in GIDA and other low performing areas.

a. Secure mandate from the provincial governor and mayors to conduct SDIR plus;
b. Capacitate CHD and PHO to facilitate and conduct SDIR plus and mobilize the technical staff as TA provider for this undertaking;
c. Support the assessment of the implementation of current health information management with focus on FHSIS and other existing public health information system (i.e. TB, malaria, etc.) to identify gaps, issues and needs, as well as recommendations to address them to ensure that data to be used during the conduct of SDIR is complete and accurate;
d. Assist the PHO and DOH representatives in validating MNCHN, FP and TB data at the RHU level;
e. Provide TA to the provincial LGU in conducting social preparation activities leading to the conduct of SDIR) to CSOs/NGOs and other government agencies. This includes orientation and community consultation/focus group discussion.
f. Support the conduct of SDIR;
g. Support the dissemination of SDIR plus results to LCEs and other stakeholders to generate support through policy development and increased financing particularly to low performing areas;
h. Mobilize the NGOs/CSOs to provide feedback on the SDIR results to GIDA and low-performing municipalities to generate their support in addressing specific gaps and needs in these areas.

Milestones

- 8 GIDA /LPAs SDIR plus workshop
- 8 other LGUs SDIR workshop for AOP
- 8 LGUs with NGOs/CSOs conducting community consultations on specific issues/needs of as inputs to SDIR tool preparation
- 8 LGUs with NGOs/CSOs that participated in SDIR workshops to articulate issues/needs of consumers/clients
- 8 LGU acceleration plans formulated and implemented, with specific facility and service provider level interventions to increase utilization of services in low-performing areas
- 1 provincial and 16 municipal acceleration plans resulting from SDIR as mandated by provincial governor and mayors formulated and implemented

Expected results

- 8 LGUs with increased utilization of MCH, FP, TB services

2.2 Technical assistance to the P/MLGU to identify external financing sources including community partners (NGOs, CSOs, POs and other government offices) operating in GIDA and other low performing areas to augment LGU resources to support public health service delivery
   a. Technical support in the conduct of resource mobilization workshop to identify sources to fund priority interventions in the acceleration plans of GIDA and LPAs;
   b. Support the P/MLGU of GIDA and LPA in developing project proposal for accessing additional funding.

Milestones

- 8 LGUs (3 GIDA and 5 LPA) draft resource mobilization plans
- 4 LGU developed project proposal

Expected results

- 4 LGUs submit project proposal to funding agency

2.3 With HealthPRO, develop Institutional Capacity Building and Sustainability through Strategic Communication Planning (SCP) and Message and Materials Development.

Milestones

- Field observation, consultation and data gathering in GIDA areas and LPAs
- Provision of Technical Updates (MNCH, newborn care, FP and TB) in GIDA and low-performing areas
- Conduct of message development workshop in GIDA and low performing areas
- Development of FAQs on MNCHN, FP for BHWs
- Development/enhancement and localization of job aids for service providers on FP, MNCHN, TB

Expected results

- 8 LGUs with increased utilization of MCH, FP, TB services

3. Formulate AOP 2010 based on results of SDIR+ - Level II (with funding support from LGU) and Level III (with donor support interventions)

3.1 TA in the formulation of 2010 AOP using the SDIR + data

a. Assist the PHO in the consolidation the C/M-LGU acceleration plans
b. In collaboration with the CHD/other CAs, assist the PHO in organizing and conduct of 2010 AOP workshop
c. Assist PHO/CHO/MHOs in legitimizing their respective 2010 AOPs for funding
d. Assist the PHO/CHO/MHOs in advocating to their respective SPs, SBs, LFCs, other stakeholders to increase AOP financing support

Milestones

- 1 Provincial and 16 municipal 2010 AOP
- Provincial and 16 municipal health boards endorsing funding allocation for priority 2010 PPAs to Governor/Mayors and Sanggunian

Expected results

- Investment requirements for 2010 integrated into P/MLHU AIP/AOP
- Local Finance Committee of PLGU and 16 MLGUs allocating funds for priority 2010 PPAs

ZAMBOANGA SIBUGAY – Improving public health outcomes in GIDA and other low-performing areas through LGU and community partnership

ACTIVITIES and milestones/performance indicators			Q1	Q2	Q3	Q4
A	**In collaboration with CHD, Provincial Health Team (PHT) and other CAs provide technical support to the P/MLGU in the implementation of 2009 AOP focusing on CSR implementation**					
A1	Assist the LGUs update the CSR plan to include policy support and leveraging the DOH MNCHN grant and implement with the approval of LCEs/LHBs					
	IR 1.1B	1 provincial, 16 municipal CSR plans reviewed and enhanced			**X**	
	IR 1.1G/ IR 1.4D	1 provincial, 16 municipal policies in support of CSR plan implementation crafted with NGO participation			**X**	
	IR 1.1B	MNCHN grant awarded to 16 municipal LGUs based on a performance-based scheme			**X**	
	IR 1.1D	1 province and 16 MLGUs procuring FP and TB commodities, Vitamin A for sick children, iron folate, zinc, and reformulated ORS			**X**	**X**
	IR 1.2A	16 MLGUs allocated funds for FP/MNCHN/TB activities from their AOP. Activities will include, but not limited to, conduct of IEC, master listing of pregnant women, training of staff, procurement of reagents and supplies and purchase of equipments			**X**	**X**
A2	Support the PHO/LGUs in service delivery interventions to improve provision of health services in MCH, FP and TB					
	IR 1.3A	P/MLGU health personnel trained on FB-CBT(25), ICV compliance monitoring (40) and LSS (15)				**X**
		Guidelines and mechanisms for (i) deliveries by midwives in public birthing facilities and hospitals (ii) referral of pregnant women by TBA to public/private birthing facilities or hospitals (iii) compensating TBAs that refer pregnant women for pre-natal, natal and post-natal care (iv) establishing an efficient emergency communication and transportation and referral system developed				**X**
	IR 1.3A	Master list of TBAs in GIDA and LPA completed			**X**	
	IR 1.1G	Executive Order or Resolution or Ordinance legitimizing an emergency communication, transportation and referral system approved in 4 LGUs				**X**
	IR 1.3E	Province submitting to CHD quarterly monitoring reports on ICV compliance			**X**	**X**
A3	Support the PHO in assisting the RHUs to comply with the PHIC MCP accreditation requirements. For this intervention, two LGUs (1-GIDA, 1-LPA) are initially targeted for its first year of implementation					
	IR 1.2C	2 RHUs conducting facility self-assessment (Mabuhay and RT Lim)			**X**	
	IR 1.2C	2 LGUs (Mabuhay and R.T. Lim) formulating facility improvement plan to meet PHIC 3 + 1 accreditation			**X**	
A4	Assist the PHO/MHO in FHSIS data analysis and utilization to monitor program performance and as inputs to decision making and crafting appropriate action by the Local Health Board/ Sanggunian/LCE's					
	IR 1.1C	52 (PHO-4 and RHU48) personnel from PHO and 16 municipalities updated on the FHSIS version 2008 definition of indicators, and trained on recording and reporting			**X**	
	IR 1.1C	63 Provincial(15) and Municipal LGU(48) health personnel trained on data utilization and management			**X**	
	IR 1.1C	8 LGUs are submitting accurate reports on time, analyzing and utilizing the results for investment planning (AOP/AIP) and policy-making (TBA guidelines, CSR, facility-based deliveries)			**X**	**X**

B	**Develop and implement LGU and. community partnership mechanisms in GIDA and low performing areas to improve public health outcomes based on results of SDIR+ that addresses issues of service delivery and financing of FP, MCH and TB**					
B1	Technical assistance to the PHO in the development and conduct of SDIR plus in GIDA and other low performing areas					
	IR 1.3D	8 GIDA / LPAs conducted SDIR plus workshop			**X**	
	IR 1.3D	8 other non-LPA LGUs conducted SDIR workshop for AOP			**X**	
	IR 1.4D	8 LGUs provided with NGOs/CSOs inputs conducted community consultations on specific issues/needs to enhance SDIR tool			**X**	
	IR 1.4D	8 LGUs provided with inputs from NGOs/CSO in SDIR workshops to articulate issues/needs of consumers/clients				
	IR 1.3D	8 LGU acceleration plans formulated and implemented, with specific facility and service provider level interventions to increase utilization of services in low-performing areas			**X**	**X**
	IR 1.3D/ IR 1.1G	1 provincial and 16 municipal acceleration plans resulting from SDIR as mandated by provincial governor and mayors formulated and implemented			**X**	
B2	Technical assistance to the P/MLGU to identify external financing sources including community partners (NGOs, CSOs, POs and other government offices) operating in GIDA and other low performing areas to augment LGU resources to support public health service delivery					
	IR 1.2A	Resource mobilization plans of 8 LGUs (3 GIDA and 5 LPA) drafted			**X**	
	IR 1.2D	4 LGU developed project proposals and submitted for funding				**X**
C	**Formulate AOP 2010 based on results of SDIR+ - Level II (with funding support from LGU) and Level III (with donor support interventions)**					
C1	TA in the formulation of 2010 AOP using the SDIR + data					
	IR 1.1A	1 Provincial and 16 municipal 2010 AOP				**X**
	IR 1.1G	Provincial and 16 municipal health boards endorsing funding allocation for priority 2010 PPAs to Governor/Mayors and Sanggunian				**X**

Regional implementation strategy

In Year 3, the two Mindanao teams in close collaboration with the other USAID CAs will continue to aim for the effectively deliver of technical assistance to the provincial, municipal and city health offices and other local counterparts.

Inter-CA level
The inter-CA collaboration in Mindanao has gained more substance over time.. The CAs have started to think and act as one and a closer working relationship has been established making S03 a collective responsibility instead of a focus on narrow project deliverables. There has been a shift from just looking at an individual project's standpoint to looking at the provinces' situation and determine how the CAs can respond collectively.

For Year 3, the objective is to sustain Inter-CA collaboration to ensure that USAID assistance is used effectively to gain the full support from CHDs, LGUs and other donor towards SO3 activities. Specifically, HealthGov will lead the USAID CAs in the following:

- Formulation of provincial Inter-CA TA plans. By having a collective plan, the resources of the CAs can be systematically packaged and leveraged. This will also ensure complementation and synchronization in the delivery of TA by the CAs;
- Facilitate an inter-CA, PHO, CHD, other donors PIPH/AOP plan implementation on SO3 concerns. Since most of the interventions cannot be provided directly by the CAs this process will ensure that the SO3 concerns – representing a complete set of interventions (direct service delivery interventions and enabling systems) for FP, MCH, TB, and HIV/AIDS, will be fully addressed;
- Provide technical coordination and leadership in moving SO3 concerns through changing situations and ensure that interventions remain relevant and responsive. This can be achieved through the conduct of regular inter-CA meetings and collective monitoring of the provinces' performance, as well as sharing of lessons and insights from the field operations;
- In the course of local level project implementation, identify areas which require central level policy support or action. This is where HPDP and CAs directly working in the field will collaborate. To operationalize this, a strategy or concept paper will be developed articulating inter-CA actions to focus on select municipalities where the support of different CAs converges to bring about improved health outcomes and can generate lessons for broader policy application.

Regional partners level
At the regional level the USAID collaborating agencies have been working with five CHDs (9, 10, 11, 12, Caraga). Strategies include:

1. Organizing an enabling support environment among various key players in the regions and provinces through series of inter-CA, CHD, LGUs, private sector and NGOs/CSOs to support SO3 concerns;
2. Nurturing champions in the public sector. These are the competent, dedicated and resourceful staff of CHDs and LGUs. The number of champions can be increased through work-based capability-building (e.g. CHD and PHO toolkit, local flagship course);
3. Strengthen role of CHDs and PHOs to coordinate and orchestrate region-wide and province-wide health sector reform leadership respectively;
4. Increasing local level support through private-public sector partnerships and NGOs/CSOs, POs and community partnerships. Examples of this include:

- Misamis Occidental and Agusan del Norte: with an organized group of women under the provincial GAD umbrella and federation of women's health organization;
- Misamis Oriental: Oro Chamber on private sector led awards and recognition system;
- Sibugay: multi-sectoral collaboration with non-health agencies to produce health outcomes;
- Bukidnon: next iteration of PME involves CSO and private sector participation.

5. Developing local market models to sustain private sector initiatives for family health in collaboration with the public sector;
6. As cross-cutting TA area, USAID CAs will also give attention to helping LGUs generate accurate and timely data for appropriate service delivery interventions, decision-making and resource mobilization.

All these interventions and strategies require creativity and flexibility in terms of technical packages and financial support from the CAs.

Internal regional level system

Equal attention will be given for strengthening the operations of HealthGov's Regional Office through (i) monthly meeting and continuous action planning and problem solving, (ii) systematize reporting of OP and HealthGov indicators, (iii) capacity-building of the PCs based on the provincial handles, (iv) team approach to TA delivery, including participation in product development (whenever needed), (v) identify and mobilize local TA providers to effectively respond to the demands of LGUs, and (vi) document workable practices and lessons learned.

5.5 HIV and AIDS

Introduction

The goal of HealthGov technical assistance (TA) for the HIV/AIDS program element is to help the Philippine government maintain the low HIV prevalence status – that is, less than 3% among the most at-risk populations (MARPs) and less than 1% in the general population – through focused TA in 11 HIV/AIDS high-risk cities, namely Angeles, Pasay, Quezon, Bacolod, Iloilo, Cebu, Lapu-Lapu, Mandaue, Davao, General Santos, and Zamboanga. While each city is unique in its current status and response to the HIV/AIDS situation, there are situations and challenges that are common to all.

One of the challenges identified by HealthGov is the limited coverage of MARPs by the LGUs with a comprehensive STI/HIV/AIDS prevention package. According to a Family Health International (FHI) report (www.fhi.org/en/hivaids/pub/fact/comprprev.htm), the main technical elements of a comprehensive prevention strategy include behavior change communication (BCC), condom promotion and availability, STI management, voluntary counseling and testing (VCT) for HIV, prevention of mother-to-child transmission (PMTCT), blood safety, harm reduction for injecting drug users (IDUs), and stigma reduction.

The 2005 IHBSS showed that less than 40% of freelance female sex workers (FLSWs), males having sex with males (MSMs), and IDUs received regular outreach services such as STI/HIV/AIDS prevention education that includes condom promotion/distribution and non-sharing of needles when injecting. This may be because of the unsustained service delivery due to the reliance of LGUs on external funding and the lack of trust between the government and these groups because of their socially unacceptable and sometimes illegal practices. Likewise, despite the DOH alert that the epidemic may be spreading among the MSMs, very few or no groups are currently working with MSMs, again, due to lack of external support to fund the activities of local NGOs. Thus, consistent condom use remains low and needle-sharing among IDUs is persistently common as evidenced by an almost 90% hepatitis C prevalence among IDUs in Metro Cebu.

The three rounds of Global Fund for AIDS, Tuberculosis and Malaria (GFATM) projects provide support to the STI/HIV/AIDS initiatives in their project sites, some of which overlap with USAID HIV/AIDS project sites. The GFR3 works in the cities of Lapu-Lapu and Mandaue, mainly supporting prevention education activities for MARPs. Unfortunately, GFR3 support for these cities will end sometime in 2009.

The GFR5 works in the cities of Bacolod, Cebu, General Santos, and Zamboanga. In Bacolod City, the project partnered with an NGO to provide STI/HIV/AIDS prevention education to MARPs. The Bacolod City Social Hygiene Clinic (SHC) is also given limited logistic assistance like STI drugs and condoms. In the cities of Cebu, General Santos, and Zamboanga, GFR5 partnered with NGOs to provide services to IDUs. This will run until February 2010.

The five-year DOH-GFR6 that started implementation in the LGUs during the first half of 2008 supports prevention education specifically among female sex workers (FSWs) and MSMs, activities to ensure blood safety, stigma reduction, and forums for migrant workers. The project also supports capacity building in the form of training on comprehensive STI case management, HIV testing for medical technologists, training of

HIV/AIDS core teams (HACTs) in treatment hubs, and condom promotion and programming, among others. Condoms, IEC materials, and HIV test kits are provided to project sites, specifically the cities of Angeles, Quezon, Pasay, Iloilo, Cebu, Davao, General Santos and Zamboanga.

Another challenge that has been identified is the ineffective tracking by LGUs of training and accomplishment records and reports. In addition, the LGUs do not maintain a data-bank of all HIV/AIDS-related activities by other government agencies and non-government, private, and people's organizations operating in the city. Thus, the complete STI/HIV/AIDS picture in the LGUs is not adequately captured.

Accomplishments in Year 2

USAID TA to the Department of Health (DOH) and the 11 cities through HealthGov and 6 LGUs in the Autonomous Region in Muslim Mindanao (ARMM) through SHIELD contributed to keeping HIV prevalence in the Philippines at a low level. Through USG TA, around 91,000 individuals that include people known to practice HIV high-risk behaviors were reached by almost 2,300 outreach workers with messages promoting HIV/AIDS prevention. Efforts to reach the vulnerable groups and the general population were successful, especially in ARMM. However, training of outreach workers in promoting HIV prevention messages among MARPs was 21% off-target because of the late start of the training of trainers and delays in the release of training funds from LGU sources. Thus, only 6,486 of MARPs were reached with messages promoting HIV/AIDS prevention through peer education. With the advocacy for LGUs to finance NGOs to do outreach work, the efforts of the current pool of trainers, and the sustained TA that USAID will provide for continuing training and support to relevant and appropriate outreach activities, it is expected that next year's targets will be achieved. A catch-up training plan and outreach strategies will be implemented in FY09.

The target for HIV-related community mobilization training was exceeded in most of the sites, notably in the provinces of Lanao del Sur and Sulu, because trainees did not only include LGU representatives but NGOs as well. The trainings were augmented by TA (activity planning and designing, finding resources, ensuring media coverage, mobilizing the community, and evaluating the implementation for continuing improvement) during the 2008 AIDS Candlelight Memorial Commemoration in the high-risk zones.

The Integrated HIV Behavioral and Serologic Surveillance (IHBSS) planned in FY08 by DOH was delayed and will be carried out in FY09. Thus, the planned IHBSS trainings did not push through and only 91% of targeted individuals for training in strategic information management were reached. The reported number of individuals trained in Field Health Services Information System, participatory action research, strategic communication planning, and HIV/AIDS strategic and financial planning contributed to this result.

Other notable program achievements are the development of on-site STI/HIV/AIDS strategic and financial plans in 9 of the 11 HIV/AIDS project sites of HealthGov and a DOH policy which aims to strengthen HIV/AIDS program management in ARMM, conduct of a policy review on potential areas of private sector involvement, and a feasibility assessment of LGU collaboration on HIV/AIDS activities among the cities of Cebu, Lapu-Lapu, and Mandaue.

Technical assistance thrusts for Year 3

To address problems common among the 11 HIV/AIDS sites, a set of TA interventions will be provided to all sites, provided that the LGUs recognize the need for the proposed TA and commit counterpart resources and personnel. In Year 3, HealthGov with the central and regional DOH offices, other Cooperating Agencies (CAs), and resource agencies will provide the following technical assistance to the 11 cities:

(1) Assist HealthPRO, DOH-NASPCP, and CHDs in assessing the BCC strategies for MARPs, developing MARP-specific IEC materials, and training outreach workers (OWs) on BCC

For more than a decade, the strategy employed in the Philippines to effect positive behavior change among MARPs is peer education through interpersonal communication and counseling. However, condom use in high-risk sexual encounters remains low across all sites and needle-sharing is rampant in identified IDU communities. Although it is accepted that peer education through IPC/C is effective in influencing MARPs to adopt positive behaviors, there is a need to revisit the way it is currently being implemented and identify other effective BCC strategies.

The development of MARP-specific IEC materials is essential to support BCC outreach activities. There is a need to develop IEC materials specifically for MSMs and IDUs.

The DOH-GFR6 will be training seven PEs each for FLSWs and MSMs in the cities of Angeles, Pasay, Quezon, Cebu, Iloilo, Davao, General Santos, and Zamboanga. The PEs are expected to provide prevention education to at least 2,900 FLSWs and 2,900 MSMs over a span of 10 months (up to December 2009). HealthGov and HealthPRO, with the CHDs will provide the LGUs TA to augment the number of PEs/outreach workers who will in turn access and educate more MARPs. Moreover, TA will be extended in training outreach workers in the non-DOH-GFR6 cities of Bacolod, Lapu-Lapu, and Mandaue.

This TA responds to the Operational Plan (OP) indicator: number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful, and number of individuals trained in HIV-related community mobilization for prevention care and/or treatment. This TA will pave the way for reaching the targets for the OP indicator: number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful.

Activities

- With HealthPRO's lead, assist in developing the scope of work (SOW) for a consultant who will assess/review the HIV/AIDS BCC strategies in the Philippines
- Assist HealthPRO in records review, identification of assessment participants, and dissemination of assessment findings among stakeholders
- With CHD and HealthPRO, assist in retraining the LGU IPC/C core of trainers guided by the assessment recommendations
- Participate in the HealthPRO- and DOH partners-led training on IEC materials development for health educators and development of prototype IEC materials

- Assist CHD and HealthPRO in orienting the LGU on the effective use of the IEC materials developed
- When needed, assist the LGUs in identifying and securing funds for IEC materials reproduction
- With CHD, assist in developing the training design, mobilizing resources and identifying the local body that will monitor BCC outreach implementation
- Assist the CHD and LGU in conducting the BCC outreach workers training
- With CHD and HealthPRO, monitor BCC outreach activities implementation by the trained outreach workers
- To augment BCC outreach activities, assist CHD and HealthPRO in the conduct of training on identifying social groups and mapping formal structures for community mobilization. This TA addresses the OP indicator: number of individuals trained in community mobilization for prevention care and/ or treatment.

Expected milestones/results

- Assessment of the PE program conducted (Q2)
- 3-5 per site LGU core of trainers (total 45) retrained on the redesigned PE through IPC/C (Q3)
- 3-5 per site health educators (total 45) trained on IEC materials development (Q2-3)
- Prototype IEC materials developed, one each for MSMs, IDUs, and the general population (Q3)
- At least one IEC material reproduced and used per site (Q3)
- By Q2, the following number of outreach workers trained on BCC per site (including those trained in partnership with DOH-GFR6): 50 in Angeles, 58 in Pasay, 57 in Quezon, 42 in Bacolod, 54 in Iloilo, 42 in Cebu, 37 in Lapu-Lapu, 33 in Mandaue, 57 in Davao, 42 in General Santos, and 42 in Zamboanga
- By Q4, the following number of MARPs will have been reached through community outreach by the trained outreach workers: 1,880 in Angeles, 465 in Pasay, 3,017 in Quezon, 580 in Bacolod, 848 in Iloilo, 1,751 in Cebu, 470 in Lapu-Lapu, 492 in Mandaue, 1,590 in Davao, 1,092 in General Santos and 1,218 in Zamboanga
- Training on community mobilization conducted with 3 LGU participants per site (Q2) and rollout training to other LGU support staff done (Q3): 11 in the cities of Angeles, Pasay, Quezon, Bacolod, Iloilo, Davao, and General Santos, 9 in Cebu City and 7 in the cities of Lapu-Lapu and Mandaue

(2) Technical assistance to LGUs in the conduct of HIV/AIDS-related events

This TA responds to the Custom Indicator: number of individuals in the general population reached through community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful.

Activities

- With HealthPRO (lead) and the CHDs, assist the LGUs in planning and designing the activities, finding resources, ensuring media coverage, and mobilizing the community for the World AIDS Day and AIDS Candlelight Memorial commemorations
- Assist HealthPRO and CHDs in developing an evaluation tool for the 2009 AIDS Candlelight Memorial commemoration

- With HealthPRO and the CHD, evaluate the activity for continuing improvement

Expected milestones/results
- Site-specific implementation plans and evaluation tool for the 2009 AIDS Candlelight Memorial commemoration developed (Q2)
- By Q2, at least 600 individuals in the general population were reached in each LGU (total=6,600) during the World AIDS Day and AIDS Candlelight Memorial commemorations
- Evaluation findings circulated among stakeholders (Q3)

(3) Provide TA in setting up an LGU comprehensive monitoring system to track accomplishments and aid in setting program direction

For two consecutive years, HealthGov conducted an annual census to gather data on project indicators. In a forum with SHC physicians and selected NGOs in September 2008, it was agreed that these indicators are not only useful to USAID but also in tracking the LGUs' HIV/AIDS program implementation. However, holding annual census is not sustainable in the LGU setting and information would come rather late for them to determine where they are in terms of targets, to develop strategies and catch-up plans, and to aid in advocacy and resource generation. It was further agreed that at least a quarterly data-gathering scheme would be useful, doable, and sustainable. Furthermore, there is a need to rationalize data gathering not only for the above indicators but also for other equally important indicators such as UNGASS, Global Fund, UNICEF, annual work plan implementation, and integrated strategic and financial plan (ISFP) indicators. Also, most LGUs do not have comprehensive and up-to-date training inventories.

Currently, the following reports are being prepared and submitted by the CHO, principally by the SHC staff: monthly consolidated STI report, clinic report, STI syndromic report (FHSIS), UNICEF - implementation project report, Global Fund condom distribution report, VCT report, drug consumption reports, NEC/SACCL HIV report, and annual accomplishment reports.

Recording and reporting were accomplished (type of activities and number of people reached) because these were required by DOH or resource agencies. The LGUs also do not keep a databank of all HIV/AIDS-related activities implemented by other government agencies and non- government/private/people's organizations done in the city. Thus, there is no complete picture on HIV/AIDS that will guide the planners and decision-makers in the LGU. The need to set up an improved monitoring system that would be useful to the LGUs as well as the national program and other partner-agencies in tracking accomplishments and directing actions is imperative. This TA addresses the OP indicator: number of individuals trained in strategic information management with USG assistance on HIV/AIDS.

Activities
a. With DOH, review existing reporting systems submitted to the LGU, the DOH National Epidemiology Center (NEC), NASPCP, and various resource agencies, as well as sets of indicators/targets and existing software/programs
b. Assist in drafting a unified, comprehensive LGU monitoring system specifying the data to collect, frequency of data collection, data sources, manner of collection, analysis, reporting, and feedback

c. With CHDs, assist in orienting LGU implementers on the unified, comprehensive LGU monitoring system
d. With the CHD, monitor the implementation of the unified, comprehensive LGU monitoring system

Expected milestones/results
- Three LGU implementers (total of 33) per site oriented on the unified, comprehensive LGU monitoring system (Q2)
- Quarterly accomplishment reports submitted (Q3 and thereafter)

(4) Assist the CHDs in orienting key SHC staff on the updated MOP for SHC

Activities
e. With DOH, finalize the updated manual of procedures (MOP) for SHCs
f. Assist DOH in conducting the orientation on the updated MOP for SHCs
g. Provide technical guidance to NASPCP in developing compliance monitoring tool on the MOP for SHCs

Expected milestones/results
- Updated MOP for SHCs finalized (Q2)
- 33 key SHC staff (3 per site) and six (6) CHD STI coordinators oriented on the updated MOP for SHCs (Q3)
- Compliance monitoring tool on the MOP for SHCs developed (Q4)

(5) Provide TA to the LGUs in implementing advocacy activities to augment funding for VCT-related activities

Activities
h. With HPDP and NASPCP in the lead, review and finalize draft DOH administrative order on VCT implementation
i. With DOH, develop guidelines for VCT operationalization at the LGU level
j. With HealthPRO and the CHDs, develop a tool that would enable the LGU, the CHDs and HealthPRO assess advocacy and promotion needs per site to input in the formulation of a VCT promotion plan

Expected milestones/results
- DOH-AO on *Guidelines in the Conduct of HIV Counseling and Testing at All Levels of Health Care* finalized (Q2)
- Guidelines for VCT operationalization at the LGU level drafted (Q3)
- Site-specific VCT promotion plan finalized (Q4)

This TA paves the way for achieving targets for internal indicator: number of individuals who received counseling and testing according to national and international standards.

(6) HealthGov will continue to provide TA in improving/updating/fine-tuning the site-specific ISFP where requested

TA may be in the form of assistance to the LGUs in developing presentation updates for the local chief executive (LCE) and the city council, advocating for provision of

different program support, and conducting service delivery implementation reviews (SDIR). Likewise, TA that will facilitate inclusion in the 2009 supplemental budget and the 2010 city annual investment plan (AIP) of priority projects and activities as reflected in the ISFP will be provided to the LGUs. This may include TA in identifying priority projects and activities in the ISFP based on available information from M&E, including the 2009 IHBSS and SDIR.

The following sections provide a brief situational analysis and Year 3 site-specific TA plan and expected milestones/results.

Angeles City: Sustaining and augmenting HIV/AIDS prevention activities

Known as the "Entertainment City" of Central Luzon, Angeles City is home to about 330,000 people distributed over 33 barangays. Since the start of HIV serologic surveillance in 1994, HIV+ cases have been detected among establishment-based female sex workers (EFSWs), FLSWs, and MSMs. To date, 78 HIV+ cases are logged in the local HIV registry.

Backed by an active Angeles City AIDS Council (ACAC), a very supportive city mayor, and local NGOs/CSOs/POs, and directed by a five-year ISFP that was prepared with TA from HealthGov and legitimized through a resolution by the city mayor, the HIV/AIDS prevention and control program of Angeles City is one of the better funded and dynamic programs in the country. Despite this, there are still implementation gaps that need to be addressed, as follows:

- Funding is still inadequate to support all priority projects. Angeles City AIDS Prevention and Control Ordinance of 2000 was not fully implemented.
- No agency is doing regular outreach work for MSMs and frequent clients of FSWs due to dependence on external funding for NGOs.
- There is a lack of medical technologists to process and read around 600-800 cervical/urethral smear gram stained slides per day. The STD-AIDS Central Cooperative Laboratory (SACCL), the national reference laboratory for STIs including HIV, stated that one medical technologist can process and read with 95% accuracy a total of only 120-150 slides per day. Only one medical technologist per day is assigned to do the job when there should be at least four.
- Some staff of the Angeles City Reproductive Health and Wellness Center (ACRHWC) lack the necessary training to fulfill their functions.
- Syphilis testing is not part of routine tests required for securing the health card.

Year 3 Technical Assistance

HealthGov, with the central and regional DOH offices, other CAs and resource agencies, will provide the following TA to Angeles City:

1. **With CHD, assist Angeles City in pushing for the implementation of Rule 8, Section 27 of Ordinance No. 106, series 2000**

   This ordinance specifically provides that revenues from smear test, business tax, and related taxes collected from the entertainment industry shall be solely allocated for the use of ACRHWC.

Activities

- With the CHD and HPDP, meet with Angeles City officials to discuss the feasibility of setting up a special fund for the operations of ACRHWC and implementation of STI/HIV/AIDS projects
- With HPDP, interpret the provision on revenue provision for ACRHWC contained in Ordinance No. 106
- With the Angeles CHO, advocate to the local finance committee (LFC) and the city mayor the setting up of a special fund for STI/HIV/AIDS prevention
- Review the process of securing LGU budget allocation intended for projects to be implemented by NGOs and recommend measures to facilitate the process taking into account locally accepted contracting and auditing practices
- With CHD, assist the Angeles City Health Office in developing a proposal that will amplify IPC/C by PEs for MSMs through PBG to NGOs using the special fund
- Assist in identifying potential NGO service providers and facilitating budget approval
- Assist in developing action plan, performance benchmarks, guidelines, tools, and training design of PEs
- Assist in monitoring progress of program implementation by the NGO and, together with other stakeholders, rate the implementers vis-à-vis the agreed-upon performance benchmarks
- Assist in documenting the program from inception to end, specifically identifying essential action steps

Expected milestones/results

- Special fund dedicated to STI/HIV/AIDS prevention and control dedicated (Q3)
- One priority activity proposal for LGU performance-based grant (PBG) to NGOs completed, funded, and implemented (Q3)

This TA supports the following internal indicators: 1) number of individuals trained in HIV-related policy-development and 2) number of LGUs with budget allocation for STI/HIV/AIDS.

2. Support prevention education activities for frequent male clients of FSWs (i.e., tricycle drivers)

Activities

- With CHD and HealthPRO, facilitate the conduct of a workshop for IEC materials development and prevention education planning that will increase awareness of HIV/AIDS prevention leading to positive behavior change
- Assist in pre-testing IEC materials developed
- Support the LGU in the conduct of a consultative meeting with TriDev and Tricycle Operators and Drivers Association to facilitate access to tricycle drivers
- Assist the LGU and other partners in organizing prevention education activities for tricycle drivers
- With HealthPRO and the CHD, develop an evaluation tool to evaluate the implementation of prevention education activity for tricycle drivers

Expected milestones/results

- IEC materials developed and prevention education plan completed (Q2)

- IEC materials pre-tested and improved (Q2)
- Prevention education activities initiated and quarterly accomplishment reports submitted (Q3 and thereafter)
- Evaluation tool developed

3. With CHD, advocate for additional support to ACRHWC to improve service delivery

Activities

- With CHD, assist the Angeles City Reproductive Health and Wellness Center and the local AIDS council in packaging HIV/AIDS information as advocacy material for presentation to LCE/city council to:
  i. Hire/provide additional medical technologist for ACRHWC to meet the standard of at least 1 medical technologist for every 120-150 slides per day, thereby assuring proficiency and reliability of results
  ii. Issue a directive to include syphilis testing in the routine requirements for securing health cards

Expected milestones/results

- Additional 2 medical technologists assigned to ACRHWC (Q3)
- Syphilis testing included in the routine requirements for securing health cards (Q3)

Pasay City

Pasay City is adjacent to Manila and Makati. It has a total population of 0.3 million distributed across 201 barangays. Most of the approximately 110 registered "entertainment establishments" belong to the Pasay City Entertainment Establishment Operators and Managers Association (PACEOMA) which is currently inactive. Since the HIV serologic surveillance in 1994, HIV+ cases were detected among FSWs. Although the city does not maintain its own HIV registry, the DOH estimates that there are 20 HIV+ cases in Pasay, mostly among MSMs.

The Pasay City AIDS Council created in 2002 is currently inactive – it is not guided by an operational plan, does not conduct regular meetings, and was allocated a budget for operations which has not been used. In early 2008, HealthGov with DOH capacitated selected Pasay City staff to develop an HIV/AIDS strategic and financial plan. But up to now the plan has not been completed.

The Pasay City SHC is headed by a newly hired physician who still lacks some essential training for effective SHC management. There were instances when the SHC did not have essential drugs and reagents. Service delivery is augmented by UNICEF and most recently, DOH-Global Fund Round 6.

Although the city has no comprehensive HIV/AIDS plan, HealthPRO provided the LGU TA for preparing a strategic communications plan (SCP). HealthPRO is currently working with other agencies to move this SCP forward and to reactivate the PCAC and the PACEOMA.

HealthGov will continue to engage Pasay City in identifying site-specific TA needs and offer focused TA in those areas. In addition, HealthGov will determine if Pasay City is interested in participating in some or all of the strategic TA interventions designed to address problems common among all the high-risk sites (described in Section 3 of this TA plan). As explained above, this will be based on an assessment of local needs and conditions and is contingent on the active participation of the LGU (as evidenced by the commitment of personnel and resources as local cost share) in the TA activities. If appropriate, HealthGov may also respond to TA requests identified by HealthPRO or other USAID CAs and continue to look for innovative ways to actively engage Pasay City in strengthening their HIV/AIDS response.

Quezon City: Improving coverage of quality STI/HIV diagnosis and prevention education

Quezon City, the richest LGU in the Philippines, has a population of 2.7 million distributed across 142 barangays. Around 60,000 business establishments are listed in the city's licensing office of which around 200 are "entertainment establishments." Since the start of serologic surveillance in 1993, HIV+ cases were detected among EFSWs, MSMs, male commercial sex workers and male clients of STI clinics. Quezon City has been identified as having the most number of MSM cruising spots in the Philippines that include reflexology centers, gay bars, cinemas, parks, and bathhouses. DOH estimates that there are 161 HIV+ cases in the city, 141 of whom are MSMs. Currently, there is no prevention education program in place for MSMs.

The Quezon City STD/AIDS Council (QCSAC), a multi-sectoral body, conducts regular meetings and is guided by an ISFP. Most of its activities are led by the Quezon City Health Department, particularly the three Quezon City SHCs. The three SHCs are the focal providers of STI/HIV/AIDS prevention services. Routine SHC services such as VCT, partner notification and at times, syphilis testing are not always provided. This is due to the inadequate supply of essential drugs and reagents and the lack of a forecasting mechanism. The main Quezon City Health Department (QCHD) Laboratory does not have a license to operate because it does not have a pathologist. There had been efforts by the City Health Officer to hire a pathologist but there have been no takers as yet. Among all the HIV/AIDS sites, Quezon City has the second highest 2008 health budget. And yet the percentage allocation for STI/HIV/AIDS prevention is one of the lowest among the 11 HIV/AIDS sites.

Although the 2007 IHBSS results, as presented by QCHD, showed that about 90% of EFSWs have valid health cards, actual inspection by the QC STI/AIDS Task Force revealed that the true value is less than 40%. The SHC managers have failed to address the low turn-out because there is no clear demarcation of their respective areas of responsibilities. Thus, they do not have an updated list of establishments that should be monitored and, therefore, no accurate count of their supposed target clientele. Mapping was done in 2004 but since then, this has not been updated.

Compounding the problem of poor compliance with the SHC weekly check-ups is the cumbersome procedures that one has to undertake so that he/she will have his/her weekly check-up. Oftentimes, the sex workers ignore the regulation since they can get away with it anyway: LGU enforcement is lax, "protectors" abound, and establishment owners and managers do not usually require them to have updated health cards.

With HealthGov and the Philippine National AIDS Council's assistance, QCHD started to organize owners and managers of entertainment establishments in the city. This was supported by the city government because it envisaged that the organization would assist in mapping activities to establish an accurate count of potential SHC clients for target setting, police their own ranks, and require their workers to submit to weekly check-ups thus increasing SHC coverage, improving implementation of prevention education through peer education for behavior change leading to decreased STI/HIV prevalence.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs, and resource agencies will provide the following TA to Quezon City:

1. **With the CHD, assist in improving coverage of quality STI/HIV diagnosis and prevention education**

   Activities

   a. With the CHD and HPDP, assess the processes involved in the weekly check-up of male and female sex workers, identify ways of streamlining the process and recommend measures that would simplify and expedite compliance;
   b. Assist the CHO in developing proposed guidelines and convincing the city mayor to adopt the revised procedures;
   c. Assist the QCHD in formalizing the existence of the organization of entertainment owners and managers (recognition by the city government, membership in QCSAC and SEC registration);
   d. Assist QCSAC in updating/completing the mapping of registered entertainment establishments and public places where cruising for sex happens and assist the CHO in establishing the catchment areas of the three SHCs;
   e. With the CHD, identify deficiencies of the city laboratory vis-à-vis the DOH requirements for licensing, recommend measures for compliance, and assist the CHO in convincing the city mayor to support the CHO compliance initiatives;
   f. With the CHD, introduce the tool for forecasting needs for essential HIV/STI drugs, reagents, and supplies

   Expected milestones/results

   - Assessment of the SHC processes in complying with the weekly check-up of male and female sex workers done and proposed guidelines completed (Q2)
   - Revised guidelines in complying with the weekly SHC check-up of male and female sex workers adopted (Q3)
   - Entertainment owners and managers organized with set of officers inducted by LCE (Q1)
   - Organization of entertainment owners and managers represented in QCSAC and registered with SEC (Q2)
   - Spot maps (that include estimated population) of registered entertainment establishments and public places where cruising for sex happens updated (Q2)
   - Catchment areas of Quezon City SHCs delineated and targets established (Q2)
   - City laboratory with license to operate (Q3)

- Tool for forecasting needs for essential HIV/STI drugs, reagents, and supplies introduced and used (Q2)

2. With CHD and HealthPRO, support QCHD in developing preventive strategies/program for MSMs through TA in developing a performance-based grant mechanism for NGOs providing prevention and control services to MSMs

Activities

- With the CHD, mentor QCHD in developing a proposal that will improve the coverage/reach of IPC/C by PEs to MSMs through performance-based grants to NGOs for presentation to and approval by the city mayor. The concept proposal would include a situational analysis, justification for funding, components of the MSM peer education program, budget requirement, timeline and financial arrangements
- With PNGOC, assist QCHD in identifying potential NGO service providers through the conduct of an inventory of NGOs/POs operating in the city, the STI/HIV/AIDS activities they conduct, the MARPs they cover, and the areas of their operations
- Provide technical guidance to QCHD in developing accreditation criteria for NGOs/POs
- With PNGOC, assist QCHD in assessing the qualification of NGOs/POs for accreditation
- With the CHD, provide technical guidance to QCHD in the assessment of NGO/PO project proposal
- Provide technical guidance to QCHD in awarding the contract to qualified NGO/PO and monitoring project implementation
- Provide support in documenting the program from inception to end, specifically identifying essential action steps that are needed when the program is replicated for other activities and in other sites

Expected milestones/results

- Concept proposal submitted to the city mayor for approval (Q3)
- Performance-based grant proposal approved and funded (Q3)
- Proposal for performance based grant formulated (Q3)
- MSM peer education program PBG awarded and implemented (Q3)
- Process documentation report submitted. (Q4)

Bacolod City: Obtaining information for focused action

Bacolod City is one of the highly urbanized cities in the Visayas with a total population of about 0.47 million distributed across 61 barangays. As of August 2008, 25 HIV+ cases in the province of Negros Occidental had been logged. STI cases are on the rise as reported by the Bacolod City Social Hygiene Clinic (BCSHC), from a positivity rate of 24% in 2005 to 30% in 2007. Cases are mostly women coming from the almost 100 fun establishments in the city.

Despite the conduct of HIV prevention activities, the city cannot conclusively determine if they are making progress in preventing STI/HIV spread because there is no accurate baseline information on the knowledge and behaviors of MARPs, no data on HIV

prevalence, and no reliable information on LGU coverage of MARPs for intervention activities.

Most of the LGU services for MARPs are provided by BCSHC through its regular activities that primarily target EFSWs. Although BCSHC experiences funding problems, an ordinance in May 2005 allowed the reversion to the BCSHC of 50% of laboratory fees collected from BCSHC operations. The BCSHC has the authority to decide on how the money will be spent. Although there is an organized Bacolod City Club Owners of Video Bars and Entertainment Association (BACCOVBEA), it is currently inactive because of lack of coordination and direction from the LGU.

Through the support of the city mayor and two lady councilors, the Bacolod City AIDS Council (BCAC) was created through an executive order in 2006. Unfortunately, the BCAC members met irregularly. Likewise, it is not guided by an operational plan and no budget has yet been set aside for its operation. The city ordinance that will legitimize the BCAC's existence is now in its third reading.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs and resource agencies will provide the following TAs to Bacolod City:

1. Support information-generating activities for focused action

- Assist the CHD in designing, conducting, and facilitating the training on basic epidemiology and HIV surveillance
- Assist NEC-DOH in designing and conducting rapid assessment studies to review existing local data, researches, and publications (if any) on STI/HIV/AIDS, to estimate the population size of establishment-based and freelance FSWs and MSMs, and to locate and construct a preliminary mapping of cruising sites, pick-up points and establishments of MARPs that will input in the DOH-supported population size estimation for MARPs and vulnerable populations workshop
- Provide TA in collection, processing, analysis, and interpretation of the 2009 HIV surveillance data
- Provide technical assistance in local management and technical review for HIV surveillance and technical writing, and oral presentation for a local dissemination forum

Expected milestones/results

- Basic epidemiology and HIV surveillance training conducted (Q2)
- Rapid assessment studies conducted (Q2)
- HIV surveillance conducted (Q4)
- Local dissemination forum held (Q4)
- Population size estimation workshop conducted (Q4)

This TA addresses the OP indicator: number of individuals trained in strategic information management with USG assistance on HIV/AIDS.

2. Assist the Bacolod City AIDS Council in reactivating the BACCOVBEA to help in mapping, increasing SHC coverage for weekly check-up, prevention education, and condom promotion

Activity

- Assist the CHD and the LGU in consultative and planning meetings with the BACCOVBEA

Expected milestones/results

- BACCOVBEA reactivated (Q2)

3. Support prevention education activities for the general population

With the CHD, HealthGov will provide TA in reaching in-school youth through the display of HIV/AIDS materials in schools and universities, integration of STI/HIV/AIDS prevention and control in the high school curriculum, and inclusion of STI/HIV/AIDS seminar in the requirements for health certificate application.

Activities

- With CHD, assist BCAC in meetings with city school officials and school principals to discuss the inclusion of HIV/AIDS prevention activities in the curriculum for in-school youth
- With CHD and HealthPRO, assist BCAC in the review of existing curriculum and materials, development of new curriculum and materials when needed, training of trainers, and monitoring and evaluation
- With CHD, HPDP, and HealthPRO, assist BCAC in drafting guidelines for the inclusion of STI/HIV/AIDS seminar in the requirements for health certificate application, developing training materials, training of trainers, and monitoring and evaluation

Expected milestones/results

- At least 60% of high school students viewed HIV/AIDS materials displayed in their school (Q4)
- All 4th year high school students provided with basic STI/HIV/AIDS information as part of the school curriculum (Q4)
- Ordinance requiring all health certificate applicants to undergo STI/HIV/AIDS awareness seminar enacted (Q4)
- 50% of health certificate applicants provided with STI/HIV/AIDS information through the awareness seminar from the time of implementation (Q4)

This TA responds to the custom indicator: number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful. Also, this TA paves the way for reaching the targets for the custom indicator: number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful. Likewise, the TA addresses the internal indicator: number of individuals trained in HIV-related policy-development.

Iloilo City: Multi-sectoral collaboration through an active ISAC

Iloilo City is one of the highly urbanized cities in the Visayas. It has a total population of about 0.42 million distributed across 180 barangays. As early as 1994, HIV surveillance and intervention activities were instituted in the city. Since then, HIV-positive FSWs have been detected.

A total of 23 sex establishments currently operate in Iloilo City and at a given week, there may be 300 to 350 EFSWs. The EFSWs are regularly examined at the Iloilo City Social Hygiene Clinic (ICSHC) located in Tanza, Iloilo City. Among the HIV/AIDS sites, it is only in Iloilo City where there may be more FLSWs than EFSWs. There is very minimal intervention being implemented for MSMs. The NGO that could potentially provide the service is not in good terms with the City Health Officer.

In 2002, Iloilo City legislated for the creation of the Iloilo STD/AIDS Council (ISAC). ISAC plans were not implemented and funds remained unutilized because the council has stopped meeting. PROCESS Foundation, the ISAC secretariat, is not that active anymore in HIV/AIDS work. There is no entity in the ISAC membership that takes the initiative to reactivate the council, not even the Iloilo City Health Office.

To reactivate ISAC, the CHD in partnership with HealthGov, pushed for the review of ISFP drafted by the Iloilo City Health Office and the Iloilo City Planning and Development Office (CPDO). Despite repeated dialogues and scheduling with the CHO, the date for the review has not been set. Another activity that remains unimplemented despite HealthGov TA and the DOH-GFR6 since June 2008 is the PE training on IPC/C. The training design and trainers are ready. The fund for implementation is already in the CHD but no one in the CHO is currently following up.

The Iloilo City Health Officer has stated that HIV/AIDS activities not included in their routinely planned SHC operations should be funded by DOH or by ongoing projects. Thus, CHD-Western Visayas, although very eager to work with the Iloilo City Health Office, has very limited partnership with Iloilo City regarding STI/HIV/AIDS prevention and control.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs, and resource agencies will provide the following TA to Iloilo City:

1. **Assist in reactivating ISAC through the process of legitimizing the ISFP**

   Based on the experience in General Santos City, the impetus that spurred the renewed interest in STI/HIV/AIDS prevention and control is the finalization and legitimization of an ISFP where the collective effort of the multi-sectoral LAC was enjoined. As in General Santos City where the LHB and LAC NGO members were instrumental in reactivating LAC and steering implementation of planned activities, the City Planning and Development Office may be tapped to take the lead in Iloilo City. The City Planning and Development Officer may be more acceptable to stakeholders and the city mayor. He contributed significantly in the development of the ISFP and he is likewise a member of ISAC.

Activities

- With the CHD, assist the CPDO in the conduct of a workshop among ISAC members to review, complete, and enhance the ISFP and identify the role of ISAC in ISFP implementation
- Assist the CPDO in presenting the enhanced ISFP to the ISAC
- Assist ISAC in presenting the STI/HIV/AIDS situation and the enhanced ISFP to the city mayor for his approval

Expected milestones/results

- Workshop to review, complete, and enhance the ISFP conducted (Q2)
- Enhanced ISFP developed and presented to the city mayor and Sangguniang Panlungsod (Q2)
- ISFP approved through a resolution/executive order/ordinance (Q3)

Metro Cebu: Implementing STI/HIV/AIDS prevention and control through zonal collaboration

The cities of Cebu, Lapu-Lapu, and Mandaue are all highly urbanized with their population moving about the three sites. The same holds true for HIV MARPs in the area, which include FSWs and their clients, MSMs, and IDUs. With the high mobility of MARPs within the contiguous sites it is in the best interest of these cities to work together and share resources. The following are the commonalities and differences of the three cities:

- All the cities have a LAC with similar prescribed roles although Lapu-Lapu's and Mandaue's are inactive. With the development of Mandaue City's ISFP, the LAC is starting to meet, although not regularly. In Lapu-Lapu City, instead of the LAC the City Health Officer presents STI/HIV/AIDS concerns during the regular LGU meetings of department heads. Discussions are confined within the government sector and decisions are not relayed to other non-government LAC members. This negates the multi-sectoral character of the local AIDS council. Activities that are best done in partnership with NGOs and the private sector are not implemented. Only the Cebu City LAC meets regularly and is supported by a work and financial plan with funding to support its activities that include: local policy development, advocacy work, organizational strengthening, networking, monitoring of activities implementation by members, and regulation.
- All the cities have plans for their responses to the STI/HIV threat. Both Cebu and Mandaue cities have strategic and financial plans that still need to be adopted by the LGU through an ordinance; Lapu-Lapu has only an action plan which is more of a list of planned activities. So far, it looks as if only Cebu City has some degree of participatory planning and evaluation through program implementation review.
- All the cities have an SHC with attached diagnostic facility but manpower complement varies from barely minimum, as in the cities of Mandaue and Lapu-Lapu, to adequate as in Cebu City.
- All the cities provide STI diagnostic tests but Mandaue and Lapu-Lapu do not perform the test for syphilis.
- All the cities require health cards for workers in night establishments but the format varies from city to city. To date, the cards are valid only in the city where issued according to the local laws.

- All the cities require at the SHC weekly examination for all workers of night establishments. Cebu City does limited outreach activities to a few specific establishments as ordered by City Hall.
- All the cities perform cervical smears on workers of night establishments during the weekly visit to the SHC. In addition, Cebu City requires compliance with a package of tests (hepatitis B, syphilis, HIV) every six months, and within one month from start of employment in case of new workers. Lapu-Lapu City requires HIV and hepatitis B but not syphilis. Mandaue City does not have a package of required tests.
- All the cities withhold the health cards of workers found positive for STI on examination during any week until cure is determined, ostensibly to prevent the spread of infection. However, it is not possible to make sure that those workers found positive for STIs and now without health cards will not work in other night establishments that may not require cards, especially during periods of high demand.
- All the cities find it difficult to get budgetary allocations for resources and need advocates in the city council to support them. The Mandaue City Local Finance Committee is requesting the LAC to present the STI/HIV/AIDS program so that they will understand the projects and activities that should be funded. Despite repeated reminders from the CHD and HealthGov, this has not been done due to competing equally important activities. In Lapu-Lapu City, the lack of an STI/HIV/AIDS master plan and the lack of coordination between the City Health Officer and the SHC physician has led to inadequate provisions for services and has limited the STI/HIV/AIDS program to providing poorly funded and routine SHC services. The total budget of the Cebu City Health Department and that for STI/HIV/AIDS has remained the same for years. Additional fund allocation will only be granted through the supplemental budget that needs the city mayor's approval. The city has provisions for grants to NGOs for specific work. However, the tedious procedures of securing, liquidating, and advancing/reimbursing dissuade the NGOs from accessing the grant. Two local NGOs who have tried accessing the grant refuse to go through the process again. Their main concern is the per-activity release of funds and the long waiting time for approvals because of all the signatories that the transactions require.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs and resource agencies will provide the following TA to the three cities in Metro Cebu:

1. **Assist the CHD in institutionalizing zonal collaboration in STI/HIV/AIDS surveillance, treatment, care, and support activities in the cities of Cebu, Lapu-Lapu, and Mandaue**

   As identified in the STI/HIV/AIDS ISFP of the cities of Cebu and Mandaue and as expressed by the City Health Officer of Lapu-Lapu City, the concept of LGU collaboration in implementing STI/HIV/AIDS projects and activities is an acceptable and feasible strategy as evidenced by the collaborative work done during the IHBSS for IDUs and other MARPs. HealthGov assessed the feasibility of LGU collaboration among the three cities in the areas of STI/HIV/AIDS surveillance, prevention, treatment, care, and support. Assessment 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 2008. The following agreements were reached:

- HIV-AIDS inter-LGU collaboration is feasible and will be supported by the city health officers of the three cities and CHD-Central Visayas
- The involvement of local chief executives is not necessary at this point since it is inherent in the CHOs to decide on health concerns, including that for STI/HIV/AIDS
- CHD-7 will take the lead in orchestrating the tri-city collaboration
- The next activity will be a two-day workshop where the three cities will come up with a group vision and unified plan. The workshop design will be drafted by CHD-7 with HealthGov TA.

Activities

- Assist the CHD in designing and facilitating a workshop for the three cities to draft a group vision, a unified plan that contains common systems, procedures, protocols, and policies
- With HPDP and the CHD, develop the guideline to operationalize the unified tri-city plan including the development of indicators that will measure progress of the collaboration
- With the CHD and LGUs, monitor the progress of the collaborative relationship
- Assist the CHD in documenting the program from inception to end, specifically identifying essential action steps that are needed when the program is replicated in other inter-local health zones

Expected milestones/results

- Tri-city workshop to draft a unified plan conducted (Q2)
- Tri-city unified plan with guidelines for operationalization developed and accepted (Q3)
- Tri-city collaboration documentation report submitted to NASPCP and PNAC (Q4)

2. With CHD, HPDP, and HealthPRO, support Cebu City in developing preventive strategies/program for MSM through TA in developing a performance-based grant mechanism for NGOs providing prevention and control services to MSMs

Activities

- With CHD and HPDP, complete the review of the grant mechanism for NGOs being implemented by Cebu City, identify choke points, and recommend solutions
- With CHD, mentor the Cebu City Multi-Sectoral AIDS Council (CCMSAC) in developing a concept proposal that will improve the coverage/reach of IPC/C by PEs to MSMs through performance-based grants to NGOs for submission to the City Planning and Development Office
- With CHD, assist CCMSAC in developing the detailed program of activities upon direction of CPDO
- With PNGOC, assist CCMSAC in identifying potential NGO service providers operating in the city
- Provide technical guidance to CCMSAC in developing accreditation criteria for NGOs/POs

- With HealthPRO, assist CCMSAC in assessing the qualifications of NGOs/POs for accreditation
- With CHD and HealthPRO, provide technical guidance to CCMSAC in developing the criteria for awarding the contract to the qualified NGO and in monitoring project implementation
- Provide support in documenting the program from inception to end, specifically identifying essential action steps that are needed when the program is replicated for other activities and in other sites

Expected milestones/results
- Concept proposal submitted to the CPDO for approval (Q3)
- Performance-based grant proposal approved and funded (Q3)
- MSM Peer Education Program PBG implemented (Q3)
- Process documentation report submitted. (Q4)

3. With the CHD, assist the Mandaue City AIDS Council in presenting the STI/HIV/AIDS program to the Local Finance Committee to get support for improving STI/HIV/AIDS service provision

Activities
- With CHD, assist the Mandaue City AIDS Council to draft a presentation intended for the LFC
- With CHD, assist the Mandaue City AIDS Council in identifying unfunded priority STI/HIV/AIDS projects and activities for funding through the supplemental budget

Expected milestones/results
- STI/HIV/AIDS program presented to the LFC (Q2)
- Unfunded projects and activities submitted for funding through the supplemental budget (Q3)

Davao City: Improving financing to increase coverage for quality STI/HIV/AIDS services

Davao City is home to about 1.4 million residents. HIV active surveillance has detected HIV+ cases among FSWs and passive surveillance has identified 25 HIV+ cases that included mostly MSMs and some FSWs. Since 2000, the Davao Medical Center, the treatment hub in the region, recorded 35 HIV+ cases, 28 of whom were males. HIV in 34 cases was acquired through the sexual route with 24 cases presumably through male-to-male sex. Only two of every five MSMs included in the IHBSS in 2005 were reached by interventions that may include prevention education, condom distribution or referral for sexual health checks.

The DOH estimated that in 2007, there are 3,360-10,080 MSMs in Davao City, of which 35 are HIV+. In the past year, there was only one peer educator in Davao City who was able to reach 56 MSMs only for outreach IPC/C on HIV prevention. Given this, more PEs should be trained in Davao City and an MSM peer education program established.

Cognizant of the threat of a potential HIV epidemic among MSMs and the desire to do something about it, the City Health Officer (CHO) of Davao City expressed the interest to

expand peer education through IPC/C for MSMs. The CHO is well aware that it is the NGOs, and not government, who can effectively provide this type of intervention. The challenge is the generation of resources and the identification of a financing mechanism that would sit well with locally accepted contracting and auditing practices. Despite a very active Davao City AIDS Council and numerous NGOs lobbying for increase in STI/HIV/AIDS budget, there is a decreasing trend in fund allocation. Based on the Davao City ISFP, a total of PhP1,675,450 is needed for the planned activities. The LGU has committed PhP1,188,500. There is a need to mobilize resources for roughly PhP.5 million.

The Davao City Health Office estimate showed that there may be 575-1,220 FSWs working in about 65 sex establishments and plying the streets every week. The estimate was based on the 90-110 consultations per day (or at about 550 per week and a more or less the same number of freelancers) at the Davao City Reproductive Health and Wellness Center. Based on a 2004 rapid assessment study, the frequent clients of FSWs in Davao City were businessmen, traveling salesmen, and construction workers. Although behavioral surveillance has already been conducted among construction workers in 2005, the findings were not used to craft interventions and no formal program for clients of sex workers is in place.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs, and resource agencies will provide the following TA to Davao City:

2. **With CHD and HealthPRO, support the Davao City Health Office in developing preventive strategies/program for the most at-risk populations, particularly males having sex with males (MSMs), by assisting the LGU in developing a performance-based grant mechanism for NGOs providing prevention and control services to MSMs**

   The LGU performance-based grant (PBG) to NGOs is a partnership mechanism for supporting the conduct of NGO activities. Under the scheme, the LGU defines the scope of work (SOW), timelines of activities, indicators for monitoring implementation progress, and assessment outcomes. Likewise, the LGU pegs the reasonable grant amount for reaching a defined number of clientele over a specified period, and the performance parameters for the release of operating funds to the NGO. The NGO will provide periodic accomplishment reports to the CHO who will in turn evaluate compliance with the agreement and recommend subsequent fund releases. This will ensure continuous service provisions among groups such as MSMs who are not traditionally reached by government.

   Based on preliminary discussions with the Davao City treasurer, the funding for the LGU PBG to NGOs will be derived from the supplemental budget in April 2009.

   Activities

   - With CHD and HealthPRO, mentor the Davao City Health Office in developing a proposal that will improve the coverage/reach of IPC/C by peer educators to MSMs through performance-based grants to NGOs, specifically –
     - developing guidelines to aid in assessing proposals submitted by NGOs

- capacitating the CHO in discussing and defending the program proposal to the LFC for approval
- identifying potential NGO service providers through the conduct of an inventory of NGOs/POs operating in the city
- developing accreditation criteria for NGOs/POs
- assessing submitted NGO/PO project proposals
- developing guidelines in awarding the contract to qualified NGO/PO, determining performance benchmarks for LGU budget release, drafting needed implementation guidelines and tools, and monitoring project implementation vis-à-vis the agreed performance benchmarks
- documenting the program from inception to end, specifically identifying essential action steps that are needed when the program is replicated in other sites

Expected milestones/results

- Concept proposal developed and submitted by the Davao CHO to the LFC (Q2)
- Mechanism for performance-based grants developed including criteria for selection and accreditation of grantees (NGOs/POs) (Q2)
- Performance-based grant proposal approved and funded (Q3)
- Performance-based grant awarded to NGO/PO (Q3)
- Process documentation of pilot implementation of performance-based grant (Q4)

3. Support prevention education activities for frequent male clients of FSWs (i.e., construction workers)

Activities

- With CHD and HealthPRO, facilitate the conduct of a workshop for IEC materials development and prevention education planning that will increase awareness of HIV/AIDS prevention leading to positive behavior change
- Assist in pre-testing IEC materials developed
- With the CHD, assist the Davao City Health Office, Davao City Engineers' Office and other pertinent agencies in designing the conduct of prevention education activities
- With HealthPRO and CHD, evaluate the implementation of prevention education activity for construction workers

Expected milestones/results

- IEC materials developed and prevention education plan completed (Q2)
- IEC materials pre-tested and improved (Q3)
- Prevention education activities initiated and quarterly accomplishment reports submitted (Q3 and thereafter)

General Santos City: Improving access to STI/HIV/AIDS services through LGU-private sector partnership

General Santos City (GSC), a highly urbanized city in Mindanao, is composed of 26 barangays and is home to about 0.56 million residents. The city has a population growth rate of 5.13%, which is the highest in the country, due to the influx of workers from the fishing industry and tuna business. GSC is home to about 17,000 deep-sea fishermen

(DSF) and the GSC Fish Port is the convergence point of the 35,000 DSF from SOCKSARGEN. There are five commercial deep-sea fishing companies, mostly with about 2-5 mother boats and 200-500 small boats. Likewise there are about 50 small and medium fishing companies. The city is also home to seven canning factories that employ thousands of men and women from different parts of the country. The canning operation depends on the volume and availability of fish, so there are times when operations temporarily cease and around 2,000 non-GSC resident-women turn to sex work for survival.

As of September 2008, 12 HIV+ cases were logged in the local HIV registry. The General Santos City SHC is ill-staffed, cramped, and lacks reagents and supplies. It has ceased to conduct its regular outreach activity in Calumpang. The General Santos City AIDS Committee was reactivated only recently.

An FHI study (2006) showed that HIV prevalence among IDUs in GSC is low. However, several factors may hasten HIV spread once the virus is introduced in sufficient numbers to the IDU population. These factors include high proportion of needle sharing, pervasive use of ineffective methods of cleaning injecting equipment prior to sharing, and unprotected sex among male IDUs with multiple partners such as FSWs, MSMs, and other casual female partners. Some IDUs are also deep-sea fishermen who engage in commercial sex with FSWs when they are in General Santos City and when in other countries such as Papua New Guinea, Indonesia, Malaysia, and Palau, which are known to have a higher prevalence of HIV than the Philippines. SHED Foundation, a local NGO that receives funds from Global Fund Round 5, is implementing prevention education activities among IDUs. However, SHED's activities are not coordinated with the City Health Office.

The challenges besetting the General Santos City STI/HIV/AIDS prevention and control program are enormous. However, several opportunities are waiting to be tapped and maximally utilized to improve current STI/HIV/AIDS program performance. These include 1) the presence of private sector, particularly the large fishing companies and SOCOFA, their umbrella organization; ,NGOs providing HIV/AIDS and reproductive health interventions; and HIV/AIDS champions with strong influence on the LGU and LCE, and 2) a functional and supportive local health board, supportive LCE and council, and the recently reactivated local AIDS council.

Year 3 Technical Assistance

HealthGov with the central and regional DOH offices, other CAs, and resource agencies will provide the following TA to General Santos City:

1. **In collaboration with PRISM and CHD, assist the LGU in establishing a private sector partnership with the General Santos City Chamber of Commerce and Industry, particularly the South Cotabato Fishing Association (SOCOFA) to incorporate/integrate STI/HIV/AIDS prevention and control activities into the workplace family health program initiative**

   Activities
   - With CHD, support the LGU in the design and conduct of a consultative meeting between the General Santos City Chamber of Commerce and Industry and South

Cotabato Fishing Association and the General Santos City STI/HIV/AIDS Committee
- With PRISM and CHD, provide technical guidance to the LGU in integrating STI/HIV/AIDS into the existing workplace family health program initiative
- In collaboration with HealthPRO, assist the LGU in developing STI/HIV/AIDS key messages with particular focus on injecting drug use
- Assist LGU in training the clinic staff/personnel of the workplace family health program on STI/HIV/AIDS prevention and control program
- Mentor the SHC staff in monitoring the implementation of the workplace family health program in the workplace

Expected milestones/results
- 1 memorandum of agreement between the South Cotabato Fishing Association and the GSC SHAC (Q2)
- Key messages developed and reproduced (Q3)
- STI/HIV/AIDS education activities integrated into the workplace family health program of fishing companies
- Workplace clinic staff (nurse) providing STI/HIV/AIDS education activities to the employees

2. With CHD and HealthPRO, support the General Santos City STI/HIV/AIDS council in developing preventive strategies/program for MARP, particularly MSMs, by assisting the LGU in developing a performance-based grant mechanism for NGOs providing prevention and control services to MSMs

Activities
- Provide technical assistance to the LGU by reviewing the process of securing LGU budget allocation intended for projects to be implemented by NGOs and recommend measures to facilitate the process considering locally accepted contracting and auditing practices
- Assist the LGU in identifying possible sources of funds within its budget for earmarking for performance-based grant
- Mentor the General Santos City STI/HIV/AIDS council in developing a proposal that will improve the coverage/reach of interpersonal counseling and communication (IPC/C) by peer educators (PE) to MSMs through performance-based grants to NGOs. This would include:
  - rapid assessment to identify and map MSM cruising sites, estimated population, existing sub-populations, gatekeepers, and other pertinent information
  - workshop to determine targeted number of MSMs per catchment area, number of PEs needed, roles and responsibilities, performance benchmarks, schedule of activities including reporting, monitoring and evaluation, data management system and development of guidelines and tools for activities including those for monitoring and evaluation
  - training of PEs
  - monitoring and evaluation
  - technical updates, as needed
  - documentation
  - program review

- Assist the City Health Office through the Social Hygiene Clinic in identifying potential NGO service providers through the conduct of an inventory of NGOs/POs operating in the city, the STI/HIV/AIDS activities they conduct, the MARPs they cover. and the areas of their operations
- Provide technical guidance to the LGU in developing accreditation criteria for NGOs/POs
- Assist the LGU in assessing the qualifications of NGOs/POs for accreditation
- Assist the LGU in organizing the workshop for accredited NGOs/POs to develop project proposal to access LGU performance-based grant
- Provide technical guidance to the local AIDS council and the social hygiene clinic in the assessment of NGO/PO project proposal
- Provide technical guidance to the LGU in awarding the contract to qualified NGO/PO and monitoring project implementation
- Provide support in documenting the program from inception to end, specifically identifying essential action steps that are needed when the program is replicated for other activities and in other sites

Expected milestones/results

- Budget source for performance-based grants identified and earmarked (Q3)
- Mechanism for performance based grants developed, including criteria for selection and accreditation of grantees (NGOs/POs) (Q3)
- Proposal for performance-based grant formulated (Q3)
- Performance-based grant proposal approved and funded (Q4)
- Performance-based grant awarded to NGO/PO (Q4)
- Process documentation of pilot implementation of performance-based grant (Q4)

Zamboanga City: Expanding private sector partnership to improve access to reproductive health services

Zamboanga City is a chartered city in Mindanao with a population of approximately 0.77 million distributed across 98 barangays. It has a large and busy international seaport and an international airport that serve as gateways for legal and illegal migrant workers/traders who cross over to the BIMP-EAGA countries and Singapore.

HIV active surveillance and intervention activities were instituted in Zamboanga City in 1996. The first HIV case detected by active surveillance was an EFSW in 2005. Approximately 70 sex establishments currently operate in the city where there may be around 400 EFSWs at any given week. As of July 2008, 15 HIV+ cases have been recorded in the local HIV registry, nine of whom had history of travel to Malaysia. This is a cause for alarm considering that it has been reported that the HIV prevalence in Zamboanga's neighboring countries are higher compared with that in Zamboanga City. Other factors that present a challenge to Zamboanga City are the growing population of IDUs and the presence of a major military base that adds to a transient local population. Men in uniform have been found to be a major client of FSWs, as shown in a study of FHI in 2004.

The Zamboanga City Reproductive Health and Wellness Center (ZCRHWC) plays a pivotal role in the city's STI/HIV/AIDS prevention and control program. The number of STI cases in Zamboanga City has been noted to be increasing yearly although the STI

prevalence has remained at 13%. Data also showed that there is a marked increase in males who consulted for and were diagnosed with STI in 2005 and 2006. This may be due to the intensified campaigns that educated men to consult on experiencing signs and symptoms of STIs, the implementation of partner notification and contact tracing, and the increasing consultations from Basilan, Sulu, and Tawi-Tawi residents. Whereas data in the past years showed minimal STI cases among MSMs, the last two years showed a marked increase from 0.8% in 2006 to 3.2% in 2007. HIV surveillance also showed that MSMs had the highest prevalence of syphilis and the lowest level of awareness of the disease. At present, there is no health program that caters specifically to MSM needs.

To expand the ZCRHWC services and access more MARPs, the ZCRHWC staff and its partner NGO, the Human Development and Empowerment Services (HDES) Foundation, conduct outreach work at two outreach posts located at Governor Camins Avenue and Park Lane Plaza at least once a week. Majority of clients reached are FLSWs and few MSMs and male clients of FSWs.

Persons living with HIV/AIDS (PLWHAs) are referred to the Zamboanga City Medical Center (ZCMC), the region's treatment center for PLWHAs where antiretroviral (ARV) drugs are provided and opportunistic infections (OIs) are managed. ARVs are presently provided by Global Fund Round 5 Project through the Tropical Disease Foundation. However, the inadequate volume of medicines needed for treatment of OIs hampers immediate management of patients.

FHI, through the LEAD for Health Project, implemented an IDU intervention model operations research in 2006. This was continued by GFR5 where BCC activities that included learning group sessions were supported. Currently, it is able to reach over 400 IDUs of the estimated 1,190 IDUs. Global Fund Round 5 will end in February 2010.

The Asian Development Bank likewise implemented an IDU intervention project in the city that ended in October 2008. It was able to establish outreach posts and three types of support group: a group for those who want to stop sharing; one for those who want to stop injecting; and another for family members of IDUs. It is unfortunate that there is no mechanism as yet for sustaining the life of these support groups.

The Zamboanga City STI/HIV/AIDS prevention and control program is backed by an active Zamboanga City Multi-Sectoral AIDS Council (ZCMSAC), a very supportive city mayor, and local NGOs/CSOs/POs. It is one of the better funded and dynamic LGU HIV/AIDS programs in the country. In fact, the city had been a recipient of several national awards for HIV/AIDS prevention and control. Still, the threat of an HIV epidemic is very much evident due to the lack of MARPs' exposure to interventions; the influx of IDU deportees from Malaysia who share needles with the locals; the extensive sexual network of IDUs that includes FSWs, MSMs, and partners among the general population; and the erratic supply of donor-sourced condoms.

Year 3 Technical Assistance

HealthGov in coordination with central and regional DOH offices, PRISM, HealthPRO, and resource agencies will provide the following TA to Zamboanga City:

1. **Coordinate with PRISM in the conduct of market assessment, the results of which will be used to assist the LGU in mobilizing private sector participation**

to increase service coverage of their STI/HIV/AIDS prevention and control program

Activities

- Discuss with PRISM the market assessment tool, process, and schedule of the assessment
- In collaboration with CHD-9 and PRISM, organize and support the conduct of a workshop to present the results of the market assessment and develop a strategy/plan to involve the private sector in STI/HIV/AIDS prevention and control interventions
  - Technical assistance in the development of the workshop design, and templates
  - Conduct of the workshop
- With CHD-9, assist the LGU in designing and conducting an STI/HIV/AIDS orientation meeting with possible private sector partners to provide information on the STI/HIV/AIDS situation in the Philippines in general and in the city in particular, its preventive and control measures, gaps and challenges in the intervention strategies and the possible roles that the private sector can play in the fight against STI/HIV/AIDS.
- Provide the LGU technical guidance in organizing private sector interested to support/implement STI/HIV/AIDS prevention and control programs and developing mechanisms for collaborative work in orientation training for private sector staff, access to STI/HIV/AIDS education materials, voluntary counseling and testing, laboratory services, recording and reporting, etc.
- With CHD-9, assist the LGU in developing a monitoring and coaching guide which the LGU can use when monitoring and providing support to partner private sector implementing STI/HIV/AIDS prevention and control interventions

Expected milestones/results

- Workshop design for the presentation of the market assessment results
- Zamboanga City action plan to reach out to the private sector and involve them in the STI/HIV/AIDS prevention and control program
- Two private sector groups implementing selected STI/HIV/AIDS prevention and control interventions to selected MARPs
- Monitoring and coaching guide developed and implemented by the LGU

2. With the CHD and the Bureau of Quarantine, assist in the development of an assessment protocol that will establish VCT and prevention education to monitor HIV across borders

Activities

- Coordinate a series of meetings with CHD, Bureau of Quarantine, DSWD, and the LGU to gather background information on the issue of cross-border migration
- With the CHD, assist the LGU in the development of an assessment protocol that will help establish VCT and prevention education to monitor HIV across borders
- With the LGU, coordinate with DOH-GFR6 for implementation of the assessment protocol and provide TA in the setting up of VCT and prevention education across borders
- With HealthPRO, assist the LGU in developing IEC materials to promote VCT among traders and repatriated illegal migrants from Malaysia

Expected milestones/results

- Assessment protocol developed (Q1)
- Prototype IEC materials to promote VCT developed (Q3)

3. Support prevention education activities for frequent male clients of FSWs (i.e., men in uniform) and the general population

Activities

- Provide technical guidance to the LGU in developing an STI/HIV/AIDS prevention education plan to reach frequent male clients of FSWs (i.e., men in uniform)
- With CHD-9 assist the LGU in installing an STI/HIV/AIDS prevention education program in the military base within the city
  - Through CHD-9, coordinate the organization of a consultative meeting between the LGU and the military health officials/providers of the military base and provide guidance in the preparation of the agenda for the meeting
  - Provide the LGU and the military health officials/providers technical guidance in the development of the STI/HIV/AIDS prevention education program for the military camp
  - Provide the LGU technical support in the conduct of orientation seminars on STI/HIV/AIDS prevention and control program for the military health officials/providers as initial step in the installation of the prevention program within the military facility
- With HealthPRO and CHD-9, assist the LGU in identifying and developing key messages on STI/HIV/AIDS prevention with men in uniform as target group
- With CHD-9 organize a consultative meeting with Zamboanga City Health Officer and the staff of the ZCRHWC to discuss strategies to continue the gains of previous projects such as the *HIV Prevention for Street and Urban Working Children* implemented by HDES with funding from AUSAID through UNICEF, and the IDU Intervention Model Project of ADB
- Provide the LGU technical assistance in organizing a donor's meeting in Zamboanga City to establish a working mechanism to coordinate target population (MARPs) activities and avoid duplication of services/activities, thus enabling the LGU to have a comprehensive picture of the STI/HIV/AIDS interventions and a wider coverage of MARPs

Expected milestones/results

- IEC materials developed and prevention education plan completed (Q2)
- Prevention education activities initiated and quarterly accomplishment reports submitted (Q3 and thereafter)
- Gains of previous projects identified and plan to continue its implementation developed and implemented
- Working mechanism developed and agreed upon by the LGU and project implementers of donor agencies

6 Technical assistance products and services

6.1 Update on TA product development

HealthGov's TA plan for the third year is anchored on the comprehensive situational analysis carried out by the team. New information was derived from the updated analyses of provincial health programs, the results of service delivery implementation reviews, the recently completed Province-wide Investment Plans for Health, the collaboration with LGUs and other sources of data collected from each of the 23 provinces. The customized provincial-level TA plans (presented in **Chapter 5** and Annex 2) are based on a common set of underlying considerations:

- Alignment with overall USAID SO3 concerns, including achievement of USAID operational indicators and HealthGov indicators;
- Support to health sector reform with particular reference to F1 policy framework;
- The realities of the provincial and municipal political landscape;
- LGU health priorities and demand for TA as reflected in their respective PIPH;
- Strengthening of mechanisms for broader stakeholder participation, including NGOs, CSOs and other community representatives, in the planning and implementation of PIPH;
- Building on the strategies and tools developed during the first 2 years of the project (i.e., PIPH guidelines, SDIR, SDExH, CSR monitoring, MIPH/ILHZ planning) for replication and institutionalization;
- Implementation of innovative approaches for the provision of TA, dissemination and wider application of best practices, and proven and cost-effective methods of TA delivery;
- Local capacity of CHDs, PHOs and LGUs to absorb TA and to implement follow-up activities;
- Utilization of external TAPs to assist LGUs manage their respective TA needs, and;
- Harmonization with the HealthGov TA plans and that of other USAID CAs and donors.

As described in the previous Chapter, the project's TA interventions during the third year will focus on specific aspects of strengthening systems and processes that will lead to improvements in health sector performance and outcomes in the participating provinces based to the province's special situation. Accordingly, the priority areas of TA during the third year of HealthGov will focus on strengthening systems and processes that will lead to improvements in health outcomes in the participating provinces, particularly in the program areas of FP/MCH, TB, Vitamin A and micronutrients, HIV/AIDS, and other infectious diseases. The major TA areas called for by the provincial "handles" include the following:

Governance, financing and regulation

- Investment planning for health
- CSR assessment and planning
- Strengthening Inter-LGU cooperation
- Health information system improvement
- Local resource mobilization

- PhilHealth universal coverage and improving
- Local health policy development
- Support to PhilHealth policy development

Service delivery
- Service Delivery Excellence in Health (SDExH)
- Service Delivery Implementation Review (SDIR)
- Family Planning Competency-Based Training (FPCBT)
- Training
- Informed choice and voluntarism (ICV) compliance monitoring
- High-volume service providers for IUD/VSC
- Supervision and monitoring
- Local response to TB
- Local response to Avian Influenza
- Local response to HIV/AIVS

6.2 Investment planning for health

Formulation of MIPH, CIPH, and PIPH

The guidelines provided by DOH (AO 2007-0034: Guidelines in the Development of Province-wide Investment Plan for Health) serve as the main reference in this regard. In addition, various sub-guidelines that elaborate on specific steps in planning have been developed in the project's second year. In the third year, Bulacan, Tarlac, and Cagayan will complete their MIPH/CIPH/PIPH and subject these for technical review by their respective CHDs.

PIPH appraisal

Two PIPH appraisal tools were developed in Year 2, which could also be used by LGUs for their own internal review. The first appraisal tool was issued by DOH (DOH PIPH Appraisal Tool). This was developed for DOH by HPDP in collaboration with HealthGov. The second tool – Consolidated Sub-Plan Review Criteria – was developed by an inter-CA group led by HPDP. This tool provides questions for the review of FP/CSR, TB, HIV/AIDS, AI, MNCHN, PhilHealth financing, and establishment of local health accounts. A more user-friendly appraisal tool for MIPH review by the provincial planning team has also been developed.

Preparation of AOP and AIP

An annual operational plan (AOP) is the yearly translation of the PIPH and other related plans and documents. It specifies critical activities, investment requirements, sources of investment financing, benchmarks as basis for monitoring and evaluation, and timeline within a particular year.

The AOP represents the health investment inputs to the LGU annual investment plan (AIP) 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.

Guidelines for the preparation of AOP are contained in DOH AO 2008-003 of January 2008 (Administrative Order No. 2008-0003 – Guidelines for the Preparation of AOP for 2008 and Yearly Thereafter Based on the PIPH for the F1 Convergence and Rollout Sites and Other Provinces) and in the Supplementary Guidelines to the Preparation of Annual Operational Plan.

Monitoring MIPH, CIPH, and PIPH implementation

The basic framework for the development of a system for monitoring PIPH implementation is the PIPH log frame, which is reflected in the AOP matrix. The PIPH log frame consists of **goals** (health sector outcomes of better health, equity in financing, and public satisfaction with the system); purpose (health sector **performance indicators** in service delivery, financing, regulation, and governance); **outputs** (interventions to achieve a specific set of health sector performance indicators); **activities** (actions comprising a particular intervention); and i**nputs** (elements that need to be combined to produce an activity such as personnel, commodities). Together with the activities are budget estimates and sources of financing.

The basic questions in monitoring include: Have the activities (and inputs) that were planned to be implemented actually implemented according to the resources allocated to them and according to the time frame specified? If not, why not? What can be done to address the problem, and who is responsible for addressing this problem? A prototype monitoring tool has been developed for Bukidnon and could be adapted in other provinces.

To implement the monitoring tool, the LGU has to set up the organizational structure that includes the person responsible for monitoring, the frequency of data collection, the manner of analysis, and the procedures for identifying and implementing corrective actions.

6.3 CSR assessment and planning

The purpose of CSR assessment is to determine the extent to which the province and its component LGUs have implemented their CSR plans and to identify, based on gaps uncovered, ways to strengthen implementation of the plan.

The purpose of CSR planning in general is to update a CSR plan, which is a sub-plan of the PIPH, to include estimates of commodity requirements for the poor and non-poor, and to prepare a plan for financing the requirements, including local budgets that should be included in the LGU's respective annual investment plan for the following year.

The CSR assessment and planning intervention consists of several interrelated activities for which technical materials and references are available. These activities include:

- CSR assessment of past plans and policies (assessment of policies, budgets, systems, service delivery, and performance indicators using a basic assessment framework)
- LCE orientation on FP/CSR in MNCHN and PIPH, CSR concepts, policy responses, and implications of inadequate response
- CSR planning which includes the following:

- Policy choices (options for CSR response)
- Framework for integration of FP/CSR into MNCHN and PIPH
- Assessment of current users data (self-assessment guide)
- Forecasting FP commodity requirements for the poor and non-poor (for CSR+ forecasting of commodity requirements for anti-TB drugs, Vitamin A capsules, and STI commodities)
- Financial planning (identification of various financing sources)
- Procurement and logistics (introduction of procurement options)
- Service delivery (identification of the poor, identification of unmet needs, ICV orientation, promotion of all methods, capacity building for FP service provision, referral system for accessing IUD and VSC services, viz., BTL and NSV)
- Beyond safety net measures (cost recovery, referral system, private sector mapping)

- Monitoring and evaluation (see CSR assessment)

Guidelines for the preparation of the provincial component and the municipal and city components of the province-wide CSR plan are available. An annotated outline to guide the preparation of the narrative province-wide CSR sub-plan is also available.

6.4 Inter-LGU cooperation (Inter-local health zones)

In inter-LGU cooperation, it is envisioned that a cluster of local governments will come together, share resources, and work toward a common objective of providing integrated and effective health delivery and promotion. Technical assistance to existing ILHZs in assessment and planning will be provided. An assessment tool, which will be part of a larger tool called SDIR Plus, will be developed. The SDIR Plus, to be described later, is a diagnostic tool that is customized to allow assessment of special concerns. In this particular concern regarding inter-local health zones questions include:

- What are the kinds of activities that ILHZs are expected to do as currently developed (i.e., the traditional ILHZ concept of DOH)? Are these activities being conducted? Activities include regular LHB meetings, putting a referral system in place, resource sharing, personnel sharing, pooled procurement, health promotion, and surveillance system.
- What other areas of collaboration (e.g., PhilHealth enrollment and premium subsidy sharing, CSR implementation, continuing education and training for staff) can be added in light of new developments?
- Are NGOs/CSOs engaged? What are other areas of engagement with NGOs/CSOs (e.g., health planning, health policy development, health promotion, monitoring and evaluation)?
- What activities can be undertaken among other ILHZs (e.g., province-wide planning, development of information system, PhilHealth financing, CSR implementation, local policies enforcing compliance of national laws)?

6.5 Health information systems improvement

Assessment of FP current users data

Contribution to health information systems improvement consists of technical assistance to LGUs in assessing the FP current users data as input to forecasting FP commodity requirements. Current users data reported in FHSIS, more often than not, are overestimated compared to what might be expected based on national surveys such as the recent 2006 Family Planning Survey. Accurate current users data are needed to arrive at correct estimates of FP commodity requirements and corresponding financing, particularly for the poor. A self-assessment (FP Current Users Data Assessment Tool) tool has been developed to guide LGUs in conducting their local-level validation activities. This will be used as part of the preparation for CSR assessment and plan updating.

Community Health and Living Standards Survey (CHLSS)

Faced with resource constraints, policymakers must decide *what services* should be provided *to whom*, and *how best to ensure* that those services reach the intended beneficiaries. National survey data on poverty and other social indicators are representative only at the regional or, at best, the provincial level. On the other hand, census data on population are available only after a long interval. Hence, for local government programs (e.g., PhilHealth Sponsored Program, specific health services) that require individual (direct) targeting, data are needed at the household and individual levels.

CHLSS combines two instruments into a simple tool that can be readily adopted by LGUs as part of their own local data systems:

- The community health component, which identifies clients with unmet needs for basic services (FP, TB-DOTS, Vitamin A supplementation, etc.) as quickly as possible without going through long periods of data compilation and validation;
- The Living Standards Survey component, which obtains living standards indicators useful for developing means test for client segmentation that meets PhilHealth data requirements for means test, taking into account existing survey systems such as CBMS (endorsed by DILG, NAPC, NSCB, DSWD, and PhilHealth) and the World Bank survey for identification of eligible households in a cash transfer program (Proxy Means test endorsed by DSWD and PhilHealth). CHLSS contains all the information required in the Proxy Means Test.

The survey tools and manuals for interviewers and encoders, respectively, have been developed for adoption by LGUs. Currently, Misamis Occidental and South Cotabato have adopted CHLSS while Isabela, Albay, and Compostela Valley are contemplating its use. Some of the provinces have adopted CBMS. HealthGov will provide technical assistance in analyzing the CBMS data for purposes of identifying program beneficiaries using a method that ranks households according to a Living Standards Index similar to the method used in Pangasinan and Capiz based on the earlier version of CHLSS (the LSI), and what will be used based on CHLSS data. HealthGov can also provide assistance in analyzing the data using other means testing methodologies (e.g., regression analysis) recommended by either DSWD or PhilHealth.

The community health component of the survey contains information on key program indicators on FP and maternal and child health that can be used to validate FHSIS reported data. These data include CPR by method, public-private sources of modern FP supplies, FIC, exclusive breastfeeding, Vitamin A supplementation, place of delivery and births attended by skilled delivery attendants in the past 12 months, and TB symptomatics.

6.6 Local resource mobilization for health

Assistance to LGUs in accessing DOH grants

The DOH is finalizing the budget execution guidelines and operational procedures for sub-allotment of its funds to CHDs and in turn for CHDs to provide performance-based grants to LGUs. HealthGov will provide LGUs assistance in developing and submitting proposals for such grants. The project will also facilitate compliance with grant requirements such as development of sub-plans (e.g., CSR, PHIC enrollment).

Review of local revenue codes (strengthening legal basis and updating rates of taxes and fees)

LGUs which have identified resource mobilization as a strategy for sustaining PIPH investments need to review their local revenue code (LRC) to determine the local taxes, fees, and charges they can impose to generate additional revenue. The HealthGov-developed guidelines on updating the LRC will help LGUs in this regard. HealthGov will provide TA in facilitating LGU discussions on issues in updating the LRC, which include subjects to be covered by a tax, fee or charge; exemptions and coverage; rates of taxes, fees, or charges; levels of discounts, surcharges, and penalties; time and manner of payment; administrative requirements; and sanctions. When completed, the updated revenue code will be filed in the local Sanggunian for adoption. HealthGov will provide the LGUs advocacy TA to help them obtain approval of the new revenue code.

Review of user fees/cost recovery schemes

TA in setting up a user fee scheme consists of helping LGUs arrive at a decision to adopt/modify this scheme by providing them complete information on this cost recovery approach, particularly its policy rationale and the various operational issues that need to be addressed.

Tapping non-traditional financing for health projects

LGUs that choose to access external funds like loan and bond flotation will be assisted in getting the most appropriate and accessible financing window. They will also be supported in packaging their proposals and complying with the requirements to access funds. TA will consist of orientations on project development processes, the requirements and procedures in accessing funds, and actual preparation of documentary requirements.

6.7 PhilHealth universal coverage and improving PhilHealth benefit delivery

A major source of financing for health is PhilHealth financing. There is a need to plan for progressive achievement of universal coverage, first among the indigents to ensure financial protection of the poor, and then in the other programs. In the preparation or enhancement of this sub-plan of the PIPH, HealthGov will work jointly with PhilHealth (particularly the regional offices) for information on current coverage and payments, DOH CHDs and PhilHealth for accreditation requirements, and the LGUs (provinces and municipalities) which need to make decisions on enrollment, premium payments, sharing among different levels of government, and financing for investments, management of revenues from PhilHealth for expanding and improving public health services, among others. A generic planning tool will be finalized that will:

- Estimate the population (households) in the base year and projection over a five-year period
- Estimate of the indigent population (households) in the base year and projection over a five-year period
- Estimate of premium subsidies for the indigent population over the period under various assumptions regarding the progression of coverage towards universal coverage
- Determine LGU shares of premium subsidies under various assumptions regarding sharing scheme among national government and provincial government and component LGUs
- Estimate of PhilHealth reimbursements and capitation funds over the period under various assumptions regarding progression of enrollment towards universal coverage
- Estimate of investment requirements for facility upgrading to achieve Sentrong Sigla certification and PhilHealth accreditation for hospitals and for RHUs (OPB, TB-DOTS, and MCP)
- Estimate of investment requirements for setting up a system for identifying eligible households (e.g., using CHLSS or other systems)
- Decide on activities to expand enrollment of IPP and cost out investment requirements (Coordinate with PhilHealth's Kasapi Program, advocacy, enrollment and collection centers)
- Determine options for managing PhilHealth reimbursement and capitation funds for use in expanding public health services, including establishment of special funds, trust funds, and revolving funds
- Estimate the cost of policy development (orientation seminars, workshops for policy makers (LCEs and Sanggunian), and policy development on PhilHealth enrollment and premium subsidy sharing, adoption of client classification scheme, facility income retention, etc. (see PhilHealth policy development)
- Estimate the cost of establishing and maintaining a health expenditure tracking mechanism such as the Local Health Accounts[2]

[2] The Local Health Accounts (LHA) is a systematic format to estimate and present information on a province's (together with its municipalities and component cities) health expenditures. It tells:

- how much the province, together with its municipalities and component cities, has spent for health care services in a given year (total health care expenditures)
- who directly paid for health care (i.e., financing agents which include the national government, provincial government, municipal and city governments, PhilHealth, and out-of-pocket payments)
- what types of health care services were purchased and/or who provided the services (uses of expenditures, typically personal care and public health).

6.8 National support to PhilHealth policy development

Financing strategy for priority health services: improving PhilHealth benefit delivery

The inter-CA TWG on PhilHealth Concerns chaired by HealthGov is assisting PhilHealth and DOH undertake a study on financing strategy for priority health services with focus on improving PhilHealth benefit delivery related to TB, MNCHN, and HIV/AIDS.

The study has three main features:

- It adopts a "benefit delivery" approach. PhilHealth benefits for health services will be delivered in the context of a multi-source financing framework where certain portions are financed by DOH and LGUs and other portions appropriate for insurance are financed by PhilHealth. The study addresses benefit delivery barriers related to enrollment, accreditation of providers, and providers' and clients' capacity to claim reimbursements, among others.
- It focuses on the following priority health services: TB (identification of symptomatics, diagnostics, treatment services, drugs, follow-up, multi-drug resistant TB diagnosis and treatment); MNCHN four-tiered service delivery: community-based, skilled attendance, basic emergency obstetric and newborn care, comprehensive emergency obstetric and newborn care from pre-pregnancy, pregnancy, delivery to post-delivery care, including effective nutrition interventions and FP); and STI/ HIV/AIDS (preventive activities, diagnostics, treatment services, drugs)
- It explores ways to improve benefit delivery to provide a social safety net. These involve identifying and estimating the size of the indigent and non-indigent populations; analyzing the requirements of a social safety net, i.e., identifying the sources of vulnerabilities and performance gaps analysis; and crafting a benefit delivery approach to filling the gaps. A separate analysis will be done for ARMM in recognition of its unique situation.

DOH-ARMM and PHIC review of NHIP IRR (Inter-CA TWG)

The inter-CA TWG on PhilHealth concerns is also coordinating the efforts of DOH-ARMM and PhilHealth to facilitate the implementation of PhilHealth universal coverage in ARMM in the context of ARMM's unique circumstances. These efforts include a review of the National Health Insurance Program Implementing Rules and regulations (NHIP IRR) to explore which provisions could be modified to address issues specific to ARMM or develop operational guidelines for implementation of universal coverage specific to ARMM.

A manual on LHA is being prepared by an EC team and will be pilot tested in CHD 7 and Negros Oriental. A basic reference for manual development is the WHO manual on health accounts, which needs to be adapted to Philippine and local health system conditions and policy uses. The manual can then be used by other HealthGov provinces interested in developing their LHA. The LHA is required by DOH for the F1 provinces. HealthGov will collaborate with the EC team in the institutionalization of the LHA. The institutions involved include DOH-HPBDP and CHD, NSCB, PhilHealth, and LGU-PHO.

6.9 Service Delivery Excellence in Health (SDExH)

In the second year, pilot testing of the Service Delivery Excellence in Health in Misamis Occidental and Negros Oriental was completed and assessed. Training modules were enhanced and guides were developed, including the SDExH operational guide. The guides are intended for use in training follow-up to reinforce the skills developed and improve the respective outputs. Likewise, a national plan of action was also developed. With the DOH's instruction to study and integrate all initiatives on continuing quality improvement**,** implementation of SDExH activities were temporarily put on hold.

There are three options the project will undertake with DOH: 1) provide technical assistance to DOH-NCDPC in presenting to the directors and technical staff of the cluster the SDExH experience, the strategy framework, and the plan of action; 2) in response to the request of CHD 10 and the provinces of Capiz, Misamis Occidental, and Negros Oriental, continue the conduct of training of trainers for them; 3) as discussed with HPDP, work with DOH to complete SDExH for inclusion in the CHD tool kit; and 4 prepare an assessment report of the other continuing quality improvement (CQI) initiatives of DOH which can serve as basis for recommendation for action at the national level.

DOH has organized a technical working group for CQI. The project will continue to provide NCDPC technical assistance in ensuring the integration of SDExH in the over-all framework of continuing quality improvement**.**

6.10 Service Delivery Implementation Review (SDIR)

SDIR outputs and results have been used for many purposes which include, among others, formulating annual operational plans and annual investment plans; provincial, city, and municipal investment plans; TA plan; and advocacy activities of provinces, CHDs, and other USAID CAs.

The project will provide TA support to PHOs, CHDs, and DOH representatives in monitoring the implementation of LGU acceleration plans. LGUs with low performance in terms of CPR, deliveries by skilled birth attendants, fully immunized children coverage, Vitamin A supplementation coverage, and TB case detection and cure rates will be prioritized. This TA will include development or improvement of the monitoring checklist for the province. Likewise, as part of mentoring and coaching during monitoring, health personnel will be guided in problem-solving and identifying solutions. Advocacy for critical issues will be an integral part of monitoring. These issues include, among others, the integration of the acceleration plan's investment requirement in the annual investment plan, implementation of the acceleration plan, and increased budget for and regular outreach services to low-performing and hard-to-reach barangays.

Conduct of SDIR

Technical assistance will continue to be provided to LGUs that will conduct SDIR. This TA will include support to enhancing the skills of the CHD, DOH Reps, and provincial technical staff in facilitating the SDIR process; and improving health data management. The project will also continue to provide municipal and city governments, particularly low-performing LGUs, technical assistance in their SDIR process**.** In addition, the inter-CA

will enhance the SDIR tool by integrating indicators for assessment specifically, private sector participation, indigenous peoples, geographically isolated and depressed areas (GIDAs), universal PhilHealth coverage, ILHZ collaboration, and program management.

6.11 Improving the service provider training system

Improving the service provider training system in Year 3 will include four major technical assistance, namely (1) support to the provincial health office in establishing a database on health human resource stock and personnel capability information system; (2) development of a training plan or program; (3) capability building for MNCHN, FP, TB, and STI/HIV/AIDS; and (4) support to FP competency-based training development and implementation activities.

Establishing a database of health human resource stock and personnel capability information system

With the scant information on health human resources (HHR), DOH-HHRDB has identified the need to establish a database of selected HHR in the country. Making these data available at the provincial level will facilitate the development of a province-wide training plan and identify the manpower needs of each LGU.

In 2006, HHRDB conducted the HHR stock survey to establish a database of selected HHR nationwide. With the very low rate of data retrieval, the level of data collection and encoding varied across all regions. CHDs 2 and 11 have almost a complete information system.

In Year 2, HealthGov and HHRDB planned to provide TA to provincial health offices in establishing a health human resource stock and personnel capability information system. This TA is expected to result in a complete, valid, and reliable database as well as an effective, efficient, and sustainable HRH information system. Unfortunately, no appropriate STTA consultant was chosen among the four who were interviewed given DOH personnel's feedback on their past experience with those consultants. In Year 3, a programmer will be identified to develop a program for this system. SDIR data on existing health manpower and the list of personnel with their capability profile will be utilized for this information system.

HHRDB staff and CHDs will be supported in monitoring the establishment of the database system as well as the development and implementation of a training plan. Advocacy to LCEs and health officials is an integral part of this technical assistance.

Formulation and implementation of training plan

To facilitate implementation of the LGU's training plan, the project will work with HHRDB, NCDPC, and CHDs in developing a guide on the different available training courses for MCNCHN, FP, TB, and STI/HIV/AIDS. The guide will specify the name of the training course, objectives, content, number of and criteria for trainers and facilitators, number and category of participants, and training duration.

The project will coordinate with existing TA providers to ensure the implementation of LGUs' training plan.

Family planning competency-based training (FPCBT)

In the project's second year, HealthGov supported DOH in the enhancement and revision of the FPCBT training manual. DOH organized a TWG that will review and finalize the training manual. A framework for the FPCBT was agreed upon after consultations with field staff and the TWG.

In the third year, the training modules will be drafted, reviewed, and finalized. This process will be participated in by the TWG, CAs, and selected field staff. The modules will be pre-tested and finalized. DOH with support from the TWG and CAs will conduct 7 batches of training of trainers to ensure that all 17 regional health offices and all 81 provinces will have trainers at their level. DOH will provide funds for these trainings, including the rollout of the service provider training. HealthGov will facilitate and coordinate with the CHDs/PHOs in prioritizing LGUs with very low CPR and higher population.

6.12 Maternal, newborn, and child health and nutrition implementation

MNCHN operationalization

The DOH Executive Committee has approved in principle the draft administrative order (AO) on MNCHN. The DOH TWG is developing an operations manual that will guide decision-makers, program managers, and service providers in implementing the MNCHN strategy. As a TWG member HealthGov has been involved in the process of developing the framework, administrative order, and the manual of operations for MNCHN. Unfortunately, DOH decided to develop the manual of operations by themselves without any donor or CAs. This development notwithstanding, the project will continue to support LGUs in implementing their plans for MCP accreditation and ensure maximum utilization of PhilHealth benefits.

Capability building for frontline workers on enhanced CMMNC and LSS

The project will continue to support the training of midwives in community-managed maternal and newborn care using the training manual on caring for mothers and newborns in the community developed by SHIELD. In addition, it will continue to support training in life-saving skills.

Support to pilot-testing of Family Health Book

HealthGov will continue to support the pilot testing of the Family Health Book initiative in selected municipalities in Compostela Valley. The project will support the capability-building requirement of public health service providers to improve the provision of quality services. Likewise, it will also support the governance, financing, and advocacy TA needs of the LGUs.

Maternal death review

In Year 3, the project will support CHDs in training the provincial and LGU maternal death review (MDR) committees. The project will ensure that MDR is not only used as a tool for reporting maternal deaths. It will also aim to create among health professionals awareness of preventable factors that lead to maternal deaths and help them formulate an action plan to address these factors. The project will monitor the implementation of MDR to ensure that LGUs achieve these two objectives. All provinces will be targeted since the national average for maternal death ratio is high even as provincial figures are very low based on FHSIS.

6.13 Informed choice and voluntarism (ICV) compliance monitoring

ICV orientation training of service providers

The training of trainers for ICV compliance in CHDs and PHOs was completed in the project's second year with about 500 FP trainers and coordinators across the country trained in ICV. However, the rollout of ICV orientation was slow with very minimal number of training conducted at the LGU level.

For the third year, the project will coordinate with and advocate to DOH, CHDs, and PHOs for the continued conduct of orientation/training on ICV compliance and monitoring as an integral part of their training on Responsible Parenting Movement. TA will be provided through the Service Delivery Coordinators and the Provincial Coordinators who will coordinate with the CHD and PHO FP trainers and coordinators on the conduct of LGU orientation on ICV compliance monitoring. In addition, the project will continue to integrate ICV compliance monitoring in HealthGov's orientation activities for a wider reach of stakeholders.

Advocacy activities directed to LCEs and other stakeholders

HealthGov will include ICV-related topics in trainings and workshops that it will conduct. The project will take every opportunity to discuss ICV principles in connection with quality of service and the range of FP methods. During monitoring activities, advocacy to LCEs and other stakeholders will be conducted, especially when there are issues related to vulnerability.

Establishing an ICV monitoring and reporting mechanism

HealthGov will continue to support the establishment of an ICV compliance monitoring and reporting mechanism at the local, regional, and national levels. The mechanism will be linked to strengthening supervision and monitoring of frontline service providers. It will thus be covered in the TA in enhancing the public health nurse supervision training.

Notwithstanding the lack of an administrative order on ICV at the national level, the project will support NCDPC in setting up a sustainable ICV compliance monitoring and reporting mechanism in the first quarter of Year 3. At the regional and provincial levels, HealthGov and NCDPC will mobilize CHDs and PHOs to set up their monitoring and reporting mechanism. Compliance with the agreements made during the training of trainers will be followed up.

6.14 High-volume service providers for IUD/VSC

Mapping and assessment of training institutions and facilities

The technical assistance for the basic course in family planning is discussed in improving the training system. In collaboration with other CAs, specifically PRISM, HPDP, and SHIELD, HealthGov will assist DOH in mapping and assessing training institutions as possible IUD/VSC training centers. By the second quarter of the third year, regional and provincial training institutions and facilities which can provide training for high-volume IUD service providers should have been identified. These training institutions are potential sites for the conduct of Level II family planning competency-based training focusing on IUD insertion and removal.

Assessment of high-volume IUD/VSC service providers

Based on the implementation guidelines for high-volume providers on VSC and IUD that will be developed by DOH with HPDP, HealthGov will assist NCDPC in developing the assessment tool, and identifying and assessing high-volume IUD/VSC service providers through the conduct of a consultative workshop on IUD insertion and VSC at the regional and provincial levels.

Training of high-volume IUD service providers

This TA is in line with improving the service provider training system through FPCBT, particularly in training high-volume IUD service providers.

At the national level, HealthGov and PRISM will assist NCDPC in identifying preceptors for IUD and VSC training for service providers. The project will likewise provide TA to PHOs and LGUs for possible trainees for IUD and VSC. In partnership with DOH and CHD, the project will support the training of high- volume service providers.

Peer-to-peer confidence-building in IUD insertion

Training needs assessment in the field has identified nurses and midwives trained in IUD insertion and removal but due to lack of confidence they have not provided these services. An earlier USAID project had started to conduct an IUD confidence-building training through peer coaching in some LGUs in Capiz and Davao del Norte.

The FPCBT Level II follow-up after-training module will include a guide to build the confidence and increase the competency of service providers in IUD insertion and removal. Peer coaching will be utilized to create an environment of camaraderie among colleagues and set a more conducive atmosphere for teaching and learning. This process will also enhance the coaching skills of supervisors, DOH Reps, and public health nurses as they coach the service providers on IUD insertion and removal.

Referral system for high-volume service providers

HealthGov will collaborate with PRISM and HPDP in the provision of TA in establishing a referral system – from public to private service providers – for high-volume IUD service

providers. HealthGov will provide TA in the establishment of a referral system first, by updating the FP-CBT level II, and second, by training of trainers and service providers.

TA on establishing a referral system for high-volume IUD service providers will address the following questions: 1) How could other providers be encouraged to refer patients for IUD insertions to high-volume IUD providers in their locality? 2) How should the remaining supply of donated IUDs be distributed to support development of high-volume IUD providers? 3) How could service providers be encouraged to become high-volume IUD providers in their locality?

6.15 Improving supervision and monitoring

Facilitative supervision and periodic systematic monitoring play a key role in improving service providers' performance. This TA will focus on public health nurses supervising frontline workers, i.e., rural health midwives.

The DOH's function to monitor the implementation of devolved health programs is stipulated in the Local Government Code. The PHO has also been tasked to assume over-all supervision of LGU health program implementation.

Training of trainers for PHN supervision

In the project's second year, an STTA was hired to update the 1994 resource manual and trainers' guide for the "Training Course on Supervision for the Public Health Nurse" together with a training-of-trainers design. The updated training manual is intended as a part of a strengthened training system to improve service provider performance and ensure high quality service. It also aims to achieve service delivery excellence through strengthened supervision of rural health midwives by public health nurses.

In the third year, the project will continue to provide TA in the conduct of the training of trainers on the updated manual.

Training of PHNs on supervision

The project will support CHDs and PHOs in the rollout training of PHNs in LGUs which have expressed interest in strengthening the supervisory functions of the PHNs based on the local standards set by municipalities and cities during the SDExH workshops. Selection of trainees will consider nurses in low-performing areas, PHNs who have undergone SDExH training, and those who have included such need in their MIPH or acceleration plan.

After their training on supervision, nurses will be followed up to ensure that what they learned in didactics are practiced and correctly done. This activity will be supported by CHDs, PHOs, and HealthGov.

Strengthening the health information system

SDIR enhances health information systems and data management through assessment, data validation, analysis, and use. Together with CHDs, HealthGov will piggyback on monitoring visits to enhance LGUs' data management skills.

Since deaths are under-reported, maternal, infant, and under-five deaths will be reviewed as part of the validation process. Together with CHDs and PHOs HealthGov will provide TA in improving the completeness and accuracy of reports.

The project will mobilize CHDs in implementing the 2008 FHSIS. It will support CHDs in the training of LGUs on the 2008 FHSIS and follow up on the implementation of the new FHSIS version.

Systematizing LGU monitoring

Some PHOs and DOH Reps conduct monitoring visits; others have limited monitoring activities due to lack of funds. To ensure the effectiveness of monitoring, there is a need to systematize these visits. With the CHD the project will support the PHO and DOH Reps in developing an LGU monitoring tool which prioritizes low-performing areas. The tool will utilize the F1 framework and focus on issues and problems that have been identified in PIPH, MIPH, CIPH, SDIR, and SDExH.

6.16 Improving local response to TB

Support to service provision

With technical support from TB LINC and CHDs, the PHOs and low-performing LGUs will be assisted in the in-depth assessment of the TB control program and formulating interventions to improve performance. Depending on the assessment results, the project will support LGUs in non-TB LINC provinces in strengthening private-public partnership and the TB referral system between hospital and RHUs to increase case detection rate and cure rate. Likewise, HealthGov will support TB-DOTS capability building for hospitals, health center staff, and treatment partners. TB concerns will be integrated into the TA in systematizing the LGU monitoring system.

Access to diagnostic services

The project will support low-performing LGUs in improving access to TB diagnostic services through training of microscopists on direct sputum-smear microscopy, and regular visits to hard-to-reach and underserved areas. Technical assistance will be provided to microscopy centers with external quality assurance below the standard 95%. Advocacy TA will push for the hiring or sharing of a microscopist or medical technologist among LGUs, ILHZs, and PHOs which do not have one or the other.

TB program management

HealthGov will provide provinces with low case detection rate and low cure rate TA in TB program management. Strengthening the monitoring and supervision system will be integrated into the over-all LGU system.

The project will also support documentation of TB-DOTS good practices that SDIR has uncovered. Documentation will enable, through technical exchange or *lakbay-aral* (study visit), sharing of the experience with other LGUs.

Behavior change communication

In partnership with HealthPRO, the project will support the implementation of the strategic communication plan of non-TB LINC areas. It will prioritize LGUs with low case detection rate and low cure rate. HealthGov will provide TA to PHOs/DOH Reps in mobilizing LCEs, Sanggunian members, and health personnel to improve the TB control program by assisting in the development of advocacy tools and lobbying.

6.17 Improving local response to avian influenza

In Year 2, HealthGov, in collaboration with DOH, the Department of Agriculture, TB LINC, and SHIELD, assessed the strengths and weaknesses of each region, particularly the AI critical areas, in terms of their preparedness to respond to AI. The assessment revealed weak LCE support, lack of funds for surveillance and monitoring, absence of AI-related ordinances, the need to support development of LGU AI plans, lack of an AI task force, lack of partnership with the private sector to maximize resources, and the absence of an existing community-based AI early warning system (CBEWS).

HealthGov responded with technical assistance to develop and enhance LGUs' capability to address the abovementioned issues, particularly in crafting their AI preparedness and response plan. Roles, responsibilities, and commitment of the regional DA and DOH AI coordinators were defined. Five batches of AI preparedness and response workshops were conducted. These enabled 13 provinces, 14 cities, and 42 municipalities in HealthGov sites to craft realistic and workable AI preparedness and response plans.

To empower LGUs to keep the country bird flu-free, HealthGov will provide in Year 3 technical assistance in the following key areas:

Monitoring LGU preparedness and response plan

HealthGov will ensure that an AI preparedness and response plan is in place in all high-risk LGUs. The project will support LGUs in crafting their respective AI preparedness plan, preparing the necessary ordinance that will jumpstart local response to AI, creating a functional AI task force backstopped by an ordinance, and providing for logistics needed in AI prevention and control. These four components are essential in establishing CBEWS in their barangays. At present, almost all HealthGov sites have formulated their AI preparedness and response plan, but very few have finalized them much less included them in their annual investment plan.

The project, in collaboration with CHDs and DA, will monitor the LGUs' AI preparedness and response plan. In the second quarter, this monitoring will be integrated in monitoring other health programs. The LGUs' AI preparedness and response will be integrated into the SDIR activities of provinces with AI critical areas.

Table-top simulation exercise

To strengthen LGUs' capability to respond to AI and test their contingency plan, there is a need to conduct a simulation exercise using an unfolding outbreak scenario. This exercise aims to assess the capability of major stakeholders to respond to AI, simulate activation of the early warning system, and assess their ability to implement an

emergency operations plan using an organized response that incorporated the roles of leadership, communication, operations, resource management, safety, and public education and media.

However, there is a need to delay until the second quarter of Year 3 the AI simulation exercise because stakeholders at the different levels need more time to review and enhance their skills in responding to AI. With the limited available budget, the CAs and USAID agreed to do the simulation exercise in Roxas City.

Installation of CBEWS

In the event that bird flu enters the Philippines, communities, particularly at the barangay level, need to have skills in the early identification and reporting of suspected AI cases in animals and humans. USAID through HealthGov and other cooperating agencies will provide technical assistance to high-risk LGUs in establishing an early warning (reporting) system, which is key to a rapid response to and prompt treatment of AI cases. The project will support the training of provincial and municipal CBEWS trainers.

Training of trainers in all AI critical areas will enable the rollout of CBEWS in their respective barangays and subsequently help the LGUs to intensify vigilance for early detection and rapid reporting of AI in birds and humans. In the first quarter of Year 3, the project will support the installation of CBEWS in at least one barangay in each province, prioritizing the barangay most vulnerable to AI and which has complied with the four components required in the installation of CBEWS.

The project will continue to support CHDs as well as regional and provincial DA-BAI and provincial health offices in mobilizing LGUs, including barangay officials and private and business sector, to provide funds for social mobilization and community participation activities. This includes organizing a pool of barangay speakers, the conduct of community assemblies, and development of IEC materials.

IEC dissemination

The TB LINC Project is tasked by USAID/OH in developing IEC materials geared toward increasing public awareness of AI preparedness and appropriate behaviors and practices targeting the high-risk groups. Two types of posters will carry the core messages in English. One is directed to backyard poultry raisers and the other to community villagers who reside near marshes and wetlands. These posters will be translated in the following local dialects: Tagalog, Visayan, and Ilocano. In the second quarter, HealthGov will assist TB LINC in disseminating and distributing these IEC materials to HealthGov areas. This technical assistance aims to ensure that key messages are properly disseminated to and understood by the public. Part of the training on CBEWS installation is the dissemination of IEC materials and ensuring that their key messages are properly explained to the public. The project will work closely with DOH National Center for Health Promotion and BAI on these efforts.

6.18 Strengthening local response to HIV/AIDS

At the start of Year 2, HealthGov completed a census that generated 2006 and 2007 data for identified project indicators. Information derived from the census enabled the project to adjust accomplishments and performance targets, satisfy reporting requirements, and fine-tune the Year 2 work plan activities and targets.

In Year 2, HealthGov visited the HIV/AIDS sites to reintroduce the project, discuss local TA needs, and secure from the LCEs the mandate to assist in the development of their respective HIV/AIDS prevention and control plan. Together with the CHDs, HealthGov also implemented planned activities such as the preparation and legitimization of the ISFPs, training on IPC/C for PEs in the cities of Angeles, Bacolod, Cebu, Mandaue, General Santos, and Zamboanga, a feasibility study of implementing LGU collaboration in STI and HIV/AIDS surveillance, prevention, treatment, care and support activities in the cities of Cebu, Mandaue, and Lapu-Lapu, drafting of the enhanced manual of procedures (MOP) for SHCs, preparation of an assessment protocol that will help Zamboanga City to establish VCT and prevention education for migrant populations, and drafting of a concept proposal for an MSM Peer Education Program for Davao City.

USAID has signaled that it wants changes in the strategic direction of its assistance for HIV/AIDS. This includes focusing more on strengthening the management of the financing of HIV/AIDS programs and supporting high risk sites in accessing and using funding from other donors (such as the Global Fund). USAID also wants to explore new ways to provide HIV/AIDS and STI education other than peer education through IPC/C. These changes will impact the TA provided by HealthGov (and other CAs) and the TA plan for HIV/AIDS will be reviewed and finalized in the second quarter of Year 3. It is expected that HealthGov with its partners will be able to continue to provide priority TA for HIV/AIDS based on the local needs and priorities of the LGUs. These will mostly be in the areas of strengthening the management of STI/HIV/AIDS programs, developing new behavior change programs, leveraging private sector support and ensuring sustainable financing.

LGU management of STI/HIV/AIDS programs

Social hygiene clinics (SHCs) are instrumental in providing services to establishment-based male and female sex workers (M/FSWs), other MARPs, and to a lesser extent, the general population. Upon completion of the updated MOP for SHCs that stipulates the minimum requirements for running an SHC, HealthGov with DOH will orient key SHC staff on the updated MOP. Thereafter, the CHDs will assess SHCs' compliance with the MOP on a quarterly basis, using a compliance assessment tool developed by the CHD with TA from HealthGov. The assessment findings will aid in developing a plan to address implementation gaps, and formulating and implementing a quality improvement design.

HealthGov will assist DOH in designing and implementing training for LGUs and NGO/private sector partners in the locality on community mobilization to identify social groups, and map existing formal structures or networks (e.g. gay organizations). This will help the LGUs in HIV surveillance and community mobilization for STI/HIV/AIDS prevention education.

The CHDs with TA from HealthGov will set-up an LGU comprehensive monitoring system to track accomplishments and to aid in setting program direction. This will include the review of existing LGU-level STI/HIV/AIDS reporting systems, the development of a comprehensive LGU monitoring system, the orientation of LGU implementers on the system and coaching and mentoring as needed. The system will be operational by the third quarter of Year 3.

HealthGov, with the CHD, will assist Bacolod City to generate needed information to estimate the number of MARPs, understand how HIV is spreading, use data to aid in HIV/AIDS program planning, advocacy for prevention/care services and program evaluation. Despite the 25 HIV+ cases coming from Negros Occidental and the 24-30% positivity rate for STIs in the past 3 years among FSWs, there are no reliable population size estimates, no accurate baseline information on knowledge and behaviors, no data on HIV prevalence and no reliable information on exposure to interventions among the MARPs. In the second quarter of Year 3, HealthGov will assist the CHD in designing and conducting the training on Basic Epidemiology and HIV surveillance. Subsequently, TA will be provided to support rapid assessment studies, data collection, analysis, interpretation and dissemination for HIV surveillance and MARPs population size estimation activities.

In response to the need of Zamboanga City to monitor and prevent HIV transmission across borders, specifically that with Malaysia, HealthGov together with the CHD and the Bureau of Quarantine will assist the LGU in completing the assessment protocol that will help the city to establish VCT and prevention education. The assessment targets illegal Filipino migrants being repatriated from Malaysia and the traders. The Zamboanga City Health Office, with logistic support from DOH-GFR6, will implement the assessment and set-up VCT and prevention education services. The assessment tool will be completed in the first quarter of Year 3.

HealthGov will continue to provide support to the implementation of the site-specific ISFP, where needed and requested. This support may be in the form of assistance to the LGUs in developing presentation updates for the LCE and City Council, advocating for provision of program support and conducting service delivery implementation reviews (SDIR). Likewise, TA will be provided to facilitate inclusion of priority projects and activities identified in the ISFP in the 2009 supplemental budget and the 2010 City AIP.

Behavior change programs

For more than a decade, the strategy employed in the Philippines to effect positive behavior change among MARPs is peer education through IPC/C. However, condom use in high-risk sexual encounters remains low across all sites and needle-sharing is rampant in identified IDU communities. Although it is accepted that peer education through IPC/C is effective in influencing MARPs to adopt positive behaviors, there is a need to revisit the way it is currently being implemented and to identify other effective BCC strategies. By the second quarter of Year 3, the CHD with HealthPRO and HealthGov will assess the HIV BCC strategies for MARPs, retrain the LGU core of trainers, train LGU health educators on IEC materials development, develop MARP-specific prototype IEC materials, train outreach workers on BCC and provide technical inputs on actual outreach activities implementation.

Past studies have identified the site-specific frequent clients of FSWs who are accessible by government and NGOs for prevention education. Only sporadic information dissemination campaigns were implemented for these occupational cohorts of men. HealthGov, with HealthPRO and the CHDs will support prevention education activities for the tricycle drivers in Angeles City, construction workers in Davao City, deep-sea fishermen in General Santos City and men in uniform in Zamboanga City. By the second and third quarters, group-specific IEC materials and a prevention education plan will be developed and from the third quarter onward, HealthGov, HealthPRO and the CHD will mentor and coach LGU implementers in their prevention education activities targeting the frequent clients of FSWs.

HealthGov with HealthPRO and DOH will support LGUs in holding grassroots mobilization activities such as the World AIDS Day commemoration in the first quarter of Year 3 and the candlelight memorial commemoration in the third quarter. These activities will create HIV/AIDS awareness particularly for the general population. Support will come in the form of planning for the activities, finding resources, ensuring media coverage, mobilizing the community, and evaluating the implementation for continuing improvement.

With the CHD and HealthPRO, HealthGov will provide TA to Bacolod City in reaching in-school youth by promoting to City School officials the display of HIV/AIDS materials in schools and universities and the integration of STI/HIV/AIDS prevention and control in the High School curriculum. Likewise, TA will be provided to Bacolod City in crafting an ordinance that would require all food and non-food health certificate applicants to undergo an STI/HIV/AIDS awareness seminar as a prerequisite to the granting of health certificate.

Implementing VCT-related activities

Knowing one's HIV status is a key HIV intervention. But only a quarter of FSWs and IDUs and less than 10% of MSMs had ever been tested for HIV. In line with the DOH's thrust to increase VCT uptake, HealthGov will assist NASPCP and HPDP in the review and finalization of a DOH administrative order on VCT implementation. With DOH, HealthGov will provide TA in developing guidelines for VCT operationalization at the LGU level. During the fourth quarter, HealthGov with HealthPRO and the CHDs, will develop a tool that would enable the LGU, the CHD and HealthPRO to assess advocacy and promotion needs per site to input in the formulation of a VCT promotion plan.

Leveraging private sector support

Organizing and harnessing the support and cooperation of owners and managers of entertainment establishments in LGUs is a key strategy that will increase establishment-based male and female sex workers' use of SHC services. The strategy is to form an association that will function as a key LGU partner in STI and HIV/AIDS prevention. HealthGov, with the help of experts from Angeles City, will provide TA in establishing a self-regulating and sustainable association that supports the STI and HIV/AIDS prevention thrusts in Quezon City. As in Angeles City, the organization would assist in the mapping of activities, thereby establishing an accurate count of potential SHC clients for target setting and police their ranks to ensure that all their sex workers submit to the weekly check-ups. This will increase SHC coverage and improve implementation of

prevention education through peer education for behavior change leading to a decrease in STI/HIV prevalence.

In collaboration with PRISM and the CHDs, TA will be extended to the cities of General Santos and Zamboanga in establishing private sector partnerships. Activities will include designing, conducting and facilitating meetings/workshops, developing prevention messages, training of workplace clinic/health staff and developing monitoring and coaching guides.

Sustainable financing

For sustainability, HealthGov, with central and regional DOH offices, will complete the pretest of the implementation of LGU performance-based grants (PBGs) to NGOs in Davao City. Activities that are best handled by NGOs, specifically outreach work targeting freelance FSWs, MSMs, and IDUs, will be contracted out by LGUs to NGOs that could satisfactorily implement the tasks. HealthGov with the CHD will provide TA to Davao City in crafting the scope of work as well as setting the guidelines for contracting, monitoring implementation progress, and evaluating activity outcomes. Rollout of the PBG in the cities of Angeles, Quezon, Bacolod, Cebu and General Santos, will commence in the third quarter. In addition, HealthGov will also work with the CHD in setting-up a special fund for the Angeles City Reproductive Health and Wellness Center. This will entail TA in reviewing and interpreting Ordinance #106, also known as the Angeles City AIDS Prevention and Control Ordinance 2000, and assisting the Angeles City AIDS Council in advocating to the LFC and the City Mayor the implementation of the relevant ordinance provision.

The assessment on the feasibility of implementing LGU collaboration in STI and HIV/AIDS programs in the cities of Cebu, Mandaue, and Lapu-Lapu was completed in Year 2. The three cities will draw up a unified plan and policies to be completed by the third quarter of Year 3. Potential areas of collaboration include HIV surveillance and information-sharing, 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.

6.19 Increasing advocacy for health

HealthGov's advocacy technical assistance is LGU-specific, with support for advocacy on service delivery and health financing embedded in the various activities linked to the TA handles. For governance, financing and regulation issues, HealthGov TA will address specific advocacy issues in the implementation of the PhilHealth Sponsored Program, access to MNCHN grants, strengthening of inter-LGU cooperation, and expansion of public-private partnerships. For service delivery-related TA, support activities that address specific advocacy issues related to FP, MCH, TB, HIV/AIDS, and other infectious diseases are woven in the component TA and incorporated into the provincial technical assistance plans.

In order to support LGU advocacy for MCH, FP, TB and HIV/AIDS, technical assistance will also be provided to key local NGOs in the provinces that: 1) are duly recognized and/or accredited by the LGUs; 2) have an existing network and reach at the community

level; and 3) have prior or ongoing engagements and active partnerships with the LGUs for health development. HealthGov will provide small incentive grants to local NGOs to help LGU officials and community leaders, particularly PHOs, MHOs, DOH Reps, NGO leaders, and functional health boards, to:

- Advance health dialogues and promote LCE action and LGU decision making for improved financing and services, particularly in LGUs where health performance and coverage is lagging behind its neighbors;
- Disseminate information on health performance and health related policies to the community;
- Solicit community feedback on access and quality of health services and monitor the implementation of local health policies and health investment plans, CSR plans, and service delivery acceleration plans, and reporting the results to LHBs, Sanggunian, and PHOs/MHOs for review and appropriate action.

Advocacy support for CSR/FP will focus on the approval and implementation of the updated provincial and LGU CSR plans and will ensure that LGU policies and budgets are in place specifically for the provision of free FP commodities for the poor, ensuring availability of correct FP information and FP services and commodities, promoting or expanding private and non-government sources of FP commodities at the local level. Advocacy support will take off from CSR assessments done in the different provinces and progress made in terms of formulating CSR plans. Advocacy support to LGUs will be customized according to (1) LGUs with CSR plans but no budget, (2) LGUs with CSR plans and budgets but not implemented/budgets not utilized, and (3) LGUs without CSR plans. TA will also focus on helping LGU/NGO champions foster understanding among LCEs, LGU officials, and other stakeholders of the importance of CSR and how reducing FP unmet need helps improve maternal and infant health.

Advocacy support for MNCHN will ensure that policies and budget support are in place for the continued and sustained delivery of critical interventions such as immunization of children and mothers, care of the newborn, birth spacing, micronutrient supplementation, facility-based deliveries by skilled birth attendants, and antenatal care. Specifically, TA to PHOs and MHOs will include: 1) in collaboration with the CHD, support the installation of functional provincial maternal death review committees; 2) leveraging municipal and barangay resources for MNCHN, specifically TEV for midwives, setting up of barangay immunization posts, hiring of additional midwives, and upgrading of facilities; 3) organizing women's health teams, barangay support groups and establishment of emergency transport, communication and referral mechanism; and 4) engaging NGOs, local leaders and their communities in implementing community initiatives in support of women's health, safe motherhood, and children's health, including the conduct of regular community dialogues on access and quality of MNCHN and other health services in collaboration with barangay councils and barangay health committees.

For HIV/AIDS work in high-risk sites, advocacy support to CHOs, SHCs, and LACs (if functional and active) will focus on building multi-sectoral support for HIV/AIDS prevention. TA and grant support (if applicable) will be provided to engage community and business leaders and their respective social networks and links to external resources so that they can help disseminate HIV/AIDS information and policies and advocate for the implementation of HIV/AIDS plans in their localities. TA will support CHOs, SHCs, and LACs in engaging community leaders and members, including: (1) owners and managers of entertainment establishments in the cities of Lapu-Lapu, General Santos,

and Quezon; (2) business leaders such as the tuna handlers association and fishing industry owners and operators in General Santos; 3) community members and families of MARPs; and 4) communities near the cruising areas of sex workers and IUD shooting galleries. The HealthGov assistance will help to increase community awareness of the HIV/AIDS situation and threats and stimulate community action for the welfare of all community members, including those most at risk.

In support of local TB control, advocacy support to PHOs and MHOs in provinces with a low CDR and low CR (e.g., Zamboanga del Norte, Zamboanga Sibugay, Sarangani, Bukidnon, Bulacan, Nueva Ecija, and Isabela) will be anchored on the 10-point TB agenda. Emphasis will be on facilitating the passing of municipal ordinances on TB control and on ensuring community participation and mobilization in the fight against tuberculosis. Advocacy TA to PHO, RHU staff and local CSOs is intended to generate provincial-, municipal-, and barangay-level support for LGU issuances and budget allocations in support of the TB control program. In Year 3, advocacy TA will support PHOs, MHOs and health boards in the enactment of LGU policies that allow (1) more effective use of PhilHealth reimbursements for sustaining compliance with accreditation requirements or providing incentives to providers and partners that contribute to case finding and treatment of TB patients, focusing on funding to support wider indigent coverage, TB drugs, reagents, and supplies; and (2) enabling the private sector to contribute resources, service capabilities, and support services to the program.

National/Regional Quarterly Milestones/Benchmarks per Key Result

Performance Indicators		National/Regional TA product (tools, guidelines, etc) or concerns	Q1	Q2	Q3	Q4
IR1.1 Key management systems to sustain delivery improved						
1.1A	**No. of provinces with PIPH**	MIPH/PIPH Inter-CA Appraisal Tool simplified and updated	**X**			
		Compilation of technical materials and references for MIPH/CIPH/PIPH, CSR Implementation Plan Update, PhilHealth Sponsored Program Implementation, Local Policy Development (EBL) for inclusion in CHD Toolkit being prepared by HPDP	**X**			
		Province-Wide Public Finance Management system designed and installed				**X**
1.1B	**No of LGUs with CSR implementation plan**	Province-Wide CSR monitoring and expenditure tracking system designed and installed			**X**	
		Local advocacy tools and materials developed including briefing kits, presentations, designs of CSR/FP orientations for various audiences, practical tips on CSR/FP advocacy, guidelines in setting up community feedback mechanisms on access and quality of FP services			**X**	
		Documentation of experiences of local partners in CSR/FP advocacy including advocacy actions, LGU/NGO champions mobilized, materials and key messages utilized, results achieved, lessons learned				**X**
1.1C	**No. of LGUs with improved data management (with respect to FHSIS)**	Province-Wide Monitoring and Evaluation System design finalized to incorporate CSR, PhilHealth and PFM sub-components				**X**
		Report on the FHSIS Assessment Study				**X**
1.1 D	**No. of LGUs implementing a client classification system for identifying the poor**	Report on update of poverty monitoring tools used in 23 provinces completed including TA to LGUs identified in use of local data for developing proxy means test			**X**	
1.1 E	**No. of LGUs adopting a system of local health accounts**	Concept paper on the policy uses of the LHA (an advocacy for DOH and LGUs to invest in LHA implementation in provinces)			**X**	
1.1 F	**No. of LGUs with effective logistics management for essential drugs and commodities**	Logistics management systems of 23 provinces assessment report completed including TA to LGUs identified				**X**
1.1G	**No of LGUs with health related policies passed as of the current year**					
1.1H	**No. of LGUs collaborating with each other in systems development and implementation (e.g., ILHZ)**					

1.1 I	**Number of municipalities/cities providing inputs to the health sector program or deliberations at the provincial level**	Province-Wide Monitoring and Evaluation System design finalized to incorporate CSR, PhilHealth and PFM sub-components				**X**
IR1.2 LGU financing for key health programs improved						
1.2A1	**No. of LGUs that increased and sustained public sector investments in health**					
1.2A2	**No. of LGUs with increased health expenditures**					
1.2B	**No. of LGUs with increased PHIC coverage of the poor**	Province-Wide PhilHealth Sponsored Program monitoring system designed and installed				**X**
		Report of initial findings and recommendations of PhilHealth benefit delivery review prepared for consultative discussion among DOH, PHIC, USAID and other stakeholders			**X**	
		Draft report of PhilHealth benefit delivery review prepared for consultative discussion among DOH, PHIC, USAID and other stakeholders				**X**
		Local advocacy tools and materials developed including briefing orientations kits, presentations, designs of advocacy forums on PhilHealth Sponsored Program involving LCEs/LGU officials/local/community leaders (e.g. orientations, round table discussions , policy dialogue, orientation sessions on PhilHealth benefits and services)			**X**	
		Documentation of experiences of local partners in advocating for PhilHealth Sponsored Program and universal coverage of the poor including advocacy actions, LGU/NGO champions mobilized, materials and key messages utilized, results achieved, lessons learned				**X**
1.2D	**No. of LGUs accessing external financing for health (outside IRA)**	Guidelines on options for distribution to component LGUs of DOH grant funds allocated to provinces formulated and distributed to HealthGov provinces for consideration				**X**
1.2E	**No. of LGUs using special funds such as: trust, revolving or seed funds in securing funds for health services**	Guidelines in setting-up special funds for priority health programs (e.g. HIV/AIDS)		**X**		
IR1.3 Performance among service providers improved						
1.3A	**No. of provinces implementing a province wide training program for service providers in any or all of the following: FP, TB, MCH, STI/HIV/AIDS, AI**	Health human resource stock and personnel capability information system developed for installation at the provincial LGUs			**X**	
		Training on health human resource and personnel capability data banking designed and conducted for PHOs			**X**	
		Guide listing of the different training courses for MNCHN, FP, TB, STI/HIV/AIDS stipulating the title, objectives, content, number of and criteria for trainers and facilitators, number and category of participants and training duration			**X**	
	FP/MNCHN/TB/HIV-AIDS	Framework on Supervision for PHN drafted	**X**			

		Resource Manual and Training Guide on Supervision for PHN drafted		X		
		Final copies of Resource Manual and Training Guide on Supervision for PHN printed			X	
		TOT Design developed and conducted for local trainers in PHN Supervision			X	X
	-	Local advocacy tools and materials in mobilizing communities for FP,MCH,TB developed (e.g. advocacy materials, key messages, designing community actions, setting up community support mechanisms, installing community feedback mechanisms)			X	X
	FP	Revised FP-CBT training manuals for Level 1 and 2 completed	X			
		TOT design developed and conducted for local trainers in FP-CBT Level 1 and 2		X		
		Assessment tool and report on IUD/VSC preceptor areas completed in collaboration with PRISM and DOH			X	
		Documentation of public to private referral for high-volume IUD service providers in Bohol and Bulacan completed in collaboration with PRISM and DOH			X	
		Guide in establishing a referral system from public to private service providers for high volume IUD service providers developed in collaboration with PRISM and DOH				X
		Assessment tool to identify and assess high volume IUD/VSC service providers developed in collaboration with DOH and PRISM			X	
	TB	Documentation of good practice in TB-DOTS implementation completed			X	
		Documentation of experiences of local partners in advocating for TB control including advocacy actions, LGU/NGO champions mobilized, materials and key messages, results achieved, lessons learned			X	X
	HIV-AIDS	Assessment of PE program completed		X		
		Updated MOP for SHC finalized		X		
		Mechanism for performance based grants developed including criteria for accreditation and selection of grantees drafted		X		
		Finalized assessment protocol for cross-border monitoring	X			
		Community mobilization guide for HIV/AIDS developed			X	
		Documentation of experiences of local partners in inter-LGU partnership building for HIV/AIDS, expanding NGO participation in Local AIDS Councils, and mobilizing NGO/private sector/community champions for HIV/AIDS advocacy.				X
	AI	Documentation of functional CBEWS completed			X	
		Documentation of experiences in advocating for AI preparedness in Sarangani and CBEWS installation in General Santos City			X	

1.3B	**No. of provinces with a province- wide recognition and awards system for health service providers**					
1.3C	**No. of LGUs with a continuing service delivery quality improvement system**	SDExH framework, training designs, facilitators' guide and participants' kit (manual) completed	**X**			
		Advocacy tool on SDExH incorporating the strategy framework and experience of pilot areas for LCEs and Sanggunian members developed			**X**	
		Assessment report on the different DOH-CQI initiatives completed			**X**	
1.3D	**Number of LGUs conducting an annual enhanced Program Implementation Review (PIR)**	Enhanced SDIR tool integrating indicators for assessment on private sector participation, indigenous peoples, geographically isolated and depressed areas, universal PhilHealth coverage, ILHZ collaboration and program management			**X**	
		SDIR Implementers' guide (a) LGU level Implementers' Guide (b) CHD level Implementers' Guide (c) FAPs level Implementers' Guide completed and printed			**X**	**X**
1.3E	**Number of provinces with a monitoring system for ICV compliance**	Design and conduct of TOT for Inter-CA staff on ICV compliance monitoring	**X**			
		FIMO Office guidelines on ICV compliance monitoring completed			**X**	
IR1.4 Advocacy for the financing and delivery of health services at the local level increased						
1.4A	**No. of LGUs where public hearings on any health sector issues have been conducted by the Sanggunian and/or other LGU officials during the year**	Community mobilization guides for priority health programs			**X**	**X**
		Documentation of experiences of local partners in securing policy and fund support for health at the local level including LGU/NGO champions mobilized, key messages, advocacy gains, results achieved				**X**
1.4B	**No. of LGUs where civil society is represented on a functional Health Board/LDCs**	Updated LHB inventory of all provinces		**X**	**X**	
1.4C	**No. of LGUs where civil society is actively participating on LHB/LDCs in the following program areas: FB, TB, MCNH, AI, HIV/AIDS**	Modules on policy process and advocacy incorporated in HealthGov -supported workshops and training activities			**X**	**X**
1.4D	**No of LGUs with civil society providing inputs to the health sector program or budget deliberations at the municipal level**	Guidelines in implementing small grant to support LGU/NGO advocacy for health and community actions for MNCHN, FP, TB and HIV/AIDS	**X**			
		Documentation of experiences in building LGU/NGO/private sector partnerships for MNCHN, FP, TB and HIV/AIDS				**X**
		Documentation of experiences of local partners in implementing small-grant supported LGU/NGO advocacy for health and community actions for priority health programs				**X**

7 Monitoring and Evaluation

7.1 Harmonization of the operational plan (OP) and project performance indicators

During the previous year, several changes were made to the project's performance monitoring plan as a result of continuing discussions by the inter-CA M&E TWG on the definitions, data collection, and target setting for the OP indicators of USAID. In order to clarify and ensure that appropriate technical assistance interventions are implemented and will to contribute to the improvement in the health outcomes of the four program areas of family planning (FP), maternal and child health (MCH), tuberculosis (TB) and HIV/AIDS, the CAs developed a log frame and results framework for these programs. These results framework were cascaded to and discussed with the project's regional teams. The development of these results framework facilitated the understanding and appreciation of the logical connections of the project activities, outputs and key results with expected health outcomes. HealthGov's project indicators now consist of 23 OP, 5 custom indicators, 20 inter-CA internal OP, 11 HealthGov-specific indicators and 23 project performance indicators bringing the combined OP/project indicators to a total of 81. In addition, project activity-level benchmarks and milestones at the regional and provincial levels will be determined for each year and will be broken down by quarter.

7.2 Data collection

Quarterly tracking of the 23 project performance indicators and milestones will be done utilizing secondary quantitative data sources (i.e., HealthGov TA/training reports, LGU's health budget and expenditure reports) and primary qualitative data generated through key informants interviews and review of LGU's relevant records and documents. Tracking and recording of OP indicators, on the other hand, will involve collection of the relevant quarterly FHSIS and NTP data, the semi-annual GP report data, and the annual PhilHealth records of claims/reimbursements, among others, and encoding them in the HealthGov PMIS. Information regarding details on the various TAs provided by the project will likewise be continuously uploaded in the HealthGov TMIS.

During the second quarter of Year 3, two special studies shall be conducted, one study involving an assessment of the entire processes of health data recording and reporting focusing on FHSIS at the facility level, and the other study relating to an assessment of the logistics management for essential drugs and commodities.

The Special Study on the FHSIS is envisioned to be designed as case studies in at least three (3) randomly selected HealthGov provinces. Generally, the special study aims to assess the timeliness and completeness of the whole process of recording and reporting of health data as well as the quality of data being reported through the system based on specific evaluation standards. Focusing on selected OP indicators, another important purpose of the study is to be able to assess the quality of the data and to determine how they are being utilized for local health planning and policy making. Results of the study will be used as inputs to: (1) the project's TA for local public health workers on improving data quality through proper understanding, appreciation, recording, reporting and utilization of local health information; (2) updating HealthGov's performance key/results

indicator regarding LGUs with improved data management; and, (3) USAID's data quality assessment of various OP indicators which shall be submitted in November 2008.

The Special Study on Logistics Management System, on the other hand, will be conducted in all the 23 provinces to assess the timeliness, efficiency and adequacy of logistics planning, procurement, distribution and recording/reporting, among others. Focusing on all essential drugs and commodities under the FP, TB, Vit A, MCH, micronutrients programs and the Integrated Management of Child Illnesses (IMCI), the results of the study will serve as relevant inputs to: (1) the project's TA on improving LGUs' logistics management for essential drugs and commodities; (2) updating HealthGov's performance key/results indicator regarding LGUs with effective logistics management for essential drugs and commodities; and, (3) USAID's data quality assessment of OP indicators related to availability/stock-outs of essential commodities such as contraceptives and TB drugs. The study will be conducted with the participation of the LGUs to capacitate them in monitoring their procurement, distribution and stocking level of essential drugs and supplies. This special study will be conducted during the first quarter of the project year.

7.3 Data reporting

Both the HealthGov performance indicator and OP indicator data will be collated annually and reported to USAID one month following the end of the 4th quarter of the Fiscal Year. Activity-level milestones, on the other hand, will be documented and reported on a quarterly basis (project quarterly reports).

There will be shared responsibilities of collecting the OP indicator values among the CAs' which will be agreed upon through inter-CA consultation meetings (including TWGs) at the national level and implemented by the field staff of the concerned CAs.

While quarterly project reports and results of special studies shall be uploaded to the HealthGov website, dissemination of relevant details of the reports shall be presented to the concerned LGUs, partner agencies and CAs through workshops and meetings within other related TA activities like SDIR, CSR and AOP planning.

7.4 Performance Management Information System (PMIS)

The project's performance management information system (PMIS) will be fully operational by the second quarter of this project period. The purpose of the PMIS is to provide an efficient system for entering, managing, storing, and reporting HealthGov M&E data. The PMIS will be part of the HealthGov project website with address at http://www.healthgov-ph.org. A web module will be placed in the website to enable staff to use the web-based PMIS to enter, manage, and report data for MCH, TB, FP & HIV/AIDS Operational Plan indicators and HG performance indicators. These indicators are used to monitor program activities and measure program results. The PMIS consist of two parts which are:

a) Stand-alone PMIS Database for entering the data offline on a laptop computer and transferring the data to the web module;

b) PMIS web module and central database to manage data transmissions from the PMIS stand-alone database application, and to be used by authorized program staff to enter, manage, and report on M&E indicator data.

The PMIS has been designed to address the following considerations:

For the users

- Each provincial coordinator (PC) will have a laptop computer;
- Many provincial coordinators who will collect the data will not have Internet access; they may encode the data directly to the PMIS stand-alone. Data may be entered for that quarter, or for any previous quarter;
- Each provincial coordinator will visit their regional office once a quarter, and regional offices will have high speed internet connections;
- PCs may also upload the data anytime through an internet café or any internet connection. Provincial coordinators or designated user may also update the data if necessary;
- They then will upload the data to the web-based PMIS, so that national office, regional teams and partners may view them;
- Results indicators will be reported by all provinces, island groups, or by LGU.

For the PMIS administrators

- New indicators may be added or old ones altered in the web-based PMIS. It may then be downloaded to the stand-alone using static xml function;
- The administrators may track the encoded data - which entered it and the possible explanation/comments;
- Administrators will also monitor the users of the system;
- Check the system is bug free and free of errors;
- They also collect data from the PCs or researchers in hard copy or e-copies for possible encoding in the PMIS;
- In case, of inability of the PCs to encode, the administrator may require the services of an encoder to support in the encoding.

The PMIS will be managed and maintained by the HealthGov M&E Team, which is composed of the M&E Specialist, MIS Specialist, and Communication & Documentation Specialist, supported by the IT Specialist. Data files transmitted to the program website will be detected, checked, logged, and imported into the central PMIS database automatically.

The project Website will enable the project team and project participants to share information about the project, including HealthGov performance indicators, USAID OP indicators, news about the project, the project events calendar, project reports, promising practices and lessons-learned, and other project-related information., which will also provide other facilities to enable the project team to share project information.

Operationalization of PMIS

Normally, the PCs collects the data and keeps them in an excel spreadsheet which is unstable. The PMIS provides the mechanism to organize the data in a stand-alone or web based format and may be viewed easily. The role of the PCs is to utilize the data

collected and encode in the PMIS. The data is crucial in the makings and completion of their provincial profiles, it may be directly link to the technical assistance adapted for the province. This data will provide the basis on what issues to address and what handle to use in their TAs to the province. The PMIS as repository of the data has a view data function and reporting system embedded which covers the five (5) year life span of the project and in this way one can view the trends in the data. By just the click of the report or view data function one can see the data encoded in the PMIS web or stand-alone and use them as one deemed. The data may be shared to the LGUs so as they may utilize the data in terms of added resources in personnel or budget to low/poor performing indicators. The PCs may also track thru the PMIS if new indicators are added or deleted. PMIS manuals for the users and administrators are already drafted and the final version needs to be completed and distributed.

The national office, particularly the M&E specialist who is authorized to view the data and generate reports may review, analyze and report the PMIS information, as well as share other types of program information. The PCs may share the data to the LGUs as a form of feed backing to improve the LGUs decision making in poor performing indicators/programs of the province. Increased budgets, resources and new resolutions passed in particular low performing red areas or programs. A combined report of HG or OP indicators will show the trending of the figures per LGU, per island groups or for the 23 HG provincial sites separately for the OP and HG indicators.

But, before this could happen the final version of the PMIS stand-alone and web-based must be downloaded first to the PCs. A hands-on training will need to be organized in the first quarter with the regional teams, similar to the downloading of the initial versions to them. The downloading of the PMIS stand-alone will also include the hands on training using actual data collected. The export function to the PMIS web-based has to be demonstrated. The awareness of the use of website will also be integrated into the training. Afterwards, a system check will be held based on field reports from the downloaded final version to guarantee that the system is bug and error free.

7.5 Training Management Information System (TMIS)

The TMIS which contains HealthGov's trainings and workshops, including the names of the trainees, gender, position, address, contact numbers, and email address. It also includes cost of the event for HG in the form of food and accommodation, resource persons, materials and transportation. The cost share of the participants comes in the form of their salary, per diem, transportation and materials. The TMIS at the moment is in Excel form and this is the basis for encoding in the USAID TRAINET. The collection of the TMIS from the regional offices comes every 10th of the month and the encoding to the central TMIS database follows afterwards. The encoding and reporting to the web-based USAID TRAINET happens every 15th of the month.

Plan for TMIS Improvement

The third year work plan includes the hiring of an encoder as short term technical assistant to encode all the names and other details of the participants per province in an organized manner. Such database has been started in excel format, but it needs to be completed. To be encoded per province are the names of the participants trained, gender, position, office address, contact numbers and email address. Included in this

database is the type of trainings they attended/completed in the three year period of HealthGov in the sites.

This information will be a basis in the trainings workshops completed per HealthGov sites and will determine what more training/s the provincial or municipal health personnel still needs. Also, it will solve the problem of double counting of the participants in the trainings/workshops. It will be a resource for the project to have one database of all the participants trained to look into.

7.6 Summary of Performance Milestones for Year 3

Monitoring of project performance is not limited to the tracking of OP and HealthGov performance indicators. Activity-level milestones are likewise documented and reported on quarterly basis.

HealthGov sets its annual performance targets through a participatory process involving the project management group, project technical specialists, project regional teams and the project M&E team. Since the project design requires LGU activities to be driven by the needs and priorities of LGUs, not every key result is applicable in every LGU.

A summary of the relevant performance milestones per key result for Year 3 is shown in Exhibit A. The targets for OP indicators for Y3 as submitted to USAID in October 2008 are shown by Exhibit B.

Exhibit A. Summary of Milestones per Key Result

	Performance Indicator/Milestone	Albay	Bulacan	Cagayan	Isabela	Nueva Ecija	Pangasinan	Tarlac	Aklan	Bohol	Capiz	Negros Occidental	Negros Oriental	Agusan del Norte	Bukidnon	Compostela Valley	Davao del Sur	Misamis Occidental	Misamis Oriental	Sarangani	South Cotabato	Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay	Angeles City	Bacolod City	Cebu City	Davao City	General Santos City	Iloilo City	Lapulapu City	Mandaue City	Pasay City	Quezon City	Zamboanga City
Region		**LUZON**							**VISAYAS**					**MINDANAO**											**HIV AND AIDS**										
IR1.1 Key management systems to sustain delivery improved																																			
1.1A	**No. of provinces with PIPH**																																		
	Mandate to conduct PIPH secured														1																				
	PIPH completed		1	1				1						1	1		1		1																
	MIPH completed		24	29		32		18		48										7															
	Technical review completed							1		1				1	1				1																
	Mandate to implement PIPH secured		1	1		1		1		1					1		1																1	1	
	AOP formulated	1	1	1	1	1	1	1	18	49	1	11	1	12	1	12	16	1	1	8	1	28	28	17	1	1	1	1	1	1	1	1	1	1	1
1.1B	**No of LGUs with CSR implementation plan**																																		
	CSR Assessment conducted						1																	17											
	CSR plan formulated/enhanced	19					1		18	49	18	32	26	11	22	12	16	18	26		12	27	26	17											
	CSR Policy approved	19							1	11	1	17	9	11	22	12	7	18	26	7		27	26	17											
1.1C	**No. of LGUs with improved data management with respect to FHSIS**																																		
	FHSIS information used for planning and decision making					32											6			7				8											
	FHSIS-related capacity building																	1	26	7				17											
	Other IMS-related enhancement activities	1	1	1	2	1	2	2		1	1	1	3		1	2		1		2	2	2	2												
1.1 D	**No. of LGUs implementing a client classification system for identifying the poor.**																																		
	PMT Guidelines and Tools developed												1																						
	Mandate to implement an appropriate PMT granted (e.g. CHLSS)	1			1		1											17	1	8															
	PMT used to identify the poor.	19			1								26					17	1		11														
1.1 E	**No. of LGUs adopting a system of local health accounts**																																		
1.1 F	**No. of LGUs with effective logistics management for essential drugs and commodities**																																		
	Logistics Management Plan prepared	1					1										7	1	11	8	1	26	1													
	Essential Drugs and Commodities procured by LGUs														22		7	18				26	26	17											
	EDCs distributed																	18																	

Performance Indicator/Milestone		Albay	Bulacan	Cagayan	Isabela	Nueva Ecija	Pangasinan	Tarlac	Aklan	Bohol	Capiz	Negros Occidental	Negros Oriental	Agusan del Norte	Bukidnon	Compostela Valley	Davao del Sur	Misamis Occidental	Misamis Oriental	Sarangani	South Cotabato	Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay	Angeles City	Bacolod City	Cebu City	Davao City	General Santos City	Iloilo City	Lapulapu City	Mandaue City	Pasay City	Quezon City	Zamboanga City
Region		**LUZON**							**VISAYAS**					**MINDANAO**											**HIV AND AIDS**										
1.1G	**No of LGUs with health related policies passed as of the current year**																																		
	Policy issues (FP, HIV/AIDS, MNCHN, TB, AI) identified, and supported by evidence e.g. LHA, FHSIS information	2																25	2			10											1		
	Policies crafted with broad stakeholder participation and support.	19	1	1			12	19		49	8	32	4	32	33	29	7	18	12	7	12	28	28	25									1		
	Policies approved	19	1	1	1	33	2	1	11	49	8	32	4	12	23	12	7	18	12	7	12	1	28	21	1	1	1	1	1	1	1	1	1	1	1
1.1H	**No. of LGUs collaborating with each other in systems development and implementation (e.g., ILHZ)**																																		
	Areas of collaboration identified	1	1						1	1	1	6		3	3	1			1			3	2	1			1				1	1			
	LGUs signed MoU detailing areas of collaboration such as referral system, financing, personnel/other resources, planning, surveillance, health promotion, M&E;	18	8							48	7	2		11		4			10		1	6		4			1				1	1			
1.1 I	**Number of municipalities/cities providing inputs to the health sector program or deliberations at the provincial level**																																		
	Inter LGU planning events conducted	18	24	29	37	32	48	18	17	48	17	31	25	11	7	11	15	17	25	7	2	27	27	16											
	Inter LGU PME conducted		24	29	37	32	48	18		48		31	25	11	22	11		17				27	10												
IR1.2 LGU financing for key health programs improved																																			
1.2A1	**No. of LGUs that increased and sustained public sector investments in health**																																		
	Resource mobilization plan prepared								6							4	7		26	7				8												
	Resource mobilization plan approved															4				7																
	Local Finance Committee integrating health investments in the AIP													11			7		26	7		28	28	17	1	1	1	1	1	1	1	1	1	1	1
	Guidelines and manual developed															4							1												
	Expenditure tracking system installed																																		
1.2B	**No. of LGUs with increased PHIC coverage of the poor**																																		
	PHIC enrolment plan prepared				1		1	1				11				1	7		1				26												
	PHIC enrolment plan approved				1		1	1	5			11				1							26												

Performance Indicator/Milestone		Albay	Bulacan	Cagayan	Isabela	Nueva Ecija	Pangasinan	Tarlac	Aklan	Bohol	Capiz	Negros Occidental	Negros Oriental	Agusan del Norte	Bukidnon	Compostela Valley	Davao del Sur	Misamis Occidental	Misamis Oriental	Sarangani	South Cotabato	Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay	Angeles City	Bacolod City	Cebu City	Davao City	General Santos City	Iloilo City	Lapulapu City	Mandaue City	Pasay City	Quezon City	Zamboanga City
Region		**LUZON**							**VISAYAS**					**MINDANAO**											**HIV AND AIDS**										
1.2C	**No. of LGUs with increased number of accredited health facilities for OPB,MCP,TB-DOTS**																																		
	Facility improvement plan developed						8							5			6	17		6		27		2												
	Application for accreditation filed	6	3	3	12		8	15	4			2	4	5	5	4	6	20	10	3		5	6											1	
	No. of facilities accredited	4	3	3	12		8	15	4			2	4	2	5	4	5	13	10	3		5	6											1	
1.2D	**No. of LGUs accessing external financing for health (outside IRA)**																																		
	Project for external financing identified																		10					4											
	Project proposal submitted to identified source																		10					4		1								1	
1.2E	**No. of LGUs using special funds such as: trust, revolving or seed funds in securing funds for health services**																																		
	Guidelines and tools developed						1							1																						
	Mandate to set up special funds						1																1													
	No. of LGUs using special funds such as: trust, revolving or seed funds in securing funds for health services	18	24	29	37	32	48	18	1	1	1	3	1		22								25	16											
IR1.3 Performance among service providers improved																																			
1.3A	**No. of provinces implementing a province wide training program for service providers in any or all of the ff: FP,TB, MCH,STI/HIV/AIDS,AI**																																		
	Number of trainings in FP, TB, HIVAIDS, AI control, MCHNH were conducted	1	4	3	5	2	2	3	8	6	5	12	4	1	2	3	3	3	5	6	2	4	1	2	1	1	1	1	1	1	1	1	1	1	1
	Data base on service providers' capability profile established										7	3			1	4								8												
	Annual training plan prepared														1																					
	TOTs on FPCBT and PHN supervision conducted	1		2											1				1	1	1	2														
1.3B	**No. of provinces with a province-wide recognition and awards system for health service providers.**																																		
	Recognition and Awards plan prepared																		1																	

	Performance Indicator/Milestone	Albay	Bulacan	Cagayan	Isabela	Nueva Ecija	Pangasinan	Tarlac	Aklan	Bohol	Capiz	Negros Occidental	Negros Oriental	Agusan del Norte	Bukidnon	Compostela Valley	Davao del Sur	Misamis Occidental	Misamis Oriental	Sarangani	South Cotabato	Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay	Angeles City	Bacolod City	Cebu City	Davao City	General Santos City	Iloilo City	Lapulapu City	Mandaue City	Pasay City	Quezon City	Zamboanga City
Region		**LUZON**							**VISAYAS**					**MINDANAO**											**HIV AND AIDS**										
	Recognition and awarding ceremony held																		1																
1.3C	**No. of LGUs with a continuing service delivery quality improvement system.**																																		
	LGUs where SDExH has been mandated										5		3		3			18		3																
	LGUs where 4 Training Workshops have been completed										5		3		3	5		17					5												
	LGUs where Service improvement plan has been implemented										5				3			17																	
1.3D	**Number of LGUs conducting an annual enhanced Program Implementation Review (PIR)**																																		
	Provinces where SDIR has been mandated by the LGU					1				1		1	1				1					1	1	1											
	LGUs where Pre SDIR workshop has been conducted for cities and municipalities	18			37	32	48		17	48	17	31	25	11	7	11	15	7	25	7	2	27	27	16											
	Provinces where the provincial-level SDIR workshop has been conducted	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1											
	No. of LGUs which have formulated an annual acceleration plan	18			37	32	48		17	11	17	31	26	11	7	12	16	7	25	7	2	27	27	16											
1.3E	**Number of provinces with a monitoring system for ICV compliance**																																		
	Number of personnel trained on ICV compliance monitoring					40			25	20	20	30		50		25		35	40	20				40											
	LGUs with completed ICV compliance quarterly reports					10			10	20	5	10	10	11	22	11		17	20			27		1											
IR1.4	**Advocacy for the financing and delivery of health services at the local level increased**																																		
1.4A	**No. of LGUs where public hearings on any health sector issues have been conducted by the Sanggunian and/or other LGU officials during the year.**																																		
	Public hearings with NGO/CSO participation conducted											10			7	4		7	10	7	12	27			1			1	1						

	Performance Indicator/Milestone	Albay	Bulacan	Cagayan	Isabela	Nueva Ecija	Pangasinan	Tarlac	Aklan	Bohol	Capiz	Negros Occidental	Negros Oriental	Agusan del Norte	Bukidnon	Compostela Valley	Davao del Sur	Misamis Occidental	Misamis Oriental	Sarangani	South Cotabato	Zamboanga del Norte	Zamboanga del Sur	Zamboanga Sibugay	Angeles City	Bacolod City	Cebu City	Davao City	General Santos City	Iloilo City	Lapulapu City	Mandaue City	Pasay City	Quezon City	Zamboanga City
Region		**LUZON**							**VISAYAS**					**MINDANAO**											**HIV AND AIDS**										
1.4B	**No. of LGUs where civil society is represented on a functional Health Board/LDCs.**																																		
	LHB inventory completed	18	24	29	37	32	48	18	17	48	17	31	25	11	22	11	15	17	25	7	12														
	LHB meetings held where health issues were discussed	1	2	2	2	2	2	2	6	6	6	6	5	2		2	2			2	2														
1.4C	**Number of LGUs where civil society is actively participating on LHB/LDCs in the following program areas: FB, TB, MCNH, AI, HIV/AIDS**																																		
	LHB education package for NGO/CSO representatives developed.																			1			10												
	NGO/CSO representative trained	18														4				7			40												
	Community concerns and feedback on FP, MNCHN, TB, HIV/AIDS/STI and AI presented and discussed by NGOs/CSOs to LHB/LDC													5	7	4				7	2														
1.4D	**No of LGUs with civil society providing inputs to the health sector program or budget deliberations at the municipal level**																																		
	No. of LGUs where NGOs, CSO have established mechanisms for community consultations, such as FGDs, community meetings, barangay leadership forum.		8			4									7	4	6			4	2		10												
	No. of LGUs with NGO/CSO participation in PIPH, CSR, SDIR, SDExH and other participatory events.	18				13			10	48				11				2	1	7	2	27		8											
	No. of LGU-NGO/CSO partnerships established for planning, budgeting, implementation, monitoring, policy development.		2						10	10	18	32	8	11	7	11	6	7		7	5			16											

Exhibit B - OP Indicators

Program Element: **MCH**

Indicator: **Number of cases of child diarrhea treated in USG assisted programs with ORT only**

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Total for USG assisted sites	**162,573**	**287,429**	**161,884**	**190,783**
Luzon				
Albay	9,700	13,801	6,658	7,733
Bulacan	21,773	31,735	24,608	28,039
Cagayan	3,529	9,253	3,879	4,812
Isabela	8,136	12,916	9,212	10,490
Nueva Ecija	8,796	18,259	7,830	9,508
Pangasinan	12,421	25,821	10,323	12,689
Tarlac	10,273	12,594	11,801	13,421
Visayas				
Aklan	1,724	4,230	1,604	2,038
Bohol	23,183	20,416	23,085	26,032
Capiz	1,601	6,295	1,531	2,128
Negros Occidental	8,298	27,678	10,194	12,918
Negros Oriental	15,329	15,524	16,207	17,443
Mindanao - non-ARMM				
Agusan del Norte	872	5,241	882	1,404
Bukidnon	11,588	13,778	4,102	5,169
Compostela Valley	705	5,329	526	1,080
Davao del Sur	763	6,863	943	1,832
Misamis Occidental	408	4,442	1,381	1,841
Misamis Oriental	2,897	11,738	3,119	4,302
Saranggani	1,744	4,185	5,560	6,094
South Cotabato	3,642	12,487	3,369	4,562
Zamboanga del Norte	6,897	10,029	6,712	7,563
Zamboanga del Sur	4,463	9,104	4,586	5,406
Zamboanga Sibugay	3,831	5,709	3,772	4,278

Indicator: **Number of cases of child diarrhea treated in USG assisted programs with both Zinc and ORT**

Total for USG assisted sites	**3,190**	**319**	**3,828**
Luzon			
Albay			49
Bulacan			109
Cagayan			18
Isabela	93	0	610
Nueva Ecija			44
Pangasinan			62
Tarlac			51

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Visayas				
Aklan				9
Bohol				116
Capiz		929	0	120
Negros Occidental				41
Negros Oriental		550	0	1150
Mindanao - non-ARMM				
Agusan del Norte				4
Bukidnon		500	0	870
Compostela Valley				19
Davao del Sur				4
Misamis Occidental				2
Misamis Oriental				14
Saranggani		536	0	130
South Cotabato				18
Zamboanga del Norte				34
Zamboanga del Sur		582	319	335
Zamboanga Sibugay				19

Indicator:	**No. of cases of child pneumonia treated with antibiotics by trained facility or community health**			
Total for USG assisted sites	**143,213**	**134,260**	**130,548**	**124,685**
Luzon				
Albay	10,211	8,051	7,667	7,198
Bulacan	10,064	9,889	10,021	9,962
Cagayan	4,060	2,651	2,708	2,700
Isabela	3,857	2,960	3,084	3,124
Nueva Ecija	6,531	3,577	3,787	3,886
Pangasinan	8,050	7,052	7,154	7,093
Tarlac	9,831	3,964	3,996	3,948
Visayas				
Aklan	1,757	1,033	1,079	1,096
Bohol	12,722	11,527	10,830	10,040
Capiz	5,644	5,503	5,196	4,839
Negros Occidental	6,637	13,024	12,711	12,203
Negros Oriental	15,148	18,402	17,063	15,363
Mindanao - non-ARMM				
Agusan del Norte	1,604	1,267	1,322	1,341
Bukidnon	6,015	6,882	6,629	6,291
Compostela Valley	2,249	1,399	1,453	1,468
Davao del Sur	1,951	1,717	1,790	1,814
Misamis Occidental	1,834	2,256	2,203	2,116
Misamis Oriental	6,002	3,730	3,794	3,776
Saranggani	2,196	4,750	4,499	4,206
South Cotabato	8,849	8,306	8,017	7,627
Zamboanga del Norte	6,979	6,599	6,274	5,882
Zamboanga del Sur	6,592	5,864	5,599	5,268
Zamboanga Sibugay	4,433	3,857	3,670	3,442

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	Number of Children <12 months old who received DPT3 from USG-supported programs			
Total for USG assisted sites	**682,387**	**618,190**	**570,630**	**606,428**
Luzon				
Albay	29,070	29,446	22,633	24,017
Bulacan	70,998	73,411	72,957	78,173
Cagayan	27,342	27,651	23,698	24,945
Isabela	33,852	34,259	32,470	34,158
Nueva Ecija	24,433	25,443	36,707	39,013
Pangasinan	61,757	62,496	57,322	60,446
Tarlac	30,942	31,618	22,667	24,331
Visayas				
Aklan	11,696	11,852	11,735	12,349
Bohol	25,126	25,781	24,348	25,753
Capiz	13,540	13,889	14,678	15,470
Negros Occidental	52,025	53,739	44,790	48,179
Negros Oriental	26,189	26,527	24,661	26,117
Mindanao - non-ARMM				
Agusan del Norte	14,720	14,884	8,508	9,169
Bukidnon	33,136	33,690	31,845	33,483
Compostela Valley	14,614	14,811	14,943	15,734
Davao del Sur	18,753	18,970	15,471	16,407
Misamis Occidental	12,297	12,453	6,536	7,110
Misamis Oriental	18,575	19,365	18,816	20,434
Saranggani	10,861	11,091	10,691	11,364
South Cotabato	20,209	21,081	20,053	21,746
Zamboanga del Norte	22,153	22,465	22,293	23,445
Zamboanga del Sur	20,147	20,406	21,207	22,323
Zamboanga Sibugay	12,691	12,862	11,601	12,263
Indicator:	Number of children who received Vitamin A from USG supported programs			
Total for USG assisted sites	**3,703,230**	**3,648,579**	**3,358,142**	**3,632,788**
Luzon				
Albay	126,449	152,460	145,002	154,381
Bulacan	345,846	377,168	328,727	390,311
Cagayan	109,398	134,926	111,984	135,495
Isabela	163,020	184,157	164,398	186,401
Nueva Ecija	223,741	240,014	178,862	243,834
Pangasinan	338,204	349,478	382,158	346,345
Tarlac	162,150	165,695	155,451	169,317
Visayas				
Aklan	59,838	64,022	59,332	64,875
Bohol	141,122	159,494	134,340	161,285
Capiz	89,407	92,221	99,937	93,149
Negros Occidental	235,642	357,542	300,242	363,308
Negros Oriental	132,605	159,586	141,685	161,647
Mindanao - non-ARMM				
Agusan del Norte	78,358	80,926	78,850	81,851

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Bukidnon	148,027	158,354	154,946	161,305
Compostela Valley	78,733	84,157	76,947	85,293
Davao del Sur	94,300	106,622	97,390	107,855
Misamis Occidental	63,458	67,898	62,361	68,761
Misamis Oriental	155,633	167,885	162,711	171,416
Saranggani	62,237	64,866	68,476	64,901
South Cotabato	171,386	175,405	146,774	179,519
Zamboanga del Norte	118,770	122,916	132,227	122,118
Zamboanga del Sur	97,901	111,658	106,874	119,422
Zamboanga Sibugay	67,969	71,129	68,468	72,089

Indicator:	Number of deliveries assisted by skilled birth attendants through USG-supported programs			
Total for USG assisted sites	**399,512**	**378,232**	**411,526**	**447,782**
Luzon				
Albay	12,285	12,802	14,273	15,847
Bulacan	57,018	59,845	61,535	64,427
Cagayan	14,734	15,221	15,617	16,613
Isabela	24,941	25,670	26,977	29,154
Nueva Ecija	26,826	27,818	33,354	40,064
Pangasinan	49,258	50,650	50,960	53,893
Tarlac	23,255	24,145	24,802	27,744
Visayas				
Aklan	5,335	5,557	7,105	9,068
Bohol	19,064	19,651	20,163	20,633
Capiz	8,170	8,465	9,322	10,447
Negros Occidental	24,981	26,259	37,967	40,627
Negros Oriental	12,315	12,848	14,866	17,324
Mindanao - non-ARMM				
Agusan del Norte	4,364	4,600	6,156	6,225
Bukidnon	15,865	16,492	16,219	17,998
Compostela Valley	6,062	6,338	6,610	6,894
Davao del Sur	6,458	6,690	6,606	7,029
Misamis Occidental	5,601	5,834	5,530	5,518
Misamis Oriental	9,215	9,808	10,236	11,513
Saranggani	4,388	4,627	4,604	5,033
South Cotabato	8,972	9,581	10,644	12,306
Zamboanga del Norte	10,897	11,325	12,422	13,422
Zamboanga del Sur	8,274	8,658	10,486	10,906
Zamboanga Sibugay	5,114	5,349	5,072	5,099

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	**Number of claims under MCP for USG-assisted LGUs**			
Total for USG assisted sites			**30,757**	**32,295**
Luzon				
Albay			1,041	1,093
Bulacan			1,714	1,800
Cagayan			515	541
Isabela			527	553
Nueva Ecija			360	378
Pangasinan			2,412	2,533
Tarlac			507	532
Visayas				
Aklan			693	728
Bohol			1,307	1,372
Capiz			820	861
Negros Occidental			3,053	3,206
Negros Oriental	New indicator		1,284	1,348
Mindanao - non-ARMM				
Agusan del Norte			1,231	1,293
Bukidnon			2,426	2,547
Compostela Valley			199	209
Davao del Sur *(includesDavao City)*			4,703	4,938
Misamis Occidental			1,107	1,162
Misamis Oriental			2,128	2,234
Saranggani			46	48
South Cotabato *(includes GenSan)*			3,210	3,371
Zamboanga del Norte			306	321
Zamboanga del Sur			1,099	1,154
Zamboanga Sibugay			69	72

Indicator:	**Amount of PhilHealth reimbursements under MCP for USG-assisted**		
Total for USG assisted sites		**126,161,878**	**132,469,972**
Luzon			
Albay		4,175,179	4,383,938
Bulacan		7,340,899	7,707,944
Cagayan		2,191,549	2,301,126
Isabela		2,200,989	2,311,038
Nueva Ecija		2,384,257	2,503,470
Pangasinan		10,154,586	10,662,315
Tarlac		2,216,007	2,326,807
Visayas			
Aklan		2,756,892	2,894,737
Bohol		7,752,060	8,139,663
Capiz		2,921,850	3,067,943
Negros Occidental		12,022,449	12,623,571
Negros Oriental	New indicator	7,100,518	7,455,544

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Mindanao - non-ARMM				
Agusan del Norte			4,970,608	5,219,138
Bukidnon			7,815,760	8,206,548
Compostela Valley			634,521	666,247
Davao del Sur *(includesDavao City)*			18,695,481	19,630,255
Misamis Occidental			4,952,340	5,199,957
Misamis Oriental			8,068,877	8,472,321
Saranggani			176,750	185,588
South Cotabato *(includes GenSan)*			11,699,080	12,284,034
Zamboanga del Norte			1,253,947	1,316,644
Zamboanga del Sur			4,403,183	4,623,342
Zamboanga Sibugay			274,096	287,801

Indicator:	**No. of people trained in child health and nutrition (including breastfeeding) with USG**			
Total for USG assisted sites	**145**	**593**	**142**	**200**
Luzon				
Albay			82	
Bulacan		35		
Cagayan				
Isabela			60	
Nueva Ecija				
Pangasinan				
Tarlac				
Visayas				
Aklan		260		
Bohol		68		
Capiz		108		
Negros Occidental				
Negros Oriental	73			
Mindanao - non-ARMM				
Agusan del Norte		122		
Bukidnon				
Compostela Valley				
Davao del Sur				
Misamis Occidental	72			
Misamis Oriental				
Saranggani				
South Cotabato				
Zamboanga del Norte				
Zamboanga del Sur				
Zamboanga Sibugay				

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	**No. of people trained in maternal/newborn health through USG supported programs**			
Total for USG assisted sites	**861**	**162**	**200**	**300**
Luzon				
Albay	20	82		
Bulacan	42			
Cagayan	20			
Isabela	15	60		
Nueva Ecija				
Pangasinan	37			
Tarlac	30			
Visayas				
Aklan	140			
Bohol	60	20		
Capiz	105			
Negros Occidental				
Negros Oriental	132			
Mindanao - non-ARMM				
Agusan del Norte				
Bukidnon				
Compostela Valley	80			
Davao del Sur	80			
Misamis Occidental				
Misamis Oriental	100			
Saranggani				
South Cotabato				
Zamboanga del Norte				
Zamboanga del Sur				
Zamboanga Sibugay				

Indicator:	**No. of people trained on strategic information management with USG assistance**			
Total for USG assisted sites	**2,784**	**3,744**	**2,231**	**1,500**
Luzon				
Albay	89	150		
Bulacan	141	168	109	
Cagayan		203	81	
Isabela	114	290	236	
Nueva Ecija	144	218		200
Pangasinan		280	427	249
Tarlac	81	126	29	30
Visayas				
Aklan	184	120	51	
Bohol	182	280	116	200
Capiz	108	119	34	74
Negros Occidental	209	210	49	20
Negros Oriental	144	175	83	160

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Mindanao - non-ARMM				442
Agusan del Norte		160	176	
Bukidnon	164	154	110	35
Compostela Valley	103	100		
Davao del Sur	92	105		
Misamis Occidental	51	119	316	
Misamis Oriental	152	150		20
Saranggani	58	90	192	70
South Cotabato	73	77	94	
Zamboanga del Norte	220	150	-	
Zamboanga del Sur	251	180	128	
Zamboanga Sibugay	224	120		

Indicator:	**No. of pregnant women with at least 4 antenatal care visits by skilled workers from USG**			
Total for USG assisted sites	**510,269**	**549,860**	**550,175**	**582,456**
Luzon				
Albay	16,422	18,739	17,302	18,375
Bulacan	82,839	85,647	83,477	87,920
Cagayan	20,263	21,245	18,811	19,785
Isabela	26,975	28,297	35,162	36,093
Nueva Ecija	23,744	27,418	22,214	23,907
Pangasinan	78,342	79,267	79,440	81,526
Tarlac	28,195	29,701	29,505	31,453
Visayas				
Aklan	11,935	12,445	12,108	12,625
Bohol	24,815	25,967	24,177	26,829
Capiz	11,248	12,601	11,672	12,291
Negros Occidental	19,256	24,670	43,576	46,801
Negros Oriental	14,038	16,403	18,823	19,951
Mindanao - non-ARMM				
Agusan del Norte	7,600	8,771	11,086	11,661
Bukidnon	16,754	19,151	31,356	32,309
Compostela Valley	9,952	11,217	3,925	4,597
Davao del Sur	11,718	13,309	4,967	8,217
Misamis Occidental	16,051	16,263	6,320	6,782
Misamis Oriental	17,693	20,393	19,550	21,044
Saranggani	7,816	8,831	12,544	12,986
South Cotabato	12,325	14,937	11,799	13,195
Zamboanga del Norte	19,579	20,497	19,373	19,971
Zamboanga del Sur	24,619	24,924	24,128	24,766
Zamboanga Sibugay	8,090	9,168	8,860	9,372

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	**Percent of fully immunized children (all vaccines including Hepatitis B and Measles)**			
HealthGov Sites	**78.2**	**80.8**	**68.4**	**70.2**
Luzon				
Albay	84.5	86.5	69.6	71.6
Bulacan	87.1	89.1	82.7	83.7
Cagayan	87.9	89.9	61.3	63.3
Isabela	87.5	89.5	79.3	81.3
Nueva Ecija	79.3	82.3	48.5	50.5
Pangasinan	92.2	94.2	73.4	75.4
Tarlac	92.4	94.4	75.0	77.0
Visayas				
Aklan	80.9	82.9	86.0	87.0
Bohol	63.4	66.4	65.7	67.7
Capiz	51.3	54.3	70.1	72.1
Negros Occidental	58.0	61.0	57.4	59.4
Negros Oriental	73.9	76.9	65.2	67.2
Mindanao - non-ARMM				
Agusan del Norte	88.1	90.1	61.3	63.3
Bukidnon	69.3	72.3	91.9	92.9
Compostela Valley	69.2	72.2	78.7	80.7
Davao del Sur	73.1	76.1	62.2	64.2
Misamis Occidental	69.4	72.4	39.8	41.8
Misamis Oriental *(inc. CDO City)*	80.9	82.9	48.9	50.9
Saranggani	87.2	89.2	70.8	71.8
South Cotabato *(inc. GenSan City)*	78.7	81.7	51.3	53.3
Zamboanga del Norte	76.9	79.9	83.0	84.0
Zamboanga del Sur	77.1	80.1	77.1	79.1
Zamboanga Sibugay	78.3	81.3	87.9	88.9

Indicator:	**Number of deliveries in health facilities**			
Luzon				
Albay	4,297	7,164	4,735	5,627
Bulacan	20,059	29,027	19,055	20,886
Cagayan	4,761	8,428	4,648	5,245
Isabela	5,062	7,914	5,214	6,183
Nueva Ecija	8,020	15,710	8,920	11,344
Pangasinan	10,397	16,872	11,449	13,016
Tarlac	8,220	12,751	9,634	11,159
Visayas				
Aklan	1,728	3,526	2,896	3,843
Bohol	5,252	9,073	6,309	6,779
Capiz	4,881	8,662	6,473	7,345
Negros Occidental	23,544	50,650	29,811	32,098
Negros Oriental	6,105	11,597	8,398	10,020

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Mindanao - non-ARMM				
Agusan del Norte	1,123	3,170	2,104	2,223
Bukidnon	5,082	7,024	7,246	8,411
Compostela Valley	3,215	4,614	3,759	4,047
Davao del Sur	4,241	6,180	4,404	4,812
Misamis Occidental	2,656	5,196	2,697	2,776
Misamis Oriental	2,419	7,479	3,416	4,071
Saranggani	1,281	2,166	1,397	1,679
South Cotabato	3,280	8,980	4,265	5,170
Zamboanga del Norte	3,234	5,616	3,553	4,116
Zamboanga del Sur	1,927	3,686	2,810	3,177
Zamboanga Sibugay	624	1,319	600	776

Program Element: **FP/RH**

Indicator:	**Number of people trained in FP/RH with USG funds**			
Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Total for USG assisted sites	**453**	**1,200**	**1,645**	**960**
Luzon				
Albay			113	
Bulacan			235	15
Cagayan				
Isabela			60	
Nueva Ecija				180
Pangasinan			34	70
Tarlac				60
Visayas				
Aklan	24		36	
Bohol	117		26	
Capiz	24		48	
Negros Occidental	68			155
Negros Oriental	42		100	25
Mindanao - non-ARMM				
Agusan del Norte	31			
Bukidnon			23	160
Compostela Valley				
Davao del Sur				
Misamis Occidental	120		80	
Misamis Oriental	27		30	100
Saranggani			66	195
South Cotabato			40	
Zamboanga del Norte			283	
Zamboanga del Sur			180	
Zamboanga Sibugay			291	

Program Element: **FP/RH**

Indicator: **Number of people trained in FP/RH with USG funds**

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Total for USG assisted sites	**453**	**1,200**	**1,645**	**960**
Luzon				
Albay			113	
Bulacan			235	15
Cagayan				
Isabela			60	
Nueva Ecija				180
Pangasinan			34	70
Tarlac				60
Visayas				
Aklan	24		36	
Bohol	117		26	
Capiz	24		48	
Negros Occidental	68			155
Negros Oriental	42		100	25
Mindanao - non-ARMM				
Agusan del Norte	31			
Bukidnon			23	160
Compostela Valley				
Davao del Sur				
Misamis Occidental	120		80	
Misamis Oriental	27		30	100
Saranggani			66	195
South Cotabato			40	
Zamboanga del Norte			283	
Zamboanga del Sur			180	
Zamboanga Sibugay			291	

Indicator:	**Amount of in-country public and private financial resources leveraged by USG programs for**			
Total for USG assisted sites	**$1,095,440**	**$1,649,328**	**$435,512**	**$1,979,194**
Luzon				
Albay		$434,302		
Bulacan	$415,556		$55,555	
Cagayan	$69,421			
Isabela	$12,333	$748,593	$23,807	
Nueva Ecija			$94,384	
Pangasinan	$86,183		$28,889	
Tarlac			$6,713	

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Visayas				
Aklan	$8,856		$3,000	
Bohol				
Capiz	$31,816			
Negros Occidental	$91,140		$8,889	
Negros Oriental	$76,819			
Mindanao - non-ARMM				
Agusan del Norte	$22,222		$22,222	
Bukidnon			$95,177	
Compostela Valley	$53,778	$119,135	$6,667	
Davao del Sur	$24,444		$7,778	
Misamis Occidental	$85,239			
Misamis Oriental	$19,000		$22,333	
Saranggani	$21,639	$53,754	$28,090	
South Cotabato	$52,549			
Zamboanga del Norte	$13,333	$238,658	$16,667	
Zamboanga del Sur	$5,556		$1,111	
Zamboanga Sibugay	$5,556	$54,886	$14,230	

Indicator:	**Number of people trained in strategic information management with USG-assistance**			
Total for USG assisted sites	**1,478**	**2,368**	**2,231**	**1,500**
Luzon				
Albay	77			
Bulacan	123		109	
Cagayan			81	
Isabela	117		236	
Nueva Ecija	111			200
Pangasinan			427	249
Tarlac	55		29	30
Visayas				
Aklan	114		51	
Bohol	145		116	200
Capiz	129		34	74
Negros Occidental	83		49	20
Negros Oriental	137		83	160
Mindanao - non-ARMM				442
Agusan del Norte			176	
Bukidnon			110	35
Compostela Valley	39			
Davao del Sur	39			
Misamis Occidental	68		316	
Misamis Oriental	55			20
Saranggani			192	70
South Cotabato			94	
Zamboanga del Norte	51			
Zamboanga del Sur	76		128	
Zamboanga Sibugay	59			

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	**Number of counseling visits for FP-RH as a result of USG assistance**			
Total for USG assisted sites	**460,996**	**382,040**	**471,026**	**518,129**
Luzon				
Albay	25,904	30,401	18,469	20,316
Bulacan	50,740	30,083	76,805	84,486
Cagayan	15,770	18,667	10,319	11,351
Isabela	21,432	19,676	20,250	22,275
Nueva Ecija	22,781	27,116	23,167	25,484
Pangasinan	63,169	44,743	48,915	53,807
Tarlac	23,496	14,941	23,125	25,438
Visayas				
Aklan	9,850	11,399	9,262	10,188
Bohol	13,410	17,927	14,350	15,785
Capiz	8,622	8,407	8,293	9,122
Negros Occidental	31,847	17,664	36,380	40,018
Negros Oriental	26,109	19,368	33,915	37,307
Mindanao - non-ARMM				
Agusan del Norte	11,199	1,977	5,747	6,322
Bukidnon	27,498	22,890	18,004	19,804
Compostela Valley	5,566	6,860	3,119	3,431
Davao del Sur	6,487	8,087	1,917	2,109
Misamis Occidental	14,009	4,721	3,029	3,332
Misamis Oriental	7,508	11,809	14,704	16,174
Saranggani	20,608	11,350	30,861	33,947
South Cotabato	15,282	16,106	31,101	34,211
Zamboanga del Norte	14,527	15,716	13,111	14,422
Zamboanga del Sur	16,335	12,718	15,881	17,469
Zamboanga Sibugay	8,847	9,416	10,302	11,332

Program Element: **TB**

Indicator: **CASE NOTIFICATION RATE**

Region	LGU	Baseline (2007)	2008	2009
			Oct '07-Sept 08	Oct '08-Sept 09
Luzon	Cagayan	83	83	83
	Isabela	70	74	70
	Nueva Ecija	54	60	63
	Tarlac	76	83	76
Visayas	Capiz	72	80	81
Mindanao	Misamis Oriental	97	102	97
	Misamis Occidental	114	120	114
	Davao del Sur	104	109	104
	South Cotabato	122	128	122
	Zamboanga del Norte	85	85	85
	Agusan del Norte	68	68	68
Total - HEALTHGOV		**81**	**85**	**86**

Indicator: **No. of people trained in DOTS with USG Funding**

		Baseline (2006)	2007	2008	2009
Luzon	Cagayan	744		0	
	Isabela	85		0	
	Nueva Ecija	54		0	
	Tarlac	41		0	
Visayas	Capiz	19		43	
Mindanao	Misamis Oriental	354		0	368
	Misamis Occidental	28		0	
	Davao del Sur	18		0	
	South Cotabato	15		0	
	Zamboanga del Norte	17		0	
	Agusan del Norte	0			
Total - HEALTHGOV		**1375**		**43**	**368**

Indicator: **No. of people trained in Strategic Information Management for TB with USG Assistance**

		Baseline (2007)	2008	2009
			Oct '07-Sept 08	Oct '08-Sept 09
Luzon	Cagayan	22	31	47
	Isabela	34	48	78
	Nueva Ecija	44	62	69
	Tarlac	26	37	36
Visayas	Capiz	124	108	141
Mindanao	Misamis Oriental	17	24	39
	Misamis Occidental	13	18	26
	Davao del Sur	13	18	32
	South Cotabato	14	20	33
	Zamboanga del Norte	28	6	55
	Agusan del Norte	15	21	32
Total - HEALTHGOV		**350**	**393**	**588**

Region	LGU	Baseline (2007)	2008	2009
			Oct '07-Sept 08	Oct '08-Sept 09

Indicator: **% of USG supported laboratories performing TB microcoscopy with over 95% correct microscopy results**

Luzon	Cagayan	90%	90%	90%
	Isabela	85%	88%	91%
	Nueva Ecija			
	Tarlac			
Visayas	Capiz	100%	100%	100%
Mindanao	Misamis Oriental	92%	96%	96%
	Misamis Occidental	80%	87%	93%
	Davao del Sur			
	South Cotabato	100%	100%	100%
	Zamboanga del Norte			
	Agusan del Norte			
Total - HEALTHGOV		90%	93%	94%

Indicator: **% of LGUs with at least one PhilHealth Accredited DOTS Facility**

Luzon	Cagayan	21%	26%	31%
	Isabela	19%	24%	29%
	Nueva Ecija	13%	18%	23%
	Tarlac	0%	5%	10%
Visayas	Capiz	94%	99%	99%
Mindanao	Misamis Oriental	39%	44%	49%
	Misamis Occidental	12%	17%	22%
	Davao del Sur	19%	24%	29%
	South Cotabato	75%	80%	85%
	Zamboanga del Norte	4%	9%	14%
	Agusan del Norte	8%	13%	18%
Total - HEALTHGOV		24.3%	29.6%	34.6%

Program Element: **HIV and AIDS**

Indicator: **Number of individuals trained to promote HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful**

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Total for USG assisted sites	**214**	**466**	**500**	**966**
HIV/AIDS Sites				
Angeles	10	45	38	42
Pasay	16	45	6	42
Quezon	34	44	19	42
Bacolod	29	32	100	42
Iloilo	16	32	6	42
Cebu	31	45	183	42
Lapu-Lapu	7	44	6	29
Mandaue	10	44	25	29
Davao	34	45	6	42
General Santos	11	45	48	42
Zamboanga	16	45	63	42

Indicator: **Number of individuals reached thru community outreach that promotes HIV/AIDS prevention through other behavior changes beyond abstinence and/or being faithful**

Total for USG assisted sites	**12383**	**20105**	**26,314**	**23,454**
HIV/AIDS Sites				
Angeles	0	2820	1,850	3,290
Pasay	2595	698	4,622	815
Quezon	1116	4526	2,022	5,280
Bacolod	1256	870	-	1,015
Iloilo	909	1273	676	1,485
Cebu	2243	2627	5063	3064
Lapu-Lapu	360	703	-	821
Mandaue	330	738	-	861
Davao	1702	2385	2,887	2,782
General Santos	1009	1640	2,255	1,912
Zamboanga	863	1825	6,939	2,129

Indicator: **Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment**

Total for USG assisted sites	**26**	**100**	**136**	**111**
HIV/AIDS Sites				
Angeles	2	10	29	11
Pasay	0	10	22	11
Quezon	7	10	22	11
Bacolod	0	10	6	11
Iloilo	6	10	6	11
Cebu	3	8	9	9
Lapu-Lapu	0	6	4	7
Mandaue	0	6	6	7
Davao	5	10	7	11
General Santos	3	10	13	11
Zamboanga	0	10	12	11

Site	FY 2007 Actual	FY 2008		FY 2009 Target
		Target	Actual	
Indicator:	**Number of people trained in strategic information management with USG assistance on**			
Total for USG assisted sites	**108**	**210**	**129**	**153**
HIV/AIDS Sites				
Angeles	8	25	24	13
Pasay	10	30	27	13
Quezon	10	25	19	13
Bacolod	3	15	3	18
Iloilo	15	20	9	18
Cebu	17	10	5	13
Lapu-Lapu	6	10	1	13
Mandaue	7	10	3	13
Davao	6	25	20	13
General Santos	6	10	4	13
Zamboanga	20	30	14	13