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1．ミニッツ、合同評価報告書（英文）

MINUTES OF MEETING
BETWEEN THE JAPANESE MID-TERM EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON THE JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT OF STRENGTHENING OF LOCAL HEALTH SYSTEM
IN THE PROVINCE OF BENGUET

The Mid-Term Evaluation Team, organized by the Japan International Cooperation Agency (JICA) and Department of Health, Center for Health Development, Cordillera Administrative Region(DOH CHD-CAR) , conducted evaluation study from January 6 through 21, for the purpose of reviewing the progress of the technical cooperation project for Strengthening of Local Health System in the Province of Benguet.

The evaluation team conducted interviews of various stakeholders, group discussions, document review and ocular survey of participating health facilities in Benguet Province. The team also attended the Technical Working Group meeting of the Benguet Province and presented their preliminary findings.

As the result of the exercises above, the mid-term evaluation report was prepared and presented at the Executive Committee of the Project. The both sides agreed upon the matters described in the report which is attached hereto.

La Trinidad, January 21, 2009

K. Watanabe

Kozo Watanabe
Leader
Mid-Term Evaluation Team
Japan International Cooperation Agency
Japan

Nestor B. Fongwan
Provincial Governor of Benguet
Province of Benguet
The Republic of the Philippines

(Witnessed by)

Myrna C. Cabotaje
Director IV
Department of Health
Center for Health Development,
Cordillera Administrative Region
The Republic of the Philippines

THE ATTACHED DOCUMENT
Mid-Term Evaluation Report

MID-TERM EVALUATION REPORT
ON JAPANESE TECHNICAL COOPERATION
FOR
PROJECT OF STRENGTHENING OF
LOCAL HEALTH SYSTEM
IN THE PROVINCE OF BENGUET

Japan International Cooperation Agency
and
Department of Health
Center for Health Development
Cordillera Administrative Region
The Republic of the Philippines

January 2009

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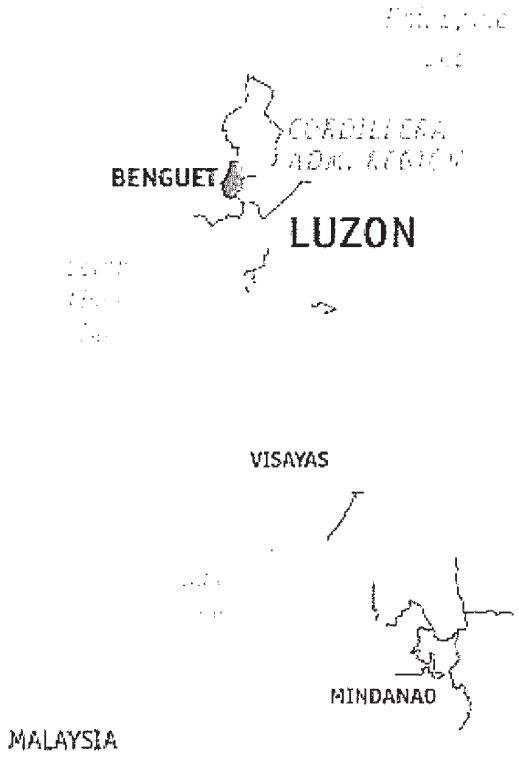
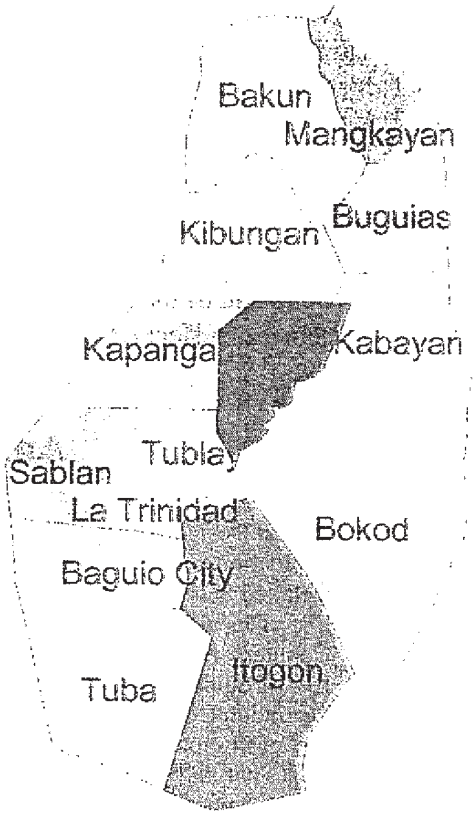


(Source: Wikipedia)



(Source: Benguet Province)

Abbreviations

BHS	Barangay Health Station
BHW	Barangay Health Worker
CAR	Cordillera Administrative Region
CHTF	Common Health Trust Fund
CMMNC	Community Managed Maternal and Newborn Care
CHD	Center for Health Development
COH	Chief of Hospital
DOH	Department of Health
DOH-REP	Department of Health Representative
EC	Executive Committee
FHSIS	Field Health Service Information System
ILHZ	Inter-Local Health Zone
IMCI	Integrated Management of Child Illness
JAC	Joint Assessment Committee
LCE	Local Chief Executive
LGU	Local Government Unit
MCH	Maternal and Child Health
MCP	Maternal Care Package
MHO	Municipal Health Office
MSW	Municipal Social Worker
PDM	Project Design Matrix
PHN	Public Health Nurse
PHIC	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PIPH	Province-wide Investment Plan for Health
PHT	Provincial Health Team
R/D	Record of Discussion
RHM	Rural Health Midwife
RHU	Rural health Unit
SS	Sentrong Sigla
TBA	Traditional Birth Attendant
TWG	Technical Working Group

1 Outline of the Mid-Term Evaluation Study

1.1 Background and Purpose of the Study

Project of Strengthening of Local Health in the Province of Benguet (here after referred to as the Project) was launched on March, 2006 for the period of five (5) years. At the half-way point of the implementation period, the Mid-term Evaluation Team is formed jointly with JICA and the Philippines side in accordance with the JICA evaluation guidelines for the purpose of reviewing the progress and performance so far of the Project and discuss among the Project's stakeholders on future direction of the Project. The mid-term evaluation is undertaken by the Team with the involvement of national, regional, provincial and municipal authorities of the Philippines as well as the Project team.

Objective of the mid-term evaluation are as follows:

(1) To review the inputs, activities and achievements of the Project versus the initial plan, as well as to clarify if any problems and issues are there to be addressed for the successful implementation of the Project for the remaining period;

(2) To evaluate the Project using the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact and Sustainability).

(3) To make suggestions for better implementation of the Project for the remaining period.

Outcomes of the mid-term evaluation are summarized in this the joint evaluation report to be presented for the minutes of meeting for approval.

1.2 Members of the Evaluation Team

Members for the Mid-term Evaluation Team consist of Japan and Philippines sides as shown below.

Japan side		
Leader	Kozo Watanabe	Director of Health Systems Division, Human Development Department, JICA Head Quarter
Planning	Yukie Suzuki	Health Systems Division, Human Development Department, JICA Head Quarter
Evaluation Analysis	Koichiro Watanabe	Specialist in International Health, Global Link Management, Inc.
Philippines side		
Evaluation Analysis	Dr. Nicolas Gordo	Department of Health (DOH), Center for Health Development(CHD), Cordillera Administrative Region(CAR)
Evaluation Analysis	Dr. Janice Bugtong	Department of Health (DOH), Center for Health Development(CHD), Cordillera Administrative Region(CAR)

1.3 Schedule of the Evaluation Study

Overall process of the Evaluation Study is shown in Diagram 1-1 below. Detailed schedule of the Evaluation Team is attached in Annex.

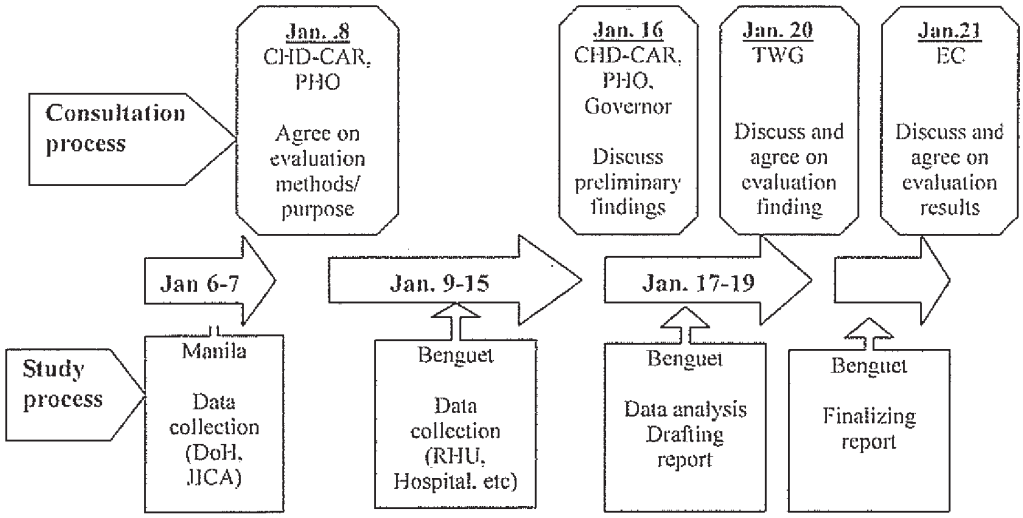


Diagram 1-1 : Schedule of the Evaluation Study

1.4 Persons Interviewed

Following persons are interviewed during the evaluation study.

- Municipal Health Office staff (MHOs, PHNs, RHMs)
- Provincial Health Office staff (PHOs, COH, Technical staff)
- Provincial Governor, Municipal Mayors
- Philippine Health Insurance Corporation (PHIC)
- Project Experts and Project Managers
- Department of Health (CHD-CAR, DOH-REP)

1.5 Methodology of the Evaluation Study

1.5.1 Flow of Evaluation Study

The Mid-term Evaluation of the Project was conducted following the process shown below, based on the JICA Project Evaluation Guideline of January 2004:

Step 1: The second version of the Project Design Matrix (PDM $_{ver.2}$: See Annex 1) as well as the Minutes of Meeting (as of June 2008: See Annex) were adopted as the framework of the Mid-term Evaluation exercise, and the Project's achievement was assessed in reference to the Objectively Verifiable Indicators in the PDM $_{ver.2}$. The level of inputs was compared with those specified in the Record of Discussions.

Step 2: Analysis was conducted on the factors that promoted or inhibited the achievement levels including factors relating to both the project design and the project implementation process.

Step 3: An assessment of the Project results is conducted based on the five evaluation

criteria: "Relevance", "Effectiveness", "Efficiency", "Impact" and "Sustainability" (See "Table 1-1 Criteria for Evaluation" for the definition of each criterion". For the assessment tool used, see Annex 2: Evaluation Grid.")

Step 4: Preliminary results are shared among provincial Executive Committees (EC) and Technical Working Groups (TEG). Contents of the discussions are reflected in the recommendations.

Step 5: Recommendations for the Project stakeholders for the remaining implementation period and lessons learned are formulated for future plans to be implemented by both Philippine and Japanese stakeholders.

1.5.2 Data Collection Methods of the Evaluation Study

Both quantitative and qualitative data were gathered and/or utilized for analysis. Data collection methods used by the Team were as follows:

(1) Literature/Documentation Review;

- Project Quarterly/Annual Reports, Reports by the Project Experts
- Province-wide Investment Plan for Health
- Policy related documents
- Other relevant documentations

(2) Interviews to stakeholders; and,

- Municipal Health Office staff (MHOs, PHNs, RHMs)
- Provincial Health Office staff (PHOs, COH, Technical staff)
- Provincial Governor, Municipal Mayors
- Philippine Health Insurance Corporation (PHIC)
- Project Experts and Project Managers
- Department of Health (CHD-CAR, DOH-REP)

(3) Direct observations at Project implementation site.

- Six (6) Rural Health Units (RHU) and four (4) Hospitals in the Benguet Province.

1.5.3 Criteria of Evaluation

Definition of the five evaluation criteria that are applied in the analysis for the study is given in Table 1-1 below.

Table 1-1: Definition of the Five Evaluation Criteria for the Final Evaluation

Five Evaluation Criteria	Definitions as per the JICA Evaluation Guideline
1. Relevance	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with the Government development policy and the needs of the target group and/or ultimate beneficiaries in the Philippines
2. Effectiveness	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
3. Efficiency	Efficiency of the Project implementation is analysed with emphasis on the relationship

Five Evaluation Criteria	Definitions as per the JICA Evaluation Guideline
	between Outputs and Inputs in terms of timing, quality and quantity.
4. Impact	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
5. Sustainability	Sustainability of the Project is assessed in terms of institutional, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.

Source: JICA Project Evaluation Guideline (revised, January 2004), JICA

2 Outline of the Project

2.1 Background of the Project

The Department of Health (DOH) of the Republic of Philippines (hereinafter referred to as "the Philippines"), since health sector reform, has been focusing on strengthening of health finance as priority issue. As background of this strategy, 1) Thirty (30) to 50 percent of Provincial budget is spent for health, which is pressing the Provincial budget, 2) the health budget is still insufficient for stable drug supply and sufficient health personnel allocation, and 3) there are gaps in administration capabilities for health service delivery among Local Government Units (LGU). Started in 2005, DOH has been implementing the FOURmula One policy, at selected 16 Provinces, aiming at strengthening the local health systems with the assistance from international partners.

Health issues faced in the province of Benguet include those about quality of health service delivery such as 1) many of the RHU which had not accredited of Sentrong Sigla-II (SS-II), the licensing scheme aiming for improved quality assurance of health service, 2) limited accessibility to health service in geographically remote area, 3) referral system which is not functioning well, and 4) monitoring and supervision which is not effectively conducted.

In addition, before the Project, health administration issues were also pointed out. Firstly, governance of the health systems had challenges as illustrated by chronic financial deficit, insufficient service delivery capacity and unclear job description and roles sharing among health administrative staff. Secondly, health finance issues are also many. With the higher ratio of poor households as compared with national average, enrollment of health insurance by Philippine Health Insurance Corporation (PHIC) has been low, putting burden on LGUs to sponsor enrollment for poor households. Also, as many RHUs have not been accredited for SS-II and PHIC, financial base of the health facilities are fragile. Furthermore, as significant part of the health budget is allocated for operational cost for provincial hospitals, budget allocation for other health services must be limited. Finally, drug supply is not stable given lack of guideline for the supply system.

With the above considered, this project supported by JICA's technical cooperation was developed, aiming to strengthen health systems of LGU comprehensively and make contribution to health policy through sharing of outcomes and lessons learnt

with other donors involving in the FOURmula One. In 2006, the Project was launched for the implementation period of five (5) years targeting the province of Benguet.

2.2 Summary of the Project

As per the PDM ver.2 (June 24, 2008), a narrative summary of the Project is described as follows.

(1) Overall Goal

Health status of the people in the Province is enhanced.

(2) Project Purpose

Local health system is strengthened to improve quality of health service in the Province of Benguet.

(3) Outputs and Main Activities of the Program

The level of intervention, targets, the type of intervention and main activities for each Project Outputs are summarized below.

Table 2-1: Summary Table of Project Outputs

Project Outputs	Main Activities
Output 1: Supporting system of providing quality health services by Rural Health Unit (RHU) is established.	▪ Develop service improvement plan. ▪ Provide equipments for health service improvement. ▪ Conduct trainings necessary for SS-II certification and PHIC accreditations. ▪ Strengthen two-way referral system ▪ Strengthen Inter Local Health Zone (ILHZ) level monitoring and supervision.
Output 2: Health governance (management) of the province is strengthened.	▪ Revise and implement ILHZ plans. ▪ Develop and implement Provincial Investment Plan for Health. ▪ Conduct management skill training.
Output 3: Financial system of healthcare of the Province is strengthened.	▪ Develop plan and conduct activities for financial improvement of each health facility. ▪ Implement activities of advocacy/publicity for insurance participation.
Output 4: Overall drug supply system of the province is strengthened.	▪ Review baseline data and identify problems. ▪ Conduct training on drug inventory management. ▪ Develop drug procurement plan based on the inventory record.
Output 5: Information and experiences of the Project are shared with DOH and other FOURmula One province.	▪ Attend FOURmula One meetings and share lessons and outputs. ▪ Conduct / receive study tours to / from other provinces. ▪ Share progress of the Project through newsletter and Web page of the Project.

Source: Progress Report,2006-2007; PDM ver.1, ver.2, Report prepared for the Mid-term Evaluation by the Project, November 2008

2.3 Change in Project Design Matrices (PDMs)

The Project Design Matrix (PDM) of the Project had been reviewed since the

beginning of the Project and revised in June 2008. Revisions in the Narrative summary (Overall Goal, Project Purpose, Outputs) are summarized in the diagram below. Narratives are simplified from their original form for easier reference and comparison.

Table 2-2 : Revisions Made to the Narrative Sum

Version	Version 1	Version 2
Overall Goal	Enhancement of health Status of the people in the province of Benguet.	Health status of the people in the Province is enhanced.
Project Purpose	Improvement of the quality of health service in the Province of Benguet.	Local health system is strengthened to improve quality of health service in the Province of Benguet.
Outputs	• **Output 1.** Supporting system of providing quality health service by RHU. • **Output 2.** Strengthening health governance (management) of the province. • **Output 3.** Strengthening financial system of healthcare of the province of Benguet. • **Output 4.** Reviewing overall drug supply system of the province. • **Output 5.** Feedback and recommendations to Department of Health and FOURmula One implemented provincial for promoting coordination and information sharing	• **Output 1**.Supporting system of providing quality health services by RHU is established. • **Output 2:** .Health governance (management) of the Province is strengthened. • **Output 3**: Financial system of healthcare of the Province is strengthened. • **Output 4:** Overall drug supply system of the province is strengthened. • **Output 5**: Information and experiences of the Project are shared with DOH and other FOURmula One provinces.

Source: PDM ver.1, PDM ver.2,

As seen in the Table 2-2, major revisions made on the Project Purpose were mainly to clarify and specify the Project Purpose. The revision partially reflected the overall direction of the FOURmula One for Health Implementation strategy which has been increasingly focused on local health systems development. Outputs do not have major changes, but with increasing weights put on drug supply system.

Table 2-3 shows the timing, reasons for, and the process of the revisions. All in all, the PDM was well utilized for management by the management structure of the EC and TWG. PDM is seen as a monitoring and evaluation tool by JICA Experts as well as the EC/TWG and all revisions were repeatedly discussed among the JICA Experts and the Counterparts through TWG meetings.

Table 2-3: Timing, Reasons and Process of Revising PDM

PDM Versions	Timing	Reason for Revision	Revision process
First Version [PDM ver.1]	January 2006	Formulated for the R/D.	[process] JICA Philippine Office together with DOH drafted the PDM based on a proposal. Modification was made from the proposal. [involvement of stakeholders] Provincial stakeholders were consulted, the Record of Discussion (R/D) meeting participants' approval. Modifications were not communicated with provincial stakeholders.
Second Version [PDM ver.2]	June 2008	As the Project progressed, activities are geared towards strengthening of the local health systems and hence project purpose was amended to read "Local health system is strengthened" from the original "Quality of health services." Objectively verifiable indicators for Project Purpose were selected from indicators for each output because achievement of the project purpose can best be measured by broad assessment of achievement level of each output. As the Project stakeholders recognize the importance of strengthening of the drug supply system, the Output 4 was amended to "Overall drug supply system of the province is strengthened" from the original "sustainable drug supply system is reviewed." Alterations are also made to include rephrasing of the activities and setting of appropriate indicators at project purpose and Expected Outputs levels.	[process] As part of the regular monitoring activities and TWG meeting [involvement of stakeholders] Project Experts and the Counterparts had been discussed at TWG meetings to modify the contents, which were later shared and agreed upon by the EC.

Source: Minutes of meeting on the Amendment to Record of Discussions, June 24, 2008.

3 Achievement and Implementation Process

3.1 Achievement of the Project

3.1.1 Input

Table 3-1 shows the comparison of the planned (as per R/D of January 2006) and actual Inputs from the Japanese side.

Table 3-1: Inputs by the Japanese Side, Planned and Actual

Plan (as per R/D of January 2006)	Actual (as of November 2008)
[Japanese Experts] ■ One (1) Chief Adviser, Local Health System Planning	■ One (1) Chief Adviser, Local Health System Planning
■ One (1) Community Health (Local Health System) ■ One (1) Primary Health Care ■ Other Expert(s) in other selected fields	■ One (1) Local Health Administration / Finance (1) ■ One (1) Local Health Administration(2) ■ One (1) Primary Health Care ■ One (1) Drug Supply ■ One (1) Project Administration / Public Relations ■ One (1) Local Health System ■ One (1) Coordinator (see Annex-4 for details)
[Counterpart Training in Japan] ■ Not specified.	■ A total of thirteen (13) persons were trained in trainings in Japan (see Annex-5 for details)
[Equipment] 1. Medical Equipment for RHU necessary to accredited as Sentrong Sigla 2. IEC equipment for health education 3. Ambulances / monitoring vehicles as necessary 4. Other equipment necessary for technical cooperation	1. Equipment for Sentrong Sigla accreditation 2. Equipment for PhilHealth accreditation 3. IEC equipment 4. EPI equipment 5. IT equipment 6. X-ray machine (x 1) 7. Ambulances (x 1) 8. Monitoring vehicle (x 1) **FY 2005 1,394,450 PhP** **FY 2006 3,973,515 PhP** **FY 2007 4,567,834 PhP** (see Annex-6 for details)
[Operation Costs] ■ Not mentioned.	**FY 2006 2,894,166PhP** **FY 2007 2,976,250PhP** **FY 2008 3,331,666PhP (As of November 2008)** (see Annex-7 for details)

Source: Record of Discussion for the Project, January 2006; Progress Reports 2006-2007, Report prepared for the Mid-term Evaluation by the Project, November 2008

Table 3-2 shows the comparison of the planned and actual Inputs from the Philippine side up to November 2008.

Table 3-2: Inputs by the Philippine Side, Planned and Actual

Plan (as per R/D of January 2006)	Actual (as of November 2008)
[Philippine Counterpart] ■ Project Director: Provincial Governor, Benguet ■ Project Deputy Director: Provincial Vice Governor, Benguet ■ Project Manager: Provincial Health Officer II	■ Project Director: Provincial Governor, Benguet ■ Project Deputy Director: Provincial Vice Governor, Benguet ■ Project Manager: Provincial Health Officer II ■ Project Staff: Provincial Health Officers / Technical staff of Provincial Health Office, Chief

Plan (as per R/D of January 2006)	Actual (as of November 2008)
■ Project Staff: Provincial Health Officers / Technical staff of Provincial Health Office, Municipal Health Officers, Director (Officers) of Center for Health Development CAR region, ■ Administrative Personnel	of Hospitals, Municipal Health Officers, Officers of Center for Health Development CAR region, Department of Health (DOH) representatives, Representatives from PhilHealth CAR regional Office (See Annex-8 for details)
[Executive Committees and Technical Working Group] ■ Executive Committees at Provincial level to meet at least twice a year and whenever necessity arises to Formulate annual work plan, review the overall progress and achievement of the work plan, and review and exchange views on major issues arising from or in connections with the Project ■ Technical Working Group at Provincial level to meet once a month and whenever necessity arises to assess project activities in relation to annual work plan Formulated by the Executive Committee, and discuss problems and issues arising during the Project implementation and solve / recommend solutions to the Executive Committee.	■ Executive Committees (EC) were established in April 2006 and functioning to date. Since the beginning of the Project, five (5) EC meetings and thirteen (13) TWG meetings were held. EC meetings were held twice a year, both at the beginning and the end of each project year, while TWG meetings were convened quarterly. ■ Both EC and TWG meetings have been held regularly and been functioning well through active participation of members.
[Land, Buildings and Facilities] ■ Office space and facilities necessary for JICA Project at Provincial Health Office, Province of Benguet ■ Other spaces as mutually agreed upon as necessary	■ Office space and facilities at Benguet General Hospital ■ Venues for various training activities and meetings have also been provided. (see Annex-9 for details)
[Cost-sharing] ■ Not mentioned particularly.	■ **Administrative Expenses:** Funds for EC /TWG/ILHZ meetings; Travel expenses for Project site visits and meeting, Electricity; telephone; Use of office equipment; Travel allowances for staff training ■ **Personnel:** Salary for Salary of the technical staff in the province ■ **Matching Funds for conducting Activities:** Other forms of financial and in-kind contributions are made by provincial and municipal LGUs (see Annex-9 for details)

Source: R/D (Jan. 2006); Report prepared by the Project for the Mid-term Evaluation, November 2008

3.1.2 Activities

Experts in consultation with the Project Counterparts have reviewed and modified Activities in the PDM that were considered required in order to obtain specific Outputs as they progress in the implementation. Table 3-3 shows the progress in

terms of the modified list of Activities.

Table 3-3: Progress of Activities in Each Site

Plan (as per PDM ver.2)	Progress
Activities under Output 1: Supporting system of providing quality health services by Rural Health Unit (RHU) is established.	
1.1 Develop service improvement plan.	1.1 Service Improvement Plan was made by TWG members in all four (4) ILHZ through a total of 18 planning meetings. "Evidence-based Planning" was practiced by using results of baseline survey for situation analysis.
1.2 Provide equipments for health service improvement.	1.2 After requirements of the equipments were raised by RHUs and screened through criteria set by TWG, medical equipment was provided to all thirteen (13) RHUs and six (6) provincial hospitals to assist SS-II and PHIC accreditation. (See Annex 6 for detail).
1.3 Conduct trainings necessary for SS-II certification and PHIC accreditations.	1.3 After training needs assessment made through baseline survey and special survey launched by CHD-CAR. Following trainings were identified and conducted. • Five (5)-days Integrated Management of Child Illness (IMCI) orientation sessions were provided on for a total of 38 participants who were doctors, nurses and health officers. • Five (5)-days training of trainers were provided on IMCI in which a total of 7 trainers who were trained by master trainers. • Twelve (12)-days IMCI training was conducted for 3 batches in which a total of 120 RHM were trained. • Five (5)-days Community Managed Maternal and Newborn Care (CMMNC) training was conducted for 3 batches in which a total of 105 participants (mainly RHM) were trained. • Three (3)-days data enhancement utilization training was conducted for 2 batches in which a total of 44 participants (doctors, nurses and health officers.) were trained. • Three (3)-days training on hospital quality improvement was conducted in which 26 hospital staff (doctors, nurses and administrative staff) were trained. (See Annex 11 for further information on the trainings).
1.4 Strengthen two-way referral system	1.4 To improve referral system in the province, following activities were conducted: • Referral system improvement plan was made in each ILHZ which reviewed each level of facilities, actual patient flow, and current referral recording / monitoring system. • It was followed by a workshop to revise referral system manual and guidelines and to discuss optimization of health facilities. Revision of referral manual and guideline was distributed to all thirteen (13) RHUs and six (6) government hospitals in the Province. • Referral recording has been implemented using revised referral slip and logbook. Data of referral monitoring were analyzed by the JICA expert in August 2008. • Meanwhile, CHD-CAR, PHO Benguet and Benguet General Hospital conducted the study on optimization on their service and referral system by their own initiative. • In order to strengthen referral system, procurement of one

Plan (as per PDM ver.2)	Progress
	(1) ambulance and one (1) X-ray machines were started to be provided to hospitals. .
1.5 Strengthen ILHZ level monitoring and supervision.	1.5 Specific guidelines and tools for monitoring by PHO/MHO offices are yet to be developed. Monitoring and supervision system improvement plan was drafted in each ILHZ and discussions are taking place in the TWG meetings to systematize this activity. Monitoring of health indicators collected through current Health Information System (HIS) such as FHSIS started to be consolidated and analyzed as ILHZ.
Activities under Output 2: Health governance (management) of the province is strengthened.	
2.1 Revise and implement ILHZ plans.	2.1 All four (4) ILHZ updated their five-year ILHZ plan by planning teams formed with TWG members of each ILHZ. Based on the five-year plan, all ILHZs made annual ILHZ plan in 2008.
2.2 Develop and implement Provincial Investment Plan for Health.	2.2 PHO, MHO, Chief of Hospital (COH) and DOH-Reps formed a team for development of Provincial Investment Plan for Health (PIPH) 2008-2012, as a provincial master plan of health (five-year provincial health plan), in 2007. The five-year ILHZ plans were integrated in the PIPH (five-year provincial health plan). PIPH was submitted to DOH in February 2008. DOH Joint Assessment Committee (JAC) reviewed the Provincial Investment Plan of Health (PIPH) and provided recommendations in April 2008 (no major modification recommended). Based on the PIPH (five-year plan), PHO made plan for 2 million startup fund for 2008-2009.
2.3 Conduct management skill training.	2.3 Record Management Training and computer skills trainings were conducted to improve management / recording skills. Data Enhancement Utilization training was conducted to improve planning skill. Also, two(2) weeks international training for national counterparts in Japan was provided twice in which a total of 13 participants (12 MHO and 1 PHO)learned health systems in Japan. (See Annex 11 for further information on the trainings).
Activities under Output 3: Financial system of healthcare of the Province is strengthened.	
3.1 Develop plan and conduct activities for financial improvement of each health facility.	3.1 Under this heading, several activities were conducted as follows; • Financial improvement plan was developed in each ILHZ with clear composition of revenue and expenditure by TWG members who reviewed financial plans / status of each health facility (especially RHU). • Two (2)-days training on record management for a total of 35 participants (MHO, PHO, PHM, etc) and six (6)-days computer skills training (basics I and II) for a total of 46 participants were conducted to improve management / recording skills particularly of user fees. • Encouragement was given to RHUs to use user fee records as evidence in budget negotiation with Local Chief Executives (LCE) and local budget officers. Management of user fee income in trust fund has been promoted to secure health budged in some municipalities. (See Annex for further information on the trainings). • PhilHealth accreditations supported by the Project (Output 1) increased income from PhilHealth (such as capitation fund for outpatient treatment).

Plan (as per PDM ver.2)	Progress
3.2 Implement activities of advocacy/publicity for insurance participation	3.3 Under this heading, several activities were conducted as follows; • One (1)-day Advocacy / Publicity Training was conducted to Barangay Health Workers (BHW) and municipal social workers (MSW) to increase their advocacy skills. Also, one (1)-day orientation on health insurance system was conducted for 5 participants who were Local Chief Executives, BHW and MSW, PhilHealth representatives, MHOs, COHs and PHO staff. • PhilHealth insurance advocacy team was formed by TWG members for All ILHZ. The team made Advocacy / Publicity Plan (for insurance participation). • PhilHealth settled service desk in each municipality for membership registration and advocacy campaign, co-funded both by PhilHealth and by the Project.
Activities under Output 4: Overall drug supply system of the province is strengthened.	
4.1 Review baseline data and identify problems	4.1 Drug management system was reviewed through discussion, site visit and the baseline survey. Each ILHZ made drug management improvement plans.
4.2. Conduct training on drug inventory management.	4.2 One (1)-day training on drug inventory management was conducted in which a total of 40 participants (MHO, CHO, and other staff in charge of drugs / pharmacy) learnt how to manage inventory record. Follow-up field visits were made to RHUs and Hospitals to monitor record drug stock (in / out, No. of days out of stock, etc).
4.3. Develop drug procurement plan based on the inventory record.	4.3 One (1)-day training on drug inventory management and one (1) day training on drug procurement were conducted in which a total of 40 participants (MHO, CHO, and other staff in charge of drugs / pharmacy) learnt how to manage inventory record and to procure drugs. Drug pooled procurement through ILHZ system was studied. Botika ng Barangay (community managed small drugstore) started to be implemented in some municipalities.
Activities under Output 5: Information and experiences of the Project are shared with DOH and other FOURmula One provinces	
5.1 Attend FOURmula One meetings and share lessons and outputs.	5.1 PHO and JICA experts attended FOURmula One (F1) meetings twice and shared lessons and outputs of the Project.
5.2 Conduct / receive study tours to / from other provinces.	5.2 Five (5)-days study tours were conducted twice in which a total of 20 participants learned advanced ILHZ system. Started preparation to receive (host) study tour from other province to share lessons and outputs of the Project.
5.3 Share progress of the Project through newsletter and Web page of the Project.	5.3 Project newsletters were issued semi-annually. A total of five (5) issues have been published since the beginning of the Project. Project web pages were launched and periodically updated both in English and Japanese.

Source: Progress reports 2006-2007, Report prepared for the Mid-term Evaluation by the Project, November 2008

Most of the planning, training and equipment provision planned have been implemented as of January 2009 leaving some additional technical training and supplementary equipment provisions, which will be implemented during the remainder of the project period. Supervision/monitoring for follow-up will be a major

part of the activities towards the latter half of the Project.

3.1.3 Outputs

Table 3-4 shows the status of progress in terms of indicators that measure the level of achievement of the Project Outputs (as per PDM ver.2). Extent of achievements as well as remaining challenges of each Output for the rest of the Project period are described in terms of these indicators as well as observations made through interviews and field visits. (Please also see Annex 11: Summary of Training)

Table 3-4: Achievement of Project Outputs (As of January 2009)

Narrative Summary	Indicators	Achievement
Output 1 Supporting system of providing quality health services by Rural Health Unit (RHU) is established.	1) Number of RHUs which comply with training and equipment requirements for SS-II certification and PhilHealth accreditations is increased.	• 6 out of 13 RHUs received SS-II accreditation (coverage: 46 %); • 13 out of 13 RHUs received OPB accreditation (coverage: 100 %); • 9 out of 13 RHUs received TB accreditation (coverage: 69 %); • 3 out of 13 RHUs received MCP accreditation (coverage: 23 %);
	2) Referral Manual is revised and implemented in all 19 health facilities	The manuals were produced and made available to all the 19 health facilities.
	3) No. of patient referrals are recorded in all 19 health facilities.	All the 19 health facilities started record keeping of referrals.
Output 2 Health governance (management) of the Province is strengthened.	1) Strategic provincial health plan is revised into Provincial Investment Plan for Health.	The strategic provincial health plan was revised as PIPH with detailed situational analysis.
	2) Strategic ILHZ health plan (medium term) is updated.	The strategic ILHZ health plan was revised with thorough situation analysis and incorporated in the PIPH
	3) ILHZ boards have documented meetings quarterly.	All the 4 ILHZ have been documented quarterly meeting minutes.
	4) Resolutions are passed by ILHZ boards.	In total, 20 resolutions were passed by the end of 2007.
Output 3 Financial system of healthcare of the Province is strengthened.	1) Income from user fees is increased (baseline: 32 million in 2005).	Income from user fees increased to 61 millions from 32 million at baseline in 2005 (86% net increase).
	2) Amount of MOOE for health programs is increased (baseline: 43 million peso in 2005)	Amount of MOOE for health programs increased to 67 millions from 43 million at baseline in 2005 (53% net increase).
	3) Amount of other sources in total health budget is increased.	Amount of other sources increased to 12 millions from 7 million at baseline in 2005 (67% net increase).
	4) Number of PhilHealth enrollment is increased (baseline 35,631 in Dec. 2005).	Number of PhilHealth enrollment increased to 58,335 from 35,631 at baseline in 2005 (64% net increase).

Narrative Summary	Indicators	Achievement
	5) Amount of capitation fund is increased (0.6 million peso in 2005)	Amount of capitation fund increased to 2.6 millions from 0.6 million at baseline in 2005 (354% net increase).
Output 4 Overall drug supply system of the province is strengthened.	1) Number of RHUs/hospitals that maintain the stock record on the indicator drugs is increased.	17 out of 19 health facilities (coverage: 89 %) maintained the stock record on the indicator drugs.
	2) Number of RHUs/hospitals that record number days of out of stock on the indicator drugs is increased.	15 out of 19 health facilities (coverage:79 %) recorded number days of out of stock on the indicator drugs.
Output 5 Information and experiences of the Project are shared with DOH and other FOURmula One provinces.	1) Number of F1 meeting attended.	2 F-1 meetings were attended by PHO and JICA experts.
	2) Number of study tour sent and received.	Dispatched 2 study tours and not yet received any tours.
	3) Newsletter of the project is issued at least twice a year.	A total of 4 news letter were issued.
	4) Project Web page is established and updated periodically.	

Source: Progress Report, 2006-2007; Report prepared for the Mid-term Evaluation by the Project, November 2008

Output 1: Supporting system of providing quality health services by Rural Health Unit (RHU) is established

Most of the basic provisions to achieve Output 1 were made to enhance quality of the health services. Such provisions are: 1) technical (IMCI/CMMNC) training for doctors, nurses and midwives; and 2) equipment necessary for SS-II and PhilHealth accreditations to RHUs. Most of the equipment required for accreditations was provided and the technical training has been completed except for a few more remaining sessions. As a result, coverage of RHUs with SS-II certification / PHIC accreditation both increased by around 15%. Since the SS-II certification was hindered due to transfer of the certifying responsibility from DOH to PhilHealth, the coverage figures do not reflect true change of service delivery system. According to internal assessment by the Counterparts, the coverage of RHUs which fulfilled equipment and training requirements has increased by 55%. In addition, referral manuals were developed and all health facilities started recording referral activities which were analyzed. It is expected that the manual and analysis results will be utilized to improve referral services in the target area. One indication is that discussions have been started on the optimization of health facilities (i.e. Itogon Municipal Hospital).

The remaining tasks will be to ensure the further increase and maintenance of certified / accredited RHUs (especially all 13 RHUs should be SS-II, OPB and TB DOTS certified / accredited), and establishing of a mechanism to ensure quality of health services through monitoring and supervision tools. The latter task will be done particularly with 1) following up of the trainings conducted as well as referral improvement, and 2) monitoring on planned activities and health/health service indicators at ILHZ level to be done especially by PHO.

Output 2: Health governance (management) of the Province is strengthened.

With regard to planning, almost all the expected outputs were already produced. Medium term (5 year) plans were established both at ILHZ and Provincial levels with evidence-based approach using situation analysis. Annual plans were made based on the medium term plan both in ILHZ and Provincial level. Parallel to the planning process, communication among ILHZ members was activated, stimulating the strengthening of ILHZ structures and functions. For instance, boards were re-organized and offices were set up at each ILHZ. The board and technical management committee (TMC) meetings started to be held regularly. Several resolutions were made in their process of ILHZ activities. An ILHZ common health trust fund (CHTF) system is being established at each ILHZ aiming to share resource among the member facilities, municipalities and the Province within an ILHZ. As a result, initially identified indicators for functionality of ILHZ have shown progress; all the 4 ILHZ have documented quarterly meeting minutes and a total of 20 resolutions were passed by the end of 2007. It is expected that the ILHZs will sustain and enhance their functions with regular ILHZ meetings, implementation of ILHZ activities using CHTF, and monitoring of PIPH and annual operation plans.

Remaining tasks will be ensuring sustainability of ILHZ system with enhanced capacity to manage CHTF. This will be done with 1) supportive supervision to be provided by PHO in coordination with CHD, 2) tools developed to monitor functionality of ILHZ, 3) assistance in legislative and procedural issues to be solved for institutionalization of ILHZ system.

Output 3: Financial system of health care of the Province is strengthened.

Significant increases of health budget were observed especially in terms of maintenance and operating expenses (MOOE), user fee and income from health insurance (PhilHealth). The training on recording promoted recording user fee income and helped documenting the amount of user fees collected at all the RHUs. Although allocation of LGU budget for the MOOE is in many cases not determined based on user fees collected at RHU, it is expected that the health finance record of user fee will be used to negotiate and justify increased budget allocation. Although it is not an easy task to change budget allocation, many local health officers became more aware of the needs of budget negotiation and at least some RHUs successfully initiated the negotiation process. Number of households covered by health insurance (PhilHealth) increased especially both in individual paying sector and in LGU sponsored (indigent) sector. The increased enrollment in the indigent sector has contributed to health revenues in terms of capitation fund. The training activities of

the Project on advocacy / publicity for PHIC were instrumental and made partial support for the enrolment expansion.

Remaining tasks will be 1) ensuring the sustainability of record keeping of user fee through regular monitoring, 2) follow up on the use of health finance records of users fees for health budget negotiation / justification and 3) further increase enrollment and renewal of PhilHealth members.

Output 4: .Overall drug supply system of the province is strengthened.

Record keeping of drug stock (in / out and number of out-of-stock days) was promoted. The new recording formats and methods were generally appreciated by RHUs and nearly all, except for just a few, RHUs started applying them. Several initial positive changes have been observed at RHU including earlier warning for stock shortage and increased awareness level of responsibility for drug stock management. Drug procurement is done by municipal LGU and the amount has not yet been related to the stock record because of the existing system which supplies pre-determined amount of drugs quarterly or bi-annually. Nevertheless, supplementary drug procurement was practiced to avoid out-of-stock at some RHUs which can retain user fee for drugs.

For the remaining period, supports are to be provided to 1) secure drug budget making use of drug stock record as justification, 2) make procurement plan based on the stock record, 3) monitoring on drug management by PHO.

Output 5: Information and experiences of the Project are shared with DOH and other FOURmula One provinces.

Lessons and outputs of the project have been shared through FOURmula One meetings by Japanese Experts and PHO. Also, project web pages were created and newsletters were published regularly. DOH-REPs share their experiences and gains from participation in the Project with their colleagues in other provinces within the region every time they have regular regional meeting or workshops. Furthermore, the Project has been introduced in several newspapers. Although it has not been looked into how much those outside the province had access to the newsletters and the website, the information was well shared at least among the Project's stakeholders within the province so far. Also, it was observed that the CHD-CAR has been quite instrumental in capturing and disseminating the "good practices" from Benguet province to other provinces within the region especially during the annual Health Decision-Makers' Forum.

Remaining challenges in achieving the Output 5 are; 1) hosting study tour from other provinces; and 2) continued participation to FI meetings, update of web page and issuing newsletters with a wider coverage.

3.1.4 Project Purpose

Project Purpose: Local health system is strengthened to improve quality of health service in the Province of Benguet.

Table 3-5 shows the status of indicators that measure attainment level of the Project Purpose (as per PDM ver.2).

Table 3-5: Achievement of the Project Purpose (As of January 2009)

Indicators for the Project Purpose	Benchmark 2005		Value 2008	
Number of RHUs with SS-II certification and PhilHealth Accreditations are increased.	SS-II	4	SS-II	6
	PHIC (OPB)	11	PHIC (OPB)	13
	PHIC (TB)	7	PHIC (TB)	9
	PHIC (MCP)	2	PHIC (MCP)	3
Annual Health Plan is developed in Province and ILHZs based on medium-term Plan for Health.	Provincial mid-term Health Plan :Already in place, with simple situational analysis		Provincial mid-term Health Plan: Revised as PIPH with detailed situational analysis	
	Provincial Annual Health Plan: Already in place, but not based on ILHZ plans		Provincial Annual Health Plan: As of August 2008, Plan for this year is under preparation based upon Mid-term Health Plan(PIPH) and ILHZ plans	
	ILHZ Mid-term Plan: Already in place, but with no subsequent revision and virtually dormant		ILHZ Mid-term Plan: Revised with thorough situation analysis to be incorporated in the PIPH	
	ILHZ Annual Operation Plan: Non existent		ILHZ Annual Operation Plan: Since 2008, established based on ILHZ Mid-term plan and PIPH	
Total health budget is increased (baseline: 156 million peso in 2005)[1].	156,000,000		194,533,106	
Total number of days out of stock for indicator drugs is decreased.	8.9		5.9	

Source: Project Progress Report, 2006-2007; Report prepared for the Mid-term Evaluation by the Project, November 2008

Trends (2005 - 2008) of the Project Purpose indicators present views of the overall progress made during the first half of the Project. The progress was in service delivery system, governance, health care financing and drug supply which are equivalent to the four pillars, the framework of FOURmula One.

[1] Total Health Budget consists of health budget of Provincial / Municipal Local Government Unit (LGU), income from PhilHealth (capitation fund, and payment for TB-DOTS and MCP), affiliation fee and retained user fee (under the control of health facilities). Exclude PhilHealth Premium for indigent. Although the study team found needs to review relevance of the calculation method, due to absence of alternative calculation methods, the figures are quoted.

Service delivery system was strengthened as indicated by the increase of the number of RHUs with SS-II certification and PHIC accreditation, although not as much as it deserves due to the change of certification procedure of SS-II and PHIC accreditation. Meanwhile, ground work for governance was completed through annual as well as medium term plans which were established at both ILHZ and Provincial levels with evidence-based approach using situation analysis. Health care financing is improved significantly through user fee collection, increased allocation of LGU budget for MOOE and PHIC enrollment. It is hard to quantitatively attribute the increase to the Project efforts since external conditions particularly of local health officers' will and support affects the budget allocation. However, it is important that health budget in the Province had significant increase, to which the Project support directly or indirectly contributed. Finally, as for the number of out-of-stock days of drug, it is premature to make any conclusive statements on its progress, considering the difficulties in measuring the out-of-stock days particularly at baseline when the stock control method was absent. Current progress level could be captured better by the preparedness for drug supply system strengthening which is indicated by "number of RHUs/hospitals that maintain the stock record/out-of-stock record".

A health system is a set of inter-connected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one are cannot be achieved without contributions from the others. Interactions between different outputs are essential for achieving better health outcome. Therefore, in addition to looking at the above indicators separately, it is considered worthwhile to see some of qualitative observations obtained by the evaluation team during field visits, which indicated some of the initial synchronization of effects from different outputs toward a functional health system (see the diagram 3-1 below).

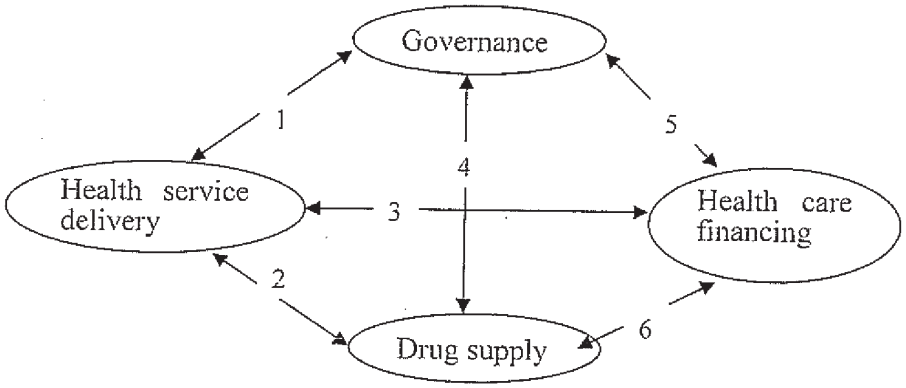


Diagram 3-1: Synergic effects of health systems

Arrow 1: The referral manual and records helped identifying improved patients flow and contact. The manual was shared through an orientation workshop among all the health workers in a zone as one activity decided by the ILHZ board (Atok). Another ILHZ has planned sharing ambulances for referrals (BLISTT). The enhanced functionality of ILHZ boards resulted in the plans of using the CHTF for better health services such as outreach services of medical doctors and rabies vaccination campaigns (Kapangan-Kibungan). Also, some ILHZs have initiated efforts to monitor health activities and outcome indicators to improve health services at each RHU (all).

Arrow 2: A reduced number of out-of-stock days of essential drugs ensured treatments at RHUs. Increased number of RHUs accredited with PHIC enabled the RHUs to get capitation funds from PHIC which contributed to health care finance increase.

Arrow 3: Increased health care budget at some RHUs enabled them to provide better services as illustrated by more laboratory services, maintenance of ambulances and additional human resources (Kibungan RHU). Also, incentives provided from parts of the capitation funds from the PHIC sustained their feeling of being adequately rewarded for their services.

Arrow 4: The DOH provided seed funds to ILHZs in the pre-project phase, with which revolving drug fund has been managed (Bokod RHU). The revolving drug fund helped them to purchase and supplement some drugs.

Arrow 5: Increased health care budget will facilitate the growth of CHTF which helps to sustain the ILHZ system. ILHZs made advocacy / publicity plan for insurance enrollment while some ILHZ included it in the CHTF activities (all).

Arrow 6: Increased MOOE budget and indigent funds allowed some RHUs to procure more medicines than before.

3.2 Implementation Process

3.2.1 Adherence to the Plan

All in all, activities have been implemented mostly in line with the objectives of PDMver.2, with appropriate adjustments made to cope with circumstantial and internal changes in demands and needs. The PDM was well utilized for management by the management structure of the Project (EC/TWG). PDM is seen as a monitoring and evaluation tool by JICA Experts as well as the EC/TWG and all revisions were repeatedly discussed among the JICA Experts and the Counterparts through TWG meetings. This process helped results in shared vision of the scope of JICA support and thus helping the Counterparts to take charge of the Project's implementation and to specify the target value to which the Project intends to reach by the end of the Project.

3.2.2 Project Management and Decision Making Structure

Under this Project, the EC and TWG, with the participation of Local Government executives, provincial and municipal health managers and JICA Project personnel, deal with planning and monitoring of activities as well as technical issues directly related to its implementation, at the provincial level. Director of CHD-CAR also participated in the EC while DOH Representatives have been actively participating in the project activities. With the absence of overall management body at the central level, the Project has consulted, often on one-on-one basis, with the Bureau of International Health Cooperation and the External Affairs Department for matters related to foreign assistance.

Management of the Project at the Provincial level is appropriate and functional. Since the beginning of the Project, EC meetings were held twice a year, both at the beginning and the end of each project year, while TWG meetings were convened quarterly. Both

EC meetings have been functioning well through active participation of members and particularly of the provincial governor who performed strong leadership as the Project Director and greatly contributed to smooth implementation of the Project as well as FOURmula One. The TWG members have been also well functioning through active participation of members in most of the Project activities. Provincial Health Office with strong supports provided by CHD-CAR facilitates and oversees everyday activities of the Project. While the project manager is the PHO-II, PHO-I and CHD-CAR officers were the core counterpart personnel who have been quite instrumental in promoting implementation of activities and providing technical and programmatic guidance to other counterparts.

CHD-CAR is responsible to provide technical assistance in general and for local health boards in particular while PHO is more for implementation of technical programs. Under FOURmula One, the distinction of the roles between the CHD-CAR and PHO has been less clear than before. However, JICA has involved the two offices and the coordination effort made in the JICA's support helped the two offices integrated for PIPH implementation.

3.2.3 Coordination Mechanism for Policy Dialogue

The Project intends to demonstrate through its actual implementation an effective strategy for local health systems strengthening. As such, one of the Outputs of the Project is to contribute to information and experiences of the Project shared with DOH and other FOURmula One provinces. In order to implement this, the Project requires linking up with adequate channels to convey its message. So far, two (2) FOURmula One meetings were attended by PHO and JICA experts. CHD-CAR has shared the experiences of the Project at the regional meeting on governance. As such, CHD-CAR has played and is expected to play more, a vital role in disseminating Project's experiences to other Provinces in the same Region. As one indication of the outcomes from the effort, CHD-CAR plans to conduct a study tour with participants from other provinces to the Project sites.

3.2.4 Ownership of the Project among Counterparts

The ownership of the Philippine counterparts is observed as high in each level in the Province. At the very beginning of the project, importance of the ownership and sustainability of the project among target groups was emphasized. The EC/TWG meetings were organized and led by PHO, with the participation of Local Government executives. The ownership seems to have grown by the attitude and principle of the Expert team that technical cooperation of the JICA would be available only when the target group is willing to make every effort to implement the project. The bottom-up approach of JICA team to the members of TWG was successful. All activities have been discussed and decided by the target group and the project is only supporting the implementation and its resources. Roles played by the JICA team were catalyst and made in the form of advices, guidance and discussion facilitation while the target groups had to think by themselves. In the past two and half years, the ownership of the project among TWG members as well as the political leaders in general has come to a certain expected level, though there are some group who still needs to be encouraged.

3.3 Factors that Promoted Realization of Effects

The following points are recognized as the promoting factors for the Project performance. Information below is gathered by the Mid-term Evaluation Team through interviews with Project implementers and stakeholders as well as with some other stakeholders..

Alignment and harmonization with the FOURmula One strategy: The Project was planned in the midst of DOH's rigorous pursuit of the Health Sector Reform Agenda and later the FOURmula One for the Health Implementation framework. Within its reform framework, LCEs, such as provincial governors and municipal mayors are held directly accountable for health outcomes of their constituencies, and all the assistance from the development partners, including international partners, NGOs, private sector and donor agencies are accommodated in One Plan, the Province-wide Investment Plan for Health (2005~2010) (PIPH). Each of the first batch of 16 provinces (so-called Convergence Sites) were developed the PIPH in 2006, followed by the second batch (21 provinces; so-called Roll-Out Site) including the Benguet starting in 2008. It was very timely that the project was implemented in conjunction with the initiation of FOURmula One in the province. Also, the project efforts made contribution to establishing the foundation based on which the PIPH was planned through the framework of the four pillars (service delivery, governance, health care financing and drug supply) which coincided with the four outputs of the Project. As result, the PIPH was developed faster and will be implemented more smoothly as compared to other provinces.

Strong commitment and support by the governor and active participation of governance bodies such as Local Health Boards and ILHZ Boards.: The current governor who took the seat in July 2007 and since then he showed strong will, improved communication with PHO, provided proper guidance and supports to Mayors in the Province and has made great contribution to the Project as well as the FOURmula One as illustrated by provincial budget allocated for the construction of X-ray rooms, contribution to PHIC enrollment of indigents, counterpart funds for the CHTF, funding of meeting and monitoring activities of PHO. All those supports greatly enforced and directed movements of the Project forwards. The governor has also been well communicating with PHO, and giving proper guidance and supports to Mayors in the Province.

The Project focus on core competencies strengthening through bottom-up approach: The assistance provided by the Project have so far been focused on capacity building with particular emphasis on the some of most essential competencies of municipal level local health officers. These were illustrated by simple accounting, record keeping, using plans previously developed and other data and evidences for the next plan. Since focus of the Project is on local health systems improvement, which can be fragile without solid foundation of such basic management skills and knowledge at lower level, the Project strategy and approach in favor of core competencies at municipal level health facilities have been instrumental to enhance the potential for functional and sustainable local health systems.

Ground work done by JICA and other project: (Benguet Gen Hospital, LEAD for

Health): As one of the promoting factors for the Project, LEAD for Health Project had been implemented prior to the project, through which many RHUs were assisted to obtain SS accreditation. Also, prior to the Project, Japanese Government provided support to the province such as ODA grant assistance to the Benguet General Hospital. The Project strengthened service delivery system based on the ground work done through those previous works.

Availability of the good model of ILHZ at study tour sites visited : Many of the local health officers interviewed pointed out the usefulness of the study tour organized to learn experiences of some of the best practices of ILHZ system. The experiences learnt from the study tour made great stimulation and inspired ideas of the participants who initiated the reactivation of ILHZ system in each area.

Support from and good coordination with CHD-CAR: CHD-CAR provided technical assistance, side-by-side with PHO, to the evidence-based zonal planning as well as technical and managerial training courses conducted through the Project. Aside from these activities, since the Provincial Health Team (PHT) consisting of DOH representatives under CHD-CAR, is mandated to promote capacity building of local health systems, the mechanism of supports and official representation of Provincial Health Team (PHT) at LGU management structure such as Local Health Boards as well as ILHZ boards have made contribution particularly to ILHZ system strengthening. As ground work for the Project, promotion of organization and functionality of ILHZs started in the 1990's with assistance through DOH-REPs. Start-up funds were provided for ILHZs, from which the drug revolving funds and other projects were sourced. Also, recently a funding scheme of CHD-CAR to promote local health systems was utilized for referral guideline orientation.

3.4 Factors that Inhibited Realization of Effects and Potential Risks

3.4.1 Factors that Inhibited Realization of Effects

The following points are recognized as the inhibiting factors for the Project performance.

Need for stronger political will and support by all local officials: Although many of the local officials have been increasingly supportive for the Project through their participation in the Project as EC members, problems are often faced when the political will and commitment, and even the leadership, are not sufficient. For instance, MHOs at every LGU must report and obtain consensus/approval of LGU executives. Some of the Mayors should pay more sufficient attention to the health sector development in their LGUs. As results of this, some RHUs, for instance, faced a big challenge with insufficient budget allocated for health services despite increasing number of outpatients at their RHUs which require increased budget for health services.

Long, tedious and bureaucratic drug procurement process of LGU: Despite the inventory system and procurement plans based on needs, there is the persistent problem in drug supply attributed to delayed and prolonged government procurement process, which hinders timely supply of drugs to avoid out-of-stock. Although a revolving drug

fund could function to make sure drugs are made available and fill the gaps between the actual needs and drugs supplied from the government procurement system, this practice has not been seen as officially acceptable.

Lack of harmonization of SS certification with PHIC accreditation: Due to the recent policy change, responsibility of SS certification is supposed to be transferred from DOH to PHIC. However, as of January, 2009, it has not been clearly defined how the certification responsibility is undertaken at PHIC. Although CHD commits to continue its function of certification in the interim period, the situation has initially caused delay of the SS certification for RHUs in the province.

Lack of mechanism to secure sustainability of ILHZ system including legislative mandates and measures for financial accountability of CHTF:

Several project activities such as ILHZ planning exercises, board re-organization and ILHZ offices set-up have been instrumental for regularization and activation of the ILHZ boards and technical management committee meetings and increased number of resolutions passed; the indications of initial managing mechanism for strengthened ILHZ structures and functions. The CHTF is being initiated at all ILHZs which is expected to serve as vehicle to run a functional ILHZ system. A mechanism to secure the sustainability of ILHZ system in general, and of CHTF in particular, has not been developed.

Firstly, appropriate and accountable management methods for the CHTF have not been sufficiently devised. ILHZ boards have been discussing but not conclusive yet with regard to appropriate location of the account and trustees and share of contributions among participating municipalities. Secondly, CHTF utilization plans have not always developed based on careful situation analysis of common health problems within the ILHZ. Thirdly, ILHZ is not a mandated government entity and just bound by the Memorandum of Agreement (MOA) signed by mayors whose official term is with three years (maximum three terms) only, its institutional legibility is not permanent unless the system mandated by some legal measures such as Executive Order of Governor, resolution of Provincial Health Board, ILHZ Board, Sangguniang Panlalawigan or Sangguniang Bayan. All of these factors pose risks or threats against sustainability of the ILHZ system.

Changes of planning guidelines and formats several times: Previously it was the Health Sector Reform Agenda (HSRA) guidelines and formats used for the planning, followed by the new guidelines of the FOURmula One for Health. All in all, local health officials have faced difficulty in making health plans because of planning guidelines and formats were not clearly and timely communicated. Therefore, when the Project promoted evidence-based planning, initially some reformatting had to be done to adapt to the new guideline.

Underutilization of some hospitals: As the rationalization study has been going on in the province to revisit some hospitals in the province which are underutilized as compared to others. These hospitals need to be rationalized to increase utilization whilst meeting service gap for what patients need and what the hospital can deliver. For the strengthening of referral system which is one of the focused activities of the Project,

appropriate role of the core referral and other hospitals needs to be looked into.

3.4.2 Potential Risk Factors

Concern over the change in political leadership at the 2010 election: As mentioned previously, health systems strengthening in the Philippines must need positive political will and commitment to support it, and even the leadership. Although the Project efforts have increasingly been mobilizing the support of political leadership, it will face challenges particularly in terms of sustainability if some of the leaders change at the next election in the year 2010.

Concern over the release of fund to implement PIPH: There has been delayed disbursement in the Convergent Site (16 provinces). For the Project which foresees the provincial health systems will be strengthened through implementation of PIPH, the fund release needs to be carefully monitored.

4 Evaluation Results

4.1 Evaluation by Five Criteria

4.1.1 Relevance

Project design is relevant in view of consistency with national and local policies, Japan's cooperation policies and the needs of the target groups. It could also be justified as relevant as means to strengthen the health systems. Specific arguments are made as the following.

1) Project Purpose of strengthening local health systems is consistent with the FOURmula One, the national health policies of Department of Health (DOH) which aiming at strengthening the province-wide health systems through the four pillars of strengthening of financial capability, establishment of essential guidelines, reinforcement of governance capability and health service improvement. The framework and concepts of FOURmula One are duly followed.

2) Project's contents are coherent with the Japan's Country Assistance Program for the Philippines and Japanese Country Assistance Strategy[2], in which a focus is placed on infectious disease control, maternal and child health, and strengthening of local health systems.

3) The Project is responding to the needs of the target groups, especially of health delivery service providers and administrators at regional, provincial and local levels. Prior to the Project, the Province's health systems and capabilities to improve quality of services, enhance governance, increase health budget, and strengthen drug supply had rather been weak. Many of the Project's participants

[2] The Country Assistance Strategy (2008) is still draft as of January, 2009.

found the Project's inputs and activities useful and helpful for their work in knowledge and skills in health service delivery and administration.

4.1.2 Effectiveness

It is rather early to determine effectiveness of the Project's interventions in strengthening of local health systems to be captured in terms of the improvement of health services quality. However, the mid-term evaluation team found progresses made in each of the key four building blocks of health systems, namely service delivery system, governance, health care financing and drug supply, as shown by positive change of the project purpose indicators. More concretely, the Project helped to increase the number of certified/accredited health facilities, completing the PIPH, increasing total health budget and improving drug supply system. Furthermore, the four blocks interrelate with one another indicating initial advancement in the local health systems improvement which usually occurs when these four blocks improve simultaneously. Therefore, it is likely that the Project will strengthen the local health systems through improving the four building blocks of the local health systems.

It is expected that during the remaining period of the Project, strengthened functions of PHO, in coordination with CHD and supports by the JICA Experts, for monitoring and supervision to follow up of whatever initiated during the first half of the Project will further enhance the initial positive changes made in the health systems. For that purpose, it is necessary to help enhancing capacities of PHO for carefully planned and focused monitoring, analysis/feedback and documentation of progress and processes.

During the latter half of the Project, an increased attention will be needed for the governance issues such as PIPH implementation and ILHZ system development. It will also be necessary to look into and take relevant care to the government procedures / regulations for procurement and budgeting and to maintenance and further enhancement of political will and supports by local officials.

4.1.3 Efficiency

Project has been implemented efficiently as most inputs have been appropriate and utilized to produce outputs. Equipment supply and trainings provided resulted in SS-II certification and PHIC accreditation of the health facilities. Domestic study tours and trainings in Japan provided the participants with an insight and perspective of how local health systems and health services are organized and functional. Support to PHIC contributed to increased enrolment, part of which turned into corresponding increase PHIC capitation fund. JICA team and TWG members have been meeting four times a year, and EC meetings have been held twice a year. These meetings were not more than enough and not less than required, and have greatly contributed to good partnership between Project Experts, TWG members and other stakeholders which enabled efficient implementation of the Project.

The Project is characterized with its extensive use of existing resources such as training module of IMCI/CMMNC and existing office rooms provided for ILHZ and some trainings and meetings. Some equipment procured by the Project was perceived as of insufficient quality, as discussed in "3.4 Factors that Inhibited Realization of Effects." While there are rooms to improve the specification details of equipment and inspection

practice upon delivery, these efforts would not suffice in the absence of a certain quality assurance mechanism on medical products.

4.1.4 Impact

The overall goal of the project "Health Status of the people in the Province is enhanced" is the goal of the FOURmula One policy of DOH. The achievement of overall goal needs a little more time to implement, monitor, evaluate, and make adjustment of systems being established by the Project, as well as the efforts to continue the vertical programs such as TB-DOTS, Maternal and Child Health and Expanded Programme of Immunization. However, assistance to these vertical programs is not covered in the Project, and is considered to be the major important assumption to realize the overall goal. Given the expected delay of PIPH fund release (see 4.4.2 Potential Risk Factors), there remains uncertainty of the assumption.

As mentioned earlier in "4.2.3 Coordination Mechanism for Policy Dialogue" the experience in the Province have created attention among other provinces in CAR region through CHD-CAR which has played an important role in disseminating the Project's experiences to other Provinces through its own communication channels and plans to conduct a study tour with participants from other provinces to the Project sites. To facilitate the tour, more active roles need to be played by the Province.

4.1.5 Sustainability

It is rather premature to discuss the likelihood of sustainability at this stage, although one can observe several positive factors that support sustainability of strengthened local health systems in the Province.

The Project incorporated in its design the active participation of local governance bodies such as Local Health Boards and ILHZ Boards which involved in decision-making mechanism and served as a vehicle to advocate their support for health issues. It was strongly supported by the governor of the Benguet Province. The Provincial and municipal governments have been providing financial, legislative and moral support to health sector, despite budget limitation. In addition, the Project emphasized the enhancement of capacity and ownership of the Counterpart through the mechanism of TWG.

Most of the Project's training activities were for improved knowledge and skills of basic technical and managerial topics to improve regular tasks of local health workers and officers such as primary health care service, record keeping and drug inventory which do not require additional resource. The usefulness and effectiveness of the training were generally appreciated.

As for the financial sustainability, the Project provided support for health care finances, which created a gradual revenue increase for RHUs to provide incentives for health staff. It is expected that a major capital contribution will be provided to implement the PIPH.

On the other hand, uncertainty lies in the several factors. For management aspect, most of the Project activities were for situation analysis and planning which have been handled by the TWG members, with side-by-side supports by the JICA Experts team. From now onwards the end of the Project, increasing important leadership of PHO is

needed to manage the implementation of the plan. As described in the "4.4.1 Factors that Inhibited Realization of Effects", mechanism has not been sufficiently devised to institutionalize the ILHZ system. Also, since political will greatly influence the implementation of health systems in the country, change of political leadership will pose certain level of challenges for sustainability.

4.1.6 Conclusion

The Project has been instrumental to strengthen local health systems to improve quality of health service in the Province of Benguet. The activities was initially targeted to municipal level LGUs, the lower level of the system and focused on some of the most core competencies which contributed to local health officers' everyday works effectively and efficiently. The ground works resulted in completion of the PIPH which was evaluated by DOH as being based on evidences and with quality as compared to other provinces. The successful planning made possible with the bottom-up approach and evidence-based planning. Also, evidences were observed showing initial systems strengthening in service delivery, governance, health care finance increased and drug supply. Interactions among the different blocks were also emerging as illustrated by strengthened coordinating mechanism of ILHZ. In a sense, the solid foundation of health systems development was done.

It is expected that carefully planned monitoring and follow up of whatever initiated during the first half of the Project will, if continuously done and further strengthened, further enhance the initial positive changes made in health systems and build the systems upwards for sustainable coordinating mechanism of ILHZ. These will bring added quality and value to the services which are ought to be translated into effective PIPH implementation. A challenge for the Project is how to tell whether and when the desired health systems' performances are being achieved and how to measure them. Definition of functionalities of health systems changes over time and across different locations. The Project is expected to learn from experiences gained through the process of the Project implementation and to have coordinated efforts with the stakeholders to reach the desired system with solidarity towards the end of the Project.

5. Recommendations and Lessons Learned

5.1 Recommendations

Having conducted, in rather rapid pace, most of the planned training and provision of equipment, it is advised that the Project to gear towards improvement and sustainability in quality of activities in the second half of the project period. Continuous financial and human resource support by LGUs is critical to sustain activities to produce tangible effects of the Project. (The Project implementers are defined to be the Counterparts of the Project and the JICA Experts while the local stakeholders, unless otherwise specified, mean to include the political leaders such as the governor and the mayor).

1) Project Counterparts and locals stakeholders are advised to develop an exit strategy with gradual withdrawal of the JICA Experts and careful identification of roles/responsibility of each Project's Counterparts, particularly PHO, and local stakeholders, over what needs to be done in order to sustain and further enhance the outputs and activities of the Project.

2) Project implementers are advised to organize advocacy workshops with Local Chief Executives and legislative bodies on some key issues such as ILHZ and health care finance. ILHZ board meeting and the EC can be used as venue for the workshops.

3) Project implementers are advised, while continuing technical trainings such as IMCI for remaining RHMs, to further enhance the process initiated by the Project to manage training courses with needs assessment, planning, implementation and monitoring/evaluation of the trainings.

4) It is also advised to establish a mechanism of planned monitoring and supervision through following up of the trainings conducted and joint focused monitoring by PHO, in coordination with CHD-CAR and the Experts, to de done with analysis and feedback of ILHZ activities at ILHZ level, health/health service indicators and planned activities of PIPH by utilizing some of the existing monitoring tools such as FSHIS and LGU scorecards.

5) Project implementers are advised to further review referral process and mechanism using referral records data to look into the appropriate role of the core hospitals.

6) Project implementers and stakeholders are advised to ensure sustainability of ILHZ system through the three major aspects below:

   - Enhanced capacity to manage CHTF. This is to be done with supports provided by PHO with assistance of CHD to develop evidence-based plans and monitor their implementation. For that purpose, a mechanism could be developed and skills trained to monitor the functionality of ILHZ system.

   - ILHZ boards are advised to resolve legislative and procedural issues to institutionalize ILHZ system; the issues including fund trustees, terms of signatories and equitable share of counter fund and contributions.

   - Project implementers are advised to document successful effects or outcomes produced from ILHZ activities as compared to these activities done separately by respective municipalities.

7) Project implementers are advised to look into feasibility of income retention schemes.

8) RHUs are advised to continue efforts to secure drug budget by utilizing drug stock record and developing drug procurement plans based on drug stock records while the Project implementers are advised to assess feasibility of replication of good practices of drug procurement currently in place in some RHUs.

9) PHO and CHD are advised to make necessary preparations including documentation of effects to effectively host a study tour from other provinces (by 2010) and organize a national workshop (by 2011) to disseminate the experience of the Project to national stakeholders involved in FOURmula One.

10) Project implementers are advised to improve the newsletters and other documents with F1-nized formatting (four pillars), more focus on synergic effects of different pillars instead of activities or outputs, printing papers with suitable quality in consideration of durability, and broader circulation including other provinces in CAR, other CHDs, and the central DOH.

5.2 Lessons learned

The Project implementers have so far been mainly focused on capacity building of TWG members with particular emphasis put at municipal level local health officers. Special focus of the technical assistance was put on the rationalizing of the plan based on situation analysis. During the first half of the Project, significant amount of time and efforts were devoted to review such documents to be revised accordingly. Input of expertise was also put on management skills through mobilization and facilitation of effective use of existing resources and mechanisms, e.g. user fee management method, referral manuals and drug stock control method. Some of the resources and mechanisms were not sufficiently operational or user-friendly. They were identified, reviewed, provided with necessary inputs/modifications, for such resources to be utilized. Besides, some technical trainings and equipment were also provided which supports the RHU to be accredited with SS-II or PHIC. Therefore, through the project, it was learnt that local health systems improvement requires solid foundation of basic management skills and knowledge at lower level.

There were a few negative reports on the procured equipments. Those reports included the perceived insufficient quality of some equipment such as delivery beds as compared to what the end-users had expected. Likewise, procured photocopy machine was not the one for which consumable and maintenance services are locally available at relatively cheap prices. Although with the current practice of 'package' procurement awarding to lower bidders, some items in the package of the awarded bidder could be not the best among all bidders, the sense of dissatisfaction could have been reduced if a more detailed specification was provided; more precise design or size and availability of consumables and maintenance centers within the region as a requirement of suppliers. These experiences and lessons learnt from the Project could be used when the Project Counterparts procure and maintain other equipment.

（2008.6.24 付ミニッツ添付資料　－PDM 改訂―）

Major Points of Amendments

1. As the Project progressed, activities are geared towards strengthening of the local health system and hence project purpose will be amended to read “Local health system is strengthened to improve quality of health services in the Province of Benguet” from the original “Quality of health services in the Province of Benguet is improved.”
2. Objectively verifiable indicators for Project Purpose level are selected from indicators for each output. This is because achievement of the project purpose can best be measured by broad assessment of achievement level of each output.
3. As the Project stakeholders recognize the importance of strengthening of the drug supply system, the Project Output 4 will be amended to “Overall drug supply system of the province is strengthened” from the original “sustainable drug supply system is reviewed.”
4. Alterations are also made to include rephrasing of the activities and setting of appropriate indicators at project purpose and Expected Outputs levels.

ANNEX I

Revised on June 24, 2008

MASTER PLAN

1. Overall Goal

Health status of the people in the Province is enhanced.

2. Project Purpose

Local health system is strengthened to improve quality of health service in the Province of Benguet.

3. Outputs and Activities

Output 1: Supporting system of providing quality health services by Rural Health Unit (RHU) is established.

Activities:

1-1. Develop service improvement plan.

1-2. Provide equipments for health service improvement.

1-3. Conduct trainings necessary for SS-II certification and PHIC accreditations.

1-4. Strengthen two-way referral system

1-5. Strengthen ILHZ level monitoring and supervision.

Output 2: Health governance (management) of the province is strengthened.

Activities:

2-1. Revise and implement ILHZ plans.

2-2. Develop and implement Provincial Investment Plan for Health.

2-3. Conduct management skill training.

Output 3: Financial system of healthcare of the Province is strengthened.

Activities:

3-1. Develop plan and conduct activities for financial improvement of each health facility.

3-2. Implement activities of advocacy/publicity for insurance participation.

Output 4: Overall drug supply system of the province is strengthened.

Activities:

4-1. Review baseline data and identify problems.

4-2. Conduct training on drug inventory management.

4-3. Develop drug procurement plan based on the inventory record.

Output 5: Information and experiences of the Project are shared with DOH and other FOURmula One province.

Activities:

5-1. Attend FOURmula One meetings and share lessons and outputs.

5-2. Conduct / receive study tours to / from other provinces.

5-3. Share progress of the Project through newsletter and Web page of the Project.

ANNEX 1: PDM

Project title (Duration): The Project of Strengthening of Local Health System in the Province of Benguet (March 2006 - March 2011)
Target Area: Province of Benguet
Target Group: People of Benguet

Revised on June 24, 2008

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Health Status of the people in the Province is enhanced.	Infant Mortality Rate, Maternal Mortality Rate, incidence rate of non-communicable diseases and incidence rate of communicable diseases are decreased.	- PHO annual reports	- Vertical health programs continues to be funded. - Natural disaster will not disturb accessibility of the people and provision of service by providers.
Project Purpose Local health system is strengthened to improve quality of health service in the Province of Benguet.	[Health Service] Number of RHUs with SS-II certification and PhilHealth Accreditations are increased. (All 13 RHUs will be SS-II certified and PHIC OPB and TB-DOTS accredited and number of RHUs with PHIC MCP accreditation will be increased from 2 RHUs in June 2006.) [Governance] Annual Health Plan is developed in Province and ILHZs based on medium-term Plan for Health[1]. [Finance] Total health budget[2] is increased (baseline: 156 million peso in 2005). [Drug Supply System] Total number of days out of stock for indicator drugs[3] is decreased.	- DOH & PhilHealth report on health facility certification/ accreditation. - Provincial / ILHZ annual health plan - Budgetary report of municipalities and the province - Stock record cards	- No major change on national health policies and standards on SS and PHIC occurred. - LGUs have efficient and responsive procurement system.
Expected Outputs			
Output 1.Supporting system of providing quality health services by Rural Health Unit (RHU) is established.	[Trainings and Equipments] - Number of RHUs which comply with training and equipment requirements for SS-II certification and PhilHealth accreditations is increased. (All 13 RHUs will comply with training and equipment requirements for SS-II certification and PhilHealth OPB and TB-DOTS accreditations) [Referral System] - Referral Manual is revised and implemented in all 19 health facilities. - No. of patient referrals are recorded in all 19 health facilities.. [Monitoring & Supervision] - ILHZ monitoring tool is newly developed. - No. of ILHZ monitoring/supervision is increased.	- RHU assessment on certification and accreditations - Provincial referral manual - Referral records of health facilities - ILHZ monitoring tool - ILHZ monitoring record	- Health facilities (buildings and infrastructures) are maintained and upgraded by the funds outside the project. - Sufficient human resource is available for taking accreditation of DOH and PHIC. - Trained counterpart stay at positions. - No major change of policy and health financing of the Benguet occurs.
Output 2.Health governance (management) of the Province is	[Provincial Health Plan]	- Provincial investment plan	

strengthened.	- Strategic provincial health plan is revised into Provincial Investment Plan for Health.[4] [ILHZ Health Plan and activities] - Strategic ILHZ health plan (medium term) is updated. - ILHZ boards have documented meetings quarterly. - Resolutions are passed by ILHZ boards.	for health - Strategic (medium term) ILHZ health plans - ILHZ meeting minutes - ILHZ resolutions	
Output 3.Financial system of healthcare of the Province is strengthened.	- Income from user fees is increased (baseline: 32 million in 2005). - Amount of MOOE for health programs is increased (baseline: 43 million peso in 2005) - Amount of other sources[5] in total health budget is increased. - Number of PhilHealth enrollment is increased (baseline 6,082 in Dec. 2005).[6] - Amount of capitation fund is increased (569 thousand peso in 2005)	- Budgetary report of municipalities and the province - PhilHealth reports on enrollment and payment	
Output 4.Overall drug supply system of the province is strengthened.	- Number of RHUs/hospitals that maintain the stock record on the indicator drugs[3] is increased. - Number of RHUs/hospitals that record number days of out of stock on the indicator drugs[3] is increased.	- Stock records on indicator drugs at health facilities	
Output 5. Information and experiences of the Project are shared with DOH and other FOURmula One provinces.	- Number of F1 meeting attended. - Number of study tour sent and received. - Newsletter of the project is issued at least twice a year. - Project Web page is established and updated periodically.	- Records of F1 meeting. - Reports of study tours - Project news letters - Project web page	
Activities **Output 1. Supporting System for Health Services** 1.1. Develop service improvement plan. 1.2. Provide equipments for health service improvement. 1.3. Conduct trainings necessary for SS-II certification and PHIC accreditations. 1.4. Strengthen two-way referral system 1.5. Strengthen ILHZ level monitoring and supervision **Output 2. Governance** 2.1. Revise and implement ILHZ plans. 2.2. Develop and implement Provincial Investment Plan for Health. 2.3. Conduct management skill training. **Output 3. Finance** 3.1. Develop plan and conduct activities for financial	**Inputs** (Philippine Side) - Counterparts - facilities and other expenses related to Project implementation - (Japanese Side) - Experts - Equipments - Training - Other expenses related to Project implementation		

improvement of each health facility. 3.2. Implement activities of advocacy/publicity for insurance participation **Output 4. Drug Supply System** 4.1. Review baseline data and identify problems. 4.2. Conduct training on drug inventory management. 4.3. Develop drug procurement plan based on the inventory record. **Output 5. Information / Experience Sharing** 5.1. Attend FOURmula One meetings and share lessons and outputs. 5.2. Conduct / receive study tours to / from other provinces. 5.3. Share progress of the Project through newsletter and Web page of the Project.		

Revised on 4th TWG Meeting on November 15-16, 2006 (specification of indicators for Output 1-5)
Revised on 7th TWG Meeting on August 17, 2007 (modification of indicator drug)

[1] Strategic provincial/ILHZ health plans are medium term (around 5 years) plans on health based on which annual health plans are developed.
[2] Total Health Budget consists of health budget Local Government Unit (LGU), income from PhilHealth (reimbursement, capitation fund, payment for TB-DOTS and MCP), affiliation fee and retained user fee. (Exclude PhilHealth Premium for indigent).
[3] Five indicator drugs are: 1) Paracetamol 500mg Tablet. 2) Amoxicillin 500mg Capsule. 3) Metoprolol 50mg Tablet. 4) Co-trimoxazole 800/160mg Tablet. 5) Co-trimoxazole 400/80mg Tablet.
[4] Benguet Province was selected as one of FOURmula One roll-out site in August 2007. Provincial Investment Plan for Health is five-year health plan to develop strategy in line with FOURmula One for Health.
[5] Private sources includes PhilHealth reimbursement, Phil Health Capitation Fund, payment for TB-DOTS and MCP services and User Fee,
[6] Project intervenes to increase participants of Individually Paying Sector and LGU sponsored (indigent) Sector.

ベンゲット州地域保健システム強化プロジェクト　中間評価調査　評価グリッド　2009年1月

評価項目	評価設問		判断基準	必要情報・データ	情報源	調査方法
	主要設問	詳細設問				
実績 （プロジェクトがこれまでどの程度の実績を達成したか？）	プロジェクト目標は達成されるか？	保健医療サービスを改善できるようベンゲット州の地域保健システムが強化されるか？	達成度の評価（前後比較）	対象地域の保健従事者や患者は保健サービスの質の変化をどう感じていたか？	町保健所・病院スタッフ	聞き取り
				対象地域で保健サービス利用度や保健システム強化を示す実例	町保健所・病院スタッフ，技術委員会，他関係者	聞き取り
				プロジェクトによって保健従事者あるいは地域保健システムにもたらされたその他の変化（例えば、保健収入増加分、資本増強金などはどういったサービス用途に使われたか）	専門家，技術委員会、町保健所・病院スタッフ	聞き取り
	アウトプットは計画通り産出されるか？	［アウトプット1］ 保健所において質の高い保健サービスを提供できる体制が整備されるか?	達成度の評価（前後比較）	セントロン・シグラ認証を受けた町保健所数の変化	プロジェクト関連報告	資料レビュー
				健康保険公社認証（OPB, TB, MCP）を受けた町保健所数の変化	プロジェクト関連報告	資料レビュー
				リファラルマニュアルの存在とその内容	リファラル・マニュアル	資料レビュー
				リファラル数記録の存在	リファラル・記録	資料レビュー
				自治体間連携ゾーン（ILHZ）のモニタリング・ツールの存在	ILHZモニタリングのツール	資料レビュー
				リファラルやモニタリング活動の実態（理解度、実行度、便益、課題）	専門家，州保健局，町保健所・病院スタッフ	聞き取り
		［アウトプット 2］ 州の保健行政能力が強化されるか?	達成度の評価（前後比較）	州保健中期計画の存在、内容、課題	プロジェクト報告書，州保健中期計画	資料レビュー
				州保健年度計画の存在、内容、課題	プロジェクト報告書，州保健年度計画	資料レビュー
				ILHZ保健年度計画の存在、内容、課題	プロジェクト報告書，ILHZ戦略計画	資料レビュー
				ILHZ 評議会の会議の頻度や内容	プロジェクト関連報告，議事録	資料レビュー
				ILHZ 評議会の議決数や内容	プロジェクト関連報告，議決	資料レビュー，聞き取り
				実績に基づく計画作成手法の便益と課題	実績に基づく計画作成参加者	聞き取り
				州保健局長のリーダーシップや評議会メンバーのILHZ活動への認識	専門家，集保健局、ILHZ 評議会メンバー，	聞き取り
				共同保健信託基金（CHTF)の自体と課題	ILHZ 評議会メンバー	聞き取り
		［アウトプット 3］ 州の保健財政が強化されるか？	達成度の評価（前後比較）	保健予算の規模や変化	プロジェクト関連報告	資料レビュー
				健康保険公社加入数	プロジェクト関連報告，保険加入状況報告	資料レビュー
				ユーザーフィーの金額	プロジェクト関連報告，	資料レビュー
				保健プログラムのためのMOOE金額	プロジェクト関連報告	資料レビュー
				総保健予算に占める民間予算の割合	プロジェクト関連報告	資料レビュー
				資本金増強資金の金額	プロジェクト関連報告，	資料レビュー
				ユーザーフィー記録研修（帳簿付、コンピュータ技能）参加者の理解度、実践度、便益、課題。	専門家，会計研修参加者	聞き取り
		［アウトプット 4］ 州の薬品供給システムが強化されるか？	達成度の評価（前後比較）	基準薬剤の平均在庫切れ日数	プロジェクト報告書，薬剤在庫報告	資料レビュー
				薬剤在庫管理研修参加者の理解度、実践度、便益、課題。	専門家，薬剤在庫管理研修の参加者	聞き取り
				薬剤回転基金の実態と課題	専門家，薬剤回転基金に関わっている人	聞き取り
		［アウトプット 5］ プロジェクトの情報と経験が保健省およびフォーミュラ・ワン加入の他州と共有されるか？	達成度の評価（前後比較）	プロジェクト・ニュースレター発行回数	ニュースレター	資料レビュー
				プロジェクト・ホームページの実態と更新度合い	ホームページ	資料レビュー
				F1関係者への情報共有の実態と課題	専門家，調整委員会，F1関係者(特に近隣F1対象州）	聞き取り
	投入の程度な内容は適切だったか(日本側）？	JICA短期専門家は適切だったか？	計画と実績の比較	短期専門家の数は適切だったか？	プロジェクト関連報告	資料レビュー
			情報分析		カウンターパート、専門家	聞き取り
			同上	短期専門家のタイミングは適切だったか？（専門化不在時に何か特に問題はなかったか）	同上	聞き取り
			同上	短期専門家の滞在日数は十分だったか？	同上	聞き取り
			同上	短期専門家による技術移転(内容や質)は適切だったか？	同上	聞き取り

評価項目	評価設問		判断基準	必要情報・データ	情報源	調査方法
	主要設問	詳細設問				
実績 （プロジェクトがこれまでどの程度の実績を達成したか？）	投入の程度な内容は適切だったか(日本側)？	本邦研修は適切だったか？	計画と実績の比較	本邦研修の内容、質、タイミング、長さ、参加者数などは適切だったか？	研修参加者	聞き取り
			情報分析	奔放参加者の理解度、学びとったことを日常業務に活用しているか、どういった便益があったか、課題はなんだったか	同上	聞き取り
		供与機材は適切だったか？	同上	供与機材や資材の納入タイミング、品質や量は適切だったか？	同上	聞き取り
		プロジェクト資金送金は適切だったか？	同上	プロジェクト資金の送金はタイムリーに行われたか？	同上	聞き取り
	投入の程度な内容は適切だったか(フィリピン側)？	カウンターパートは適切だったか？	計画と実績の比較	カウンターパート任命のタイミングは適切だったか？	プロジェクト関連報告	資料レビュー
			情報分析		カウンターパート、専門家	聞き取り
			同上	カウンターパートはプロジェクト活動に求められる役割や機能とマッチしているか（特に今後プロジェクトがILHZや町保健所レベルでの活動が主体になってゆく中、技術委員会、ILHZおよび州保健局の役割をどう見直すか）。	同上	聞き取り
		調整委員会や技術委員会は実施され、参加者は十分だったか？	同上	調整委員会や技術委員会の開催数と参加者数	会議議事録	資料レビュー
		フィリピン側から提供されたプロジェクト事務所は適切だったか？	同上	プロジェクト事務所の状態	専門家,	聞き取り, 直接観察
		フィリピン側から提供された研修会場は適切だったか？	計画と実績の比較	フィリピン側から提供された研修会場の実態	プロジェクト関連報告	資料レビュー
			情報分析		カウンターパート、専門家	聞き取り
		フィリピン側から提供された資機材は適切だったか？	同上	フィリピン側から提供された資機材の品質、量、タイミングは適切だったか？	同上	聞き取り
		フィリピン側から提供された資金は時期を得ていたか？	同上	フィリピン側から提供された資金は時期を得ていたか？	専門家，カウンターパート	聞き取り
実施プロセス （実施のプロセスはどうであったか？）	活動は計画どおりに実施されたか	活動の進捗状況	計画と実績の比較	計画された活動の進捗状況	プロジェクト関連報告	資料レビュー
		活動の進捗に促進・阻害要因があったか？	達成度の評価	活動の進捗に影響を与えた要因	プロジェクト関連報告	資料レビュー
		そうした問題は適切に対処されたか？	達成度の評価−	プロジェクト直面した問題にどのように対処したか、それは有効だったか？	プロジェクト関連報告	資料レビュー
	プロジェクトのマネジメント体制に問題はなかったか	モニタリング活動、意思決定のしかた、共同作業、などは適切だったか？、？	達成度の評価	モニタリング活動をどのように行っているか	プロジェクト関連報告	資料レビュー
					カウンターパート、専門家	聞き取り
				縦の関係（町−ゾーン−州−地域−中央）や横の関係（地方政府などの関係者）に対してどのような調整メカニズムを持っているか？	同上	聞き取り
				PDM変遷の状況	同上	聞き取り
				どのようにPDMが活用されたか？	同上	聞き取り
				プロジェクトの意思決定メカニズムや実態はどのようなものか？	同上	聞き取り
				JICA本部やフィリピン事務所はどういったモニタリングの役割を果たしているか？	同上	聞き取り
				プロジェクト管理はどのようにリスクファクターや外部条件を扱っているか？	同上	聞き取り
	時術移転は適切だったか	専門家とカウンターパートとの関係性やコミュニケーションはよかったか？	達成度の評価	専門家とカウンターパートは互いにどのようのコミュニケーションをとり、関係性を構築したか？	プロジェクト関連報告	資料レビュー
					カウンターパート、専門家	聞き取り
	フィリピン側プロジェクト関係者のオーナーシップ	フィリピン政府や関係者のオーナーシップはどうだったか？	達成度の評価	カウンターパートは意思決定にどの程度参画し、その関与の度合いに変化はあるか？	プロジェクト関連報告	資料レビュー
					カウンターパート、専門家	聞き取り

評価項目	評価設問		判断基準	必要情報・データ	情報源	調査方法
	主要設問	詳細設問				
妥当性 プロジェクトを行うことが必要であり、正当化されることの確認	優先度	プロジェクト目標と上位目標がフィリピン国の政府政策（中央および地方）に沿っているかどうか	情報の質的分析	中央政策(フォーミュラ・ワン)や州の保健政策やプログラム(州保健投資計画)、そして規制や法的枠組みなどの文書。また地方行政がそれらをどう認識しているか？	政策文書、会議記録	資料レビュー
					保健省、集保健局、専門家、技術委員会 メンバー、F1 関係者	聞き取り
		プロジェクト目標と上位目標が日本のODA政策・戦略やJICAの国別計画に沿っているかどうか	情報の質的分析	現在の日本国による対フィリピン援助政策やJICAによる対フィリピン国プログラム	関連する政策文書	資料レビュー
	方法としての妥当性	プロセクトの戦略（保健システム強化)は健康状態にどういった変化を及ぼしうるか？	情報の質的分析	プロジェクト戦略についての精査	専門家、調整委員会・技術委員会 メンバー	聞き取り
		プロセクトの戦略（サービス提供システム整備、ガバナンス、財政、薬剤供給)は保健サービス利用状態にどういった変化を及ぼしうるか？	情報の質的分析	プロジェクト戦略についての精査	専門家、調整委員会・技術委員会 メンバー	聞き取り
			前後比較	客観的指標の進捗状況やモニタリング活動の結果	関連文書	データ・資料のレビュー、
		プロジェクト目標は対象地域・社会・ターゲットグループのニーズに合致しているか？	情報の質的分析	保健従事者や患者から見た保健サービスへのアクセスや利用の実態。保健システム強化がどうそれらに関係しているか？	町保健所・病院 スタッフ	聞き取り
					患者	聞き取り
		対象地域(ベンゲット州)の選定は適切であったといえるか？	情報の質的分析	調整委員会メンバーなどの意見	調整委員会 メンバー	聞き取り
有効性 プロジェクトの効果をみる	プロジェクト目標は明確か？	プロジェクト目標は関係者にとって十分明確か？I	情報の質的分析	プロジェクト目標の指標に対する意見	専門家、調整委員会・技術委員会 メンバー	聞き取り
	成果はプロジェクト介入にろるものか？	実施された活動がアウトプットを産出したか？	情報の質的分析	研修活動は適切で実践的だったか？	研修参加者	聞き取り
			情報の質的分析	研修からの学びは継続的に実践されているか？、	研修参加者	聞き取り
					関連文書	資料レビュー
	プロジェクト目標が達成される見込みは？	プロジェクト終了時までにプロジェクト目標が達成状況される見込みはあるか？	実績を参照			
	アウトプット産出が結果を生み出す度合い	プロジェクト目標達成に向けて外部条件の影響はあるか？	情報の質的分析	関連政策の動向やベンゲット州における保健財政や人員の状況や変化の有無	関連文書	資料レビュー
					調整委員会・技術委員会 メンバー	聞き取り
		プロジェクト目標達成に向けて促進・阻害要因はあるか？	情報の質的分析	目標達成に向けた阻害・促進要因についての意見.	技術委員会 メンバー、 専門家、 プロジェクトマネージャー	聞き取り
					関連文書	資料レビュー
効率性 プロジェクトの効率性をみる	投入コストはアウトプット産出度合いとの比較	プロジェクトの投入は、そこから導き出される見込みのアウトプットのレベルを考慮して妥当といえるか？	過去の事例・経験との比較	予定していた投入の成果やカバレージが投入規模に見合うものか？	調整委員会・技術委員会 メンバー	聞き取り
	投入は適切か？	活動を行うために投入がタイミングよく実施されたか？	情報の質的分析	投入のタイミングについての意見 （特に専門化不在時）	専門家、カウンターパート	聞取り
					関連文書	資料レビュー
		活動を行うために過不足ない量、質の投入がく実施されたか？	情報の質的分析	投入の品質や量についての意見 （特に専門化不在時）	専門家、技術委員会、カウンターパート	聞き取り
					関連文書	資料レビュー
	阻害・促進要因	アウトプットを産出する上で影響を及ぼす要因は？	情報の質的分析	活動実施上の促進・阻害要因についての意見	専門家、技術委員会、カウンターパート	聞き取り
					関連文書	資料レビュー

ベンゲット州地域保健システム強化プロジェクト　中間評価調査　評価グリッド　　2009年1月

評価項目	評価設問		判断基準	必要情報・データ	情報源	調査方法
	主要設問	詳細設問				
インパクト プロジェクトによる長期的な正負の影響をみる	近隣他州へモデルを広げる可能性は？	プロジェクトのモデルの一部または全部が近隣他州に広がる可能性は？	情報の質的分析	モデルを波及させることへの興味関心度、期待される便益、課題	近隣他州の関係者	聞き取りs
	正負の波及効果は生じたか？	予想外の正負の波及効果はあったか？	情報の質的分析	プロジェクト対象地域のターゲットグループにおける政治、経済、社会公正、人権などの予想外の正負の波及効果	関係者	グループ聞取り
					関連文書	資料レビュー
		正負の波及効果に向けて促進・阻害要因はあるか？	情報の質的分析	正負の波及効果に向けて促進・阻害要因についての意見	関係者	グループ聞取り
					関連文書	資料レビュー
自立発展性 プロジェクト活動や成果が持続する見込みを見る	自立発展性への阻害・促進要因	中央・州・町の政府からの十分な支援が得られているか？	情報の質的分析	中央・州・町の政府からの支援の実態についての意見	関係者	グループ聞取り
				中央・州・町の政府からの支援の実態についての実例	関連文書	資料レビュー
		活動を実施したり、成果を維持する上で十分な数の士気を持った人員が確保・維持されているか？	情報の質的分析	活動を実施したり、成果を維持する上で必要な人員の確保・維持の実情への意見	専門家、他ドナー	聞き取り
				頭脳流出（海外への人材流出）の機会の認知度	町保健所や病院の医師	聞き取りs
				活動を実施したり、成果を維持する上で必要な人員の確保・維持の実情への実例	関連文書	資料レビュー
		州・ゾーン、町の各レベルで保健システム強化のために必要な財源が、自力または外部からの手当てで確保されるか？	情報の質的分析	州・ゾーン、町の各レベルで必要財源やリソース確保の見込みについての意見（共同保健信託基金などの実態も含む）	専門家、プロジェクト・マネージャー、他ドナー	聞き取り
				ユーザーフィー徴収と管理の実態	町保健所・病院 スタッフ	聞き取り / 資料レビュー
				保健予算配分にユーザーフィー情報を活用することついての町政府の規制・取り決めの実態	町長	聞き取りs
				プロジェクト活動費に対するカウンターパートによるコスト負担の実態と傾向	関連文書	データ・資料のレビュー
		プロジェクトの意思決定プロセスは適切に機能し、また地域の既存のやりかたに沿っている？	情報の質的分析	プロジェクトの意思決定プロセスや調整委員会、技術委員会の機能についての意見	調整委員会、技術委員会 メンバー	質問表 / 聞き取り
				調整委員会、技術委員会の機能についての意見	関連文書（議事録）	資料レビュー
		保健サービス（基礎的保健医療、リファラル、モニタリング、品質管理、帳簿、記録、在庫管理など）改善のための技術・技能は受容され、また維持されるか？	情報の質的分析	プロジェクトにより導入された新たな技能・技術が参加者にとって受容可能であったか、また維持継続されるものかどうかについての意見	研修講師と参加者	質問表 / 聞き取り
					関連文書	資料レビュー

4．評価チームのスケジュール詳細

フィリピン国「ベンゲット州地域保健システム強化プロジェクト」中間レビュー
合同評価調査団日程

	日程		調査団				JICAフィリピン事務所／担当者	専門家チーム	PHO C/P
			コンサルタント団員（役務/評価分析）	団長（総括）	団員（協力企画）	フィリピン側団員（CHD CAR）			
			渡辺鋼市郎	渡部晃三	鈴木幸枝	（2名）	山岸信子/Sealdi Calo	野口修司他	Dr. Norma Pacalso
1	1月6日（火）	1330	マニラ着						
		1600	JICA事務所との打ち合わせ ①日程確認 ②コンサルタントの調査計画と質問票の確認、合意				コンサルタントとの打ち合わせ		
2	7日（水）	1400	保健省から聞き取り						
		1600	ベンゲットへ移動				ベンゲットへ移動（コンサルタントに同行）		
3	8日（木）	900	CHD CAR訪問、合同評価調査（コンサルタントの調査計画含む）の説明			コンサルタントと打ち合わせ	CHD CAR訪問	CHD CAR訪問	CHD CAR訪問
		1100	プロジェクト事務所訪問、専門家との打ち合わせ				コンサルタントとの打ち合わせ	コンサルタントとの打ち合わせ	
		1400	PHOへ評価プロセス、評価5項目について説明				PHOへ評価プロセス、評価5項目について説明		コンサルタントとの打ち合わせ
4	9日（金）		フィールド調査①			フィールド調査	マニラへ移動	調査団に同行	調査団に同行
5	10日（土）		専門家から聞き取り					コンサルタントとの聞き取り	
			資料整理						
6	11日（日）		資料整理						
7	12日（月）		フィールド調査②			フィールド調査		（必要に応じて）	（必要に応じて）
8	13日（火）		フィールド調査③			フィールド調査		（必要に応じて）	（必要に応じて）
9	14日（水）		追加情報収集		マニラ着				
		1300	フィルヘルスから聞き取り		JICAフィリピン事務所と打ち合わせ		調査団と打ち合せ		
					ベンゲットへ移動		ベンゲットへ移動（調査団に同行）		
10	15日（木）		フィールド調査④		フィールド調査	フィールド調査	調査団に同行	調査団に同行	調査団に同行
11	16日（金）	900	州知事面談		州知事面談	州知事面談	マニラへ移動	調査団に同行	調査団に同行
			CHD、PHOから聞き取り		CHD、PHOから聞き取り	CHD、PHOから聞き取り			調査団との聞き取り
			専門家から聞き取り		専門家から聞き取り			調査団との聞き取り	
12	17日（土）		合同評価報告書（案）、MM（案）作成	マニラ着	合同評価報告書（案）、MM（案）作成				
				JICAフィリピン事務所と打ち合せ（？）			調査団と打ち合せ（？）		
				ベンゲットへ移動			ベンゲットへ移動		
13	18日（日）		団内打合せ	団内打合せ	団内打合せ	団内打合せ	調査団と打ち合せ		
			合同評価報告書（案）、MM（案）作成	合同評価報告書（案）、MM（案）作成	合同評価報告書（案）、MM（案）作成	（必要に応じて）	合同評価報告書（案）、MM（案）作成		
14	19日（月）		合同評価報告書（案）、MM(案）作成	フィールド視察	フィールド視察	フィールド視察	調査団に同行	TWG会議	TWG会議
			団内打合せ	団内打合せ	団内打合せ	団内打合せ	調査団と打合せ		
15	20日（火）		合同評価報告書（案）、MM(案）修正	合同評価報告書（案）、MM(案）修正	合同評価報告書（案）、MM(案）修正	合同評価報告書（案）、MM(案）修正	合同評価報告書（案）、MM(案）修正		
			TWG会議 →						
				IMCI研修視察	IMCI研修視察				
16	21日（水）		ExeCom会議 → ①調査団から中間評価調査の目的の説明、フィールド視察結果報告 ②MM署名・交換						
			マニラへ移動	マニラへ移動	マニラへ移動		マニラへ移動		
17	22日（木）	900	DOHへ報告	DOHへ報告	DOHへ報告		DOHへ報告		
		1600	大使館へ報告	大使館へ報告	大使館へ報告		大使館へ報告		
		1700	JICA事務所へ報告	JICA事務所へ報告	JICA事務所へ報告		調査団報告		
18	23日（金）		帰国	帰国	帰国				

５．日本人専門家リスト

List of JICA Experts Provided

Project: JICA Project of Strengthening of Local Health System in the Province of Benguet
Duration of Review: March 2006-March 2009

Short Term Experts
FY2006 (Project Year 1: March 2006 - March 2007)

No.	Name	Designation	Period		Duration (month)
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2006/4/16	～2006/5/30	1.50
			2006/7/19	～2006/8/29	1.40
			2006/11/5	～2006/11/26	0.73
			2007/1/25	～2007/2/25	1.07
2	Ms. Shiho Sasada	Local Health Administration/ Finance(1)	2006/4/23	～2006/5/22	1.00
			2006/7/29	～2006/8/27	1.00
			2007/1/29	～2007/2/18	0.70
3	Ms.Teresita M. Bonoan	Local Health Administration(2)	2006/4/23	～2006/5/22	1.00
			2006/7/30	～2006/8/28	1.00
			2006/10/30	～2006/11/28	1.00
			2007/1/26	～2007/2/24	1.00
4	Mr. Makoto Tobe	Primary Health Care	2006/4/16	～2006/5/15	1.00
			2006/7/10	～2006/8/20	1.40
			2006/10/12	～2006/11/19	1.30
5	Ms. Yoshiko Akiyama	Drug Supply	2006/11/5	～2006/11/22	0.60
6	Ms. Fude Takayoshi	Project Administration/ Public Relations	2006/4/16	～2006/5/15	1.00
			2006/7/22	～2006/8/20	1.00
			2006/10/18	～2006/11/19	1.10
7	Ms. Sakiko Yamaguchi	Coordinator	2006/5/23	～2006/6/21	1.00
			2007/1/28	2007/2/26	1.00
TOTAL FY1					**20.80**

FY2007 (Project Year 2: April 2007 - March 2008)

No.	Name	Designation	Period		Duration (month)
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2007/6/3	～2007/6/26	0.80
			2007/8/1	～2007/8/21	0.70
			2007/11/4	～2007/11/24	0.70
			2008/2/17	～2008/3/8	0.70
2	Ms. Shiho Sasada	Local Health Administration/ Finance(1)	2007/8/2	～2007/8/25	0.80
			2007/11/10	～2007/12/3	0.80
			2008/2/17	～2008/3/8	0.70
3	Ms.Teresita M. Bonoan	Local Health Administration(2)	2007/6/4	～2007/6/18	0.50
			2007/8/6	～2007/8/20	0.50
			2007/11/13	～2007/11/27	0.50
			2008/2/17	～2008/3/2	0.50
4	Mr. Makoto Tobe	Primary Health Care	2007/6/3	～2007/6/26	0.80
			2007/7/12	～2007/8/25	1.50
			2007/11/10	～2007/12/15	1.20
			2008/2/17	～2008/3/17	1.00
5	Ms. Yoshiko Akiyama	Drug Supply	2007/6/9	～2007/6/20	0.40
			2007/11/16	～2007/11/27	0.40
6	Ms. Fude Takayoshi	Project Administration/ Public Relations	2007/6/3	～2007/7/9	1.23
			2007/9/27	～2007/11/30	2.17
			2008/2/17	～2008/3/8	0.70
7	Ms. Nemesia Y. Mejia *	Local Health System	2007/6/5	～2007/6/24	0.67
			2007/7/14	～2007/8/2	0.67
			2007/11/13	～2007/12/2	0.67
			2008/2/17	～2008/3/8	0.70
8	Ms. Satoko Okamoto	Coordinator	2007/6/10	～2007/7/9	1.00
			2007/11/16	2007/12/15	1.00
TOTAL FY2007					**21.30**

FY2008 (Project Year 3: April 2008 - March 2009)

No.	Name	Designation	Period		Duration (month)
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2008/6/8	～2008/6/25	0.60
			2008/8/26	～2008/8/30	0.17
			2008/11/12	～2008/12/11	1.00
			2009/1/5	～2009/2/9	1.20
2	Ms. Shiho Sasada	Local Health Administration/ Finance(1)	2008/6/8	～2008/6/25	0.60
			2008/11/3	～2008/11/16	0.47
			2009/1/15	～2009/2/5	0.73
3	Ms.Teresita M. Bonoan	Local Health Administration(2)	2008/6/15	～2008/6/21	0.23
			2008/8/24	～2008/8/30	0.23
			2008/11/9	～2008/11/15	0.23
			2009/1/18	～2009/1/24	0.23
4	Mr. Makoto Tobe	Primary Health Care	2008/6/15	～2008/7/13	0.97
			2008/7/28	～2008/8/30	1.13
			2008/11/3	～2008/12/19	1.57
			2009/1/5	～2009/2/1	0.93
5	Ms. Yoshiko Akiyama	Drug Supply	2008/6/15	～2008/7/5	0.70
			2008/11/3	～2008/11/23	0.70
6	Ms. Fude Takayoshi	Project Administration/ Public Relations	2008/6/8	～2008/7/13	1.20
			2008/8/24	～2008/10/4	1.40
			2008/11/3	～2008/12/2	1.00
			2009/1/15	～2009/2/13	1.00
7	Ms. Nemesia Y. Mejia *	Local Health System	2008/6/15	～2008/7/8	0.80
			2008/8/25	～2008/9/17	0.80
			2008/11/10	～2008/11/27	0.60
			2009/1/5	～2009/1/28	0.80
TOTAL FY2008					**19.30**

Short Term Experts:Total Duration (month)	61.40
Short Term Experts:Total Number of Experts	7 (8 in FY 2007)
Short Term Experts:Total No. of Visits (visits)	71
Short Term Experts:Average Duration per Visit (month)	0.86

*From FY 2007

６．本邦研修参加者リスト

Summary of Training in Japan
“Training of Local Health System in Japan (Fiscal Year 2007)”

1. Purposes:

1) For each municipality of Benguet Province to work in partnership to formulate a plan of improving health services corresponding to the actual local situations within the framework of wider health district
2) For the participants to envision the final system to build up in the province through observation of the process of constructing the local health system in Japan
3) The participants will select from Japanese experiences what can be reflected to the project
4) The participants will consider which facilities and themes can be useful to the project for the training course of next year and onwards.

2. Participants

6 MHOs (La Trinidad, Sablan, Atok, Bakun, Bokod, Kibungan)

	氏名 (下線部が姓)	職位	性別
1	アリス パスキング Dr. Alice Pasking	アトック町 保健所長 Municipal Health Officer, Atok	女性
2	シモン マカリオ Dr. Simon Macario Jr.	バクン町 保健所長 Municipal Health Officer, Bakun	男性
3	グレン ラムシス Dr. Glenn Lamsis	ボコッド町 保健所長 Municipal Health Officer, Bokod	男性
4	ジョアン フィアンサ Dr. Jo-Ann Fianza	キブンガン町 保健所長 Municipal Health Officer, Kibungan	女性
5	エディーサ フランシスコ Dr. Editha Francisco	ラ・トリニダッド町 保健所長 Municipal Health Officer, La Trinidad	女性
6	ジュディス コダモン Dr. Judith Codamon	サブラン町 保健所長 Municipal Health Officer, Sablan	女性

3. Date

October 25 to November 6 (13 days)

4. Venue

- Kochi Prefectural Government Office (Health and Welfare Department)
- Susaki Prefectural Health and Welfare Center
- Municipal Health & Welfare Center, Yusuhara Town
- Yusuhara Hospital / Clinic
- Kochi Health Sciences Center
- Kochi Prefectural Office, National Health Insurance Agency
- JICA Headquarter

5. Training schedule

Days	Date	Program		Stay
1	Oct.25(Thur)	AM	Departure from Manila (JL746)	
		PM	Arrival in Narita airport	
			Arrival in Tokyo	JICA Tokyo
2	Oct.26(Fri)	All day	Tokyo International Center of JICA (JICA Tokyo) 「Briefing」「Orientation」	JICA Tokyo

Days	Date	Program		Stay
3	Oct.27(Sat)	All day	Private study：「Japan's health administration」& 「Japan's experience in public health & medical system」	JICA Tokyo
4	Oct.28(Sun)	All day	Move：Haneda airport→Kochi Preliminary meeting on Field trip	Kochi city
5	Oct.29(Mon)	AM	Courtesy call at Kochi Prefectual Office 「Japan's local administrative system」（lecture）	
		PM	「Japan's health administration system」（lecture） 「Japan's health insurance system」（lecture）	Kochi city
6	Oct.30(Tue)	AM	Susaki welfare health center 「Activities at health centers」（lecture）	
		PM	Visit: Susaki health center & social welfare facilities Move to Yusuhara town	Yusuhara town
7	Oct.31(Wed)	AM	Yusuhara health & welfare support center 「Health activities in municipalities」（lecture & visit）	
		PM	Yusuhara municipal hospital 「Medical activities at municipal hospitals」（lecture & visit）	Yusuhara town
8	Nov.1(Thur)	AM	Yusuhara town office 「Municipal activities on National health insurance system」（lecture & visit）	
		PM	Medical activities at Clinics（visit） Move to Kochi city	Kochi city
9	Nov.2(Fri)	AM	Kochi National Health Insurance Organizations 「Activities of National Health Insurance Organizations」（lecture & visit）	
		PM	Kochi Medical Center (Tertiary level hospital) Activities at higher level hospitals（visit） Group discussion for wrap-up on Field trip in Kochi	Kochi city
10	Nov.3(Sat)	AM	Move：Kochi→Osaka Preparation of presentation at JICA hdqs	JICA Osaka
11	Nov.4(Sun)	PM	Move：Osaka→Kyoto（sightseeing）→Tokyo	JICA Tokyo
12	Nov.5(Mon)	AM	Courtesy call at JICA hdqs（Presentation: Progress of the Project, Outcome of Training in Japan） Evaluation session	JICA Tokyo
13	Nov.6(Tue)	AM	Move：Tokyo→Narita Departure from Narita airport	
		PM	Arrival in Manila	

6. Learning from the Training

The trainees learned a lot of lessons relative to Local Health Systems. On Governance, the Governor, Mayor and Assembly are the elective officials and the Vice-Governor/Vice-Mayor/Department heads are appointed by the Governor/Mayor. The Governor/Mayor serves a 4 year term and is powerful if the position for the Governor/Mayor and several members of the assembly are vacant, a special election is conducted. The newly elected official completes the remaining term. The assembly convenes for 2 weeks to review the budget drafted by the technical people and make recommendations. Merging of municipalities/prefectures due to budgetary constraints involves rationalization of the administration and service delivery.

On Service Delivery, Municipal Health Centers do preventive, promotive and rehabilitative care while hospital and medical clinics provide medical care. Health and social welfare belong to one department from national to municipal level; sustained networking/linkage in all levels of health care to maximize resources. Appropriate health services are provided in each stage of the life cycle. Systematic, updated and automated

recording/reporting system. Well-equipped health facilities. On autonomy of health programs, the clinics have visiting doctors who dispense medicines; the nurse goes on full-time basis or rotates as needed. Specimen collection can be done at the clinics and procedure/reading is done at the hospital. Privacy of patients is well-guarded.

On the Referral System, all health facilities in an area are properly identified. Capabilities of health facilities in the area are determined and assessed. Services offered are strengthened while feasibility of other or additional services is properly ascertained. The role of each facility in the referral system is well-defined. Services are not "duplicated" but instead "complimentary". Ambulance and helicopter are used to transport patients and are maintained by the fire department. Helicopter is accompanied by a hospital doctor. This is advantageous to the local doctor who doesn't need to leave his post. No fee is charged for emergency referrals. The municipal doctor determines the necessity of referring. A letter of introduction is used to refer patients. The advantage is the patient doesn't have to wait long and they don't pay additional charge. The use of video conferencing facilitates diagnosis and treatment. A specific receiving area for referral is found at the KHSC. All referrals and back referrals are properly recorded.

On Health Insurance, there are 3 kinds, namely; a) National Health Insurance; b) Public employees; and c) Private employees. Premium payment for the NHI is 50-50 sharing. Benefits: Medical costs co-payment rate is 70-30 (70% by insurance and 30% by the individual). Cap system is applied. Administration is operated by municipalities. Payment of medical cost is by Federation of NHIAs. Claims are reviewed by visiting doctors and dentists (1 from the municipal, 1 from the university and 1 from private sector). Funeral benefit service is included. Nursing insurance is the latest addition to the insurance program. Big bulk of medical fees is from the expenditures of the elderly.

On Health Care Financing, the scheme is contracting out of services by KHSC. There is a Special account for hospital budget. Earmarked subsidy from the National Government is 100% given directly to the KHSC. There is also Fiscal autonomy.

On Regulation, Regulatory function is in the prefectural level. Examples are the water regulation, food establishment, quality assurance of facilities.

On welfare, the presence of nursing home; elderly dormitory and day care services is evident. The big bulk of expenditures go to the welfare of the elderly.

There are different innovations, namely;
1) Consolidation of health, medical and welfare services in one structure (Yusuhara),
2) Involvement of hospital in health promotion to address life style related disease,
3) Presence of adolescent counseling and maternal and child rearing center,
4) Autonomy,
5) Kochi Health Science Center- State of the Art,
6) School in hospital,
7) Hospital library is open to hospital staff and patients,
8) Fully equipped ward for highly infectious diseases like SARS, avian flu, ebola fever,
9) Video conferencing
10) Health human resource development (training/substitute).

The following are the recommendations of the trainees.
1) Training course is recommended to the next batch of "Kenshuins"
2) They learned about the overall local health system from the Provincial to the Municipal level and they are recommending that the next batch will learn the details
3) Operations of service delivery activities
4) Drug management system
5) Setting up or management of adolescent and elderly health care
6) Environmental health service- Solid Waste Management system
7) Training on Neonatal Care
8) Leadership/Management Training-Budgeting to include concerned officials.

The group presented a plan of their activities. These are:
1) Feedback on Country-focused training　Comparing Japan and Philippine Health System
2) Application of principles behind the good practices such as elderly care, evidence-based and purposive

planning, hospital participation in promotional activities
3) Application of the good virtues of the people like their discipline and dedication to their work inspiring others to do the same
4) Physician rotation for training and support
5) Rural doctors are given the chance to rotate in bigger hospitals to enhance their skills and knowledge while their absence is covered by hospital doctors and vice versa
6) Mini Library in Hospitals for research (patients and medical practitioners)
7) Procurement of appropriate equipment (i.e. paraffin bath unit, automated digital BP apparatus)
8) Adolescent center at the community level
9) Health promotion activities in the hospitals.

Province of Benguet
Japan International Cooperation Agency
System Science Consultants Inc.

The Project Strengthening of Local Health Systems
in the Province of Benguet

Summary of the Training on Local Health System in Japan

1. Title of the Training

"Local Health System in Japan"

2. Purpose

This training aims to understand the regional health system of Kochi prefecture and learn from their past experiences and developments so that good practices will be applied to that of Benguet province.

For this purpose, life-style-related diseases is particularly chosen to be the viewpoint when learning their regional health system in Kochi.

3. Date

From: Tuesday, October 14, 2008 To: Tuesday, October 28, 2008 (15 days)

4. Participants

PHO I and 6 MHOs

	氏名 (下線部が姓) Name (family name)	職位 Position	性別 Sex
1	ノーマ パカルソ Dr. Norma Pacalso	ベンゲット州保健局次長 Provincial Health Officer - I, Benguet	女 Female
2	ヒルダ キマキム Dr. Hilda Kimakim	ブギアス町保健所長 Municipal Health Officer, Buguias	女 Female
3	オリバー グアダナ Dr. Oliver Guadana	イトゴン町保健所長 Municipal Health Officer, Itogon	男 Male
4	フェリックス マガルタグ Dr. Felix Mangaltag	カバヤン町保健所長 Municipal Health Officer, Kabayan	男 Male
5	リリアン・マリー ラルアン Dr. Lilian Marie Laruan	カパンガン町保健所長 Municipal Health Officer, Kapangan	女 Female
6	ロリグレース アウストリア Dr. Lorigrace Austria	トゥーバ町保健所長 Municipal Health Officer, Tuba	女 Female
7	マルセラ ティノヤン Dr. Marcela Tinoy-an	トゥブライ町保健所長 Municipal Health Officer, Tublay	女 Female

5. Venue

- Kochi Prefectural Government Office (Health and Welfare Department / Emergency Management Department)
- Susaki Prefectural Health and Welfare Center
- Municipal Health & Welfare Center, Yusuhara Town
- Municipal Health Center, Tsuno Town
- Municipal Health Center, Kochi City
- Yusuhara Hospital / Clinic
- Kochi Health Sciences Center
- Training of Leaders of Healthy Diet Promoters
- Susaki Fire Department / Kohban Local Government Association for Fire Services
- JICA Headquarter
- JICA Tokyo International Center
- JICA Osaka International Center

6. Assignment

☐ Presentation of the Project Progress at JICA Headquarter (Friday, Oct. 17. 14:30-16:00)

☐ Presentation of your **leanings through the training** and **action plan after returning to Benguet**
- at Wrap up session at Kochi Prefectural Gov. Office (Friday, Oct. 24. 14:00-16:00)
- at Evaluation session at JICA Tokyo Int'l Center (Monday, Oct. 27. 10:00-12:00)
- (at the 12th TWG meeting (Thursday and Friday, Nov. 13-14))

7. Training Program

(updated: Oct. 10th, 2008)

Days	Date	Program		Stay
1	Oct. 14 (Tue)	9:00	Departure from Manila (NAIA) (JL746)	
		14:25	Arrival at Narita Airport (JL746), Move to Tokyo	
			Arrival at Tokyo	Tokyo
2	Oct. 15 (Wed)	All Day	Tokyo International Center, JICA (Seminar room 8) "Briefing"	
			Chest X-ray Exam.	Tokyo
3	Oct. 16 (Thu)	9:00-12:00	Tokyo International Center, JICA "General Orientation" (Society and people of Japan)	
		13:00-16:00	Tokyo International Center, JICA (Seminar room 9) "Program Orientation" (Purpose / Program of the Training of Japan)	Tokyo
4	Oct 17 (Fri)	9:00-12:00	Tokyo International Center, JICA (Seminar room 5) "Preparation for Courtesy Call to JICA Headquarters" (Result of Chest X-ray Exam)	
		14:30-16:00	Courtesy Call to JICA Headquarters "Project Presentation"	Funabashi City, Chiba (House of Mr. Tobe, JICA Expert)
		Evening	Home stay at the family of JICA Expert (Mr. Tobe)	
5	Oct. 18 (Sat)	AM	Move to Tokyo from Chiba	
		PM	(Self-Study: Japan's health administration & Japan's experience in public health & medical system)	Tokyo
6	Oct. 19 (Sun)	All day	Move: Tokyo (Haneda Airport) -> Kochi	Kochi City

Days	Date	Program		Stay
7	Oct. 20 (Mon)	9:00-11:30	Health and Welfare Department, Health Promotion Division in Kochi Prefectural Office: Lecture:“Policy of Health Promotion in Kochi Prefecture (Lifestyle diseases)” Deputy Manager :Mr. Atushi Imai Chief, Lifestyle diseases: Ms. Ikuko Miyazaki	
		11:30-11:50	Courtesy Call to Director of Health and Welfare Department, Kochi Prefectural Office Director: Mr. Shinsuke Hatanaka	
		13:00-14:30	Lecture : “Health Policy of Kochi(1)” Division of Medicine Manager: Dr. Atsufumi Kawauchi	
		14:30-16:00	Lecture: ”Health Policy of Kochi(2) Division of Medical Doctors Employment Manager: Dr. Hidetaka Ieyasu	
		16:00-17:00	Lecture: ”Ambulance system in Kochi” Emergency Control Department, Division of Fire Management Policy Deputy Manager: Mr. Tatsuo Nakazawa	
		17:00-18:00	Move to Susaki	Susaki City
8	Oct. 21 (Tue)	10:00-12:00	Susaki Prefectural Health and Welfare Center: Lecture: “Activities of Susaki Prefectural Health and Welfare Center” Supervisor: Dr. Hirofumi Komatsu Chief: Ms. Chizuru Takeda	
		12:00-14:00	Lunch/Move to Yusuhara	
		14:00-17:00	Yusuhara Hospital Lecture: ”Health Policy and Role of Yusuhara Hospital - Health in Rural Areas” Chief of Hospital, Health and Welfare Support Center General Manager: Dr. Shun Matoba	
		20:00-22:00	Welcome Party, Yusuhara Hospital, Municipality of Yusuhara	Yusuhara Town
9	Oct. 22 (Wed)	9:00-12:00	Yusuhara Municipal Health & Welfare Support Center: Lecture :“Community Activities for Health Promotion” Manager: Ms. Mizue Nishimura	Kochi City
		12:00-13:30	Lunch/Move to Tsuno	
		13:30-14:30	Tsuno Municipal Health Center: Lecture: “Health Promotion of Senior Citizens, Using Exercise Machines” Physiotherapist: Ms. Sawa Hamawaki	
		14:30-15:00	Move to Susaki	
		15:00-16:00	Susaki Fire Department Lecture: “Tasks of Koban Fire Cooperative” Team Leader: Mr. Mikio Nakadaira	
		Evening	Welcome party (Kuroshio Agriculture Cooperative, with trainees from the Philippines)	

Days	Date	Program		Stay
			Move to Kochi	
10	Oct. 23 (Thu)	9:00-10:30	National Convention of Healthy Diet Promoters: "Leaders' Training of Healthy Diet Promoters"	
		11:00-16:00	Kochi Health Promotion Department Lecture: "Policy of Health Promotion in Kochi City" Deputy Manager: Mr. Takashi Fujimura	Kochi City
11	Oct. 24 (Fri)	9:00-12:00	Kochi Medical Center Lecture: "Role of Tertiary Hospital, Support for Doctors in Rural Areas- Kochi Medical Center and Specialized Medical care" Chief of Hospital :Dr. Tadashi Horimi	
		14:00-16:00	Kochi Prefectural Office: "Wrap up session" (Kochi Pref. Office, Pref. Health & Welfare Center, Kochi City HC, trainees)	Kochi City
12	Oct. 25 (Sat)	Day	Departing Kochi City to Osaka	
		Evening	JICA Osaka Center: "Preparation for Evaluation Session at JICA Tokyo"	JICA Osaka
13	Oct. 26 (Sun)	All Day	Move: JICA Osaka -> Kyoto (Sightseeing) -> Tokyo	Tokyo
14	Oct. 27 (Mon)	10:00-12:00	JICA Tokyo International Center (Seminar room 6): "Evaluation Session"	Tokyo
15	Oct. 28 (Tue)	AM	Move: Tokyo -> Narita Airport	
		9:35	Departure from Narita Airport, Chiba (JL741)	
		14:25	Arrival to Manila (JL741)	

8. Learning from the Training

- ☐ See attached copy of project newsletter prepared by the trainees.

9. Action Plan made by the Trainees

OBJECTIVE: To enrich the Healthy lifestyle promotion plan under the PIPH through adoption of best practices learned during the training.

- ☐ Report during the TWG meeting
- ☐ Report to each ILHZ and LCE's
- ☐ Sharing Learnings to health Staff and other stakeholders
- ☐ Formulation of Plans on the possible replications of best practices learned
  1. Strengthening of BHW/BNS capabilities as health promoters.
  2. Conduct feasibility study for the establishment of EMS in every ILHZ.
  3. Coordinate with Social welfare, senior citizens and other stakeholders for the adoption of Iki-iki and Kami kami 100 exercise strategy.
- ☐ Lobby for the institutionalization of Mass health screening for all gov't. Employees.
- ☐ Modification of diet preparation during meeting and seminars of health workers (generous serving of vegetables menu, minimize "merienda")