

## 付 属 資 料

ミニッツ、合同評価報告書(英文)  
供与機材リスト



ミニッツ、合同評価報告書（英文）

MINUTES OF MEETING  
BETWEEN THE JAPANESE TERMINAL 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 Terminal 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 September 12 through 27, 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 site visits of health facilities. The team also attended the Technical Working Group meeting and presented their preliminary findings.

As the result of the exercises above, the terminal evaluation report was prepared and presented at the Executive Committee of the Project. The three parties concerned agreed upon the matters described in the report which is attached hereto.

La Trinidad, September 27, 2010

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**JOINT TERMINAL EVALUATION REPORT  
ON JAPANESE TECHNICAL COOPERATION  
FOR  
THE PROJECT OF STRENGTHENING OF  
LOCAL HEALTH SYSTEM  
IN THE PROVINCE OF BENGUET**

**Japan International Cooperation Agency  
and  
Department of Health  
The Republic of the Philippines**

**September 2010**

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## Map



(Source: Wikipedia)



(Source: Project brochure)

### Target Area of the Project: Municipalities in Benguet Province

ILHZ	Name	Income Class	No. of Barangays	Population (as of Aug 1, 2007)
Mountain Trail	Atok	4 <sup>th</sup>	8	19,253
	Bakun	3 <sup>rd</sup>	7	12,137
	Buguias	3 <sup>rd</sup>	14	23,220
	Mankayan	1 <sup>st</sup>	12	17,523
3K	Kapangan	4 <sup>th</sup>	15	12,193
	Kibungan	4 <sup>th</sup>	7	8,041
BKD	Bokod	4 <sup>th</sup>	10	8,440
	Kahayan	4 <sup>th</sup>	13	7,028
BLHSIT	Itogon	1 <sup>st</sup>	9	28,312
	La Trinidad	1 <sup>st</sup>	16	34,315
	Sablan	5 <sup>th</sup>	8	6,237
	Tuba	1 <sup>st</sup>	13	21,666
	Tublay	5 <sup>th</sup>	8	9,285

(Source: <http://www.nscb.gov.ph/activestats/psgc> NSCB, Philippine Standard Geographic Code website accessed on Sep. 13, 2010)

## Abbreviations

BHS	Barangay Health Station
BHW	Barangay Health Worker
CAR	Cordillera Administrative Region
CHTF	Common Health Trust Fund
CHD	Center for Health Development
COH	Chief of Hospital
DOH	Department of Health
EC	Executive Committee
FHSIS	Field Health Service Information System
ILHZ	Inter-Local Health Zone
IMCI	Integrated Management of Child Illness
LCE	Local Chief Executive
LGU	Local Government Unit
MCH	Maternal and Child Health
MCP	Maternal Care Package
MHO	Municipal Health Office
MOOE	Maintenance and Other Operating Expenses
OPB	Out Patient Benefit
PDM	Project Design Matrix
PHN	Public Health Nurse
PHO	Provincial Health Office
PIPH	Provincial Investment Plan for Health
R/D	Record of Discussions
RHU	Rural Health Unit
SS	Sentrong Sigla
TB-DOTS	Tuberculosis Directly Observed Treatment, Short-course
TWG	Technical Working Group

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## **1 Outline of the Terminal Evaluation Study**

### **1.1 Background and Purpose of the Study**

The project of Strengthening of Local Health System in the Province of Benguet (hereafter referred to as the Project) was launched in March, 2006 for the period of five (5) years. Before the end of the project period in six months, the terminal evaluation has been conducted by the Terminal Evaluation Team (hereafter referred to as the Team) formed jointly by JICA and the Department of Health (DOH) of the Republic of the Philippines (hereafter referred to as the Philippines).

The objectives of the terminal evaluation are as follows:

- (1) To review the inputs, activities and achievements of the Project versus the initial plan, as well as to identify problems and issues in the implementation process;
- (2) To evaluate the Project according to the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact and Sustainability).
- (3) To formulate recommendations for the Project members and other stakeholders to ensure sustainability.
- (4) To identify lessons learned that can be applied to similar projects.

### **1.2 Members of the Terminal Evaluation Team**

The Terminal Evaluation Team consists of Japanese and Philippine members as shown below.

Harumi Kitabayashi	Leader	Visiting Senior Advisor (Public Health), JICA
Yukari Horii	Planning	Health Division III, Human Development Department, JICA
Akemi Serizawa	Evaluation Analysis	Social Development Specialist, Global Link Management, Inc.
Nicolas Gordo	Evaluation Analysis	Medical Specialist IV and Head of Health Facility Development Cluster, Department of Health (DOH) Center for Health Development (CHD), Cordillera Administrative Region (CAR)
Rolando Benitez	Evaluation Analysis	Supervising Health Program Officer, Bureau of International Health Cooperation (BIHC), Department of Health (DOH), Manila

### **1.3 Methodology of the Evaluation Study**

The terminal evaluation has been conducted based on Project Design Matrix (PDM) version 2 in Annex 1-2.

Data collection methods used by the evaluation team are as follows:

- Review of project documents such as the Record of Discussions (R/D), PDM, progress reports, base-line and end-line survey reports and minutes of meetings in order to

examine the progress and achievements of the Project.

- Key informant interviews:
  - Provincial Governor, Municipal Mayors
  - Department of Health (CHD-CAR)
  - Provincial Health Office staff (Provincial Health Officers, Chiefs of Hospitals, Technical staff)
  - Municipal Health Office staff (Municipal Health Officers, Public Health Nurses, Rural Health Midwives)
  - Project Experts
- Site visits to the Inter-local Health Zones (BKD, BLIISTT and Mountain Trail).

The detailed schedule of the Evaluation Team is attached in Annexes 2-1 and 2-2, and the list of persons interviewed by the Team is shown in Annex 3.

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

**Table I-1: Definitions of the Five Evaluation Criteria**

Evaluation Criteria	Definitions
<b>1. Relevance</b>	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 groups and/or ultimate beneficiaries in the Philippines.
<b>2. Effectiveness</b>	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
<b>3. Efficiency</b>	Efficiency of the Project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
<b>4. Impact</b>	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
<b>5. Sustainability</b>	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)*

## 2 Outline of the Project

### 2.1 Background of the Project

The Department of Health (DOH) of the Philippines has been implementing health sector reform with the aim of improving the quality of health services under the decentralization system. The current implementation of health reforms builds upon the lessons and experiences

from the major health reform initiatives undertaken in the last 30 years. The Health Sector Reform Agenda (HSRA), conceptualized in late 1990s, aimed to establish effective and efficient health system. *FOURmula ONE* for Health (F1), initiated in 2005 as the implementation framework of HSRA, has been an attempt to achieve critical reforms with speed, precision and effective coordination directed at improving the quality, efficiency, effectiveness and equity of the Philippine health system. F1, initially started in 16 selected provinces, had been expanded to cover the whole nation by 2009.

Under the decentralization of the health service delivery, health issues faced in the Province of Benguet were no different from other parts of the country. Inadequate supporting system of quality health services, chronic financial deficit, lack of drugs, ineffective referral system were some of the issues commonly perceived. As such, the Province was included in F1 sites in 2008 and has been implementing the health sector reform since then.

Within the national context, this project supported by JICA's technical cooperation was developed, aiming to strengthen health systems of Local Government Units (LGUs) comprehensively and make contribution to health policy through sharing of outcomes and lessons learned with other donors involved in the health sector reform. In 2006, the Project was launched for the implementation period of five (5) years targeting the province of Benguet.

## **2.2 Framework of the Project**

The purpose of the Project is to strengthen local health system to improve quality of health service in the Province of Benguet through four pillars (service delivery, governance, regulation and finance) of the Health Sector Reform Agenda. The Project has focused on the improvement of the health systems as a cross-cutting matter and as a basis of enhancement of health service delivery in a sustainable way. The framework of the Project is shown in the Project Design Matrix (PDM) version 2 attached as Annex 1-2.

The PDM was revised in June 2008. The Project Purpose was modified to better align the Project with the national policy to strengthen local health systems. Output 4 "Reviewing overall drug supply system of the province" was modified to "Overall drug supply system of the Province is strengthened".

## **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 JICA. Details are shown in Annexes 4 and 6-2.

Table 3-1: Inputs from JICA, Planned and Actual

Plan (as per R/D of January 2006)	Actual (as of September 2010)
[Japanese Experts] <ul style="list-style-type: none"> <li>■ One (1) Chief Advisor, Local Health System Planning</li> <li>■ One (1) Community Health (Local Health System)</li> <li>■ One (1) Primary Health Care</li> <li>■ Other Expert(s) in other selected fields</li> </ul>	<ul style="list-style-type: none"> <li>■ One (1) Chief Advisor, Local Health System Planning</li> <li>■ One (1) Local Health Administration / Finance (1)</li> <li>■ One (1) Local Health Administration(2)</li> <li>■ One (1) Primary Health Care → Deputy Chief Advisor/Primary Health Care/Local Health Administration/Finance</li> <li>■ One (1) Drug Supply</li> <li>■ One (1) Project Administration / Public Relations</li> <li>■ One (1) Local Health System</li> <li>■ One (1) Coordinator</li> </ul>
[Counterpart Training in Japan] <ul style="list-style-type: none"> <li>■ Not specified.</li> </ul>	<ul style="list-style-type: none"> <li>■ A total of nineteen (19) persons were trained in trainings in Japan on local health systems in Japan 1st batch (Oct-Nov 2007): 6 Municipal Health Officers 2nd batch (Oct 2008): 1 Provincial Health Officer and 6 Municipal Health Officers 3rd batch (Jan-Feb 2009): 1 Provincial Health Officer and 5 Chiefs of Hospitals</li> </ul>
[Equipment] <ol style="list-style-type: none"> <li>1. Medical Equipment for RHUs necessary to be accredited as Sentrong Sigla</li> <li>2. IEC equipment for health education</li> <li>3. Ambulances / monitoring vehicles as necessary</li> <li>4. Other equipment necessary for technical cooperation</li> </ol>	<ol style="list-style-type: none"> <li>1. Equipment for Sentrong Sigla accreditation</li> <li>2. Equipment for PhilHealth accreditation</li> <li>3. IEC equipment</li> <li>4. EPI equipment</li> <li>5. IT equipment</li> <li>6. X-ray machines (x3)</li> <li>7. Ambulance (x 1)</li> <li>8. Monitoring vehicle (x 1)</li> </ol> <p>FY 2005 1,394,450 PhP      FY 2006 3,973,515 PhP      FY 2007 4,567,834 PhP      FY 2008 3,350,000 PhP      FY 2009 4,485,155 PhP      FY 2010 (no equipment provided)      Total: 17,770,954 PhP</p>
[Operational Costs <sup>1</sup> ] <ul style="list-style-type: none"> <li>■ Not mentioned.</li> </ul>	<p>The operational costs were mainly for local training and advocacy.</p> <p>FY 2006 3,531,266 PhP      FY 2007 3,631,418 PhP      FY 2008 3,166,751 PhP      FY 2009 2,724,962 PhP      FY 2010 2,661,413 PhP (as of July 2010)      Total 15,715,811 PhP</p>

Source: Record of Discussion for the Project, End-line survey report July 2010

Table 3-2 shows the comparison of the planned and actual Inputs from the Philippines up to

<sup>1</sup> "Operational Costs" do not include the cost for training in Japan and for the equipment.

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September 2010. The details are shown in Annexes 5 and 7.

**Table 3-2: Inputs from the Philippines, Planned and Actual**

<b>Plan (as per R/D of January 2006)</b>	<b>Actual (as of September 2010)</b>
<p>[Philippine Counterpart]</p> <ul style="list-style-type: none"> <li>■ Project Director: Provincial Governor, Benguet</li> <li>■ Project Deputy Director: Provincial Vice Governor, Benguet</li> <li>■ Project Manager: Provincial Health Officer II</li> <li>■ Project Staff: Provincial Health Officers / Technical staff of Provincial Health Office, Municipal Health Officers, Director (Officers) of Center for Health Development CAR region,</li> <li>■ Administrative Personnel</li> </ul>	<ul style="list-style-type: none"> <li>■ Project Director: Provincial Governor, Benguet</li> <li>■ Project Deputy Director: Provincial Vice Governor, Benguet</li> <li>■ Project Manager: Provincial Health Officer II</li> <li>■ Project Staff: Provincial Health Officers / Technical staff of Provincial Health Office, Chief of Hospitals, Municipal Health Officers, Officers of Center for Health Development CAR region, Department of Health (DOH) representatives, Representatives from PhilHealth CAR regional Office</li> </ul>
<p>[Land, Buildings and Facilities]</p> <ul style="list-style-type: none"> <li>■ Office space and facilities necessary for JICA Project at Provincial Health Office, Province of Benguet</li> <li>■ Other spaces as mutually agreed upon as necessary</li> </ul>	<ul style="list-style-type: none"> <li>■ Office space and facilities at Benguet General Hospital</li> <li>■ Venues for various training activities and meetings have also been provided.</li> </ul>
<p>[Cost-sharing]</p> <ul style="list-style-type: none"> <li>■ Not mentioned particularly.</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Administrative Expenses:</b> 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</li> <li>■ <b>Personnel:</b> Salary of the technical staff in the province</li> <li>■ <b>Matching Funds for conducting Activities:</b> Other forms of financial and in-kind contributions are made by provincial and municipal LGUs and the DOH</li> </ul>

Source: R/D (Jan. 2006); End-line survey report 2010

### 3.1.2 Activities

The Activities have been implemented according to the PDM version 2 (Annex 1-2). The details of the progress of the Project Activities are shown in Annex 8.

### 3.1.3 Outputs

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

Output 1 has already been achieved. The number of RHUs which comply with requirements of SS-II certification and PhilHealth accreditations (OPB, TB-DOTS and MCP) has increased through the training of health staff and provision of equipment. Referral manuals were developed and are utilized, and referral cases are recorded in all health facilities. According to

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health staff interviewed by the evaluation team, the use of referral slips became more systematized. Monitoring has been conducted quarterly since 2010, and monitoring tools were pilot-tested and are ready to be reproduced shortly.

In addition to the technical capability in health services, computer skills of the health staff were also enhanced through the training provided by the Project. The staff found computer skills useful for drug management, report writing and presentations, which are also related to other Outputs.

**Table 3-3: Achievement of Output1 (As of September 2010)**

Narrative Summary	Indicators	Baseline	Achievement
<b>Output 1</b> 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.	<ul style="list-style-type: none"> <li>RHUs complying with SS-II/PhilHealth Equipment accreditation requirements: 6 RHUs (46%)</li> <li>RHUs complying with SS-II/PhilHealth Training accreditation requirements: 4 RHUs (20%)</li> </ul>	<ul style="list-style-type: none"> <li>RHUs complying with SS-II/PhilHealth Equipment accreditation requirements: 13 RHUs (100%)</li> <li>RHUs complying with SS-II/PhilHealth Training accreditation requirements: 13 RHUs (100%)</li> </ul>
	2) Referral Manual is revised and implemented in all 19 health facilities	<ul style="list-style-type: none"> <li>Referral manual was not revised.</li> </ul>	<ul style="list-style-type: none"> <li>Referral manual was revised and is used in all facilities (19).</li> </ul>
	3) Numbers of patient referrals are recorded in all 19 health facilities.	Record keeping of referrals: from lower: 11 facilities to higher: 16 from higher: 7 to lower: 8	Record keeping of referrals: in all facilities (19)
	4) ILHZ monitoring tool is newly developed.	(none)	The Provincial monitoring guidelines and tools were developed, pilot-tested for reproduction and are being printed.
	5) Number of ILHZ monitoring/supervision is increased.	(none)	Since 2010, all health facilities are monitored quarterly by PHO (two rounds so far)

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

Output 2 has also been achieved. The plans were developed and are reviewed regularly. Evidence-based planning has been reinforced through the Project and health staff has learned to

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have everything documented. The Inter-local Health Zones (ILHZs) are functioning including those which were not active before the Project: the board meetings are held regularly to develop and review the plans, to discuss financing matters including the Common Health Trust Fund and other issues of common interest, some of which were adopted as resolutions. Coordination between the Province and the Municipalities has been strengthened. Benguet is the only province in CAR where all municipalities are part of active ILHZs.

**Table 3-4: Achievement of Output 2 (As of September 2010)**

Narrative Summary	Indicators	Baseline	Achievement
<b>Output 2</b> Health governance (management) of the Province is strengthened.	1) Strategic provincial health plan is revised into Provincial Investment Plan for Health.	Provincial mid-term Health Plan was already in place, but with simple situation analysis.  Provincial Annual Health Plan was already in place, but was not based on ILHZ plans.	The strategic provincial health plan was revised as PIPH with detailed situational analysis and reviewed by DOH Joint Appraisal Committee and received A mark.
	2) Strategic ILHZ health plan (medium term) is updated.	ILHZ mid-term Plans were already in place, but had not been revised  ILHZ Annual Operation Plans did not exist.	Provincial Annual Health Plan 2010 was developed based on PIPH and ILHZ plans. ILHZ mid-term plans were revised and incorporated in PIPH. ILHZ annual operation plans have been developed since 2008.
	3) ILHZ boards have documented meetings quarterly.	None (Mt Trail ILHZ had meetings)	All the 4 ILHZs have regular board meetings. All meetings are documented. Frequency varies from ILHZ to ILHZ.
	4) Resolutions are passed by ILHZ boards.	12 resolutions had passed since establishment of ILHZs.	58 resolutions were passed since 2006.

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

Output 3 has also been achieved in terms of the indicators. At the Provincial level, total health budget<sup>2</sup> increased by 53% from 168 million pesos in 2005 to 256 million pesos in 2009 (Project

<sup>2</sup> The Project defines that Total Health Budget consists of health budget of Provincial / Municipal Local

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Purpose indicator). Income from user fees and reimbursement of the benefit for the PhilHealth-accredited health facilities increased considerably (output indicators).

It should be noted, however, that the quality of the financial data is limited and inconsistency and absence of some data hampered the correct analysis. Data on actual expenditure was not obtainable, either. Given the data the Team obtained, it is not possible to say how much of the income generated from the user fees and PhilHealth was allotted to health facilities for operation.

**Table 3-5: Achievement of Output3 (As of September 2010)**

Narrative Summary	Indicators	Baseline	Achievement
<b>Output 3</b> Financial system of healthcare of the Province is strengthened.	1) Income from user fees <sup>3</sup> is increased	P 33 million in 2005	P 73 million in 2009, 121% increase.
	2) Amount of MOOE for health programs is increased	P 44 million in 2005	P 81 million in 2009, 82% increase.
	3) Amount of other sources <sup>4</sup> in total health budget is increased.	P 48 million in 2005	P 88 million in 2009, 83% increase.
	4) Number of PhilHealth enrollment is increased.	35,631 members in Dec 2005	87,820 members (April 2010). 146% increase.
	5) Amount of capitation fund is increased	P 0.57 million (Jan-Dec 2005)	P 1.7 million (Jan-Dec 2009). 195% increase.

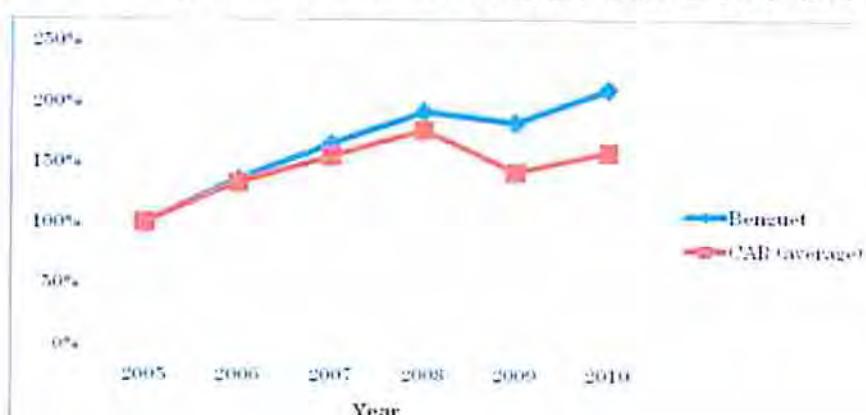
Through strengthened cooperation with PhilHealth provincial office, the Project has contributed to the increase of PhilHealth sponsored and individually paying members. PhilHealth promoted advocacy in the communities and set up an extension office in Benguet General Hospital to provide services to the clients. The growth rate of enrollment of sponsored and individually paying members in the Province of Benguet is much higher than the regional average of CAR.

Government Unit (LGU), income from PhilHealth (capitation fund and payment of TB-DOTS and MCP for RHUs, and reimbursement for hospitals), affiliation fee and retained user fee (under the control of health facilities). Exclude PhilHealth Premium for indigents.

<sup>3</sup> "Income from user fees" includes both amount retained (under the control of health facilities) and amount reverted to general fund (NOT under the control of health facilities but under the control of LGU).

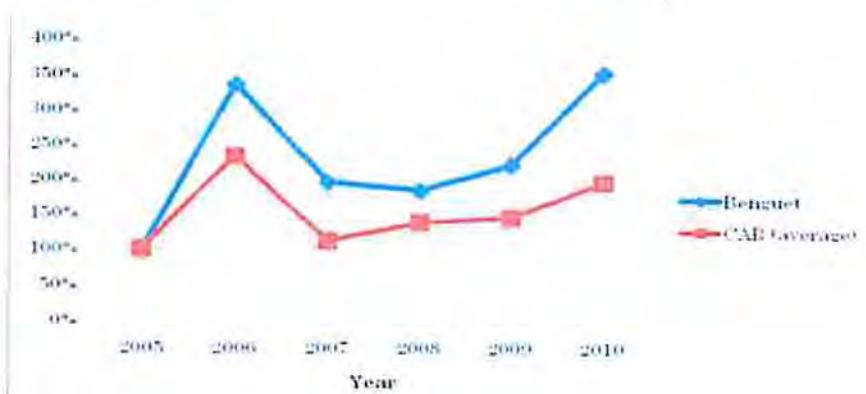
<sup>4</sup> "Other sources" include income from PhilHealth (capitation fund and payment of TB-DOTS and MCP for RHUs and reimbursement for hospitals), Retained User Fee, and Affiliation Fee.

**Figure 3-1 Percentage Increase in Enrollment of PhilHealth Individually Paying Members**



Source: PhilHealth

**Figure 3-2 Percentage Increase in Enrollment of PhilHealth Sponsored Members**



Source: PhilHealth

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

Output 4 has also been achieved in terms of stock management at the health facilities. Through the training in drug management, the recording system has been improved using the formats and stock cards introduced by the Project. As most RHUs do not have pharmacists, they have designated nurses in charge of drug management.

Regarding procurement of drugs and other materials, the district hospitals throughout the Province started bulk purchase.

**Table 3-6: Achievement of Output4 (As of September 2010)**

Narrative Summary	Indicators	Baseline	Achievement
<b>Output 4</b> 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.	9 facilities maintained the stock record of 5 indicator drugs.	All 19 facilities (100%)
	2) Number of RHUs/hospitals that record number days of out of stock on the indicator drugs is increased.	7 facilities maintained the record of days-out-of-stock 5 indicator drugs.	All 19 facilities (100%)

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

Experiences from the Project are shared with other provinces through the study tours and Health Partners' meetings in Manila. They are also shared through their newsletters and web site.

Table 3-7: Achievement of Output5 (As of September 2010)

Narrative Summary	Indicators	Achievement
<b>Output 5</b> Information and experiences of the Project are shared with DOH and other FOURmula One provinces.	1) Number of F1 meetings attended.	Two Health Partners' meetings were attended by PHO and JICA experts. The team made a presentation on the Project.
	2) Number of study tours sent and received.	Dispatched 2 study tours and received one (Abra). Planning to receive another from two provinces (Kalinga and Apayao).
	3) Newsletter of the project is issued at least twice a year.	8 news letters were issued.
	4) Project Web page is established and updated periodically.	Web page was established and is regularly updated.

*Source: End-line survey report July 2010*

### 3.1.4 Project Purpose

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

Table 3-8 shows the status of indicators that measure attainment level of the Project Purpose according to PDM version 2.

**Table 3-8: Achievement of the Project Purpose (As of September 2010)**

Indicators for the Project Purpose	Baseline		Achievement	
	2005		2010	
Number of RHUs with SS-II certification and PhilHealth Accreditations are increased.	SS-II	4	SS-II	7
	PhilHealth (OPB)	11	PhilHealth (OPB)	13
	PhilHealth (TB)	7	PhilHealth (TB)	12
	PhilHealth (MCP)	2	PhilHealth (MCP)	4 (out of 5)
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 (2008)	
	Provincial Annual Health Plan	Already in place, but not based on ILHZ plans	Provincial Annual Health Plan: Plan for the year 2010 was developed based on 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 and incorporated in the PIPH	
	ILHZ Annual Operation Plan:	Non existent	ILHZ Annual Operation Plans: Since 2008, developed annually.	
Total health budget is increased.	P 167,539,543.43		P 255,667,687.22 in 2009 (53% increase)	
Total number of days out of stock for indicator drugs is decreased.	8.9days (average of 6 facilities)		4.4days (average of all 19 facilities)	

*Source: End-line survey report July 2010*

The Project Purpose has been achieved in terms of indicators.

The indicators do not necessarily demonstrate to what extent each component has been implemented and institutionalized or to what extent the service delivery has been improved. Therefore, the Team obtained additional information through the interviews and site visits.

#### 1) Institutionalization of the project outcomes

Regarding institutionalization of project outcomes, the interviews and site visits have shown that it has been taking place. As to the first Project Purpose indicator (SS-II certification and PhilHealth accreditations), the capability of health facilities to provide quality of services is confirmed by these certification and accreditations that are renewed every year. Upgraded referral systems and monitoring systems are already in place, while close follow-up should be required. Regarding the second indicator "development of annual health plans of the Province and ILHZs," while it does not say how these plans are implemented, the project members

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confirmed that the plans are implemented and monitored regularly by the Province and ILHZs. The Team observed the ILHZ board meeting of Mountain Trail where the ILHZ constituents discussed the progress of the plan in an active and participatory way. The third indicator "increase of health budget" does not say how it is utilized, and the Project does not look at the expenditure and specific items of expenditure.

## 2) Improvement of service delivery

Through the interviews and site visits, the Team confirmed the perception of the health staff that the service delivery had been improved. These changes were pointed out by the interviewed staff, to which Output 1 (certification/accreditations) and Output 4 (drug management) have contributed.

- Clients keep coming and the number of clients has increased, as they know they can receive good services at the health facilities as there are capable staff, equipment and drugs available.
- The number of referral cases to the outside of their ILHZ has been reduced, as their district hospital is now equipped with an x-ray machine. Most referral cases had been for x-rays before.
- Service delivery at the lower (Barangay) level has been improved. Staff members of the Barangay Health Stations have been trained through the Project, and referral system has been improved between the Barangay level and the Rural Health Units.

Regarding Output 3 (financing), increase of PhilHealth capitation fund indicates that more people categorized as poor are covered by PhilHealth and therefore their access to health services has been improved. The equipment such as x-rays provided by the Project generates income in the health facilities.

## 3.2 Implementation Process

### 3.2.1 Project management and decision making

Leadership and democracy are the key features of the management and decision making structure of the Project both at the Provincial and ILHZ levels. Under the strong leadership of the Governor, the members have participated in discussions and made decisions in a democratic manner.

The Executive Committee (EC) consisting of the Local Chief Executives (LCEs) and the Technical Working Group (TWG) attended by the PHOs, MHOs, COHs, and representatives from CHD-CAR and the PhilHealth was established for the administration of the Project. They

have functioned effectively to plan, implement, and review the activities and their results. They served as a mechanism to promote vertical and horizontal communication, mutual learning, and collective problem solving in the past four years. Not only policy directions of the central and provincial governments, but also the operational issues and concerns at the municipal or ILHZ levels were brought to the agenda, and joint actions were taken. EC was a good opportunity for raising awareness of the LCEs on the health issues.

### **3.2.2 Ownership of the Project among the Philippine project members**

The ownership of the Philippine members of the Project has always been emphasized throughout the implementation process. The JICA project experts have been the catalyst to stimulate discussions and actions among the Philippines members.

### **3.3 Contributing factors to the progress of the Project**

The following points are recognized as the contributing factors to the progress of the Project.

#### **1) Leadership and commitment of the Governor**

As stated above, the Governor has been committed to strengthening local health systems and has provided support in various forms such as provision of matching fund to ILHZ Common Health Trust Fund and sharing PhilHealth premium for sponsored members. Strong commitment of the Governor has successfully convinced the local government executives and health staff to participate actively in the Project.

#### **2) Democratic and participatory process of decision-making**

The decisions have been made in a democratic manner through active participation of members in the EC, TWG and ILHZ board meetings.

#### **3) Technical support of CHD-CAR**

CHD-CAR is always present at EC and TWG meetings and monitors the progress of the Project closely. DOH representatives participate actively in the project activities and provide technical support.

### **3.4 Hindering factors to the progress of the Project**

The following point is recognized as the inhibiting factor for the Project performance.

#### **1) Lack of administrative backbone of ILHZs**

ILHZs are loose associations of the Province and the municipalities, with their respective health facilities. If there is no strong leadership or if the members do not believe in the necessity for coordination, ILHZs might fall apart. They do not have staff specifically designated to handle the administrative matters. Some ILHZ members feel that ILHZ related administrative work has become additional burden, such as compiling plans and reports for the ILHZs and

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taking turns to host meetings.

## 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.

- 1) The Project is in line with the health sector reform policy of the Philippines, one of whose purposes is strengthening local health systems in the process of decentralization. The four Outputs of the Project match the four pillars of the FOURmula one strategy of the Health Sector Reform Agenda.
- 2) Having faced to the fragmentation of health services in the process of decentralization, local governments and health facilities felt necessity for revitalized district health systems. The Project was consistent with such needs.
- 3) The Project is coherent with the Japan's Country Assistance Program for the Philippines and JICA's Country Assistance Strategy, in which a focus is placed on infectious disease control, maternal and child health, and strengthening of local health systems.

#### 4.1.2 Effectiveness

The Project was effective because not only has each of the four Outputs played a vital role on its own for strengthening local health systems, but also they have produced a mutually reinforcing effect. For example, improvement of drug management at the facility level has created better evidence for health finance planning, which also led to improved drug supply and service delivery.

#### 4.1.3 Efficiency

The Project has been implemented efficiently as most inputs and activities have been appropriate and contributed to the achievement of the outputs, although some equipment procured by the Project is not functioning or did not meet the needs. There has been turnover of some staff members who received training in the Project, but it was minimal.

#### 4.1.4 Impact

It is not possible to measure to what extent the Overall Goal has been or would be achieved. The data available show that maternal mortality rate decreased from 62 per 100,000 live births

2005 to 16 in 2009 and that infant mortality rate increased from 7 per 1000 live births in 2005 to 10 in 2009 (FIHSIS Annual Reports).

A positive impact of the Project is strengthened relationship with government and private hospitals/clinics in the municipalities through the process of improving the referral system. Not only has the communication among the stakeholders but the sense of unity been nurtured in the course of the Project.

A negative impact that some project members felt is that the project activities, especially administrative work for the ILHZ put extra burden on their workload at the expense of providing services to the clients.

#### **4.1.5 Sustainability**

The strong leadership of the Governor and the democratic process of decision-making are a positive sign of sustainability. The changes of the leaders in the future might pose challenges to the sustainability of project outcomes.

Ownership of and participation in the Project of the Philippine members have been derived from the perceived need to work together in the ILHZs to discuss issues of common interest. However, ILHZs have varied degree of perceived needs for collaboration due to different conditions of the four ILHZs such as geographical locations and composition of member municipalities. Declining interest of some ILHZ constituents is a risk factor to the sustainability of ILHZs.

Most staff members of PIO and health facilities are likely to stay in Benguet Province, while turnover of a minimal scale has already been experienced and may continue in the future.

#### **4.1.6 Conclusion**

The Project has been successful in terms of the improved indicators. The working mechanism of the Provincial and Municipal stakeholders, though not captured by the project indicators on PDM, is a most remarkable outcome of the Project. It is hoped that the stakeholders will sustain and further develop the outcomes of the Project.

### **5. Recommendations and Lessons Learned**

#### **5.1 Recommendations**

##### **1) Sustainability of ILHZs**

Referral system formalized with stronger communication between the district hospitals and MHOs/RHUs has been the most remarkable outcome of the ILHZs. More patients are now referred to district hospitals from RHUs which know that adequate services are available there.

It seems that RHUs in smaller municipalities far from the Provincial capital or the Baguio city find more benefit in the networking through ILHZ than the municipalities with better access to general hospitals or private providers. Thus the perceived merit of ILHZ compared to the administrative requirement is not the same among the municipalities, which may affect the functionality and sustainability of ILHZs. Some MHOs expressed the feeling that the administrative requirements are too demanding as if ILHZ is another layer of bureaucracy, or the "little PHO".

It is necessary to review the functions of the ILHZ and focus on planning the selected cross-cutting or common issues of the locality rather than duplicating the mandates of the respective municipalities. Formulation of operational guidelines or implementing rules and regulations (IRR) in each ILHZ could streamline the administrative requirements and procedures. PHO and DOH representatives should support the ILHZs to pursue the productive and quality discussions, which may not be necessarily ensured by the formative definition of functionality such as quarterly meeting.

2) Conversion of the Executive Committee and Technical Working Group into a regular program as mechanism for provincial stakeholder coordination

It is expected that the functions of EC and TWG not the formalities or the names, are sustained as regular coordinative program of the Province so that the stakeholders could continue the process of health system strengthening as their routine mandate.

3) Commitment and Support of Local Chief Executives

Under the decentralized government system, the commitment to and ownership of the health system reform by the Local Chief Executives (LCEs) and other political leaders is vital to the sustainability of the achievement of the Project. For example, the improved stock management of drugs at the health facilities reduced the number of days out-of-stock of indicator drugs, but the drug management cycle could not be completed if it is not accompanied by timely and adequate execution of budget allocation and procurement by the LGUs.

It is strongly urged that the LCEs, understanding the potential impact of their decisions on health service deliveries, lead the health care reform at the local level assisted by the technical staff. The MHOs are encouraged to communicate to the leaders their analyses of improved drug management utilizing acquired skills in stock management, IT, and presentation effectively.

4) Possibility of participation of municipalities in province-wide pooled procurement of drugs

It is expected that the LCEs also explore the possibility of province-wide pooled purchase of drugs in the future for more timely and economical procurement of drugs.

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### 5) Documentation

Besides the acceptance of study tours and presentation at the seminars, the achievements and good practices of the Province of Benguet should be shared with other provinces and municipalities more widely. Documents such as drug management manual and referral manual could be effective tools for replication in other LGUs. Documentations of successful arrangements and processes such as establishment of common health trust fund, resource pooling and sharing are also strongly encouraged. Electronic documentation uploaded in the web page may be one of the low cost measures to widely disseminate the process and results of the Project at various levels.

### 6) Strengthening of relevant financial information system

The project members faced difficulties in data collection and analysis in health financing. First, figures on the budget and user fees were not always available at the municipalities, for the fees were put into the general account with no separate accounting. Second, the data on LGU health budget and other income had some inconsistencies.

Improvement of financial information system is needed to monitor the progress of reform at the local level. The new initiative of DOH that emphasizes strengthening the information system is a relevant strategy to address these issues. The local health account to be initiated under the new health sector reform strategy should ensure more rational and transparent data collection and analysis system.

### 7) Modification of the Overall Goal

In the current PDM, the Overall Goal is expressed as "the health status of the people in the Province is enhanced" with the indicators described as "infant mortality rate, maternal mortality rate, incidence rate of non-communicable diseases and incidence rate of communicable diseases are decreased". Although those indicators are relevant to the ultimate goal of the health system as a whole, there are many external factors to influence the indicators other than the project achievements. It is also difficult to measure mortality and morbidity with existing field health service information system (FHSIS) data, for FHSIS is basically collecting data on designated service deliveries at RHUs/BHSs and it does not include the services provided by the hospitals and private providers. In the province of Benguet, the estimated number of the pregnancies and births are also disputed, for local providers argue that DOII estimate is greater than the actual target thus the service coverage calculated with the larger target population appears lower.

For the sake of measurable impact to be confirmed, it is suggested to change the expression of the Overall Goal in the PDM from the health status to service delivery (access and utilization)

as compared to the present. Indicators such as the dropout rate of DPT immunization (difference of DPT3 and DPT1 divided by the number of DPT1), number of outpatients at the district hospitals, number of births at the RHUs and district hospitals may be monitored to confirm continuous improvement in service delivery. The TWG and JICA experts are requested to identify the appropriate indicators and come up with the baseline figures by February 2011.

## 5.2 Lessons learned

- 1) An effective approach to health system strengthening: visible achievement for the health service providers and communities

Improvements in health systems are not necessarily visible in short term, especially when physical investment does not accompany. Thus there is a potential risk of "fatigue", or dwindling motivation among health workers. It is necessary that the participating health workers have the feeling of progress and returns to their efforts. In case of the Project, the drug stock management was often mentioned as a component which has produced an outcome (reduced days out of stock) that can be confirmed by the managers and service providers. Similar projects which aim at strengthening of local health system should be designed to include a component that can bring about some tangible benefit.

- 2) Investment in quality data collection and analysis

At the beginning of the Project considerable time and efforts were devoted to baseline survey by which the situation of all participating health facilities were assessed and validated. The result of the survey was utilized as the basis for PIPH and ILHZ plans and the benchmarks for monitoring the progress of the activities by the PHO, MHOs and other members. Training on information management with computer contributed to enhancing the capacity of health staff in evidence-based planning and efficient drug management. Some facilities which presented no data on drug supply or user fee income in 2006 are now monitoring the figures by themselves. Quality of discussions at TWG meeting has been improved, for the members are more comfortable with the statistical analyses. It could be concluded that the investment in the data collection accompanied by managerial capacity building and IT skills paid off in many aspects of the local health system development.

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<p>1-1 Acquiring the license for Sentrong Sigma</p> <ul style="list-style-type: none"> <li>• Situational analysis to make clear the points for reforms</li> <li>• Making Plan for effective implementation for accreditation</li> </ul> <p>1-2 Strengthening of the two(2) way referral system</p> <p>1-3 Strengthening of monitoring and supervision system</p> <p>1-4 Implement training necessary for accreditation</p> <p>2-1 Situational analysis and supporting establishment of Provincial master plan for health system development</p> <p>2-2 Review the terms of reference of the health related staffs</p> <p>3-1 Advocacy to community for encouraging participation to the PhilHealth</p> <p>3-2 Support all health facilities to take accreditation of PhilHealth</p> <ul style="list-style-type: none"> <li>• Situation analysis to make clear the points for reforms</li> <li>• Making Plan to take accreditation</li> <li>• Implement trainings necessary for accreditation</li> </ul> <p>4-1 Situation Analysis on drug availability</p> <p>4-2 Review drugs user's manual and distribution manual</p> <p>5-1. Regular coordination meeting to make feedbacks and recommendations</p> <p>5-2. Study tours and newsletters publishing to promote coordination with other areas selected as Formula One conversion sites.</p>	<p>Input Philippine side Participants, facilities and other expenses related to Project implementations.</p> <p>Input Japan's side Expert, equipment, counterpart training in Japan and other expenses related to Project implementation.</p>		

Annex 1-2: PDM ver.2

**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
<b>Overall Goal</b> 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 report	<ul style="list-style-type: none"> <li>- Vertical health programs continues to be funded.</li> <li>- Natural disaster will not disturb accessibility of the people and provision of service by providers.</li> </ul>
<b>Project Purpose</b> Local health system is strengthened to improve quality of health service in the Province of Benguet.	<p>[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.)</p> <p>[Governmental] Annual Health Plan is developed in Province and ILHZs based on medium-term Plan for Health<sup>1</sup>.</p> <p>[Finance] Total health budget<sup>2</sup> is increased (baseline: 156 million peso in 2005).</p> <p>[Drug Supply System] Total number of days out of stock for indicator drugs<sup>3</sup> is decreased.</p>	<ul style="list-style-type: none"> <li>- DOH &amp; PhilHealth report on health facility certification/ accreditation.</li> <li>- Provincial / ILHZ annual health plan</li> <li>- Budgetary report of municipalities and the province</li> <li>- Stock record cards</li> </ul>	<ul style="list-style-type: none"> <li>- No major change on national health policies and standards on SS and PHIC occurred.</li> <li>- LGUs have efficient and responsive system.</li> </ul>
<b>Expected Outputs</b>	<p>[Trainings and Equipments]</p> <ul style="list-style-type: none"> <li>- 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)</li> </ul> <p>[Referral System]</p> <ul style="list-style-type: none"> <li>- Referral Manual is revised and implemented in all 19 health facilities.</li> <li>- No. of patient referrals are recorded in all 19 health facilities.</li> </ul> <p>[Monitoring &amp; Supervision]</p> <ul style="list-style-type: none"> <li>- ILHZ monitoring tool is newly developed.</li> <li>- No. of ILHZ monitoring/supervision is increased.</li> </ul> <p>[Provincial Health Plan]</p>	<ul style="list-style-type: none"> <li>- RHU assessment on certification and accreditations</li> <li>- Provincial referral manual</li> <li>- Referral records of health facilities</li> <li>- ILHZ monitoring tool</li> <li>- ILHZ monitoring record</li> </ul>	<ul style="list-style-type: none"> <li>- Health facilities (buildings and infrastructures) are maintained and upgraded by the funds outside the project.</li> <li>- Sufficient human resource is available for taking accreditation of DOH and PHIC.</li> <li>- Trained counterpart stay at positions.</li> <li>- No major change of policy and health financing of the Benguet occurs.</li> </ul>
<b>Output 2. Health governance (management) of the Province is</b>			<ul style="list-style-type: none"> <li>- Provincial investment plan</li> </ul>

<p>strengthened.</p> <p><b>Output 3. Financial system of healthcare of the Province is strengthened.</b></p>	<ul style="list-style-type: none"> <li>- Strategic provincial health plan is revised into Provincial Investment Plan for Health.<sup>4</sup></li> <li>- ILHZ Health Plan and activities</li> <li>- Strategic ILHZ health plan (medium term) is updated.</li> <li>- ILHZ boards have documented meetings quarterly.</li> <li>- Resolutions are passed by ILHZ boards.</li> <li>- Income from user fees is increased (baseline: 32 million in 2005).</li> <li>- Amount of MOOE for health programs is increased (baseline: 43 million peso in 2005)</li> <li>- Amount of other sources<sup>5</sup> in total health budget is increased.</li> <li>- Number of PhilHealth enrollment is increased (baseline 6,082 in Dec. 2005)<sup>6</sup></li> <li>- Amount of capitalization fund is increased (569 thousand peso in 2005)</li> </ul> <p><b>Output 4. Overall drug supply system of the province is strengthened.</b></p> <p><b>Output 5. Information and experiences of the Project are shared with DOH and other FOURmula One provinces.</b></p>	<ul style="list-style-type: none"> <li>for health</li> <li>- Strategic (medium term)</li> <li>- ILHZ health plans</li> <li>- ILHZ meeting minutes</li> <li>- ILHZ resolutions</li> <li>- Budgetary report of municipalities and the province</li> <li>- PhilHealth reports on enrollment and payment</li> <li>- Number of RHUs/hospitals that maintain the stock record on the indicator drugs<sup>7</sup> is increased.</li> <li>- Number of RHUs/hospitals that record number days of out of stock on the indicator drugs<sup>8</sup> is increased.</li> <li>- Number of F1 meeting attended.</li> <li>- Number of study tour sent and received.</li> <li>- Newsletter of the project is issued at least twice a year.</li> <li>- Project Web page is established and updated periodically.</li> <li>- Stock records on indicator drugs at health facilities</li> <li>- Records of F1 meeting.</li> <li>- Reports of study tours</li> <li>- Project news letters</li> <li>- Project web page</li> </ul> <p><b>Activities</b></p> <p><b>Output 1. Supporting System for Health Services</b></p> <ol style="list-style-type: none"> <li>1.1. Develop service improvement plan.</li> <li>1.2. Provide equipments for health service improvement.</li> <li>1.3. Conduct trainings necessary for SS-II certification and PHIC accreditations.</li> <li>1.4. Strengthen two-way referral system</li> <li>1.5. Strengthen ILHZ level monitoring and supervision</li> </ol> <p><b>Output 2. Governance</b></p> <ol style="list-style-type: none"> <li>2.1. Revise and implement ILHZ plans.</li> <li>2.2. Develop and implement Provincial Investment Plan for Health.</li> <li>2.3. Conduct management skill training.</li> </ol> <p><b>Output 3. Finance</b></p> <ol style="list-style-type: none"> <li>3.1. Develop plan and conduct activities for financial</li> </ol>
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	<p>improvement of each health facility.</p> <p><b>3.2. Implement activities of advocacy/publicity for insurance participation</b></p>
	<p><b>Output 4. Drug Supply System</b></p> <ul style="list-style-type: none"> <li>4.1. Review baseline data and identify problems.</li> <li>4.2. Conduct training on drug inventory management.</li> <li>4.3. Develop drug procurement plan based on the inventory record.</li> </ul>
	<p><b>Output 5. Information / Experience Sharing</b></p> <ul style="list-style-type: none"> <li>5.1. Attend FOURmula One meetings and share lessons and outputs.</li> <li>5.2. Conduct / receive study tours to / from other provinces.</li> <li>5.3. Share progress of the Project through newsletter and Web page of the Project.</li> </ul>

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

- <sup>1</sup> Strategic provincial/LHZ health plans are medium term (around 5 years) plans on health based on which annual health plans are developed.  
<sup>2</sup> Total Health Budget consists of health budget Local Government Unit (LGU), income from PhilHealth (reimbursement, capitation fund, and payment for TB-DOTS and MCP), affiliation fee and retained user fee. (Exclude PhilHealth Premium for indigent).  
<sup>3</sup> 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.  
<sup>4</sup> 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.  
<sup>5</sup> Other sources include income from PhilHealth (reimbursement, capitation fund, and payment for TB-DOTS and MCP), Retained User Fee, and Affiliation Fee.  
<sup>6</sup> Project intervenes to increase participants of Individually Paying Sector and LGU sponsored (indigent) Sector.

Annex 2-1: Schedule of the Evaluation Team

	Date		Joint Evaluation Mission Team				JICA Philippines	JICA Expert Team	PID C/P
			Consultant Member (Evaluation Analysis)	Team Leader (Leader)	Member (Planning)	Philippines Gov (Evaluation Analysis)			
1	Sun, 12 Sep		Sorizawa Akemi	Hanami Kitabayashi	Yukari Horii	Dr. Nicolas R. Gordo Jr. (COH-CHD CAR) Mr. Roland Benitez (DOH-BHIC)	Nobuko Yamagishi/Sekida Calo	Shigui Noguchi and others	Dr. Romeo Pecado
		1330 Arrival at Manila							
		1600 Travel to Benguet							
2	Mon, 13 Sep	900 Meeting with CHD CAR and briefing/discussion about joint evaluation mission				Meeting with consultant		CHD CAR Meeting	CHD CAR Meeting
		1100 Meeting with PHO to brief on evaluation process and criteria, etc.						Meeting with Consultant	
		1400 Meeting with JICA Experts						Meeting with Consultant	
3	Tue, 14 Sep	Field Survey 1				Field Survey		Field Survey	Field Survey
4	Wed, 15 Sep	Field Survey 2				Field Survey		Field Survey	Field Survey
5	Thu, 16 Sep	Field Survey 3				Field Survey		Field Survey	Field Survey
6	Fri, 17 Sep	AM Hearing from JICA Experts				Hearing from JICA Experts		Meeting with Consultant	
		PM Hearing from PHO/CHD				Hearing from PHO/CHD		Meeting with Consultant	
7	Sat, 18 Sep	Data analysis				(as needed)		(as needed)	(as needed)
		Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)							
8	Sun, 19 Sep	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)							
9	Mon, 20 Sep	AM Additional data collection				Additional data collection		(as needed)	(as needed)
		PM Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Arrival at Manila meeting with JICA	Arrival at Manila meeting with JICA	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Meeting with Team Leader			
10	Tue, 21 Sep	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Move to Iligan	Move to Benguet	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Move to Benguet		(as needed)	(as needed)
		1300 Meeting with CHD CAR Director							
		Courtesy call on Governor Fongwan							
		1500 Team meeting	Team Meeting	Team Meeting	Team meeting	Team meeting			
11	Wed, 22 Sep	Field Survey	Field Survey	Field Survey	Field Survey	Field Survey	Field Survey	Field Survey	Field Survey
12	Thu, 23 Sep	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Preparation of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	TWG Meeting	TWG Meeting	TWG Meeting
13	Fri, 24 Sep	10-1200 TWG Meeting	TWG Meeting	TWG Meeting	TWG Meeting	TWG Meeting	TWG Meeting	TWG Meeting	TWG Meeting
		PM Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)	Discussion of Joint Evaluation Report (Draft) and Minutes of Meeting (Draft)
14	Sat, 25 Sep	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting	(as needed)	Finalization of Joint Evaluation Report and Minutes of Meeting	(as needed)	(as needed)	(as needed)
15	Sun, 26 Sep	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting	Finalization of Joint Evaluation Report and Minutes of Meeting			
16	Mon, 27 Sep	1300-1500 ExeCom Meeting ①Report from Team explanation on the purpose of the survey and its results ②Signing and exchange of MM	Return to Manila	Return to Manila	Return to Manila	Return to Manila	Return to Manila		
17	Tue, 28 Sep	1000 Report to Embassy	Report to Embassy	Report to Embassy	Report to Embassy	Report to Embassy			
		1500 Report to DOH/BHIC	Report to DOH/BHIC	Departure from Manila		Report to DOH/BHIC			
		1700 Report to JICA	Report to JICA						
18	Wed, 29 Sep	Departure from Manila	Departure from Manila						

**Annex 2-2: Schedule of the Site Visits for the Evaluation Team**

Date	Time	Itinerary	Participants
14 Sept. Tuesday  Bokod- Kabayan ILHZ	08:00-10:00	Travel time to Bokod RHU	Consultant DOH-central office CHD-CAR
	10:00-12:00	Interview Mayor Macay (30mins) Tour Bokod RHU (1hr30 mins)	
	12:00-12:15	Travel Time to Dennis Molintas Hospital	
	12:15-13:00	Lunch at Dennis Molintas Hospital	PHO staff Fude Takayoshi
	13:00-15:00	Tour Dennis Molintas Hospital (2hr.)	
	15:00-17:00	Travel time to Baguio	
15 Sept. Wed.  BLIISTT ILHZ	07:20-08:00	Travel time to La Trinidad	Consultant DOH-central office CHD-CAR
	08:00-09:30	Tour La Trinidad RHU (1hr 30min)	
	09:30-10:00	Travel time to Tublay RHU	
	10:00-11:20	Tour Tublay (1hr 20mins)	
	11:20-12:30	Travel time to Tuba RHU	PHO staff Dr. Bonoan
	12:30-13:00	Lunch at Tuba RHU	
	13:00-14:15	Tour Tuba RHU (1hr 15min)	
	14:15-15:00	Travel time Sablan RHU	
	15:00-16:15	Tour Sablan RHU (1hr 15min)	
	16:15-17:00	Travel time to Baguio	
16 Sept. Thursday  Mt. Trail ILHZ (ILHZ board meeting)	07:00-10:00	Travel time to Abatan Emergency Hospital	Consultant DOH-central office CHD-CAR
	10:00-12:00	Mt. Trail ILHZ Board meeting (2hr)	
	12:00-13:00	Lunch	
	13:00-15:00	Continuation of Board meeting (2hr)	Dr. Piok (PHO-II) Makoto Tobe Dr. Bonoan
	15:00-18:00	Travel time to Baguio	

Date	Time	Itinerary	Participants
22 Sept. Wednesday  Mt. Trail ILHZ (Health Facilities)	06:00-09:30	Travel time to Mankayan RHU	Harumi Katabayashi Yukari Horii Consultant
	09:30-11:00	Tour Mankayan RHU(1hr 30mins)	
	11:00-11:30	Travel Time to Buguias RHU	
	11:30-12:30	Tour Buguias RHU (1hr)	DOH-central office CHD-CAR
	12:30-13:15	Lunch at Buguias	
	13:15-14:15	Travel time to Atok District Hospital	
	14:15-15:15	Tour Atok District Hospital (1hr)	
	15:15-16:15	Travel time to Atok RHU	Nobuko Yamagishi Sealdi Calo
	16:15-17:00	Tour Atok RHU (45mins)	
	17:00-18:30	Travel time to Baguio	

**Annex 3: List of Persons Interviewed**

**Province of Benguet**

Nestor B. Fongwan	Governor
Crescencio C. Pacalso	Vice Governor
Esteben T. Piok	Provincial Health Officer II
Norma C. Pacalso	Provincial Health Officer I
Maria Imelda Ulep	Chief Technical Division
Purita G. Maguen	Nurse III
Juanita Villena	Population program officer II
Fe Comtiag	Dentist II

**DOH-CAR**

Myrna C. Cabotajc	DIR IV, DOH-CAR
Sequndina G Gumaad	Dentist IV, DOH-CAR
Janice Z Bugtong	MS III, OIC Management Support Division
Amelita M Pangilinan	MOV Health Operations Division
Francisca Liclic	Planning Officer II

**ILHZ BKD**

Mauricio T. Macay	Mayor of Bokod
Lilian I. Vlasco	Municipal Health Officer, Bokod
Eduardo B. Calpito	Chief of hospital (Medical officer V), Dennis Molintas Municipality Hospital

**ILHZ BLIISTT**

Editha M. Francisco	Municipal Health Officer, La Trinidad
Marcela Tinoyan	Municipal Health Officer, Tublay
Lorigrace B. Austria	Municipal Health Officer, Tuba
Judith Codamon	Municipal Health Officer, Sablan

**ILHZ Mountain Trail**

Fabiola R. Gabriel	Municipal Health Officer, Mankayan
Hilda G. Kimakim	Municipal Health Officer, Buguias
Alice C. Pasking	Municipal Health Officer, Atok
Nora R. Ruiz	Chief of Hospital, Atok District Hospital

**PhilHealth**

Marilyn B. Dizon	Social Insurance Officer I, Benguet Service Office
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**JICA Project**

Shuji Noguchi	Chief Advisor
Makoto Tobe	Expert
Fudo Takayoshi	Expert
Yoshiko Akiyama	Expert
Teresita M Bonoan	Expert
Nemesia Y Mejia	Expert

**Annex 4: List of JICA Experts**

**Short Term Experts**

FY2006 (Project Year 1: March 2006 - March 2007)

No.	Name	Designation	Period (year/month/date)	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	Dr. Teresita M. Bonuan	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
<b>TOTAL FYI</b>				<b>20.80</b>

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

No.	Name	Designation	Period (year/month/date)	Duration (month)
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2007/6/3 ~2007/6/26	0.50
			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. Bonuan	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
8	Ms. Satoko Okamoto	Coordinator	2008/2/17 ~2008/3/8	0.70
			2007/6/10 ~2007/7/9	1.00
			2007/11/16 ~2007/12/15	1.00
<b>TOTAL FY2007</b>				<b>21.30</b>

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

No.	Name	Designation	Period (year/month/date)	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. Shoko Sasada	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. Bonuan	Local Health Administration(2)	2008/6/13 ~2008/6/21	0.23
			2008/8/24 ~2008/8/30	0.33
			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 ~2008/1/23	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 ~2008/12/27	0.60
			2009/1/5 ~2009/1/28	0.80
<b>TOTAL FY2008</b>				<b>19.30</b>

FY2009 (Project Year 4: April 2009 - March 2010)

No.	Name	Designation	Period (year/month/date)	Duration (month)
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2009/3/1 ~2009/6/14	0.50
			2009/9/13 ~2009/9/27	0.50
			2009/11/21 ~2009/12/5	0.50
			2010/2/12 ~2010/2/26	0.50
3	Ms. Teresita M. Bonuan	Local Health Administration ( 2 )	2009/5/25 ~2009/6/11	0.60
			2009/11/15 ~2009/12/2	0.60
			2010/2/10 ~2010/2/27	0.60
4	Mr. Makoto Tobe	Deputy Chief Advisor/ Primary Health Care/ Local Health Administration/ Finance(1)	2009/6/3 ~2009/6/14	0.40
			2009/7/3 ~2009/8/1	1.00
			2009/8/10 ~2009/9/27	1.63
			2009/11/18 ~2009/11/29	0.40
			2010/1/4 ~2010/1/26	0.77
			2010/2/10 ~2010/3/21	1.33
5	Ms. Yoshiko Akiyama	Drug Supply	2009/5/25 ~2009/6/14	0.70
			2009/11/9 ~2009/11/29	0.70
			2010/2/8 ~2010/3/9	1.00
6	Ms. Fude Takayoshi	Project Administration/ Public Relations	2009/5/31 ~2009/6/26	0.90
			2009/9/10 ~2009/10/1	0.73
			2009/11/21 ~2009/12/20	1.00
			2010/1/4 ~2010/3/3	1.97
7	Ms. Nemesia Y. Mejia *	Local Health System	2009/5/25 ~2009/6/14	0.70
			2009/9/7 ~2009/9/27	0.70
			2009/11/16 ~2009/12/6	0.70
			2009/2/8 ~2009/2/28	0.70
<b>TOTAL FY2009</b>				<b>19.13</b>

**FY2010 (Project Year 5: April 2010 - March 2011)**

No.	Name	Designation	Period (year/month/date)	Duration (month)	
1	Mr. Shuji Noguchi	Chief Advisor/ Local Health System Planning	2010/6/2	~2010/6/6	0.17
			2010/9/16	~2010/9/30	0.50
			2010/10/31	~2010/11/19	0.67
			2011/2/6	~2011/2/25	0.67
2	Ms. Teresita M. Bonoan	Local Health Administration (2)	2010/5/23	~2010/6/9	0.60
			2010/9/12	~2010/9/29	0.60
			2011/2/6	~2011/2/23	0.60
3	Mr. Makoto Tobe	Deputy Chief Advisor/ Primary Health Care/ Local Health Administration/ Finance(1)	2010/5/26	~2010/6/11	0.57
			2010/7/12	~2010/7/30	0.63
			2010/8/24	~2010/9/30	1.27
			2010/10/18	~2010/12/10	1.80
			2011/1/24	~2011/3/16	1.73
4	Ms. Yoshiko Akiyama	Drug Supply	2010/5/26	~2010/6/11	0.57
			2010/9/5	~2010/9/30	0.87
			2011/2/6	~2011/2/25	0.67
5	Ms. Fude Takayoshi	Project Administration/ Public Relations	2010/5/26	~2010/6/11	0.57
			2010/8/21	~2010/10/2	1.43
			2010/11/21	~2010/12/18	0.93
			2011/1/10	~2011/2/28	1.67
6	Ms. Nemesia Y. Mejia *	Local Health System	2010/5/20	~2010/6/9	0.70
			2010/9/2	~2010/9/22	0.70
			2010/11/6	~2010/11/26	0.70
			2011/2/8	~2011/2/28	0.70
<b>TOTAL FY2010</b>				<b>19.30</b>	

Short Term Experts:Total Duration (month)	99.83
Short Term Experts:Total Number of Experts	7 (8 in FY 2007)
Short Term Experts:Total No. of Visits (visits)	118
Short Term Experts:Average Duration per Visit (month)	0.85

\*From FY 2007

**Project Name: The Project of The Strengthening of Local health System in The Province of Benguet**  
 Period: June 2006 - Present (December 2009)

**Annex 5: List of Philippine Project Members**

No.	Name	Position	Organization	Project Designation	Period of Assignment From	To	Remarks
<b>Provincial Capitol</b>							
1	Hon. Borromeo P. Melchor	Provincial Governor	Benguet Province	Project Director	April, 2006	June, 2007	
2	Hon. Nestor B. Fongwan	Provincial Governor	Benguet Province	Project Director	July, 2007	Present	
3	Hon. Crescencio C. Pacalso	Vice-Governor	Benguet Province	Deputy Project Director	April, 2006	Present	
<b>Provincial Health Office</b>							
4	Esteban T. Piok	Provincial Health Officer II	Provincial Health Office	Project Manager	April, 2006	Present	
5	Norma C. Pacalso	Rural Health Physician	Provincial Health Office	Staff	April, 2006	January, 2008	
		Provincial Health Officer II (OIC)	Provincial Health office	Project manager (OIC)	June, 2007	October, 2007	While Dr. Piok was on leave.
6	Domicilia P. Abiasen	Sanitary Inspector - IV	Provincial Health office	Staff	April, 2006	Present	
7	Techn. C. Kary	Midwife II	Provincial Health office	Staff	April, 2006	Present	
8	Amelia L. Cayap	Dietary Nutritionist - II	Provincial Health office	Staff	April, 2006	Present	
9	Maria Imelin C. Ulep	Rural Health Physician	Provincial Health office	Staff	September 2008	Present	
10	Purita G. Maguen	Nurse II	Provincial Health office	Staff	April, 2006	August, 2009	
		Nurse III	Provincial Health office	Staff	September 2009	Present	
11	Visilacion Saingan	Nurse III	Provincial Health office	Staff	April, 2006	Present	
12	Rosie Acquilio	Midwife II	Provincial Health office	Staff	April, 2006	Present	
13	Aneell Bacquin	Dentist II	Provincial Health office	Staff	April, 2006	February, 2008	
14	Galle Contrera	Dentist II	Provincial Health office	Staff	December 2008	Present	
15	Fe Comitag	Dentist II	Provincial Health office	Staff	April, 2006	Present	
16	Rosana Tabangcura	Nurse II	Provincial Health office	Staff	January, 2009	Present	
17	John E. Bundiwani III	AA IV	Provincial Health office	Staff	April, 2006	Present	
18	Andrew Bentress	Dental Aide	Provincial Health office	Staff	January, 2008	Present	
<b>Chief of Hospitals</b>							
(4)	Esteban T. Piok	Chief of Hospital (OIC)	Benguet General Hospital	Staff	April, 2006	August, 2006	Dual function as PRO II and Chief of Hospital
19	Nicholas Gordo	Chief of Hospital (OIC)	Benguet General Hospital	Staff	September, 2006	September, 2007	
20	Joseph A. Cabina	Chief of Hospital (OIC)	Benguet General Hospital	Staff	October, 2007	Present	
21	Nora M. Ruiz	Chief of Hospital	Ilogon Municipal Hospital	Staff	April, 2006	January, 2007	
		Chief of Hospital	Atok District Hospital	Staff	February, 2007	Present	
22	Mary Joy Torto	Chief of Hospital	Kapangan Medicare Community Hospital	Staff	September 2008	Present	

No.	Name	Position	Organization	Project Designation	Period of Assignment From To	Remarks
22	Joseph Giovanni C. Frias	Chief of Hospital Chief of Hospital	Kapangan Medicare Community Hospital Abatan Emergency Hospital	Staff Staff	April, 2006 September 2008	August, 2008 Present
23	Edurdo B. Calpito	Chief of Hospital	Dennis Molinias Memorial Hospital	Staff	April 2006	Present
24	Maria Imelda C. Ulep	Chief of Hospital	Abatan Emergency Hospital	Staff	April, 2006	August, 2008
25	Evelyn C. Tello	Chief of Hospital	Ilogon Municipal Hospital	Staff	February 2007	Present
26	Satur Valentin	Chief of Hospital OIC	Atok District Hospital	Staff	April, 2006	January, 2007
27	Valeriana Calabios	OIC	Ilogon Municipal Hospital	Staff	February 2009	May 2010
			Ilogon Municipal Hospital	Staff	June 1, 2010	Present
<b>Municipal Health Officers</b>						
28	Alice C. Pasking	Municipal Health Officer	LGU Alok	Staff	April, 2006	Present
29	Simon P. Macario Jr.	Municipal Health Officer	LGU Bakun	Staff	April, 2006	Present
30	Hilda G. Kimakim	Municipal Health Officer	LGU Buguias	Staff	April, 2006	Present
31	Fabiola R. Gabriel	Municipal Health Officer	LGU Mankawayan	Staff	April, 2006	Present
32	Editha M. Francisco	Municipal Health Officer	LGU La Trinidad	Staff	April, 2006	Present
33	Oliver P. Guardana	Municipal Health Officer	LGU Ilagan	Staff	April, 2006	Present
34	Judith Codammon	Municipal Health Officer	LGU Subulan	Staff	April, 2006	Present
35	Lanegrace B. Austria	Municipal Health Officer	LGU Tuba	Staff	April, 2006	Present
36	Mercede Tinoyan	Municipal Health Officer	LGU, Tublay	Staff	April, 2006	Present
37	Glenn Comcelio A. Lamis	Municipal Health Officer	LGU, Bakod	Staff	April, 2006	May, 2008
38	Lillian Velasco	Municipal Health Officer	LGU, Bakod	Staff	September, 2008	Present
39	Felix A. Mangalies Jr.	Municipal Health Officer	LGU, Kabayang	Staff	April 2006	Present
40	Lilian Marie Laruan	Municipal Health Officer	LGU, Kapangganan	Staff	April 2006	Present
41	Joann G. Fianza	Municipal Health Officer	LGU, Kibungan	Staff	April 2006	Present
<b>DOH-Representative for Benguet</b>						
42	Mercedes Calpito	Provincial Health Team Leader	DOH-Representative, CHD-CAR	Staff	September 2006	Present
43	Nicols Gordo	Provincial Health Team Leader	DOH Representative, CHD-CAR	Staff	April 2006	August 2006
44	Florence Tabur	DOH-REP	DOH-Representative, CHD-CAR	Staff	September 2006	Present
45	Jocelyn Desire	DOH-REP	DOH-Representative, CHD-CAR	Staff	September 2006	Present
46	Simon Cirico	DOH-REP	DOH-Representative, CHD-CAR	Staff	September 2006	Present
47	Anthony Biogen	DOH-REP	DOH-Representative, CHD-CAR	Staff	January 2009	Present
<b>Philhealth CAR-Regional Office</b>						
48	Elvir C. Ver	Assistant Vice-President	Philhealth-CAR	Staff	April 2006	January, 2010
49	Leo Douglas Carionna	Assistant Vice-President	Philhealth-CAR	Staff	January, 2010	Present

LGU: Local Government Unit  
 OIC: Office in Charge  
 DOH: Department of Health  
 CHD: Center for Health Development  
 CAR: Cordillera Administrative Region

**Annex 6-1: Summary of Training in the Philippines**

TITLE		Integrated Management of Childhood Illnesses (IMCI)	Community Managed Maternal & Newborn Care	Data Management	Monitoring skill	Quality Presentation	PhilHealth Advocacy Workshop	Drug Management
OUTPUT		Output 1	Output 1	Output 1 and 2	Output 1	Output 2	Output 3	Output 4
FY 2006	Number of training	4	-	-	-	-	-	-
	Total number of participants	85	-	-	-	-	-	-
Fy 2007	Number of training	2	2	-	-	-	-	-
	Total number of participants	40	79	-	-	-	-	-
Fy 2008	Number of training	2	1	1	-	-	-	-
	Total number of participants	40	26	23	-	-	-	-
Fy 2009	Number of training	2	1	-	1	-	-	-
	Total number of participants	40	26	-	16	-	-	-
Fy 2010	Number of training	1	-	-	1	2	1	2
	Total number of participants	20	-	-	16	-	-	-
Total	Number of training	11	4	1	2	51	(Old and New municipal and	28
	Total number of participants	225	131	23	32	51	(Old and New municipal and	28

## **Annex 6-2: List of Participants for Training in Japan**

**[Fiscal Year 2007]**

**October 25, 2007 - November 6, 2007 (13 days)**

	Name	Position
1	Dr. Alice Pasking	Municipal Health Officer, Atok
2	Dr. Simon Macario Jr.	Municipal Health Officer, Bakun
3	Dr. Glenn Lamsis	Municipal Health Officer, Bokod
4	Dr. Jo-Ann Fianza	Municipal Health Officer, Kibungan
5	Dr. Editha Francisco	Municipal Health Officer, La Trinidad
6	Dr. Judith Codamon	Municipal Health Officer, Sablan

**[Fiscal Year 2008]**

**October 14, 2008 - October 28, 2008 (15 days)**

	Name	Position
1	Dr. Norma Pacalso	Provincial Health Officer - I, Benguet
2	Dr. Hilda Kimakim	Municipal Health Officer, Buguias
3	Dr. Oliver Guadana	Municipal Health Officer, Itogon
4	Dr. Felix Mangaltag	Municipal Health Officer, Kabayan
5	Dr. Lilian Marie Laruan	Municipal Health Officer, Kapangan
6	Dr. Lorigrace Austria	Municipal Health Officer, Tuba
7	Dr. Marcela Tinoy-an	Municipal Health Officer, Tublay

**[Fiscal Year 2009]**

**January 26, 2010 - February 9, 2010 (15 days)**

	Name	Position
1	Dr. Norma Pacalso	Provincial Officer I
2	Dr. Nora Ruiz	Chief of Hospital, Atok District Hospital
3	Dr. Joseph Giovanni Frias	Chief of Hospital, Abatan Emergency Hospital
4	Dr. Satur Valentin	Chief of Hospital -OIC, Itogon Municipal Hospital
5	Dr. Eduardo Calpito	Chief of Hospital, Dennis Molintas Memorial Hospital
6	Dr. Mary Joy Torio	Chief of Hospital, Kapangan Medicare Community Hospital

## **Annex 7: Contributions from the Philippines**

Actual (as of June 2010)

### **Land, Buildings and Facilities:**

- Venues for meetings
  - 1. Sanggunian Panlalawigan conference room of the province (Executive Committee Meetings)
  - 2. Sanggunian Bayan conference room of the municipality (Inter Local Health Zone (ILHZ) meetings)
  - 3. Conference room of the core hospitals (Technical Working Group Meetings, Inter Local Health Zone Meetings )
- Venues for Trainings
  - 1. Provincial Health Office (PHO) conference room
  - 2. Benguet Hospital Seminar room

### **Cost Sharing:**

- Center for Health Development (CHD)- Cordillera Administrative Region (CAR)
  - 1. DOH Representative – Travelling expenses and per diem to attend meetings and to give technical assistance
  - 2. CHD engineer and staff to inspect and evaluate the x'ray room of Abatan Emergency Hospital, Kapangan Medicare and Community Hospital and Dennis Molintas Memorial Hospital.
  - 3. Food for the participants of one training of Data Utilization.
  - 4. Technical assistance from the Core of Trainors of health programs
- Benguet Province
  - 1. Governor's Office
    - a. Renovation of the x'ray room of Abatan Emergency Hospital, Kapangan Medicare and Community Hospital and Dennis Molintas Memorial Hospital as per standard of the CHD-CAR licensing team.
    - b. Creation of Radiologic Technician II item for Abatan Emergency Hospital and Kapangan Medicare and Community Hospital.
    - c. Inter Local Health Zone, Common Health Trust Fund.
    - d. Rural Health Unit facility renovation.
    - e. Food for the Executive Committee Meetings.
  - 2. PHO
    - a. Travelling expenses and per diem of staff to attend meetings and to give technical assistance.
    - b. Food during the Technical Working Group (TWG) Meetings, office supplies, electricity, water, telephone and fax bills during trainings.
    - c. Salary of the technical staff.
    - d. Vehicle to transport personnel to attend meetings, conduct monitoring. To transport training materials to venue to training outside.

3. ILHZ Office of core hospitals ( 4 ) – electricity, gas, office supplies, and food during meetings of technical management committee
4. Benguet General Hospital – electricity and office supplies used during BLIISTT Technical Working Group and ILHZ meetings

➢ Municipal

1. All 13 municipalities of Benguet province – Travelling expenses and per diem of health personnel and members of the ILHZ board.
2. Inter Local Health Zone , Common Health Trust Fund.
3. Food, electricity, and office supplies during ILHZ board meetings.

## Annex 8: Progress of Activities

Activities	Progress
<i><b>Output 1: Supporting system of providing quality health services by Rural Health Unit (RHU) is established.</b></i>	
1-1. Develop service improvement plan.	<input type="checkbox"/> TWG decided that all members of TWG serve as member of Service Improvement team. <input type="checkbox"/> Service Improvement Plan was made by all four inter local health zones (ILHZ). <input type="checkbox"/> "Evidence-based Planning" (analyze current situation using health/service statistics to justify the plan) was practiced. <input type="checkbox"/> Result of the baseline survey was used for situation analysis. <input type="checkbox"/> The service improvement plans of each ILHZ were integrated in Provincial Investment Plan for Health (PIPH).
1-2. Provide equipments for health service improvement.	<input type="checkbox"/> Equipments were provided in the 1 <sup>st</sup> to the 4 <sup>th</sup> project year. Thus, all RHUs comply with equipment requirements of SS-II certifications and PhilHealth accreditations.
1-3. Conduct trainings necessary for SS-II certification and PHIC accreditations.	<input type="checkbox"/> Technical trainings required for SS-II certifications and PhilHealth accreditations were conducted. Thus, all RHUs comply with training requirements for these certification/accreditations. <input type="checkbox"/> Integrated Management of Childhood Illnesses (IMCI) trainings (PY1-5) and Community Managed Maternal Newborn Care training (PY2-4) are conducted to improve skills in maternal-child health.
1-4. Strengthen two-way referral system	<input type="checkbox"/> Referral system improvement plan was made in each ILHZ and incorporated into Provincial Investment Plan for Health (PIPH). <input type="checkbox"/> Referral system improvement workshops were conducted to review services provided in each level of facilities, actual patient flow, current referral recording / monitoring system, to revise referral system manual and guidelines and to discuss rationalization of health facilities. <input type="checkbox"/> Revised referral manual and guidelines were distributed to all RHUs and government hospitals in the Province. <input type="checkbox"/> Recording of referral has been implemented using revised referral slip and logbook. <input type="checkbox"/> Data of referral monitoring has been analyzed by ILHZ and PHO. <input type="checkbox"/> Analysis of referral system were used for rationalization plan of health facilities. <input type="checkbox"/> CHD-CAR, PHO Benguet and Benguet General Hospital conducted the study on optimization on their service and referral system on their own initiative. <input type="checkbox"/> Ambulance was provided to BLIIS'IT' ILHZ in the PY 3 and has been operated through ILHZ system. <input type="checkbox"/> X-ray machines were provided to the 1 <sup>st</sup> level hospitals in three ILHZ.
1-5. Strengthen ILHZ level monitoring and supervision.	<input type="checkbox"/> Monitoring and supervision system improvement plan was drafted in each ILHZ and incorporated in Provincial Investment Plan for Health (PIPH). <input type="checkbox"/> Framework of monitoring has been discussed in the TWG meeting. <input type="checkbox"/> Monitoring of health indicators collected through current Health Information System (HIS) such as FHSIS and local government unit (LGU) scorecard started to be consolidated and analyzed as ILHZ level. <input type="checkbox"/> Workshops for monitoring skill improvement were conducted especially for PHO staff to develop monitoring guidelines and checklist as well as to improve analytical skill of data monitored.

Activity	Progress
<i>Output 2: Local governance (management) of the province is strengthened.</i>	
2-1. Revise and implement ILHZ plans.	<ul style="list-style-type: none"> <li><input type="checkbox"/> PHO developed the monitoring guidelines and checklist.</li> <li><input type="checkbox"/> PHO has started monitoring using these guidelines and checklist since the 3<sup>rd</sup> quarter of 2009 (including pilot test).</li> <li><input type="checkbox"/> Results of monitoring are analyzed and used for development of annual plans.</li> </ul>
<i>Output 2: Local governance (management) of the province is strengthened.</i>	
2-2. Develop and implement Provincial Investment Plan for Health.	<ul style="list-style-type: none"> <li><input type="checkbox"/> TWG members of each ILHZ formed team for ILHZ plan development.</li> <li><input type="checkbox"/> All four ILHZ updated their five-year ILHZ plan as a part of activities of each output of the Project.</li> <li><input type="checkbox"/> Based on the five-year plan, all ILHZs have made annual ILHZ plan since 2008.</li> <li><input type="checkbox"/> ILHZ board was re-organized with new local chief executives (LCE) in 2007 after the election.</li> <li><input type="checkbox"/> ILHZ offices were set up at each ILHZ in 2007.</li> <li><input type="checkbox"/> ILHZ board and technical management committee (TMC) meetings started to be held regularly.</li> <li><input type="checkbox"/> ILHZ made resolutions as ILHZ activities.</li> <li><input type="checkbox"/> ILHZ common health trust fund (CHTF) was established in all four ILHZ in 2008 and has been functional since 2009. Some of activities in the ILHZ plans are funded through CHTF of each ILHZ.</li> </ul>
2-3. Conduct management skill training.	<ul style="list-style-type: none"> <li><input type="checkbox"/> PHO, MHO, 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.</li> <li><input type="checkbox"/> The five-year ILHZ plans were integrated in the PIPH (five-year provincial health plan).</li> <li><input type="checkbox"/> PIPH was submitted to DOH in February 2008. DOH Joint Assessment Committee (JAC) reviewed the PIPH and provided recommendations in April 2008 (grade A: no major modification were recommended).</li> <li><input type="checkbox"/> Based on the PIPH (five-year plan), PIIO has developed and implemented annual operational plan since 2008.</li> </ul>
<i>Output 3: Financial system of healthcare of the Province is strengthened.</i>	
3-1. Develop plan and conduct activities for financial improvement of each health facility.	<ul style="list-style-type: none"> <li><input type="checkbox"/> TWG members reviewed financial plans / status of each health facility (especially RHU financial plan) and made financial improvement plan in each ILHZ.</li> <li><input type="checkbox"/> Recording of user fee has been encouraged to create evidence in budget negotiation with Local Chief Executives and local budget officers, as well as to clarify actual flow of health revenue and expenditure.</li> <li><input type="checkbox"/> Management of user fee income in trust fund (not returning to general account) has been promoted to secure health budget in some municipalities.</li> <li><input type="checkbox"/> Record Management Training (PY 2) and computer skills trainings (PY 3) were conducted to improve financial record keeping and management.</li> </ul>

Activities		Progress
		<input type="checkbox"/> Acquiring PhilHealth accreditations have been encouraged and supported by the Project (as activities for Output 1) to increase income from PhilHealth (such as capitation fund for outpatient treatment in Rural Health Units and reimbursement for inpatient care in hospitals).
3-2. Implement activities of advocacy/publicity for insurance participation.	<input type="checkbox"/> PhilHealth representatives, MHOs, COHs and PHO staff (TWG members) formed teams for PhilHealth insurance advocacy. <input type="checkbox"/> All ILHZ made Advocacy / Publicity Plan for insurance participation. <input type="checkbox"/> PhilHealth has put up service desk (membership registration and advocacy campaign) in each municipality co-funded both by PhilHealth and by the Project. <input type="checkbox"/> Advocacy / Publicity Training was conducted to Barangay Health Workers (BHW) and municipal social workers to increase their advocacy skills. Also orientations on health insurance system were conducted for Local Chief Executives, BHW and MSW.	
<b>Follow-up/Other Information</b>		
4-1. Review baseline data and identify problems.	<input type="checkbox"/> Problem analysis was implemented in making "problem tree" on drug management at facility level per ILHZ (Inter Local Health Zone). Major problems were limited drug budget and long lead time. <input type="checkbox"/> Discussions were made and agreed to hold two kinds of trainings: 1) Drug inventory management at RHU(Rural Health Unit)/Hospital level 2) Annual drug procurement plan	
4-2. Conduct training on drug inventory management.	<input type="checkbox"/> Inventory management trainings were conducted in Nov. 2007 and Nov. 2008 by the JICA expert. Participants were Municipal Health Officers (MHOs) and nurses-in-charge of pharmacy at RHU level, and Chief of Hospitals (COHs) and pharmacists at hospital level. Inventory system using a stock card was explained to all the 19 health facilities (1 provincial hospital, 5 district hospitals, and 13 RHUs) during the training. <input type="checkbox"/> In the training, it was also emphasized to separate drug stock room from dispensary (where the medicines are dispensed) to keep drugs safe and to make inventory easier since most of the RHUs did not separate them. <input type="checkbox"/> Field visits for the follow up of the training were conducted by the JICA expert in June and Nov. 2008, and June 2009. Main check points were; 1) whether drug stock room is clearly separated from dispensary, 2) whether stock cards are prepared for all the drug items, 3) whether stock cards are placed beside to each drug item in the stock room, 4) whether stock cards are updated by entering the data such as date of in/out, quantity of in/out, balance, monthly consumption, and days out of stock (O/S). <input type="checkbox"/> The JICA expert trained all the 12 staff of the Provincial Health Office (PHO) on how to monitor drug inventory management at RHUs/hospitals, so that they included drug management into their regular monitoring. <input type="checkbox"/> After the above training, the PHO staff started to implement monitoring on drug inventory management with the assistance of the JICA expert in Nov 2009 and Feb. 2010.	
4-3. Develop drug procurement plan based on the inventory record.	<input type="checkbox"/> Training on how to make annual drug procurement plan was conducted by the JICA expert in Nov. 2009. The main topics were; 1) what is ABC analysis and how to analyze it, 2) what is VEN system, 3) how to make prioritization on drugs using ABC and VEN, and 4) what is buffer stock and how to quantify it, and 5) how to quantify annual needs of each drug item. The participants of the training were the same as those of the "drug inventory management training". <input type="checkbox"/> The training also included how to analyze the above topics using a	

Activities and Progress	
<b>Training on ABC analysis and annual drug procurement plan using computer.</b> The participants exercised ABC analysis, calculation of average monthly consumption, and quantification of each drug item needs for annual drug procurement plan using computer during the training.	
	<input type="checkbox"/> In March 2010, the review training was conducted with the same participants as above. In the training, the trainer (JICA expert) gave homework to each health facility to submit ABC analysis of 2009, (prioritized) drug list, average monthly consumption of each drug item, buffer stock level, and annual drug procurement plan for 2010 to evaluate the health worker's understandings of the training.
	<input type="checkbox"/> At provincial level, the workshop on developing the pooled procurement guideline was held in June 2010. The participants were the Provincial Health Officers, COHs, pharmacists, Bids and Awards Committee (BAC) chairperson, who is Provincial administrators) and the JICA expert.
	<input type="checkbox"/> At municipal level, it is planned to hold meetings per ILHZ to increase the awareness of long lead time among local persons such as BAC members.
<b>Sharing Information and Experience of the Project as shared with DOH and other FOURmula One (F1) meetings</b>	
5-1. Attend FOURmula One meetings and share lessons and outputs	<input type="checkbox"/> PHO and JICA experts attended FOURmula One (F1) meetings twice (both in FY1 and FY2) and shared lessons and outputs of the Project.
	<input type="checkbox"/> JICA experts had meetings with programs of other donors on local health system strengthening to share lessons and outputs (with GTZ and ADB).
	<input type="checkbox"/> The project will convene the National seminar of the project to share lessons and outputs with other provinces in CAR region, other regions in the country, DOH and other donors in PY5 (February 2011)
5-2. Conduct / receive study tours to / from other provinces.	<input type="checkbox"/> Two study tours were conducted to learn advanced ILHZ system in other provinces in PY1 and PY2.
	<input type="checkbox"/> Benguet province hosted study tour from Abra province to share lessons and outputs of the Project in PY4.
	<input type="checkbox"/> Benguet will host additional study tours from Apayao and Kalinga provinces in PY5 (November – December 2010).
5-3. Share progress of the Project through newsletter and Web page of the Project.	<input type="checkbox"/> Project newsletter was issued semi-annually. Eight issues had been published since the beginning of the Project.
	<input type="checkbox"/> Project web pages were launched and periodically updated both in English and Japanese (see English website: <a href="http://www.benguet-jica.com/">http://www.benguet-jica.com/</a> and Japanese website: <a href="http://www.jica.go.jp/project/philippines/0600796/">http://www.jica.go.jp/project/philippines/0600796/</a> ).

Source: End-line Survey Report, July 2010

## 供与機材リスト

### JICA EQUIPMENT INVENTORY As of September 23, 2010

<b>ANTOK RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier) Kyocera	1	12/7/2006
Diesel Generator	1	12/12/2006
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Oxygen Gauge/ Regulator (with Humidifier)	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Examining Table	1	2/5/2007
Microscope, Binocular	1	2/5/2007
Bassinet	1	2/5/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	10	3/22/2007
Cold Chain Thermometer	2	3/22/2007
<b>SECOND BATCH</b>		
Refrigerator	1	8/22/2007
Olympia Typewriter	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
EENT Diagnostic Set, Welch Allyn	1	3/19/2008
Autoclave, steamtype, stainless steel with safety values	1	3/19/2008
Gooseneck Lamp (Local), Floor Stand Type, Adjustable, Flexible Neck AC 220; 60Hz Single Phase	2	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh FDIPX 02090405	1	3/19/2008

<b>BAKUN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Diesel Generator	1	12/12/2006
Equipment Cabinet	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Bassinet	1	2/5/2007
Electric Sterilizer with Covered Pan	1	2/9/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	7	3/22/2007

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Cold Chain Thermometer	7	3/22/2007
<b>SECOND BATCH</b>		
Olympia Typewriter	1	8/28/2007
Digital Camera/ Canon	1	9/27/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Needle Destroyer	1	10/30/2007
EENT Diagnostic Set, Welch Allyn	1	3/19/2008
Wheelchair, Local, Aluminum, Frame, Collapsible, Heavy Duty with IV Stand	1	3/19/2008
Gooseneck Lamp (Local), Floor Stand Type, Adjustable, Flexible Neck, AC 220; 60Hz Single Phase	7	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 020964-05	1	3/19/2008
Weighing Scale, Infant with Plastic Basket for Infant	1	3/19/2008
Instrument Table, Mayo (Local), Stainless Steel, Adjustable	1	3/19/2008
Instrument Cabinet, Stainless Steel, Double Glass Door	1	3/19/2008
BP Apparatus, Adult, Baumanometer with Adult and Pedia Cuff, CM 8209 and CM8343	2	3/19/2008
Stethoscope, Pedia, Littman	1	3/19/2008
Stethoscope, Adult, Littman	2	3/19/2008

<b>BOKOD RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Scalpel Blade (100 pack)	1	1/22/2007
Scalpel Blade Holder	1	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Oxygen Gauge Regulator (with Humidifier)	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Counting Chamber / Hemacytometer	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Examining Table	1	2/5/2007
Bassinet	1	2/5/2007
Suction Apparatus	1	2/9/2007
Electric Sterilizer with Covered Pan	1	2/9/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	5	3/22/2007
Cold Chain Thermometer	10	3/22/2007
Delivery Table	1	

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>SECOND BATCH</b>		
Diesel Generator	1	8/28/2007
Digital Camera/ Canon	1	9/27/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Promac DVD Player	1	9/27/2007
Needle Destroyer	1	10/30/2007
Ultrasonic Scaler	1	10/30/2007
Dental Unit Fully Motorized	1	10/30/2007
EENT Diagnostic Set, Welch Allyn, Ophthalmoscope and Otoscope with Carrying Case	1	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0205726-05	1	3/19/2008

<b>BUGUIAS RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2006
BP Apparatus	1	1/22/2007
Forceps Pick-up (non-tooth)	1	1/22/2007
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Centrifuge (Hematocratic)	1	1/22/2007
Oxygen Gauge/ Regulator (with Humidifier)	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Counting Chamber / Hemacytometer	1	1/22/2007
Laptop with Printer and Speaker	1	1/22/2007
Bassinet	1	1/26/2007
Suction Apparatus	1	2/5/2007
Electric Sterilizer with Covered Pan	1	2/9/2007
Timer with Second Hand	1	2/9/2007
Cold Chain Thermometer	2	3/22/2007
Delivery Table	1	
<b>SECOND BATCH</b>		
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Vaccine Transport Box, 10 liters Cap with Ice Packs	1	1/21/2007
Vaccine Carrier with 4 Ice Packs, Shoulder Type	7	1/21/2007
Needle destroyer (Nisafe) 1800 Malaysia Portable size 11.1" (L) x 5.1" (H) x 4.3" (W) 2.8kgs. S/N: 9723002947	1	10/30/2007
EENT Diagnostic Set, Welch Allyn, Ophthalmoscope and Otoscope with Hard Carrying Case	1	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0209058-05	1	3/19/2008
Weighing Scale, Infant with Plastic Basket for Infant	1	3/19/2008

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Wheelchair, Local, Aluminum, Frame, Collapsible, Heavy Duty with IV Stand	1	3/19/2008
Autoclave, Steam Type, Stainless Steel with Safety Values	1	3/19/2008
Stretcher with Wheels, 2 inches Foam Mattress, Collapsible with Built in Stainless Steel IV Pole with Hook	1	

<b>ITOGON RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2007
Needle Holder	1	1/22/2007
Needle, Cutting, Atraumatic, Silk 3-0	2	1/22/2007
Scalpel Blade Holder	1	1/22/2007
Laptop with Printer and Speaker	1	3/22/2007
Cold Chain Thermometer	10	
<b>SECOND BATCH</b>		
Refrigerator Samsung for Vaccine Only	1	8/22/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
Ultrasonic Scaler (Dental)	1	10/30/2007
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0208709-05	1	3/19/2008
Instrument Table, Mayo (Local), Stainless Steel, Adjustable	1	3/19/2008
Instrument Cabinet, Stainless Steel, Double Glass Door	1	3/19/2008

<b>KABAYAN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2006
Needle, Cutting, Atraumatic, Silk 3-0	1	1/22/2007
Flashlight	1	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Oxygen / Gauge / Regulator (with Humidifier)	1	1/22/2007
Ambu Bag, Pediatrics	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Examining Table	1	2/5/2007
Bassinet	1	2/5/2007
Suction Apparatus	1	2/9/2007

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Timer with Second Hand	1	2/9/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	13	3/22/2007
Cold Chain Thermometer	13	3/22/2007
Delivery Table	1	
<b>SECOND BATCH</b>		
Refrigerator Samsung for Vaccine Only	1	8/22/2007
Digital Camera/ Canon	1	9/27/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Promac DVD Player	1	9/22/2007
Needle Destroyer	1	10/30/2007
EENT Diagnostic Set, Welch Allyn	1	3/19/2008
Wheelchair, Local, Aluminum, Frame, Collapsible, Heavy Duty with IV Stand	1	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0208715-05	1	3/19/2008
Weighing Scale, Infant with Plastic Basket for Infant	1	3/19/2008
Instrument Table, Mayo (Local), Stainless, Adjustable	2	3/19/2008
Stethoscope, Adult, Littman	4	3/19/2008
Oxygen Tank, Big	1	1/21/2008
Oxygen Regulator	1	

<b>KAPANGAN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
BP Apparatus	1	1/22/2007
Needle, Cutting, Atraumatic, Silk 3-0	2	1/22/2007
Stethoscope with Bell and Diaphragm	1	1/22/2007
Weighing Scale, Infant	1	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Oxygen Gauge/ Regulator (with Humidifier)	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Timer with Second Hand	1	2/9/2007
<b>SECOND BATCH</b>		
Bed with Mattress for Labor Room	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
Bassinet with Mobile Stand, Fiber Glass Case, Martress	1	3/19/2008
Delivery Table, Local, Heavy Duty Tubular Frame with Legs 1 inch diameter, 1.5 thick, Adjustable Head and Legs Section	1	3/19/2008

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0208722-05	1	3/19/2008
Weighing Scale, Infant, with Plastic Basket for Infant	1	3/19/2008
Instrument Table, Mayo (Local), Stainless Steel, Adjustable	1	3/19/2008
Instrument Cabinet, Stainless Steel, Double Glass Door	1	3/19/2008
Suction Apparatus with Stand, Postable, 220 volts, 60Hz	1	3/19/2008

<b>KIBUNGAN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2006
BP Apparatus	1	1/22/2007
Forceps Mosquito	2	1/22/2007
Forceps Pick-up (non-tooth)	1	1/22/2007
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Scalpel Blade Holder	1	1/22/2007
Scalpel Blade (100 pack)	1	1/22/2007
Scissor, Surgical	1	1/22/2007
Weighing Scale, Adult (non-bathroom)	1	1/22/2007
Stethoscope with Bell and Diaphragm	1	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Counting Chamber / Hemacytometer	1	1/22/2007
Laptop with Printer and Speaker	1	1/22/2007
Examining Table	1	1/26/2007
Bassinet	1	2/5/2007
Delivery Table	1	2/5/2007
Suction Apparatus	1	2/9/2007
Timer with Second Hand	1	2/9/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	10	3/22/2007
Cold Chain Thermometer	10	3/22/2007
<b>SECOND BATCH</b>		
Bed with Mattress	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
Fetal Montioring Apparatus (Doppler), Huntleigh, FDIPX 0209035-05	1	3/19/2008
Weighing Scale, Infant, with Plastic Basket for Infant	1	3/19/2008
Instrument Table, Mayo (Local), Stainless Steel, Adjustable	1	3/19/2008
Instrument Cabinet, Stainless Steel, Double Glass Door	1	3/19/2008

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Vaccine Carrier	11	1/21/2008

<b>LA TRINIDAD RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2006
BP Apparatus	1	1/22/2007
Forceps Mosquito	2	1/22/2007
Forceps Pick-up (non-tooth)	1	1/22/2007
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Scalpel Blade Holder	1	1/22/2007
Scalpel Blade (100 pack)	1	1/22/2007
Nebulizer	1	1/22/2007
Gooseneck Lamp	1	1/22/2007
Scissors, Mayo Curve	1	1/22/2007
Ambu Bag, Adult	1	1/22/2007
Ambu Bag, Pedia	1	1/22/2007
Equipment Table	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Vaccine Transport Box	1	2/9/2007
Vaccine Carrier	6	3/22/2007
Cold Chain Thermometer	3	3/22/2007
<b>SECOND BATCH</b>		
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Dental Unit Fully Motorized	1	10/30/2007
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 02087-05	1	3/19/2008
Needle destroyer (Nisafe) 1800 Malaysia Portable size 11.1" (L) x 5.1" (H) x 4.3" (W) 2.8kg. S/N: 9723003028	1	10/30/2007

<b>MANKAYAN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>		
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Diesel Generator	1	12/12/2006
BP Apparatus	1	1/22/2007
Forceps Sponge	1	1/22/2007
Forceps Pick-up (non-tooth)	5	1/22/2007
Needle Holder	2	1/22/2007
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Scissor, Surgical	5	1/22/2007

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Flashlight	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Oxygen Gauge / Regulator (with Humidifier)	1	1/22/2007
Ambu Bag, Pediatrics	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Vaccine Refrigerator	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Examining Table	1	2/5/2007
Bassinet	1	2/5/2007
Foot Stool	1	2/5/2007
IV stand	1	2/5/2007
Suction Apparatus	1	2/9/2007
Electric Sterilizer with Covered Pan	1	2/9/2007
Timer with Second Hand	1	2/9/2007
Vaccine Transport Box	1	3/22/2007
Vaccine Carrier	13	3/22/2007
Cold Chain Thermometer	24	3/22/2007
Delivery Table	1	2/5/2007
Kelly Pad	1	2/5/2007
<b>SECOND BATCH</b>		
Olympia Typewriter	1	8/28/2007
Bed with Mattress	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
EENT Diagnostic Set, Welch Allyn, Ophthal, Otoscope	1	3/19/2008
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0209036-05	1	3/19/2008
Weighing Scale, Infant, with Plastic Basket for Infant	1	3/19/2008
Stethoscope, Pedia, Littman	1	3/19/2008
Stethoscope, Adult, Littman	1	3/19/2008
IV Stand, Single Pole, 2 Hook Top, Stainless Steel	1	3/19/2008
BP Apparatus, Baumanometer with Adult and Pedia Cuff CM8201 and CM8341	2	3/19/2008
Bassinet with Mobile Stand, Fiber Glass Case, Mattress	1	3/19/2008

<b>SABLAN RHU</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Forceps Sponge	1	1/22/2007
Forceps Mosquito	2	1/22/2007
Forceps Pick-up (non-tooth)	1	1/22/2007

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Needle, Cutting Atraumatic, Silk 3-0	2	1/22/2007
Scalpel Blade Holder	1	1/22/2007
Scalpel Blade (100 pack)	1	1/22/2007
Centrifuge (Hematocrit)	1	1/22/2007
Centrifuge (Clinical, 6 placer)	1	1/22/2007
Oxygen Gauge/ Regulator (with Humidifier)	1	1/22/2007
Ambu Bag, Adult	1	1/22/2007
Ambu Bag, Pediatrics	1	1/22/2007
Equipment Cabinet	1	1/22/2007
Counting Chamber/ Hemacytometer	1	1/22/2007
Laptop with Printer and Speaker	1	1/26/2007
Timer with Second Hand	1	2/9/2007
Vaccine Transport Box	1	3/23/2007
Vaccine Carrier	7	3/23/2007
<b>SECOND BATCH</b>		
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Dental Unit Fully Motorized	1	10/30/2007
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0208713-05	1	3/19/2008
Needle Destroyer, S/N: 9723004080, (Nisafe) 1800 Malaysia	1	10/30/2007

<b>TUBA RHU</b> <b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>FIRST BATCH</b>		
Laser Printer (Photocopier)	1	12/7/2006
Laptop with Printer and Speaker	1	1/26/2007
<b>SECOND BATCH</b>		
Refrigerator Samsung for Vaccine Only	1	8/22/2007
Diesel Generator	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Needle Destroyer	1	10/30/2007
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 0208708-05	1	3/19/2008
EENT Diagnostic Set, Welch Allyn, Ophthal and Otoscope	1	3/19/2008
Vaccine Carrier	12	1/21/2008
Vaccine Transport Box	1	

<b>TUBLAY RHU</b> <b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
<b>FIRST BATCH</b>		
Diesel Generator	1	12/12/2006

<b>Equipment</b>	<b>Quantity</b>	<b>Date of Delivery</b>
Gooseneck Lamp	1	1/22/2007
Laptop with Printer and Speaker	1	1/22/2007
<b>SECOND BATCH</b>		
Bed with Mattress	1	8/28/2007
Multimedia LCD Projector (BenQ)	1	9/27/2007
Digital Camera/ Canon	1	9/27/2007
Promac Television, Colored, Semiflat Screen, 27 inches	1	9/27/2007
Promac DVD Player	1	9/27/2007
Needle Destroyer	1	10/30/2007
Fetal Monitoring Apparatus (Doppler), Huntleigh, FDIPX 020957-05	1	3/19/2008
EENT Diagnostic Set (Welch Allyn), Otoscope and Ophthalmoscope	1	3/19/2008
Wheelchair, Local, Aluminum Frame, Collapsible, Heavy Duty with IV Stand	1	3/19/2008
Bassinet with Mobile Stand, Fiber Glass Case, Mattress	1	3/19/2008
Instrument Table, Mayo (Local), Stainless, Adjustable	1	3/19/2008