

第3章 プロジェクト実施の妥当性

この章では、政策におけるプロジェクトの位置づけやプロジェクト対象地域の選定から考えられるプロジェクトの妥当性、プロジェクト目標の達成度合いから考えられるプロジェクトの有効性、プロジェクトの実施プロセスから考えられる効率性、プロジェクトがもたらすであろうインパクト、プロジェクトの自立発展性を総合的に考慮し、プロジェクト実施の適切性を総合的に検証する。

3-1 妥当性

(1) 政策からみたプロジェクトの妥当性

本プロジェクトの政策における妥当性は、「フィ」国の国家保健政策、日本の対「フィ」国援助政策、国際的な開発分野における目標であるMDGsのいずれにも合致することから、非常に高いと判断される。以下に詳細を記す。

第1に、本プロジェクトは「フィ」国の国家保健政策に合致し、その重点分野を支援するものである。2010年に公布されたKP政策では、①すべての人が保健サービスにアクセスできるように、医療保険の促進による財政的リスクからの防御、②病院、RHU、BHSなど保健医療施設の充実、③MDGs達成のための母子保健の強化を重点項目としており、これは本プロジェクトのめざすものと合致している。また、DOHは、1999年から2004年の「保健セクター改革（Health Sector Reform Agenda）」及び2005年から2010年の「フォーミュラ・ワン（FOURmula ONE for Health）政策」のそれぞれの国家保健政策において、保健システムの強化を図ってきた。今回のKP政策では、引き続き保健システムの強化を図りながら、過去約10年の国家保健政策を経て課題となった点の強化をうたっている。すなわち、「FOURmula ONE for Health」での①保健財政の向上（Health Financing）、②サービス提供の強化（Service Delivery）、③政策・基準・規則の制定と遵守（Policy, Standards and Regulation）、④保健ガバナンスの強化（Governance for Health）の4つの柱に加え、⑤保健人材の確保（Human Resource for Health）と⑥保健情報（Health Information）が、現在のKPを構成する6つの要素となっている。

同時にDOHは、2015年までのMDGs達成に向けて妊産婦死亡及び乳児死亡の削減を早急に達成するため、MNCHN行政令を発令し、本政策を母子保健分野の最優先政策として進めているが、本プロジェクトはこの政策も支援するものである。MDGsの目標値を達成するためには妊産婦死亡比と乳児死亡率の削減を急がなければならぬことはKPでも指摘⁹されており、これらを減少させるためには保健施策の優先プログラム地域及び貧困層への更なる介入が必要であることが明記されている。

第2に、本プロジェクトは日本の対「フィ」国国別援助計画に合致する。日本の重点項目である①雇用機会の創出に向けた持続的経済成長、②貧困層の自立支援と生活環境改善、③ミランダナオにおける平和と安定のうち、本プロジェクトは②貧困層の自立支援と生活環境改善に資するものである。②では、人間の安全保障の観点から、女性や子供、先住民族などの社会的弱者に配慮し、基礎的社会サービスを拡充させることが言及されている。本プロジェクト対象地域が、先住民族が生活するCARであり、基礎的社会サービスのひとつである保健サ

⁹ 妊産婦死亡比は目標の出生10万対52に比して2005年Family Planning Surveyでは162となっており、乳児死亡率は目標の出生千対19に比して2008年実施の人口・保健統計（National Demographic and Health Survey：NDHS）では25となっており、それぞれ改善が遅れていることが指摘されている。

ービス拡充をめざすことは、日本の対「フィ」国国別援助計画に整合性のあるものと判断される。

そして同援助計画を受けたJICA国別事業実施計画では、保健医療の改善として、保健セクター改革戦略、地域保健システム強化、母子保健、感染症対策を重点項目としている。特に地域保健システム強化と母子保健では、州・自治体クラスターレベルの地域保健システム強化支援、施設分娩増加と産科救急サービス強化支援を打ち出しており、重点地域としてCARと東ビサヤ地域が挙げられている。

第3に、本プロジェクト実施期間中の最重点国際開発政策であるMDGsに、本プロジェクトは合致している。2015年までに開発分野における国際社会共通の目標を達成しようとするMDGsは、保健分野では「乳児死亡率の削減」「妊産婦の健康の改善」「HIV/エイズ、マラリア、その他の疾病の蔓延の防止」を目標にしており、本プロジェクトは保健システムを強化して母子保健の向上をねらうことで、その政策と合致している。

(2) プロジェクト対象地域の妥当性

プロジェクト対象地域はCARであるが、地理的に孤立した地域で伝統を重んじる住民が多数居住しており、貧困率も比較的高いことなどから、保健サービスの提供もサービスへのアクセスも困難な地域とされている。本プロジェクトを当該対象地域で実施することは、実施上困難が伴うことは予想されるにしても、「フィ」国の保健状況の底上げへの寄与を考えれば、本地域でのプロジェクト実施の必要性は高いと判断できる。

一方、当該地域のような、国内でも「保健状況が良くない」とみなされている地域での保健システム強化による母子保健サービス向上のモデルは、果たして他地域にとって参考になるものなのか、という議論がある。しかしながら、財政的・地理的に保健へのアクセスが困難な地域はCAR以外にも存在している¹⁰ことから、これらの地域への保健サービスの展開に関してはモデルとなり得る可能性がある。また、本プロジェクト対象地域のCARは「地理的に孤立した不利な地域（Geographically Isolated and Disadvantaged Area：GIDA）」と呼ばれる保健プログラム実施優先地域であり、地域間格差を縮小したいDOHは、他のドナーが比較的保健アクセスが良好な地域でプロジェクトを実施し続けている中で本プロジェクトがGIDAを対象にすることについて高い関心を抱いている。

3-2 有効性

本プロジェクトは、プロジェクト対象サイトの保健のガバナンスと財政が、ILHZの機能を通じて強化され（成果1）、プロジェクト対象サイトの母子保健サービス提供の枠組みが強化され（成果2）、プロジェクト対象サイトの病院と町保健所が保健省からBEmONCサービスが提供できる施設として認定される一方、町保健所がPhilHealthによりMCP施設であると認証され（成果3）、プロジェクトの教訓と活動に係る普及活動が国内に向けて行われる（成果4）ことにより、「コーディネラ地域において母子保健サービスが効果的・効率的に提供されるための保健システムが強化される」ことを目標にしている。各成果における活動では対象サイトが限定されているものの、そ

¹⁰ 2008年実施のNDHSによれば、保健にアクセスできない理由として「治療費がない」と回答したものは、CARでは63.3%（全国平均は55.1%）であり、「保健施設への距離が遠い」と回答したものが32.0%（全国平均は27.4%）であった。これらはいずれも全国ワースト7位である。

それぞれの成果にはCHD-CAR自身の能力強化のための活動が含まれていること、州保健局に対するTOTが含まれていることから、本プロジェクトはその目標である、CARの保健システム強化に資する有効なプロジェクトであると判断される。

以下、(1)過去のプロジェクトの教訓を生かしたデザインの有効性、(2)母子保健において、エビデンスがあると国際的に認められた介入実施の有効性について述べる。

(1) 過去のプロジェクトの教訓を生かしたデザインの有効性

本プロジェクトは保健システムの強化を目的としているが、実態の見えにくいシステムの強化を実証するために母子保健サービスを用いるものであり、そのデザインはプロジェクト目標達成のために有効であると判断される。また、本プロジェクトは、JICAが同地域内のベンゲット州で2006年から5年間実施した「地域保健システム強化プロジェクト」及び、イフガオ州で同年から4年間実施した「母子保健プロジェクト」の成果を引き継ぎ、発展させ、教訓を取り入れて、有効性を確保するものとする。以下は教訓の要点である。

1) ベンゲット州「地域保健システム強化プロジェクト」からの教訓

- ・同州での保健システムは強化されたと判断できるが、システムというものは、目に見える成果が分かりにくい。今後、システム強化のプロジェクトには目に見える成果を取り入れるべきである。
- ・情報システム強化は、根拠に基づく保健計画策定のために不可欠なものである。

2) イフガオ州「母子保健プロジェクト」からの教訓

- ・プロジェクト実施によって母子保健が向上したが、プロジェクトの自立発展性の確保のためには、地方自治体の政治的・財政的支援が不可欠である。
- ・地域での活動モニタリングやコーディネーションにおけるCHDの能力強化が更に図られるべきである。

ベンゲット州「地域保健システム強化プロジェクト」で指摘された教訓のうち、保健情報システム強化については、その重要性は関係者が十分認識しているところではあるが、本プロジェクトでは情報システム強化対策に特化した活動は特に明記はしていない。しかし、各活動で保健情報の要素を含むものは多く、また指標の多くも既存の保健情報システムから入手することを考慮すれば、OJTで技術指導する機会は多いと考えられる。

(2) 母子保健において、エビデンスがあると国際的に認められた介入実施の有効性

本プロジェクトにおける母子保健関連の介入はMNCHN行政令にのっとったものであり、これは、妊産婦・新生児死亡削減のために現在までに蓄積されてきたエビデンスを基にしたものであることから、その介入は有効であると判断できる。

妊産婦と新生児が負う4つのリスク（①望まない妊娠をしてしまう、②妊娠時期に適切なケアが受けられない、③専門職に介助されない出産と緊急時に対処できない状況、④産後のケアと新生児ケアが受けられない）は、妊産婦と新生児の死亡が削減できない事実として認識されており、MNCHN行政令にはそれらのリスクを回避するための手段が記されている。本プロジェクトの活動も①以外は、この手段に沿って実施されるものである。（①については、当

該地域において家族計画のニーズがある程度満たされている¹¹ことから、活動の必要性は低いと判断できる。) ②、③、④のリスク回避のために、MNCHN政策に沿った介入を活動として取り入れている本プロジェクトは、母子保健サービスを効果的・効率的に提供するために有効であると判断できる。

3-3 効率性

本プロジェクト実施プロセスどおりに活動が行われれば、本プロジェクトの効率性は非常に高いと考えられる。

本プロジェクトは、直接のC/PをCHD-CARにしている。地方自治体における保健活動の実施組織（PHO、町保健課など）は地方分権政策に則し、基本的にはそれぞれの地方政府（州政府、町政府）からの予算に依存している。「フィ」国内における保健行政上CHD-CARは、CARの保健行政を統括する組織として機能するものである¹²。本プロジェクトでは、CHD-CARの能力強化を図り、CHDからPHO、さらにはMHOへとカスケード式に技術移転が行われるデザインとなっている。ねらいどおりCHD-CARの能力が強化され、その管理能力と調整能力が強化されれば、各州の活動を統括するCHD-CARを中心に据えた本プロジェクトの効率性は確保できる。

以下に、上述したプロジェクト実施プロセスを簡略して図で示す。

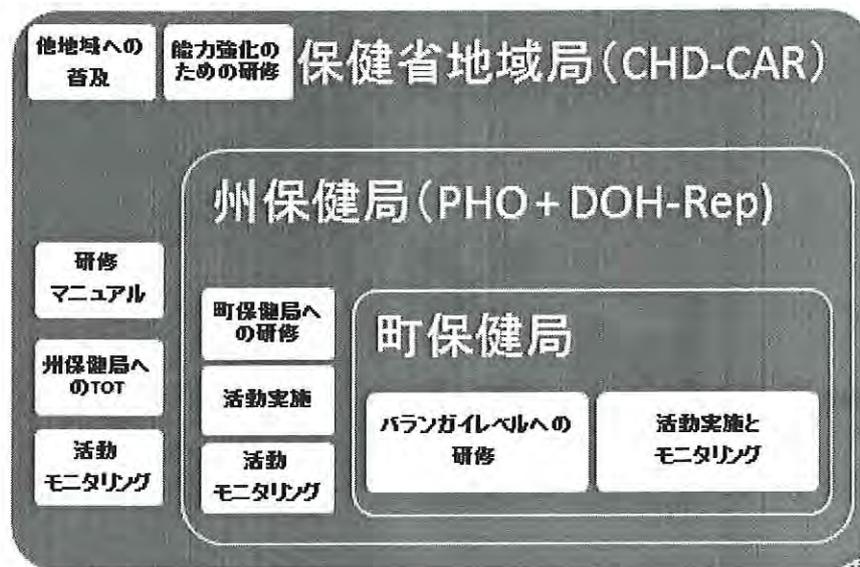


図3-1 プロジェクト実施プロセス簡略図

¹¹ 出所：2008年NDHS。当該地域の家族計画のニーズが満たされている割合は、ダバオ地域に続いて全国第2位である。

¹² 例えば、CHDはMNCHN行政令では、MNCHN政策体制と手段を地域の実情に合わせたものにする、妊産婦と新生児の死亡削減のために複数のセクターに働き掛けること、州保健システムの構築を促進すること、地方政府のためにMNCHN助成金申請の手続きを支援すること、MNCHN実施をマネジメントすること、MNCHN実施の技術支援をすること、などの役割を果たすことが明記されている。

さらに、本プロジェクトの母子保健活動の核をなすMNCHN行政令の内容は、コスト効率が高いと実証された介入であることから、予算が確保される限りにおいては費用対効果に問題はない。CHD-CARによれば、実施に十分な予算はDOH中央レベルで確保されているとのことである。したがって、本プロジェクトの活動と、DOHからの予算執行がスケジュールどおりに行われれば、効率的な母子保健サービス提供の実施が期待できる。

ただし、本プロジェクトの効率性には以下のリスクも伴う。

- (1) CHD-CARの能力強化について、現在のところはCHD-CARスタッフのリーダーである局長のリーダーシップに依るところが大きく、同局長の異動が起こった場合はCHD-CARの能力強化が予定どおり行われるかどうかには若干の疑問がある。同局長は、そのキャリアのほとんどを同地域の保健状況向上のために捧げた人であり、スタッフのみならずDOH本省からの信頼も厚い。異動が行われた場合、現CHD-CARの結束が維持できるのかどうかは不明である。
- (2) さらに、プロジェクト活動自体が、CHD-CARの能力強化なくしては効果的活動が実施困難というデザインになっており、この大前提が崩れるとすべての活動に支障を来す可能性がある。PHOを中心に据えた先行の2つのプロジェクトより一段高いレベルのCHDを中心に据えた本プロジェクトは、介入レベルが現場から更に一段遠ざかるということになり、現場の問題点がさらにつかみにくくなる危険性をはらんでいる。CHD-CARが各州に数人ずつ派遣しているスタッフ（DOH-Reps）が、CHD-CAR事務局と各州をつなぐ役割を果たしているが、本プロジェクトでは彼らの役割が重要となる。

また、2つの先行プロジェクトと比較して、本プロジェクトは対象面積・人口・施設の規模ははるかに大きいにもかかわらず、先行プロジェクト1つの投入規模で2つのプロジェクトを加算した成果が求められている。そのため、実施プロセスをCHD-CAR主体とし、活動のレベルを町レベルまでとし、活動内容も高い有効性が見込まれるものみに絞るなどの工夫を凝らした。限られた投入規模で広範囲の地域への介入をねらう本プロジェクトでは効率性の確保が重要であり、プロジェクト実施中も活動モニタリングを通して、この確保に努めることが求められる。

3-4 インパクト

ここでは、(1) 上位目標と指標設定の適切さと、(2) 波及効果の見込みについて検討する。

(1) 上位目標と指標設定の適切さ

上位目標は、「コーディレラ地域における人々、特に女性と子供の健康状況が改善する。」としている。これは、プロジェクト目標「コーディレラ地域において、母子保健サービスが効果的・効率的に提供されるための保健システムが強化される」が達成され、外部条件①国家及び地域の保健政策が変わらない、②家族計画のカバー率が変わらないか向上する、③予防接種率が変わらないか向上する、④CEmONC施設が質の高いサービスを提供する、⑤母子の死亡を引き起こすような疾患が大流行しない、が満たされれば、その結果として同地域の女性と子供の健康状況が向上する、というロジックである。

また、上位目標は、「コーディレラ地域の乳児死亡率と妊産婦死亡比が減少する。」を指標としているが、これもプロジェクト目標の指標である「施設分娩の割合の上昇」、「妊婦健診

受診率の上昇」、「産後健診の受診率の上昇」が達成できれば、「乳児死亡率・妊産婦死亡比の減少」に寄与するものとして設定されている。これら指標は、「2-2 国家政策の動向」で記述したMNCHN行政令に記された科学的根拠に連動するものであることから、指標の設定も論理的整合性を有するものと判断される。

指標データについては、FHSISやCHD年次報告書などから入手できる。また、どちらの死亡指標も年次モニタリングする必要はなく、数年ごとのデータがあればよいことから、大規模標本調査（NDHSやFamily Planning Survey）からもデータ入手が可能である。

（2）波及効果の見込み

「3-1 妥当性」にも記したとおり、地理的に不利であり、貧困地域と認定されている当該地域において、保健システムが強化されその結果母子保健サービスが向上すれば、同様の状況にある他地域への普及の可能性が生まれ、結果として「フィ」国内の地域保健水準格差縮小に寄与する可能性が見込まれる。

3-5 自立発展性

本プロジェクトには、①政策・制度面、②財政面、③組織・技術面のすべてにおいて、自立発展性が確保できるデザインとなっている。保健システムそのものが政策・制度・財政・人材などの強化を伴って強化されるものであることから、プロジェクト目標が達成されることはすなわち自立発展性がある程度確保されたとみなしてよい。

（1）政策・制度面

現大統領が2010年6月に着任後、KPが公布されたばかりであることから考えると、国家の保健政策には今後大きな政策転換があるとは考えにくい¹³。したがって、KPにのっとり保健システム強化をうたった本プロジェクトは、今後も政策的に整合性をもつことが予想される。

地方自治体からの政治的支援は、プロジェクトの成否を問う要素のひとつである。プロジェクト実施期間中に地方自治体からの支援が得られれば、プロジェクト終了後も引き続き支援される可能性が高い。実際、地域保健システムにおける先行プロジェクトを実施したベンゲット州では、プロジェクト終了後も州知事・町長からの支援は変わらず受けていることが本調査中も確認され、地方自治体を巻き込んだ保健システム強化のプロジェクトの利点はまさにこの点にあるといえる。

制度面においても、プロジェクト活動にMNCHN行政令に関するマニュアルや研修モジュールの制定、妊産婦死亡症例検討会の実施、BEmONCやMCP認証取得、PhilHealthからの還付金取得の手続きの改善等、現行制度を遵守することで認証を得ることに注力するものが多く含まれていることから、プロジェクト期間中に予定した活動がスケジュールどおりに進めば、制度面の充実による自立発展性が期待できる。

¹³ 「フィ」国大統領の任期は6年。

(2) 財政面

CHD-CARによれば、DOH本省からの保健施設拡充プログラムの予算は潤沢で、それが適切に使用されれば保健医療施設の拡充を図ることができるとのことである。ただし未確認ながら、本年度（2011年）までスムーズに配分されていた本予算ではあるが、今後も同様の配分がなされるかどうかについての見通しは何ともいえないとの情報もある。2011年6月現在までに、この予算が配布された状況（2011年の予定も含む）を表3-1に示す。

表3-1 保健施設拡充プログラム予算州別配分

州	2008年	2009年	2010年	2011年	合計
アブラ	2,123,599	1,296,945	1,000,000	1,000,000	5,420,544
アパヤオ	1,105,850	993,352	1,000,000	1,000,000	4,099,202
ベンゲット	567,878	719,710	1,000,000	1,000,000	3,287,588
イフガオ	991,876	830,153	1,000,000	1,000,000	3,822,029
カリンガ	1,499,575	1,128,947	1,000,000	1,000,000	4,628,522
マウンテン	1,156,727	1,145,737	1,000,000	1,000,000	4,302,464
合計	7,445,505	6,114,844	6,000,000	6,000,000	25,560,349

(単位：ペソ)

注) 2010年、2011年に関しては、詳細な配布レポートがまだ作成されていない。

出所：CHD-CAR

地方自治体からの財政面支援については、前述した政策面と連動して、プロジェクト活動においてそれを強化すること自体が目的であることから、プロジェクト実施期間中に財政支援が受けられるようになれば、プロジェクト終了後も支援の持続が期待できる。特に、CHTFのメカニズムを構築し、資金を得、管理でき、適正使用できるようになれば、その仕組みは継続し発展させることが期待できる。

また、本プロジェクトの活動としてもうひとつ、PhilHealthの加入者を増やし、施設に対してPhilHealthからの還付金を受け取るためのものがある¹⁴。これらの活動が予想どおりの成果を挙げることができれば、地域住民の保健に係る財政的負担を減少させることができ、保健施設は還付金を利用して更に質の高い保健サービスを提供することができる。先行する「ベンゲット州地域保健システム強化プロジェクト」の例を挙げると、薬剤購入のための予算が決して十分ではないRHUであっても、PhilHealthからの還付金を薬剤予算に充てることにより、在庫切れを起こさない程度に薬剤を購入できる見通しが立つ例がみられた¹⁵。

(3) 組織・技術面

この点についても、前述してきたとおり、プロジェクト実施期間中にCHD-CARの能力強化が図られれば、プロジェクト終了後も自立発展性の担保が期待できる。本プロジェクトを通して自己の能力強化を図りたいというCHD-CARの期待と意欲は高いことが調査団との複数回の協議を通じて確認でき、それが達成できれば技術面での自立発展性に期待がもてる。ただし、CHD-CAR組織の人員は本調査時点では充足しているとはいえない。CHD-CARによれ

¹⁴ PhilHealthの貧困者向けプログラムでは、加入者数に応じて町政府に還付金が支払われる。

¹⁵ 『ベンゲット州地域保健システム強化プロジェクト プロジェクト事業進捗報告書 第9号』（平成22年9月）

ば、現在の人員数はCHD-CAR事務局ベースのスタッフが88名、各州に派遣されているDOH-Repは47名であるのに対して、本来業務を円滑に進めるためには合計約200名は必要とのことである。CHD-CARは今年度のRationalization Planで増員を申請しており、プロジェクト実施中に増員できる可能性はある。

付 属 資 料

1. M/M
2. Universal Health Care (UHC) / Kalusugan Pangkalahatan (KP)
3. 保健省組織図（地域事務局、州保健局、町保健課）
4. 評価グリッドと主な回答
5. PDMバリデーション会議での発表
6. プロジェクト概念図

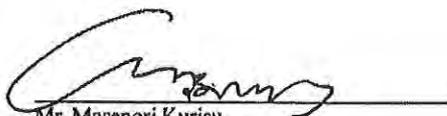
**MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON JAPANESE TECHNICAL COOPERATION PROJECT FOR
CORDILLERA-WIDE STRENGTHENING OF THE LOCAL HEALTH SYSTEM WITH
IMPROVEMENT OF MATERNAL AND CHILD HEALTH AS THE CATALYTIC
SERVICE DELIVERY PROGRAM**

Japan International Cooperation Agency (hereinafter referred to as "JICA") organized the Detailed Planning Survey Team (hereinafter referred to as "the Team"), headed by Mr. Kyo Hanada from July 3 to July 27, 2011 for the purpose of discussing the framework of the technical cooperation project entitled "Cordillera-wide Strengthening of the Local Health System with Improvement of Maternal and Child Health as the Catalytic Service Delivery Program" (hereinafter referred to as "the Project").

The Team had a series of discussions and exchanged views on the Project with the authorities concerned of the Philippines.

As a result of the discussions, the Team and the Philippine authorities concerned agreed on the matters referred to in the document attached hereto.

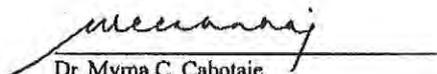
Manila, August , 2011



Mr. Masanori Kurisu
Senior Representative
Japan International Cooperation Agency
Philippine Office



Dr. Gerardo V. Bayugo
OIC Undersecretary of Health
Head of Sector Finance and Policy Technical Cluster
Department of Health
Republic of the Philippines



Dr. Myrna C. Cabotaje
Director
Department of Health
Center for Health Development – Cordillera
Administrative Region
Republic of the Philippines

ATTACHED DOCUMENT

I OBJECTIVE OF THE SURVEY

Japan International Cooperation Agency (JICA), in cooperation with the Province of Benguet and the Department of Health (DOH) has implemented “the Project of Strengthening of Local Health System in the Province of Benguet” in 2006-2011. In the same Cordillera Administrative Region (CAR), JICA and DOH implemented Maternal and Child Health Project (MCH) in Ifugao and Biliran Provinces in 2006-2010. Both projects, designed within the framework of Department of Health (DOH) FOURmula ONE health sector reform policy, achieved tangible results. The MCH Project successfully contributed to the increase in facility-based deliveries assisted by Skilled Health Professionals in Biliran Province (90% in Jan-Jun 2009) and was awarded “Best Practice” award by National Economic Development Agency (NEDA) in December 2010. The Project of Strengthening of Local Health System in the Province of Benguet paved the way to quality health service delivery through strengthening of local health system.

With the positive experiences of the Project of Strengthening of Local Health System in the Province of Benguet and the MCH Project, DOH, under the new framework of the Universal Health Care (UHC) for implementing health sector reforms, proposes to expand and improve the effective interventions to other provinces in CAR, under the leadership of Center for Health Development (CHD) CAR.

In this context, JICA dispatched the detailed planning survey team to assess the feasibility of the proposed project and to work out the preliminary framework of the project design.

II PRINCIPLES FOR PROJECT DESIGN

1. Basic Strategies

The Project aims to strengthen local health system for effective and efficient delivery of maternal and child health services in CAR. Through the implementation of the project, it seeks to develop a model health system whereby DOH-CHD CAR will oversee and support LGUs in provision of quality health services, which may be replicated to other provinces in CAR and regions in the Philippines.

2. Selection of Target Sites

Benguet, Apayao and Dolosan and VPP ILHZ in Abra* were chosen as target sites of the project implementation in CAR. (*These two ILHZs are selected for the target sites when preconditions are met.)

3. Lessons Learned from the Benguet Health System Project and MCH Project in Ifugao

MCH Project in Ifugao province showed tangible results in the improvement of MCH

B

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Mendoza

services. Meanwhile the Local Health Strengthening System Project in Benguet demonstrated that political commitments and supports are crucial to the attainment to improve local health systems. It is expected that the lesson learned from the two projects will be useful in wide spread and sustain implementation of better of more effective and efficient delivery of MCH to strengthening local health systems.

III TENTATIVE FRAMEWORK OF THE PROJECT

1. Project Title

The title of the Project will be "Cordillera-wide Strengthening of the Local Health System with Improvement of Maternal and Child Health as the Catalytic Service Delivery Program".

2. Term of Cooperation

The duration of the technical cooperation for the Project will be five years from the date to be described in the Record of Discussions (hereinafter referred to as "R/D").

3. Project Target Area

The Project will be implemented in Cordillera Administrative Region (CAR) with target sites in Benguet, Apayao and Dolosan and VPP ILHZ in Abra.

4. Project Purpose

The purpose of the project is "local health system in the region is strengthened to deliver effective and efficient maternal and child health services".

5. Outputs

The outputs of the project are:

- 5.1 Health governance and financing are strengthened through functional inter-local health zones in the target sites.
- 5.2 Service delivery for maternal and child health is improved in the target sites.
- 5.3 Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHIC in the target sites.
- 5.4 Lessons learned and good practices of the project are disseminated nationwide.

6. Administration of the Project

Project administration structure and members are as shown in Annex I and Annex II.

7. Project Design Matrix and Tentative Plan of Operation

A basic framework of the Project is as shown in a Project Design Matrix (hereinafter referred to as "PDM") in Annex III. The tentative Plan of Operation as shown in Annex IV which will be finalized by the time of signing the R/D.

8. Inputs

The inputs from each side are as follows:

8-1. JICA

- (1) Team of experts (Health System, MCH, etc.)
- (2) Equipment and materials:
 - Medical equipment
 - Training equipment
 - Office equipment
 - Other necessary equipment
- (3) Activity cost
 - Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees)
 - Production cost of training, educational and promotional materials

8-2. Philippine side

- (1) Human resources
 - Counterpart personnel at regional, provincial, and municipal levels
- (2) Facilities
 - Project office space and facilities at DOH-CHD CAR, Abra, Apayao and Benguet
 - Infrastructures improvement necessary for BEmONC services and MCP accreditation
- (3) Activity Cost
 - Utility cost of the project office (electricity, water, communication, etc.)
 - Essential equipment for BEmONC for other than the target sites
 - Maintenance and repair of equipment supplied
 - Expenses for monitoring and field visits to the project sites by DOH-CHD CAR Personnel
 - Cost sharing for consultative workshops/conferences
 - Cost sharing during the conduct of meetings
 - Capacity building of the CHT members
 - Transportation cost of trainees within the country
 - Per diem of the local participants
 - Monetary incentives and other benefits for the CHT
 - Logistics and commodities necessary for service delivery

IV OTHER IMPORTANT ISSUES

1. Both sides agree that the project title should be changed to "Cordillera-wide strengthening of the Local Health System for effective and efficient delivery of Maternal and Child Health services".
2. The close collaboration and continuous commitment of Local Government Unit and Inter Local Health Zone are crucial.

3. The project will take necessary precautions based on the JICA security criteria.

V NEXT STEPS

< Target Month >

- September 2011 -Approval of the results of the preparatory mission of the Project by JICA
October 2011 -Finalization of the draft Record of Discussions (the document of project agreement) together with Project Design Matrix (PDM) and Plan of Operations (PO) and present it to DOH
November 2011 -Signing of the Record of Discussions (R/D) between DOH and JICA
-Receiving official request for Japanese experts and equipments (A1 and A4 form) from the government of the Philippines
-Procurement of expert services for the Project by JICA
February 2012 -Commencement of the Project

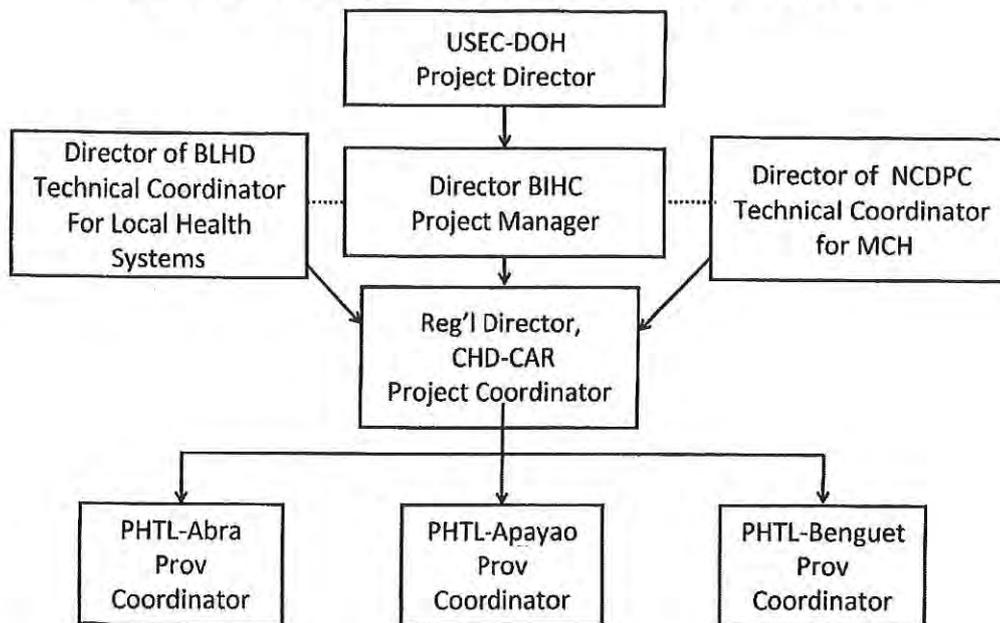
LIST OF ANNEXES

- Annex I Project administration structure
Annex II Administrative personnel of the project
Annex III Project Design Matrix (PDM) Version 1
Annex IV Tentative Plan of Operation (PO)
Annex V Record of Discussion (R/D) Draft

8



Annex I. Project administration structure



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Annex II

1. Administration of the Project

The administration of the Project is as follows:

- 1.1 Project Director who will bear overall responsibility for the administration and implementation of the Project: Undersecretary of Health, Health Sector Financing Cluster, the DOH *Finance*
- 1.2 Project Manager (who will be responsible for the managerial and technical matters of the Project): Director of the Bureau of International Health Cooperation of the DOH.
- 1.3 Technical Coordinator for Local Health Systems (who will ensure the technical alignment of the Project to the policies and directions of the health sector): Director of Bureau of Local Health Development.
- 1.4 Technical Coordinator for MCH (who will ensure the technical alignment of the Project to the policies and directions of MCH): Director of National Center for Disease Prevention and Control (NCDPC).
- 1.5 Project Coordinator (who will be responsible for technical and managerial directions and coordination with the local government units to facilitate the implementation): Director, DOH-CHD CAR
- 1.6 LGU Coordinators (who will be responsible for implementation of the Project at Province of Benguet, Apayao and Abra): Provincial Health Team Leaders (PHTLs).

2. Joint Coordinating Committee

For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee (hereinafter referred to as "JCC") will be established whose functions and composition are described as follows:

2.1 Functions

- 2.1.1 To approve the Plan of Operations of the Project
- 2.1.2 To review and evaluate the Project
- 2.1.3 To discuss on major issues arising from or concerning the Project

2.2 Composition

2.3 Chairperson: Undersecretary of Health, *Finance and Policy Technical* Health Sector ~~Financing Cluster~~

2.3.1 Members

- Director of the Bureau of International Health Cooperation
- Director of the Bureau of Local Health Development-DOH
- Director of DOH-NCDPC

Director of the DOH-CHD CAR
Representative of Health Sector Development Cluster for Luzon
& National Capital Region
Governors of the Province of the project sites (Benguet, Apayao and Abra)
Chief Representative of JICA Philippine Office
JICA experts
JICA Health Program Coordinator

2.3.2 Observers

Representative from PHIC
Representative from WHO country office in the Philippines
Representative from National Economic Development Authority (NEDA)
Representative from the Embassy of Japan

3. Regional Unified Project Management Committee

3.1 Functions

- 3.1.1 To formulate the Plan of Operations of the Project
- 3.1.2 To conduct annual implementation review of the Project
- 3.1.3 To discuss on major issues arising from or concerning the Project

3.2 Composition

- 3.2.1 Chairperson: Director, Department of Health-Center for Health Development CAR
Vice-Chair: Assistant Regional Director, DOH-CHD CAR

3.2.2 Members:

Chief of Local Health Support Division, DOH-CHD CAR
Regional MCH Coordinator, DOH-CHD CAR
Regional Local Health System Coordinator, DOH-CHD CAR
Regional FHSIS Coordinator, DOH-CHD CAR
Regional Planning Officer, DOH-CHD CAR
Provincial Health Team Leaders
Chief Representative, JICA Philippines
JICA Project Expert
JICA Health Program Coordinator

3.2.3 Observers:

Representative from PHIC-CAR
Representative from Department of Social Welfare and Development-CAR
Representative from NEDA-CAR

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Representative from National Nutrition Council-CAR
Representative from Department of Interior and Local Government-CAR
Representative from Population Commission-CAR

4. Provincial Executive Committee

4.1 Functions

- 4.1.1 To formulate the Plan of Operation of the Project for the province
- 4.1.2 To discuss problems and issues that may arise during the project implementation and address them appropriately

4.2 Composition

- 4.2.1 Chairperson: Governor
Vice-Chair: Vice Governor
- 4.2.2 Members
 - Mayors of the target ILHZ
 - Provincial Board Member – Chair for Health
 - Provincial Health Team Leader
 - Provincial Health Officer II
 - Chair of the ILHZ-TWG
 - Representative from JICA Philippines
 - JICA Project Expert
 - Representative from PHIC Service Area Office
 - Representative from Provincial Social Welfare and Development Office (PSWDO)
 - Representative from Department of Interior and Local Government (DILG) Field Office
 - Provincial Population Officer
 - Provincial Planning & Development Coordinator

5. Abra Provincial Technical Working Group

5.1 Functions

- 5.1.1 To assist the Provincial ExeCom on formulating the Plan of Operations of the Project for the province
- 5.1.2 To assist the provincial ExeCom on providing technical direction for the project
- 5.1.3 To assist on resolving problems and issues that may arise during the project implementation and address them appropriately

2



5.2 Composition

5.2.1 Chairperson: Provincial Health Team Leader

Co-chair: Provincial Health Officer II

5.2.2 Members

Provincial Health Officer I for Technical Services

Provincial MCH Coordinator

Provincial FHSIS Coordinator

Provincial Nutrition Action Officer

Rep. from Provincial Budget Office

Rep. from Provincial Planning & Dev. Office

Chief of Hospital/Chair of ILHZ Technical Management Committee (TMC)

MHOs/PHNs of the target sites

DOH Representatives to Municipalities

JICA Project Expert

Representative from PHIC Service Area Office

6. Apayao Provincial Technical Working Group

6.1 Functions

6.1.1 To assist the Provincial ExeCom on formulating the Plan of Operations of the Project for the province

6.1.2 To assist the provincial Execom on providing technical direction for the project

6.1.3 To assist on resolving problems and issues that may arise during the project implementation and address them appropriately

6.2 Composition

6.2.1 Chairperson: Provincial Health Officer II

Co-chair: Provincial Health Team Leader

6.2.2 Members

Provincial MCH Coordinator

Chief of Hospital/Chair of ILHZ-TMC

MHOs of the target sites

DOH Representatives to Municipalities

Representative from prov. Planning & Dev. Office

JICA Project Expert

Representative from PHIC Service Area Office

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7. Benguet Provincial Technical Working Group

7.1 Functions

- 7.1.1 To assist the Provincial ExecCom on formulating the Plan of Operations of the Project for the province
- 7.1.2 To assist the provincial Execcom on providing technical direction for the project
- 7.1.3 To assist on resolving problems and issues that may arise during the project implementation and address them appropriately

7.2 Composition

7.2.1 Chairperson: Provincial Health Officer II

Co-chair: Provincial Health Team Leader

6.2.2 Members

- Provincial Health Officer I
- Chief of PHO Technical
- Provincial MCH Coordinator
- Provincial Nutritionist
- Provincial FHSIS Coordinator
- Provincial Nutrition Action Officer
- Provincial EPI Coordinator
- Chief of Hospital/Chair of ILHZ-TMC
- MHOs of the target sites
- DOH Representatives to Municipalities
- JICA Project Expert
- Representative from PHIC Service Area Office
- Representative from NEDA

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Project Design Matrix

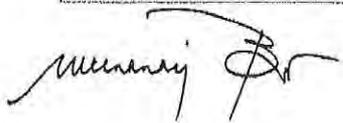
Project title (Duration): Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services

(Feb 2012 - Jan 2017, Tentative)

Target Area: Cordillera Administrative Region (CAR) / Target Group: People in CAR

Version 1

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Health status of people in the region is improved, particularly of women and children.</p>	<ul style="list-style-type: none"> - Infant Mortality Rate and Maternal Mortality Ratio are decreased in CAR 	<ul style="list-style-type: none"> - FHSIS - CHD annual reports 	
<p>Project Purpose Local health system in the region is strengthened to deliver effective and efficient MCH services.</p>	<ul style="list-style-type: none"> - 75% of deliveries are attended in health facilities in the target sites. (Baseline: 40.4%, an average of the target sites as of 2010) (National Baseline: 44.2% DHS 2008, MNCHN target: 80%) - 60% of pregnant women receive prenatal care at least 4 times* during her pregnancy in the target sites. (Baseline: 46.6%, an average of the target sites as of 2010) (National Baseline: 62.2%, FHSIS 2009, MNCHN target: 80%) - 65% of women receive postpartum care with 2 or more visits. (Baseline: 44.3%, an average of the target sites as of 2010) (National Baseline: 55.5% FHSIS 2009, MNCHN target: 80%) 	<ul style="list-style-type: none"> - FHSIS 	<ul style="list-style-type: none"> - National and local policy and system for health sector does not change. - Family planning coverage is maintained or improved. - Immunization coverage level is maintained or improved. - CEmCNC facilities provide quality services. - No serious disease outbreak affecting maternal and child deaths occur.
<p>Expected Outputs</p>			
<p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (Target site: Dolasan and VPP ILHZ in Abra*, Apayao)</p>	<ul style="list-style-type: none"> - Unified Local Health System training module is developed. - Number of municipalities whose proportion of health budget to total LGU budget is increased in the target sites. (Baseline: 7.7% in 2 ILHZ of Abra, 10.3% in Apayao, 2010, in average) - Amount of funding contribution from both province and municipality to ILHZ is increased in the target sites. - Number of PHIC sponsored enrollment is increased in the target sites. (Baseline: 6,148 in 2 ILHZ of Abra, 12,221 in Apayao, 2010) 	<ul style="list-style-type: none"> - Budgetary report of municipalities - Provincial technical working group presentation - PHIC reports 	<ul style="list-style-type: none"> - Health workers who received training continue their service in the target sites. - Information management system (FHSIS) is maintained.
<p>Output 2. Service delivery for MCH is improved in the target sites. (Target site: Dolasan and VPP ILHZ in Abra, Benguet, Apayao)</p>	<ul style="list-style-type: none"> - MNCHN manual of operations is localized for CAR. - Referral manual is developed in the target sites. - 100% of MDR is conducted in the target sites. - CHT manual is localized. - Number of barangay with emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to 	<ul style="list-style-type: none"> - PHO annual report - MDR report - MHO annual report - Regional CHT 	



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<p>Output 3. Hospitals and RHUs become BEmONC certified by DOH and RRUJa become MCP accredited by PHIC in the target sites. (Target site: Dolasan and VPP ILHZ in Abra, Apayao)</p>	<p>CHD)</p> <ul style="list-style-type: none"> Number of trained skilled health professionals on BEmONC is increased to at least 93** in the target sites. (Baseline: 6 as of July 2011 according to CHD) Number of health facility functioning as BEmONC is increased to 22, of which 13 RHUs are accredited MCP by PHIC in the target sites***. (Baseline: 1 as of July 2011 according to CHD) Number of midwives trained on the harmonized BEmONC module is increased to at least 65**** in the target sites. (Baseline 0 as of July 2011 according to CHD) Amount of reimbursement from PHIC is increased in the target sites. 	<p>report</p> <ul style="list-style-type: none"> Facility mapping Project progress report PHIC reports 	
<p>Output 4. Lessons learned and good practices of the project are disseminated nationwide.</p>	<ul style="list-style-type: none"> Project fact sheet is distributed at least twice a year. CHD-CAR disseminates lessons learnt and good practices of the project in the DOH national staff meeting at least once a year. National forum is conducted at least 2 times. 	<ul style="list-style-type: none"> Volume of the project fact sheet Project progress report 	
<p>Activities</p> <p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (Dolasan and VPP ILHZ in Abra****, Apayao)</p> <ol style="list-style-type: none"> Develop unified Local Health System training module consistent with UHC framework and MNCHN strategy. Conduct orientation workshop on re-organization/reconstitution of non-functional ILHZs in the target sites. Establish mechanism on utilization of common health trust fund for ILHZ in the target sites. Develop ILHZ plan that includes MNCHN in the target sites. Advocate PHIC enrollment to local government units in the target sites. <p>Output 2. Service delivery for MCH is improved in the target sites. (Dolasan and VPP ILHZ in Abra, Benguet, Apayao)</p> <ol style="list-style-type: none"> Localize the MNCHN manual for CAR. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites. Conduct trainings on MNCHN manual for the provincial health office. Conduct training on Maternal Death Review for CHD. Conduct regular MNCHN monitoring including MDR by CHD in the 	<p>Inputs</p> <p>(Japanese Side)</p> <ol style="list-style-type: none"> Team of experts (Health System, MCH, etc.) Equipment and materials: <ul style="list-style-type: none"> Medical equipment Training equipment Office equipment Other necessary equipment Activity cost <ul style="list-style-type: none"> Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees) Production cost of training, educational and promotional materials <p>(Philippine Side)</p> <ol style="list-style-type: none"> Human resources <ul style="list-style-type: none"> Counterpart personnel at regional, provincial, and municipal levels Facilities <ul style="list-style-type: none"> Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet Infrastructures improvement necessary for BEmONC services and MCP accreditation Activity Cost <ul style="list-style-type: none"> Utility cost of the project office (electricity, water, communication, etc.) Essential equipment for BEmONC for other than the target sites Maintenance and repair of equipment supplied 		<ul style="list-style-type: none"> Political situation is stable in the region especially in the target sites. Health workers who received training continue their services in the target sites. The amount of internal revenue allotment does not decrease. Health facility enhancement program is implemented as planned.

<p>target sites.</p> <p>2.6. Localize CHT manual for CAR and adapt it to provincial level.</p> <p>2.7. Develop culturally appropriate IEC materials for MANCHN by providing IEC training for CHD as needed.</p> <p>2.8. Conduct training on setting up and monitoring barangay health emergency and preparedness for PHOs and MHOs in the target sites.</p> <p>Output 3. Hospitals and RHUs become BEmONG certified by DOH and RHUs become MCP accredited by PHIC in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao)</p> <p>3.1. Reassess facility mapping result including equipment needs of identified target facilities.</p> <p>3.2. Conduct training for BEmONG team of identified facilities in the target sites.</p> <p>3.3. Conduct harmonized BEmONG training for midwife in the target sites.</p> <p>3.4. Provide medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites.</p> <p>3.5. Assist the identified health facilities on PHIC accreditation and reimbursement process.</p> <p>Output 4. Lessons learned and good practices of the project are disseminated nationwide.</p> <p>4.1. Conduct training on technical writing and project documentation for CHD.</p> <p>4.2. Develop and distribute project fact sheet.</p> <p>4.3. Disseminate the lessons learnt and good practices of the project in the DOH national staff meeting and health partners meeting.</p> <p>4.4. Conduct national forum.</p>	<ul style="list-style-type: none"> - Expenses for monitoring and field visits to the project sites by DOH-CHD CAR personnel - Cost sharing for consultative workshops/conferences - Cost sharing during the conduct of meetings - Capacity building of the CHT members - Transportation cost of trainees within the country - Per diem of the local participants - Monetary incentives and other benefits for the CHT - Logistics and commodities necessary for service delivery 	
		<p>Preconditions</p> <ul style="list-style-type: none"> - Updated ILHZ MOA is signed in the target sites. - MOA between CHD - CAR and the provincial government is signed for the project implementation in the target sites.

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		<ul style="list-style-type: none"> - The target ILHZs prepare and approve their work and financial plan. - The target provinces prepare Work and Financial Plan for MNCHN. - The target provinces have Work and Financial Plan for Health Facility Enhancement Program.
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* at least 1 each for the 1st and 2nd trimester and of least 2 in the 3rd trimester

**Total number of health professionals (Doctor, Nurse, and Midwife) for the training in the target sites. Hospital's BEmONC is consisted by 2 teams while RHU's is 1. (9 hospital X 6 professionals + 13 RHUs X 3 professionals=93)

*** Total numbers of RHUs and hospitals in the target sites

**** The number of the target midwives for the training is 78 (total number of midwives) minus 13 (RHU-assigned midwives).

***** These two ILHZs are selected for the target sites when preconditions are met.

Abbreviations:

BEmONC: Basic Emergency Obstetric and Newborn Care

CEmONC: Comprehensive Emergency Obstetric and Newborn Care

DHS: Demographic and Health Survey

Dolasan: Name of ILHZ of Abra (Dolores, Lagangitang, San Juan)

ILHZ: Inter Local Health Zone

MCP: Maternal Care Package

MNCHN: Maternal, Newborn, Child Health and Nutrition

PHIC: Philippine Health Insurance Corporation

UHC/Kalusugang Pangkalahatan: Universal Health Care

BHS: Barangay Health Station

CHD: Center for Health Development

DOH: Department of Health

FHSIS: Field Health Service Information System

LGU: Local Government Unit

MDR: Maternal Death Review

MOA: Memorandum of Agreement

PHO: Provincial Health Office

VPP: Name of ILHZ of Abra (Vitaviciosa, Panambula, Pilar)

CAR: Cordillera Administrative Region

CHT: Community Health Team

IEC: Information, Education, Communication

MCH: Maternal and Child Health

MHO: Municipal Health Office

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Tentative Plan of Operations		Year					Responsibility body	Source of fund
Month								
Month (relative)								
Output 1. Health governance and financing including MCH is strengthened through functional LHZs in the target sites. (Dolasan and VPP LHZ in Abra, Apayao)								
1.1. Develop unified Local Health System training module consistent with UHC framework and MNCHN strategy.							CHD, JICA	JICA, CHD
1.2. Conduct orientation workshop on re-organization/reconstitution of semi-functional LHZs in the target sites.							CHD, Local Chief Executives (LCEs), JICA	JICA, CHD, LGU
1.3. Establish mechanism on utilization of common health trust fund for LHZ in the target sites.							CHD, PHO, Chief of Hospital (COH), MHO, Other LCEs, JICA	JICA, LGU, CHD
1.4. Develop LHZ plan that includes MNCHN in the target sites.							CHD, PHO, COH, MHO, Other LCEs, JICA	LGU
1.5. Advocate PHC enrollment to local government units in the target sites.							CHD, PHO, COH, MHO, PHC, DSWD, JICA	CHD, PHC
Output 2. Service delivery for MCH is improved in the target sites. (Dolasan and VPP LHZ in Abra, Benguet, Apayao)								
2.1. Localize the MNCHN manual for CAR.							CHD, JICA	CHD, JICA
2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites.							CHD, PHO, COH, MHO	CHD, LGU, JICA
2.3. Conduct trainings on MNCHN manual for the provincial health office.							CHD, JICA	CHD, JICA
2.4. Conduct training on Maternal Death Review for CHD.							CHD, PHO, JICA	CHD, LGU, JICA
2.5. Conduct regular MNCHN monitoring including MDR by CHD in the target sites.							CHD, PHO, JICA	CHD, LGU, JICA
2.6. Localize CHT manual for CAR and adapt it to provincial level.							CHD, PHO, JICA	CHD, LGU, JICA
2.7. Develop culturally appropriate IEC materials for MNCHN by providing IEC training for CHD as needed.							CHD, JICA	CHD, JICA
2.8. Conduct training on setting up and monitoring barangay health emergency and preparedness for PHOs and MHOs in the target sites.							CHD, PHO, MHO, JICA	CHD, LGU, REA
Output 3. Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHC in the target sites (Dolasan and VPP LHZ in Abra, Apayao)								
3.1. Reassess facility mapping result including equipment needs of identified target facilities.							CHD, PHO, JICA	CHD
3.2. Conduct training for BEmONC team of identified facilities in the target sites.							CHD, JICA	LGU, JICA
3.3. Conduct harmonized BEmONC training for providers from selected BHS in the target sites.							CHD, LGU, JICA	CHD, LGU, JICA
3.4. Provide medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites.							CHD, JICA	JICA, CHD
3.5. Assist the identified health facilities on PHC accreditation and reimbursement process.							CHD, PHO, COH, MHO, JICA, PHC	CHD, PHC
Output 4. Lessons learnt and good practices of the project are disseminated nationwide								
4.1. Conduct training on technical writing and project documentation for CHD.							CHD, JICA	CHD, JICA
4.2. Develop and distribute project fact sheet.							CHD, JICA	CHD, JICA
4.3. Disseminate the lessons learnt and good practices of the project in the DOH national staff meeting and health partners meeting.							CHD, JICA	CHD, JICA
4.4. Conduct national forum.							CHD, JICA	CHD, JICA

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RECORD OF DISCUSSIONS
BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON
JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT FOR
CORDILLERA-WIDE STRENGTHENING OF THE LOCAL HEALTH SYSTEM
FOR EFFECTIVE AND EFFICIENT DELIVERY OF
MATERNAL AND CHILD HEALTH SERVICES

The Japan International Cooperation Agency (hereinafter referred to as "JICA") had a series of discussions with the Philippine authorities concerned with respect to the details of the technical cooperation project concerning the Project for Cordillera-Wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services.

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of the Republic of the Philippines, signed in Manila on April 4, 2006 (hereinafter referred to as "the Agreement", JICA and the Philippine authorities concerned agreed on the matters referred to in the document attached hereto.

Manila, 23 November, 2011

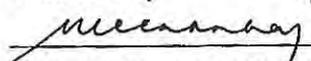


TAKAHIRO SASAKI
Chief Representative
Japan International Cooperation Agency
Philippines Office



DR. ENRIQUE T. ONA
Secretary
Department of Health
Republic of the Philippines

Witnessed by



DR. MYRNA C. CABOTAJE
Regional Director
Department of Health
Center for Health Development-
Cordillera Administrative Region

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES

1. The Government of the Republic of the Philippines will implement the Project for Cordillera-Wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services (hereinafter referred to as "the Project") in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

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In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA as the executing agency for technical cooperation by the Government of Japan, will take, at its own expense, the following measures according to the normal procedures of its Technical Cooperation Scheme.

1. DISPATCH OF JAPANESE EXPERTS

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JICA will provide the services of the Japanese experts as listed in Annex II. The provision of Article VI of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The provision of Article IX of the Agreement will be applied to the Equipment.

3. TRAINING OF THE PHILIPPINE PERSONNEL IN JAPAN

JICA will receive the Philippine personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF THE

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PHILIPPINES

1. The Government of the Republic of the Philippines will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of the Republic of the Philippines will ensure that the technologies and knowledge acquired by the Philippine counterpart personnel as a result of Japanese technical cooperation will contribute to the economic and social development of the Republic of the Philippines.
3. In accordance with the provisions of Article VI of the Agreement, the Government of the Republic of the Philippines will grant in the Republic of the Philippines privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.
4. In accordance with the provisions of Article IX of the Agreement, the Government of the Republic of the Philippines will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Jaanese experts referred to in II-1 above.
5. The Government of the Republic of the Philippines will take necessary measures to ensure that the knowledge and experience acquired by the the Republic of the Philippines personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article VI of the Agreement, the Government of the Republic of the Philippines will provide the services of the Republic of the Philippines counterpart personnel and administrative personnel as listed in Annex IV.
7. In accordance with the provision of Article VI of the Agreement, the Government of the Republic of the Philippines will provide the buildings and facilities as listed in Annex V.
8. In accordance with the provision of Article IX of the Agreement, the Government of the Republic of the Philippines will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided

by JICA under II-2 above.

9. In accordance with the laws and regulations in force in the Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Undersecretary of Health, Sector Finance and Policy Technical Cluster, Department of Health (hereinafter referred to as "DOH") or designated representative, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. Director, Bureau of International Health Cooperation (hereinafter referred to as "BIHC"), DOH, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. Director, National Center for Disease Prevention and Control (hereinafter referred to as "NCDPC"), DOH, as the Technical Coordinator for MCH, will ensure the technical alignment of the project to the policies and directions of the health sector.
4. Director, Bureau of Local Health Development (hereinafter referred to as "BLHD"), DOH, as the Technical Coordinator for local health systems, will ensure the technical alignment of the project to the policies and directions of the health sector.
5. Regional Director, DOH Center of Health Development (hereinafter referred to as "CHD") Cordillera Administrative Region (hereinafter referred to as "CAR"), as the Project Coordinator, will be responsible for the implementation of the Project.
6. Provincial Health Team Leaders (PHTLs), as LGU Coordinators, will be responsible for implementation of the project at Provinces of Abra, Apayao and Benguet.
7. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director, the Project Manager, the Project Coordinator, the Technical Coordinators, the Project Coordinator and the LGU Coordinators on any matters pertaining to the implementation of the Project.
8. The Japanese experts will give necessary technical guidance and advice to the Republic of the

Philippine counterpart personnel on technical matters pertaining to the implementation of the Project.

9. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee, Regional Unified Project Management Committee, and Provincial Executive Committees will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Philippine authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

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In accordance with the provision of Article VII of the Agreement, the Government of the Republic of the Philippines undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of the Philippines except for those arising from the willful misconduct or gross negligence of the Japanese experts.

GR VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Republic of the Philippines on any major issues arising from, or in connection with this Attached Document.

VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Republic of the Philippines, the Government of the Republic of the Philippines will take appropriate measures to

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make the Project widely known to the people of the Republic of the Philippines.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five (5) years from the date of arrival of JICA Expert.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV LIST OF THE REPUBLIC OF THE PHILIPPINES COUNTERPART AND ADMINISTRATIVE PERSONNEL
- ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES
- ANNEX VI JOINT COORDINATING COMMITTEE, REGIONAL UNIFIED PROJECT MANAGEMENT COMMITTEE, AND PROVINCIAL EXECUTIVE COMMITTEES
- ANNEX VII IMPLEMENTATION STRUCTURE CHART
- ANNEX VIII PROJECT DESIGN MATRIX (PDM)
- ANNEX IX PLAN OF OPERATION (PO)

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ANNEX I MASTER PLAN

Project Purpose

Local health system in the region is strengthened to deliver effective and efficient maternal and child health services

Outputs

1. Health governance and financing are strengthened through functional ILHZs in the target sites (Target site: Dolasan and VPP ILHZ in Abra, Apayao)
2. Service delivery framework for MCH is strengthened in the target sites (Target site: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)
3. Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHIC in the target sites (Target sites: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)
4. Lessons learnt and good practices of the project are disseminated nationwide

Activities

Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites

- 1.1. Develop unified Local Health System training module consistent with KP framework and MNCHN strategy
- 1.2. Conduct orientation workshop on re-organization/reconstitution of non-functional ILHZs in the target sites.
- 1.3. Establish mechanism on utilization of common health trust fund for ILHZ in the target sites
- 1.4. Develop ILHZ plan that includes MNCHN in the target sites
- 1.5. Advocate PHIC enrollment to local government units in the target sites

Output 2. Service delivery framework for MCH is strengthened in the target sites

- 2.1. Localize the MNCHN manual for CAR
- 2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites
- 2.3. Conduct trainings on MNCHN manual for the provincial health office
- 2.4. Conduct training on Maternal Death Review for CHD
- 2.5. Conduct regular MNCHN monitoring including MDR by CHD in the target sites
- 2.6. Localize CHT manual for CAR and adapt it to provincial level
- 2.7. Develop culturally appropriate IEC materials for MNCHN by providing IEC training for CHD as needed
- 2.8. Conduct training on setting up and monitoring barangay health emergency and preparedness for PHOs and MHOs in the target sites

Output 3. Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHIC in the target sites

- 3.1. Reassess facility mapping result including equipment needs of identified target facilities
- 3.2. Conduct training for BEmONC team of identified facilities in the target sites
- 3.3. Conduct harmonized BEmONC training for midwife in the target sites
- 3.4. Provide medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites
- 3.5. Assist the identified health facilities on PHIC accreditation and reimbursement process

Output 4. Lessons learned and good practices of the project are disseminated nationwide

- 4.1. Conduct training on technical writing and project documentation for CHD
- 4.2. Develop and distribute project fact sheet
- 4.3. Disseminate the lessons learned and good practices of the project in the DOH national staff meeting and health partners meeting
- 4.4. Conduct national forum

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ANNEX II LIST OF JAPANESE EXPERTS

Japanese Experts

- 1) Local Health System
- 2) Maternal and Child Health
- 3) Others as needed

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ANNEX III LIST OF MACHINERY AND EQUIPMENT

The equipment will be provided for the effective implementation of the Project based as below. The items, specification, quantity, and the schedule will be discussed and decided.

- Medical equipment
- Training equipment
- Office equipment
- Other necessary equipment

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ANNEX IV LIST OF PHILIPPINE COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director: Undersecretary of Health, Sector Finance and Policy Technical Cluster, Department of Health
2. Project Manager: Director, Bureau of International Health Cooperation (BIHC), Department of Health
3. Technical Coordinator for Local Health Systems: Director, Bureau of Local Health Development (BLHD), Department of Health
4. Technical Coordinator for MCH: Director, National Center for Disease Prevention and Control (NCDPC), Department of Health
5. Project Coordinator: Regional Director, Department of Health Center for Health Development-Cordillera Administrative Region (DOH CHD-CAR)
6. Provincial Coordinators: Provincial Health Team Leaders (PHTL), DOH CHD-CAR

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ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES

1. Office space and furniture in the Philippines

Department of Health, Center for Health Development, Cordillera Administrative Region,
Baguio General Hospital & Medical Center Compound, Kennon road, Baguio City,
Philippines

Provincial Health Office, Province of Apayao

Provincial Health Office, Province of Abra

Provincial Health Office, Province of Benguet

2. Maintenance and repair of equipment.

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ANNEX VI JOINT COORDINATING COMMITTEE, REGIONAL UNIFIED PROJECT
MANAGEMENT COMMITTEE, PROVINCIAL EXECUTIVE COMMITTEE

< JOINT COORDINATING COMMITTEE >

1. Functions

- 1) To approve the Plan of Operations of the Project
- 2) To monitor and review overall progress and supervise the Project
- 3) To discuss major issues arising from or concerning the Project

2. Composition

1) Chairperson:

Undersecretary of Health, Sector Finance and Policy Technical Cluster, DOH

2) Members:

Director, Bureau of International Health Cooperation-DOH

Director, Bureau of Local Health Development-DOH

Director, NCDPC-DOH

Regional Director, CHD-CAR

Representative of HSDC for Luzon & NCR

Governors of the target sites

Chief Representative of JICA Philippines

JICA Experts

JICA Health Program Coordinator

3) Observers:

Representative from PHIC

Representative from WHO Country Office in the Philippines

Representative from NEDA

Representative from Embassy of Japan

< REGIONAL UNIFIED PROJECT MANAGEMENT COMMITTEE >

1. Functions

- 1) To formulate the Plan of Operations of the Project
- 2) To conduct annual implementation review of the Project
- 3) To discuss major issues arising from or concerning the Project

2. Composition

1) Chairperson:

Regional Director, CHD-CAR

2) Vice-Chairperson:

Asst. Regional Director, CHD-CAR

3) Members:

Chief of Local Health Support Division, CHD-CAR
Regional MCH Coordinator, CHD-CAR
Regional Local Health System Coordinator, CHD-CAR
Regional FHSIS Coordinator, CHD-CAR
Regional Planning Officer, CHD-CAR
Provincial Health Team Leaders
Chief Representative, JICA Philippines
JICA Experts
JICA Health Program Coordinator

4) Observers:

Representative from PHIC-CAR
Representative from DSWD-CAR
Representative from NEDA-CAR
Representative from National Nutrition Council-CAR
Representative from DILG-CAR
Representative from Population Commission-CAR

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< PROVINCIAL EXECUTIVE COMMITTEE >

1. Functions

- GO*
- 1) To formulate the Plan of Operations of the province
 - 2) To discuss problems and issues that may arise during the project implementation and address them appropriately

2. Composition

- 1) Chairperson: Governor
- 2) Vice Chairperson: Vice Governor
- 3) Members:

Mayors of the target ILHZ
Provincial Board Member – Chair for Health
Provincial Health Team Leader
Provincial Health Officer II
Chair of the ILHZ-TWG
Representative from JICA Philippines
JICA Experts
Representative from PHIC Service Area Office
Representative from Provincial Social Welfare and Development Office (PSWDO)

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Representative from Department of Interior and Local Government (DILG) Field Office

Provincial Population Officer

Provincial Planning & Development Coordinator

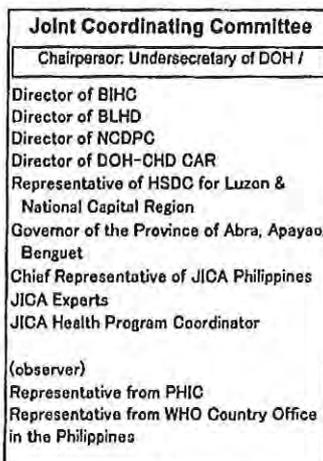
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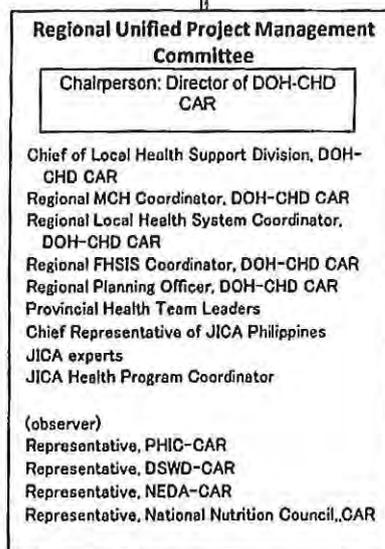
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ANNEX VII IMPLEMENTATION STRUCTURE

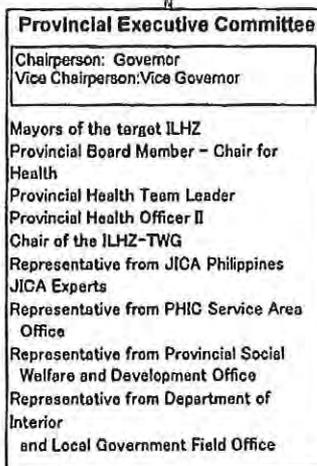
National Level



Regional Level



LGU Level



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ANNEX VIII

Project Design Matrix

Project title (Duration): Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services (Feb 2012 - Jan 2017, Tentative)

Target Area: Cordillera Administrative Region (CAR) / Target Group: People in CAR

Version 1

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Health status of people in the region is improved, particularly of women and children.</p> <p>Project Purpose Local health system in the region is strengthened to deliver effective and efficient MCH services.</p>	<ul style="list-style-type: none"> - Infant Mortality Rate and Maternal Mortality Ratio are decreased in CAR - 85% of deliveries are attended in health facilities in the target sites. (Baseline: 61.4%, an average of the target sites as of 2010) (National Baseline: 44.2% DHS 2008, MNCHN target: 80%) - 65% of pregnant women receive prenatal care at least 4 times* during her pregnancy in the target sites. (Baseline: 49.2%, an average of the target sites as of 2010) (National Baseline: 62.2 %, FHSIS 2009, MNCHN target: 80%) - 70% of women receive postpartum care with 2 or more visits. (Baseline: 48.4%, an average of the target sites as of 2010) (National Baseline: 55.5 % FHSIS 2009, MNCHN target: 80%) 	<ul style="list-style-type: none"> - FHSIS - CHD annual reports - FHSIS 	<ul style="list-style-type: none"> - National and local policy and system for health sector does not change. - Family planning coverage is maintained or improved. - Immunization coverage level is maintained or improved. - CEMONC facilities provide quality services. - No serious disease outbreak affecting maternal and child deaths occur.
<p>Expected Outputs</p> <p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (Target site: Dolasan and VPP ILHZ in Abra**, Apayao)</p> <p>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Target site: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> - Unified Local Health System training module is developed. - Number of municipalities whose proportion of health budget to total LGU budget is increased in the target sites. (Baseline: 7.7% in 2 ILHZ of Abra, 10.3% in Apayao, 2010) - Amount of funding contribution from both province and municipality to ILHZ is increased in the target sites. - Number of PHIC sponsored enrollment is increased in the target sites. (Baseline: 6,148 in 2 ILHZ of Abra, 12,221 in Apayao, 2010) - MNCHN manual of operations is localized for CAR. - Referral manual is developed in the target sites. - 100% of MDR is conducted in the target sites. - CHT manual is localized. - Number of barangay with emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to 	<ul style="list-style-type: none"> - Budgetary report of municipalities - Provincial technical working group presentation - PHIC reports - PHO annual report - MDR report - MHO annual report - Regional CHT 	<ul style="list-style-type: none"> - Health workers who received training continue their service in the target sites. - Information management system (FHSIS) is maintained.

ANNEX VIII

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<p>Output 3. Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHIC in the target sites. (Target site: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p> <p>Output 4. Lessons learned and good practices of the project are disseminated nationwide.</p>	<p>CHD)</p> <ul style="list-style-type: none"> - Number of health facility functioning as BEmONC is increased to 37, of which 26 RHUs are accredited MCP by PHIC in the target sites. (Baseline: 11 hospitals and 4 RHU as of October 2011 according to CHD) - Number of trained skilled health professionals on BEmONC is increased in the target sites. - Number of midwives trained on the harmonized BEmONC module is increased in the target sites. - Amount of reimbursement from PHIC is increased in the target sites. - Project fact sheet is distributed at least twice a year. - CHD-CAR disseminates lessons learnt and good practices of the project in the DOH national staff meeting at least once a year. - National forum is conducted at least 2 times. 	<p>report</p> <ul style="list-style-type: none"> - Facility mapping progress report - PHIC reports <p>- Volume of the project fact sheet</p> <ul style="list-style-type: none"> - Project progress report 	
<p>Activities</p> <p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao)</p> <ol style="list-style-type: none"> 1.1. Develop unified Local Health System training module consistent with KP framework and MNCHN strategy. 1.2. Conduct orientation workshop on re-organization/reconstitution of non-functional ILHZs in the target sites. 1.3. Establish mechanism on utilization of common health trust fund for ILHZ in the target sites. 1.4. Develop ILHZ plan that includes MNCHN in the target sites. 1.5. Advocate PHIC enrollment to local government units in the target sites. <p>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p> <ol style="list-style-type: none"> 2.1. Localize the MNCHN manual for CAR. 2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites. 2.3. Conduct trainings on MNCHN manual for the provincial health office. 2.4. Conduct training on Maternal Death Review for CHD. 2.5. Conduct regular MNCHN monitoring including MDR by CHD in the 	<p>Inputs</p> <p>(Japanese Side)</p> <ul style="list-style-type: none"> (1) Team of experts (Health System, MCH, etc.) (2) Equipment and materials: <ul style="list-style-type: none"> - Medical equipment - Training equipment - Office equipment - Other necessary equipment (3) Activity cost <ul style="list-style-type: none"> - Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees) - Production cost of training, educational and promotional materials <p>(Philippine Side)</p> <ul style="list-style-type: none"> (1) Human resources <ul style="list-style-type: none"> - Counterpart personnel at regional, provincial, and municipal levels (2) Facilities <ul style="list-style-type: none"> - Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet - Infrastructures improvement necessary for BEmONC services and MCP accreditation (3) Activity Cost <ul style="list-style-type: none"> - Utility cost of the project office (electricity, water, communication, etc.) - Essential equipment for BEmONC for other than the target sites - Maintenance and repair of equipment supplied - Expenses for monitoring and field visits to the project sites by DOH-CHD CAR 	<p>- Political situation is stable in the region especially in the target sites.</p> <ul style="list-style-type: none"> - The amount of internal revenue allotment does not decrease. - Health facility enhancement program is implemented as planned. 	

ANNEX VIII



MCC

<p>target sites.</p> <p>2.6. Localize CHT manual for CAR and adapt it to provincial level.</p> <p>2.7. Develop culturally appropriate IEC materials for MNCHN by providing IEC training for CHD as needed.</p> <p>2.8. Conduct training on setting up and monitoring barangay health emergency and preparedness for PHOs and IHOs in the target sites.</p> <p>Output 3. Hospitals and RHUs become BEmONC certified by DOH and RHUs become MCP accredited by PHIC in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p> <p>3.1. Reassess facility mapping result including equipment needs of identified target facilities.</p> <p>3.2. Conduct training for BEmONC team of identified facilities in the target sites.</p> <p>3.3. Conduct harmonized BEmONC training for midwife in the target sites.</p> <p>3.4. Provide medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites.</p> <p>3.5. Assist the identified health facilities on PHIC accreditation and reimbursement process.</p> <p>Output 4. Lessons learned and good practices of the project are disseminated nationwide.</p> <p>4.1. Conduct training on technical writing and project documentation for CHD.</p> <p>4.2. Develop and distribute project fact sheet.</p> <p>4.3. Disseminate the lessons learned and good practices of the project in the DOH national staff meeting and health partners meeting.</p> <p>4.4. Conduct national forum.</p>	<p>personnel</p> <ul style="list-style-type: none"> - Cost sharing for consultative workshops/conferences - Cost sharing during the conduct of meetings - Capacity building of the CHT members - Transportation cost of trainees within the country - Per diem of the local participants - Monetary incentives and other benefits for the CHT - Logistics and commodities necessary for service delivery 	
		<p>Preconditions</p> <ul style="list-style-type: none"> - Updated ILHZ MOA is signed in the target sites. - MOA between CHD - CAR and the provincial government is signed for the project implementation in the target sites.



ANNEX VIII

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	<ul style="list-style-type: none"> - The target ILHZs prepare and approve their work and financial plan. - The target provinces prepare Work and Financial Plan for MNCHN. - The target provinces have Work and Financial Plan for Health Facility Enhancement Program.

* at least 1 each for the 1st and 2nd trimester and at least 2 in the 3rd trimester
 ** These two ILHZs are selected for the target sites when preconditions are met.

Abbreviations:

BEmONC: Basic Emergency Obstetric and Newborn Care
 CEEmONC: Comprehensive Emergency Obstetric and Newborn Care
 DHS: Demographic and Health Survey
 Dolasari: Name of ILHZ of Abra (Dolores, Lagangiang, San Juan)
 ILHZ: Inter Local Health Zone
 MCP: Maternal Care Package
 MNCHN: Maternal, Newborn, Child Health and Nutrition
 PHIC: Philippine Health Insurance Corporation
 UHC/Kalusugan Pangkalahatan: Universal Health Care

BHS: Barangay Health Station
 CHD: Center for Health Development
 DOH: Department of Health
 FHSIS: Field Health Service Information System
 LGU: Local Government Unit
 MDR: Maternal Death Review
 MOA: Memorandum of Agreement
 PHO: Provincial Health Office
 VPP: Name of ILHZ of Abra (Villaviciosa, Penarrubia, Pilar)

CAR: Cordillera Administrative Region
 CHT: Community Health Team
 IEC: Information, Education, Communication
 MCH: Maternal and Child Health
 MHO: Municipal Health Office

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