

フィリピン共和国  
コーディレラ地域  
保健システム強化プロジェクト  
中間レビュー調査報告書

平成 26 年 7 月  
(2014年)

独立行政法人国際協力機構  
フィリピン事務所

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JR
14-005

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## 序 文

フィリピン共和国では妊産婦死亡と乳幼児死亡を減少させるための取り組みが長年実施されてきています。しかし、2000年に国連で採択されフィリピン共和国を含む189カ国が署名しているミレニアム宣言において設定されたミレニアム開発目標（MDG）のうち目標4（子どもの死亡率の減少）と目標5（妊産婦の健康の改善）の達成も危ぶまれる状況にあります。

このような状況の下、JICAはコーディレラ地域において、「ベンゲット州地域保健システム強化プロジェクト」（2006～2011年）、「母子保健プロジェクト」（2006～2010年、ビリラン州・イフガオ州）の二つの技術協力を実施してきました。本プロジェクトは、上記二つの技術協力プロジェクトの成果や教訓を生かしつつ、コーディレラ地域において現行の国家保健政策に沿って保健システムを強化し、母子保健サービスを効率的・効果的に提供できる枠組みの整備を目標として、2012年2月から5年間の予定で実施されています。

プロジェクト実施機関の中間点に差し掛かり、活動の進捗状況、成果の達成状況・見込みを確認するとともに、持続可能な発展の可能性を考慮に入れたプロジェクトの方向性、実施方法を検討することを目的として、中間評価レビューを2014年6月16日から7月2日まで実施しました。本報告書はその調査結果を取りまとめたものです。

本調査の実施にあたりご協力を賜りました保健省、アブラ、アパヤオ、ベンゲット州政府関係者並びに保健分野援助機関担当者各位ほか、関係者の皆様に対して深い謝意を表しますとともに、プロジェクトの効果発現に向けて、より一層のご協力をお願いする次第です。

平成26年7月

独立行政法人国際協力機構  
フィリピン事務所長 丹羽 憲昭

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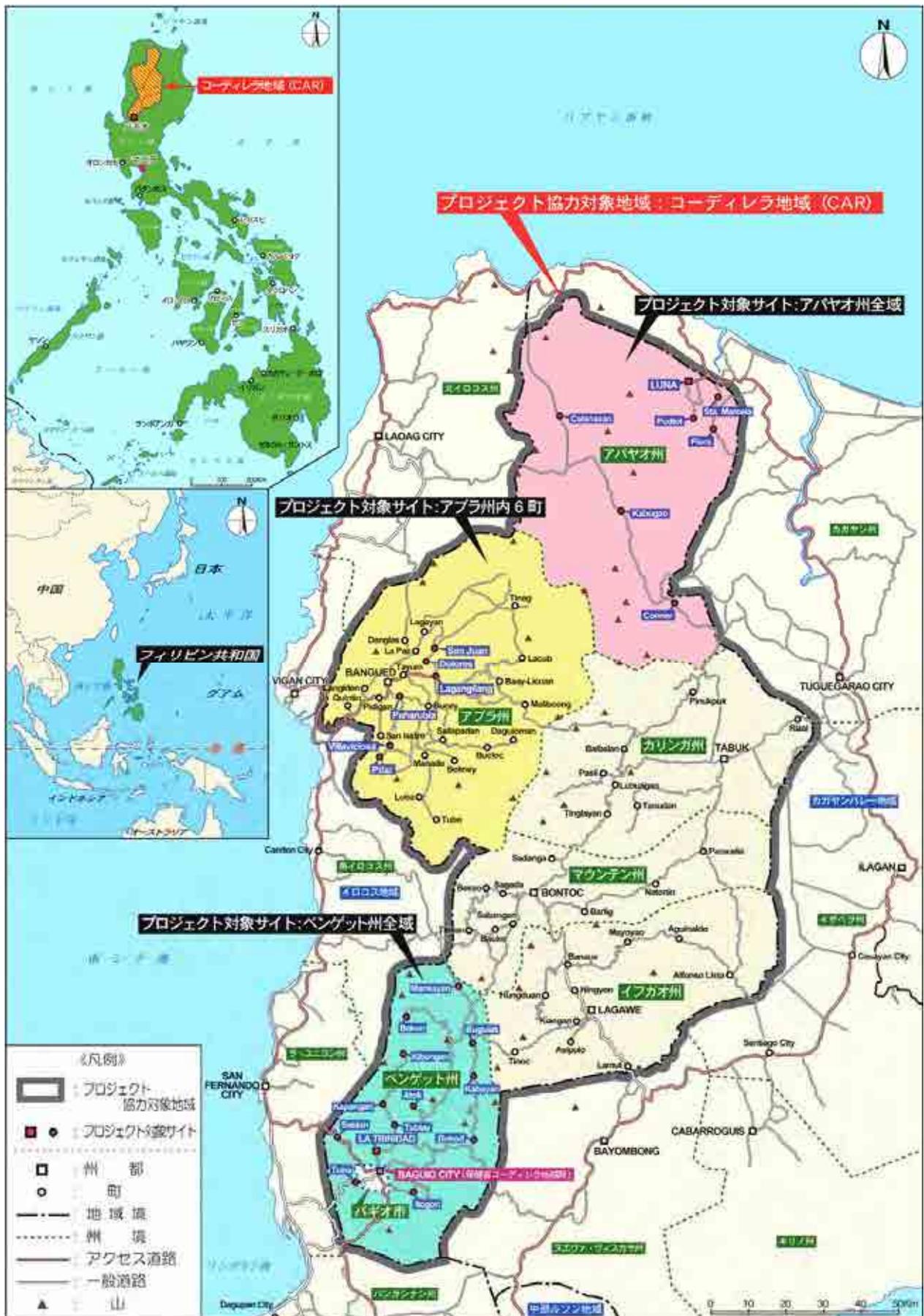
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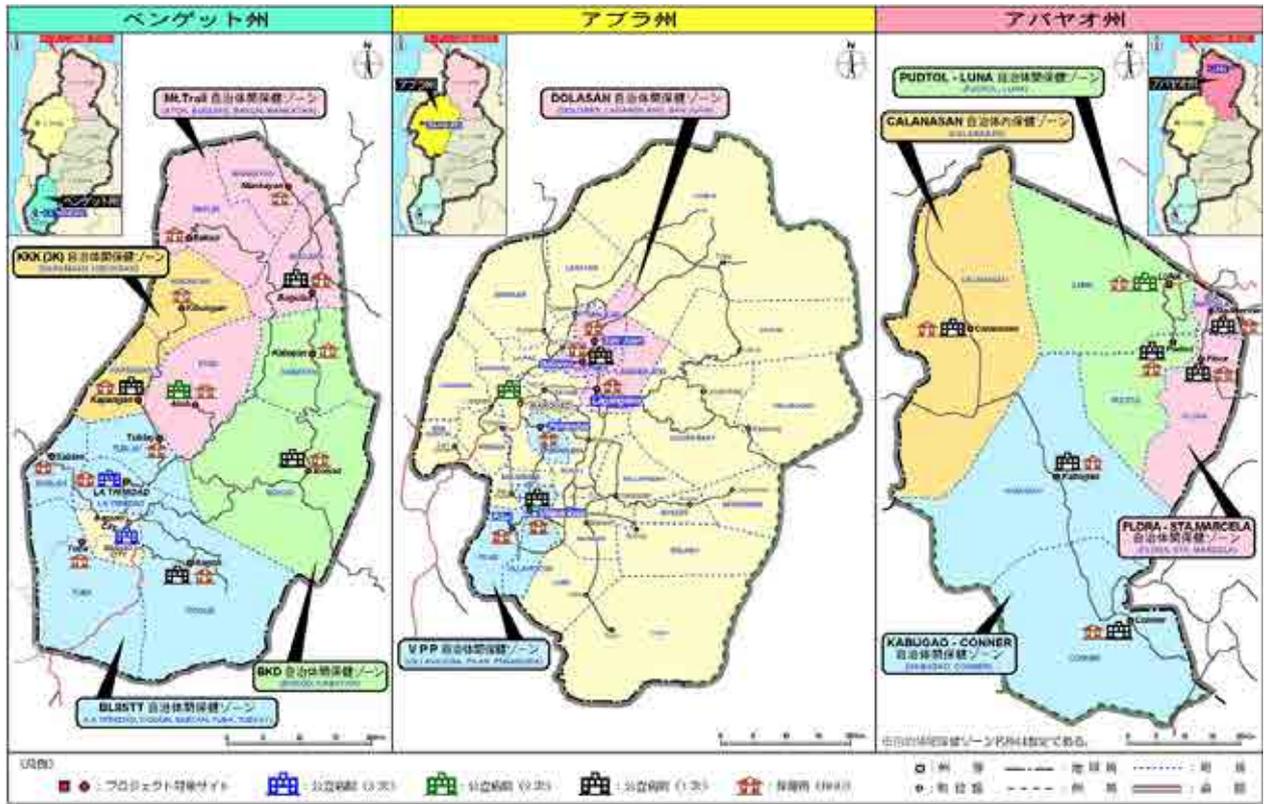
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# プロジェクト協力対象地域地図



# プロジェクト対象サイト地図



# 写 真



町長への町の保健予算についての聞き取り（ベンゲット州マンカヤン町 2014年6月20日）



産後ケア受診のために助産所を訪れた女性への聞き取り（アパヤオ州タンガラガン助産所 2014年6月24日）



助産所分娩室での供与機材活用状況の確認（アブラ州カヤパ助産所 2014年6月25日）



コミュニティヘルスチームへの聞き取り（アブラ州ランギラング保健所 2014年6月25日）



地域統一プロジェクト運営委員会（RUPMC）での中間レビュー結果の協議（バギオ・コーディネラ地域保健局 2014年6月30日）



合同調整委員会でのミニッツ署名・交換（マニラ・JICA事務所 2014年7月2日）

## 略 語 一 覧

略 語	正式名称	日本語表記
BEmONC	Basic Emergency Obstetric and Newborn Care	緊急産科新生児ケア
BHS	Barangay Health Station	助産所
CHT	Community Health Team	コミュニティヘルスチーム
CHTF	Common Health Trust Fund	共同保健信託基金
EC	Executive Committee	州運営委員会
FHSIS	Field Health Service Information System	保健情報システム
HFEP	Health Facility Enhancement Program	保健医療施設強化プログラム
ILHZ	Inter-Local Health Zone	自治体間保健ゾーン
JCC	Joint Coordinating Committee	合同調整委員会
LTO	License to Operate	分娩施設免許
MCP	Maternal Care Package	母子保健ケアパッケージ
MNCHN	Maternal, Neonatal and Child Health and Nutrition	保健省母子保健政策
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
RHU	Rural Health Unit	保健所
RUPMC	Regional Unified Project Management Committee	地域統一プロジェクト運営委員会
TWG	Technical Working Group	技術委員会

## プロジェクトに関する基礎情報

### 1. 予算年度

JICAの予算年度： 4月1日から翌年の3月31日まで

フィリピン政府の予算年度：1月1日から12月31日まで

### 2. プロジェクトの年次

1年次：2012年2月～2013年3月

2年次：2013年4月～2014年3月

3年次：2014年4月～2015年3月

4年次：2015年4月～2016年3月

5年次：2016年4月～2017年2月

### 3. 換算レート

1円=0.43 フィリピンペソ (2014年6月現在)

## 調査結果要約表

<b>1. 案件の概要</b>	
国名：フィリピン共和国	案件名：コーディレラ地域保健システム強化プロジェクト
分野：保健医療	援助形態：技術協力プロジェクト
所轄部署：フィリピン事務所	協力金額：5億2,900万円（JICA 予算ベース）
協力期間：2012年2月～2017年2月（5年間）	先方関係機関：フィリピン保健省（DOH）、コーディレラ地域保健局（DOH-CARO）
	日本側協力機関：特になし
<p><b>1-1 協力の背景と概要</b></p> <p>フィリピン共和国（以下、「フィリピン」と記す）においては、2006年の妊産婦死亡率は出生十万人当たり162となっており、1998年の国家人口保健調査（National Demographic and Health Survey：NDHS）の172と比較して若干減少しているものの、今後減少が大幅に加速されないかぎり2015年までのミレニアム開発目標（MDG）の達成（出生十万人当たり52）は困難であるとの見解が支配的である。一方、5歳未満児死亡率は過去15年の間に出生千当たり55（1998～1992年）から34（2003～2007年）へと、また乳児死亡率は同34から25へと減少傾向が認められ（NDHS：2008）、保健省では今後、新生児の死亡を抑えることで、MDG目標である5歳未満児死亡率21が達成可能であるとみている。こうしたなかで保健省は、母子保健プログラムを最優先課題として、分娩ケアの質向上に焦点を絞った意欲的な母子保健政策（MNCHN政策＝Maternal, Neonatal and Child Health and Nutrition：AO 0029, series of 2008）を発表し、活動の強化を図っている。</p> <p>フィリピン北部のルソン島に位置するコーディレラ地域は、言語と文化の異なる先住民族が全住民の70%を占めており、これら先住民族の人々は山岳部に居住することから地理的にも孤立しており、保健サービスへのアクセスが悪い。貧困層の割合も全国平均より高く、同地域のアブラ州及びバヤオ州は全国最貧困10州のなかに位置づけられている。こうしたことから、保健省は同地域を「地理的に孤立した不利な地域」（Geographically Isolated and Disadvantaged Areas：GIDA）と位置づけ、保健プログラムの優先実施地域としている。コーディレラ地域では、①保健人材の絶対数の不足に加え、保健人材への訓練が不足している、②多くの保健医療施設において適切な保健サービスの提供に最低限必要な機材が未整備である、③医薬品が不足している、④リファラルシステムが効果的・効率的に機能していない、⑤適切な保健サービスの提供に必要なとされる十分な保健予算が確保できていない、といったサービス提供側の問題がある一方で、サービスの受け手側においても、多くの住民が①文化的理由から適切な医療にアクセスしない、②施設利用料や医薬品のコストが負担できない、③保健サービスに関する知識がない、といった問題も並存し、プログラムの効果的実施が難しい状態にある。</p> <p>このような状況の下、JICAはコーディレラ地域において、「ベンゲット州地域保健システム強化プロジェクト」（2006～2011年）、「母子保健プロジェクト」（2006～2010年、ビリラン州・イフガオ州）の二つの技術協力を実施してきた。本プロジェクトは、上記二つの技術協力プロジェクトの成果や教訓を生かしつつ、コーディレラ地域において現行の国家保健政策</p>	

(Kalusugan Pangkalahatan : KP) に沿って保健システムを強化し、母子保健サービスを効率的・効果的に提供できる枠組みの整備を目標としている。

## 1-2 協力内容

### (1) 上位目標

コーディレラ地域における人々、特に女性と子どもの健康状態が改善する。

### (2) 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。

### (3) アウトプット

- 1) プロジェクト対象サイトの保健のガバナンスと財政が、自治体間保健ゾーン (Inter-Local Health Zone : ILHZ) の機能を通じて強化される [対象地域：アブラ州の2ゾーン (6町) とアパヤオ州全域の4ゾーン]。
- 2) 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る [対象地域：アブラ州の2ゾーン (6町)、アパヤオ州全域の4ゾーン、ベンゲット州全域の4ゾーン]。
- 3) プロジェクト対象サイトの病院と保健所、助産所が保健省から基礎的緊急産科・新生児ケア (Basic Emergency Obstetric and Newborn Care : BEmONC) サービスが提供できる施設として認定される一方、保健所・助産所はフィリピン健康保険公社により母子保健ケアパッケージ (Maternal Care Package : MCP) 施設であると認証される [対象地域：アブラ州の2ゾーン (6町)、アパヤオ州全域の4ゾーン、ベンゲット州全域の4ゾーン]。
- 4) プロジェクトの教訓と活動に係る普及活動がコーディレラ地域内及び国内に向けて行われる。

### (4) 投入 (評価時点)

<日本側>

専門家派遣： 合計 88.62MM (1年次・2年次の実績と3年次計画分を含む)

ローカルコスト負担：約 6,700 万円 (1年次・2年次の実績と3年次計画分を含む)

研修員受入れ： 7名

供与機材： 約 3,200 万円

<フィリピン側>

カウンターパート配置： 約 60名

プロジェクト事務所、光熱費、会議スペースなど

ローカルコスト負担：5億 4,466 万フィリピンペソ (1年次・2年次の実績)

## 2. 評価調査団の概要

調査団：	担当分野	氏名	所属
	<日本側>		
	団長/総括	森田 隆博	JICA フィリピン事務所 次長

	技術参与	花田 恭	
	評価計画	大井 綾子	JICA 人間開発部 保健第三課
	評価計画	伊月 温子	JICA フィリピン事務所
	評価分析	金森 将吾	アイ・シー・ネット株式会社
	<フィリピン側>		
		マーウィン・ベッロ	フィリピン保健省 国際協力局
調査日程：	2014年6月16日～7月2日		評価種類：中間レビュー
<b>3. 評価結果の概要</b>			
<b>3-1 実績の確認</b>			
(1) アウトプットの達成状況			
<p><u>アウトプット 1</u>：プロジェクト対象サイトの保健のガバナンスと財政が、自治体間保健ゾーン (ILHZ) の機能を通じて強化される。</p> <ul style="list-style-type: none"> <li>- 地域保健システムに関する研修が、アブラ州の 2 ゾーンとアパヤオ州の 4 ゾーンの ILHZ 関係者を対象に実施された。対象サイト内すべての州と町が、2014 年度予算に ILHZ への分担金を計上し、全 6ILHZ で計画に沿って活動が実施されている。</li> <li>- 2013 年の保健予算の割合は、アブラ州が 25.6%、アパヤオ州が 15.9%と、2012 年の基準値と比べていずれも増加した。他方、2013 年の対象地域内 13 町の保健予算割合の中央値は 8.2%と、2012 年の基準値より若干減少した。</li> <li>- 2013 年 12 月までに、アブラ、アパヤオ州の対象サイト内の 13 町すべてで、施設分娩に関する条例や決議書が制定された (町内の一部地域のみを対象とした 1 町を含む)。コミュニティヘルスチーム (Community Health Team : CHT) 支援については、アブラ州の 5 町が条例や命令書、決議書を制定した。</li> <li>- フィリピン健康保険公社の貧困者加入プログラムへの加入率は、国が定めた 2013 年の加入者数の目標に対して、100%以上を維持している。フィリピン健康保険公社加入者数と分娩への保健還付金は、増加傾向にある。</li> </ul>			
<p><u>アウトプット 2</u>：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る。</p> <ul style="list-style-type: none"> <li>- コーディレラ地域版 MNCHN マニュアルが作成され、カスケード方式で対象サイトの関係者への研修が実施された。</li> <li>- 州ごとの MNCHN リファラルガイドラインが作成され、アブラ州の 2 ゾーンとアパヤオ州 4 ゾーンの ILHZ で、同ガイドラインに基づいたリファラルが行われている。</li> <li>- 2013 年にコーディレラ地域全 6 州とバギオ市で、妊産婦新生児死亡症例検討会が開催され、11 件の妊産婦死亡症例と、8 件の新生児死亡症例がレビューされた。</li> <li>- コミュニティヘルスチーム (CHT) 向けフリップチャート 3,200 部とバナー 400 部が作成され、改訂版母子手帳と併せて、CHT 集会で配布された。プロジェクト対象各州の MNCHN 啓発メッセージソングの CD が作成され、1,000 枚が配布された。</li> <li>- 2013 年 12 月までに、44 バランガイが「MNCHN 保健医療緊急時対応計画」を策定し、バランガイの「災害時リスク軽減マネジメント計画」に組み込んだ。</li> </ul>			

アウトプット 3：プロジェクト対象サイトの病院と保健所、助産所が保健省から基礎的緊急産科・新生児ケア（BEmONC）サービスが提供できる施設として認定される一方、保健所・助産所はフィリピン健康保険公社により母子保健ケアパッケージ（MCP）施設であると認証される。

- 2014年3月までに医療従事者129名（目標数の99%）がBEmONC研修を、124名（目標数の135%）が助産師版BEmONC研修を受講した。
- 2014年6月までに、プロジェクト対象施設となる全14病院と全19保健所がBEmONC認証を取得した。助産所については、これまでにBEmONC認証を取得した施設はない。
- 2014年6月現在、全15病院が健康保険指定医療機関としての指定を維持し、19保健所（100%）と14助産所（23%）がMCP認証を取得している。

アウトプット 4：プロジェクトの教訓と活動に係る普及活動がコーディレラ地域内及び国内に向けて行われる。

- プロジェクトのファクトシートが1回、ニュースレターが4回、プレスリリースが3回発行された。プロジェクトの取り組みが新聞記事として39回掲載された。
- 2013年にプロジェクト展開計画（Project Expansion Plan）がコーディレラ地域保健局によって策定され、現在、実施されている。
- プロジェクト対象地域内外の関係者が集まる機会を利用して、これまでに、プロジェクトの教訓や優良事例を紹介するプレゼンテーションが11回実施された。その他、プロジェクトのホームページで情報を共有し、定期的に情報を更新している。

## (2) プロジェクト目標の達成状況

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。

指 標	2011年	2012年	2013年	2017年 (目標値)
＜プロジェクト対象サイト（アブラ州6町、アパヤオ州全域、ベンゲット州全域）の指標＞				
1) 施設分娩率（85%以上の出産が施設分娩により行われる）	-	79% (基準値)	86%	85%
2) 産前ケア受診率（妊婦の80%以上が少なくとも4回の産前ケアを受ける）	-	63% (基準値)	74%	80%
3) 産後ケア受診率（褥婦の90%以上が少なくとも2回の産後ケアを受ける）	-	90% (基準値)	96%	90%
＜コーディレラ地域全体の指標＞				
4) 機能している自治体間保健ゾーン（ILHZ）の数	7 (基準値)	11	12	（設定なし）
5) 妊産婦新生児死亡症例検討を実施している自治体数	0 (基準値)	0	全6州1市 (100%)	全6州1市
6) 緊急産科新生児ケア（BEmONC）認証施設数	0 (基準値)	0	32	150

7) フィリピン健康保険公社・妊産婦ケアパッケージ (MCP) 認証施設数	12 (基準値)	23	53	114
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### 3-2 評価結果の要約

#### (1) 妥当性

本プロジェクトは、ミレニアム開発目標 (MDG) のなかの重要な指標である妊産婦死亡率と乳児死亡率の改善をめざしており、フィリピンの保健分野での最重要課題の解決というニーズに対応するものであると同時に、全国民への公平なサービス供給といった重要課題の解決に資するものである。プロジェクトの枠組みと内容は、フィリピン国家保健政策 (KP) と MNCHN 政策との整合性が高い。さらに、本プロジェクトの内容は、日本政府の「対フィリピン共和国 国別援助方針」、JICA のポジションペーパー「JICA の保健分野の協力—現在と未来—」の枠組みに合致するものである。コーディレラ地域は、保健省が「地理的に孤立した不利な地域」(GIDA) として定義しており、本プロジェクトが支援対象としたのは妥当だったといえる。コーディレラ地域の中で、プロジェクト対象サイトとしてアブラ、アパヤオ、ベンゲットの3州を選定したことについては、同地域の貧困度合いや過去の同地域での JICA の支援経験を活用する観点から、適切だったといえる。

#### (2) 有効性

プロジェクト目標の達成度を示す七つの指標は、2011 年もしくは 2012 年の基準値と比べ、すべての指標で向上がみられる。

指 標	達成状況の分析
＜プロジェクト対象サイト (アブラ州 6 町、アパヤオ州全域、ベンゲット州全域) の指標＞	
1) 施設分娩率 (85% 以上の出産が施設分娩により行われる)	プロジェクト対象サイト全体では、既に目標値を達成。州別の指標では、アブラ州 (対象 6 町) とアパヤオ州で目標値を達成。
2) 産前ケア受診率 (妊婦の 80% 以上が少なくとも 4 回の産前ケアを受ける)	アブラ州 (対象 6 町) で既に目標値を達成。他の州でも改善がみられる。
3) 産後ケア受診率 (褥婦の 90% 以上が少なくとも 2 回の産後ケアを受ける)	すべての州で、既に目標値を達成。
＜コーディレラ地域全体の指標＞	
4) 機能している自治体間保健ゾーン (ILHZ) の数	順調に増加している。
5) 妊産婦新生児死亡症例検討を実施している自治体数	2013 年にすべての自治体で実施。
6) 緊急産科新生児ケア (BEmONC) 認証施設数	順調に増加している。
7) フィリピン健康保険公社・妊産婦ケアパッケージ (MCP) 認証施設数	順調に増加している。

これらの分析から、プロジェクト目標は順調に達成されつつあり、現段階での達成度は十分な水準といえる。プロジェクト目標の達成に貢献した要因は以下のとおり。

- 自治体による金銭的なインセンティブ供与による施設分娩の促進。

- 自宅出産に罰金を科す自治体の条例の適用による施設分娩の促進。
- コーディレラ地域保健局や自治体から金銭的なインセンティブ供与による、CHT のボランティアスタッフのパフォーマンスの改善。
- フィリピン政府が実施する保健医療施設強化プログラム（Health Facility Enhancement Program : HFEP）による、プロジェクト対象施設の改修と機材の供与。

これまでのところ、プロジェクト目標の達成を大きく阻害する要因は見受けられなかった。

### (3) 効率性

アウトプットについては、ほとんどの指標が向上しているか、もしくは十分な水準を達成しており、現段階のアウトプット産出状況は適切な水準といえる。これまでのところ、専門家派遣や機材供与、本邦研修実施といった日本側の投入は、適切にタイミングよく行われ、活動はほぼ計画どおりに実施されている。カウンターパートの配置は、プロジェクトの活動を実施するうえで適切に行われたが、保健省が現在進めている組織の合理化政策による人事異動の影響が、今後のプロジェクト実施に際してやや懸念される。カウンターパートは、プロジェクトの活動に十分に参加しており、JICA 専門家とカウンターパートの間のコミュニケーション、意思決定プロセスともに、これまでのところおおむね適正だった。プロジェクトの効率性に影響を及ぼした要因は以下のとおり。

- 自治体長のリーダーシップ：特に、ILHZ に関連する活動については、リーダーシップの取り組み姿勢が、貢献要因、阻害要因のいずれともなった。
- HFEP による調達：HFEP がプロジェクトの投入と補完的に行われ、貢献要因となった一方で、一部で調達の遅れが生じ、効率性への阻害要因ともなった。
- フィリピン健康保険公社の制度変更：健康保険加入料の増額により、自治体が加入料を負担することができる貧困者の人数が減った。

### (4) インパクト

本プロジェクトの上位目標の指標のなかで、施設分娩率については、2010 年から順調に改善されている。他方で、妊産婦死亡率と乳児死亡率については、ここ数年にかけて変化はみられるものの、今のところ、評価できるレベルの大きな変化とはいえない。プロジェクトのこれらの指標への貢献度について議論することも時期尚早といえる。しかしながら、①プロジェクトが採用しているアプローチは、すべて国際的に母子保健指標を改善するものとして認められていること、②妊産婦死亡や乳児死亡を減らすうえで重要な施設分娩率については改善傾向がみられることから、プロジェクトが順調に進捗すれば、将来的に上位目標を達成することができる可能性が高い。これまでのところ、上位目標の達成を阻害する可能性がある要因は確認されていない。その他、プロジェクトの実施による特筆すべき波及効果は見受けられなかった。

### (5) 持続性

プロジェクトの持続性についての現段階での評価は以下のとおり。

制度面：プロジェクトの支援により、プロジェクトの効果を確保するための制度面の

持続性が整備されつつある。

**組織面と財政面**：コーディネラ地域保健局と自治体の組織構造、人員配置、予算措置ともに、プロジェクトの活動を持続するうえで必要な水準をおおむね満たしているが、人員配置については、今後、保健省の合理化政策による影響を最低限に抑える対策を講じることが重要といえる。プロジェクトの活動実施に際して、各自治体が既に多くの費用を負担し、高いオーナーシップを示している。

**技術面**：プロジェクトの活動のなかに、カウンターパートにとって著しく習得が困難な技術などは含まれておらず、プロジェクトの活動を継続するうえでの技術面での障壁については見受けられない。

プロジェクトの取り組みをコーディネラ地域内のプロジェクト対象サイト以外にも展開するためには、プロジェクト展開計画がコーディネラ地域保健局によって適切に実施される必要がある。同計画に含まれる活動は、保健局の2014年度と2015年度の予算に既に組み込まれており、今後、それらが実施されることが期待される一方で、保健局のなかで同計画の実施とモニタリングを担う人員の配置については懸念される。他方、プロジェクトの取り組みをコーディネラ地域以外に展開するには、好事例を広く共有することに加え、プロジェクトが作成した有用なツールの共有を、保健省の関連プログラムの関係者と協議しながら進めていくことが求められる。

### 3-3 効果発現に貢献した要因

#### (1) 計画内容に関すること

プロジェクトで計画された活動はすべて、フィリピン政府の既存の取り組みを強化するものであり、コーディネラ地域保健局や自治体の日常業務に組み込む意味合いが強かった。こうしたことは、カウンターパートの活動への参加度合いやオーナーシップを高めるうえで貢献要因となった。

#### (2) 実施プロセスに関すること

州レベルでの活動については、各州にプロジェクトコーディネーターを配置して連絡調整や活動準備の効率化を図ることにより、円滑に進められた。

### 3-4 問題点及び問題を惹起した要因

#### (1) 計画内容に関すること

特筆すべき問題点は、これまでのところ確認されていない。

#### (2) 実施プロセスに関すること

特筆すべき問題点は、これまでのところ確認されていない。

### 3-5 結論

5項目評価による分析結果から、2014年6月の中間レビュー実施段階でのプロジェクトの達成度は高いと判断される。現段階での妥当性、有効性、効率性については、いずれも高い。プロジェクトの枠組みや対象サイトの選定は、フィリピンのニーズや政策、日本の援助方針と照

らし合わせて妥当といえる。現在のプロジェクト目標の達成状況は非常に高く、これまでの投入と活動は適切であり、アウトプットが効率的に産出された。プロジェクトのインパクトについては、高い水準が予測される。プロジェクト後半期間も現在の水準で活動が継続され、対象サイト外への活動の展開が適切に進められれば、上位目標は将来的に達成が期待される。プロジェクトの持続性については、高い水準が期待される。現在までに制度面、組織面、財政面、技術面で、プロジェクトの活動を持続させるために必要な土台がコーディネラ地域保健局と自治体レベルで形成されている。プロジェクトの取り組みのコーディネラ地域内他州への展開は既に開始されており、地域外への展開については、プロジェクト後半期間に実現に向けた取り組みが期待される。

### 3-6 提言

#### (1) プロジェクトマネジメントと実施体制

- 1) プロジェクト関係者は、プロジェクト後半期間もこれまでの取り組み姿勢を維持し、プロジェクト終了時までにはプロジェクト目標を達成し、かつ持続性を確保するために最善を尽くすことが期待される。こうした目標を達成するために、JICA 専門家とコーディネラ地域保健局のカウンターパートは、さらに円滑なコミュニケーションを図ることが求められる。
- 2) コーディレラ地域保健局は、保健省の合理化政策による人員削減及び人事異動がプロジェクト実施に及ぼす影響を最低限に抑える対策を講じることが期待される。

#### (2) 活動実施とコーディネラ地域内での展開

- 1) コーディレラ地域保健局は、今後、プロジェクト展開計画に基づいて、プロジェクト対象州外での活動の展開を促進し、適切に実施をモニタリングすることが求められる。プロジェクト展開計画を実施するうえでの JICA 専門家の具体的な役割については、専門家とカウンターパートの間で公式に話し合い、明確にする必要がある。
- 2) プロジェクトは、健康保険加入をとりまくさまざまな問題（貧困層の妊婦を特定するプロセス、プログラムに関する情報提供のプロセス、自治体での加入手続き）についての調査実施を支援することが求められる。調査の結果については、フィリピン健康保険公社への政策提案として取りまとめられることが望ましい。
- 3) プロジェクトは、ILHZ の持続性を確保するため、これまでの経験から得られた ILHZ 設置の利点や関連する好事例を取りまとめ、自治体長が ILHZ 支援に対して前向きに取り組むように働きかけることが求められる。ただし、自治体間連携を促進する仕組みとして ILHZ が必ずしも最適解とはならない地域もあることから、ILHZ 設置については全自治体に必須とせず、必要性・適切性が認められる地域を中心に設置を推進する姿勢が望ましい。
- 4) コーディレラ地域保健局は、既に BEmONC 認証の申請書を提出した施設の認証手続きを可能な限り促進し、保健省の HFEP による調達の遅れについても対処することが求められる。他方、保健省に対しては、分娩施設免許 (License to Operate : LTO)、BEmONC、MCP といった異なる認定制度を整理し、現場の混乱を減らす方策を検討するように働きかけることが期待される。

### (3) データ収集と指標のモニタリング

- 1) プロジェクトは、プロジェクト目標の三つの母子保健指標について、プロジェクトが採用する国際的に認められている定義に基づいて、データ収集方法と計算方法の研修をカウンターパートに対して実施することが推奨される。さらに、保健省やドナー関係者に対して、プロジェクトが採用する指標の定義の有用性を伝え、制度化の可能性を検討するように働きかけることが期待される。
- 2) 今後、助産所（Barangay Health Station : BHS）の BEmONC 認証が進むことにより、自宅出産を減らして BHS での分娩をさらに増やすことが可能と予想される。プロジェクトは、今後、BHS での分娩に関する指標を継続的にモニタリングし、必要に応じて自治体に対して助言を与える役割を果たすことが求められる。

### (4) プロジェクトの取り組みの全国展開

プロジェクトの取り組みを全国に広めるために、コーディネータ地域保健局は、プロジェクトが実施を予定している成果共有セミナー以外にも、保健省のそれぞれの関連プログラムと協議し、プロジェクトの好事例やツールを積極的に共有することが期待される。こうしたプロジェクトの取り組みを全国に広める際には、保健省に配属されている JICA 個別専門家と JICA フィリピン事務所と連携を図りながら進めることが望ましい。JICA の他国の技プロの好事例があれば、参考にすることが推奨される。

## 3-7 教訓

プロジェクト後半期間に、全国にプロジェクトの取り組みを広める活動が実施される予定だが、技プロの対象地域での活動を全国に広げる有効的な方法については、JICA の他の技プロの経験などを参考に、有効な方法を検討する必要がある。今後、類似の技プロが参考にできるように、特定の地域を対象とした取り組みを全国レベルに広げるためのノウハウが、JICA 内で蓄積されることが望まれる。他方で、プロジェクトの計画段階から、中央の関係者と連携して実施する活動を取り入れるなど、初めから全国への展開をめざしたプロジェクトデザインや実施体制とするのも一つの方法といえる。

## 第1章 中間レビュー調査の概要

### 1-1 調査団派遣の経緯と目的

2012年2月に5年間の予定で開始されたコーディネラ地域保健システム強化プロジェクトは、2014年6月現在、2年4カ月が経過した。本調査団は、プロジェクト協力期間の中間地点を迎えて、これまでの活動と成果の実績を確認し、今後の活動の方向性について関係者の合意形成を図るため、以下の方針をもって中間レビューを実施した。

- プロジェクト・デザイン・マトリックス（Project Design Matrix : PDM）、活動計画（PO）に基づき、プロジェクトの投入実績、活動実績、目的・成果達成状況、発現効果などを調査・確認し、課題等を整理する。
- 評価5項目（妥当性、有効性、効率性、インパクト、持続性）の観点から、プロジェクトチーム、相手国側関係者とともにプロジェクトの中間レビューを実施する。
- 上記評価結果を基に、今後の活動内容について協議し、今後のPO及び、必要に応じてPDMを確認する。
- プロジェクト目標・上位目標の達成に向けた課題、対応策、提言等を含め、合同評価報告書案（英文）を作成し、カウンターパート機関と協議し合意をめざす。
- 上記の協議結果を協議議事録及び中間レビュー報告書として取りまとめる。

### 1-2 調査団の構成

担当分野	氏名	所属
＜日本側＞		
団長/総括	森田 隆博	JICA フィリピン事務所 次長
技術参与	花田 恭	
評価計画	大井 綾子	JICA 人間開発部 保健第三課
評価計画	伊月 温子	JICA フィリピン事務所
評価分析	金森 将吾	アイ・シー・ネット株式会社
＜フィリピン側＞		
	マーウィン・ベッロ	フィリピン保健省 国際協力局

### 1-3 調査日程

レビュー調査の日程は以下のとおり。

日順	月 日	活 動
1	6月16日 月	・ 保健省との面談
2	6月17日 火	・ 国連人口基金との面談 ・ プロジェクト専門家との面談
3	6月18日 水	・ プロジェクト専門家との面談 ・ プロジェクトカウンターパート（保健省コーディネラ地域局）との面談 ・ フィリピン健康保険公社コーディネラ地域局との面談

4	6月19日	木	<ul style="list-style-type: none"> <li>・ ベンゲット州知事への表敬訪問</li> <li>・ プロジェクトカウンターパート（ベンゲット州保健局、ベンゲット州保健局保健省職員）との面談</li> <li>・ ベンゲット総合病院の視察</li> <li>・ フィリピン健康保険公社ベンゲット州オフィスとの面談</li> </ul>
5	6月20日	金	<ul style="list-style-type: none"> <li>・ Mankayan 市長への表敬訪問</li> <li>・ Mankayan RHU、Guinaoang BHS、Abatan Emergency Hospital、Atok District Hospital の視察</li> </ul>
6	6月21日	土	<ul style="list-style-type: none"> <li>・ 評価報告書案準備</li> </ul>
7	6月22日	日	<ul style="list-style-type: none"> <li>・ 評価報告書案準備</li> <li>・ プロジェクトカウンターパート（アパヤオ州保健局）との面談</li> </ul>
8	6月23日	月	<ul style="list-style-type: none"> <li>・ アパヤオ州知事への表敬訪問</li> <li>・ Mataguisi BHS、Sta.Marcela RHU、Sta.Marcela Medicare Community Hospital、Far North Luzon General Hospital の視察</li> <li>・ プロジェクトカウンターパート（アパヤオ州保健局保健省職員）との面談</li> </ul>
9	6月24日	火	<ul style="list-style-type: none"> <li>・ Tangalagan BHS の視察</li> <li>・ 団内打合せ</li> </ul>
10	6月25日	水	<ul style="list-style-type: none"> <li>・ アブラ州副知事表敬訪問</li> <li>・ プロジェクトカウンターパート（アブラ州保健局、アブラ州保健局保健省職員）との面談</li> <li>・ フィリピン健康保険公社アブラ州オフィスとの面談</li> <li>・ Cayapa BHS、Lagangilang RHU、Dolores Medicare Community Hospital、Abra Provincial Hospital の視察</li> <li>・ Dolasan ILHZ 事務局との面談</li> </ul>
11	6月26日	木	<ul style="list-style-type: none"> <li>・ 団内打合せ</li> <li>・ 評価報告書案準備</li> </ul>
12	6月27日	金	<ul style="list-style-type: none"> <li>・ プロジェクトカウンターパート（保健省コーディネラ地域局）との面談</li> <li>・ プロジェクト専門家との面談</li> <li>・ 評価報告書案準備</li> </ul>
13	6月28日	土	<ul style="list-style-type: none"> <li>・ 評価報告書案準備、合意文書の作成</li> </ul>
14	6月29日	日	<ul style="list-style-type: none"> <li>・ 評価報告書案準備、合意文書の作成</li> </ul>
15	6月30日	月	<ul style="list-style-type: none"> <li>・ 評価報告書案に関する協議</li> <li>・ 地域統合プロジェクト管理委員会</li> </ul>
16	7月1日	火	<ul style="list-style-type: none"> <li>・ 保健省との面談</li> <li>・ USAID との面談</li> <li>・ 評価報告書案準備</li> </ul>
17	7月2日	水	<ul style="list-style-type: none"> <li>・ JCC 会合</li> <li>・ 評価報告書合意文書の署名</li> </ul>

RHU : Rural Health Unit (保健所)

USAID : United States Agency for International Development (米国国際開発庁)

JCC : Joint Coordinating Committee (合同調整委員会)

## 第2章 プロジェクトの概要

### 2-1 プロジェクトの基本情報

フィリピン共和国（以下、「フィリピン」と記す）においては、2006年の妊産婦死亡率は出生十万人当たり162となっており、1998年の国家人口保健調査（National Demographic and Health Survey：NDHS）の172と比較して若干減少しているものの、今後減少が大幅に加速されないかぎり2015年までのミレニアム開発目標（MDG）の達成（出生十万人当たり52）は困難であるとの見解が支配的である。一方、5歳未満児死亡率は過去15年の間に出生千当たり55（1998～1992年）から34（2003～2007年）へと、また乳児死亡率は同34から25へと減少傾向が認められ（NDHS：2008）、保健省では今後、新生児の死亡を抑えることで、MDG目標である5歳未満児死亡率21が達成可能であるとみている。こうしたなかで保健省は、母子保健プログラムを最優先課題として、分娩ケアの質向上に焦点を絞った意欲的な母子保健政策（MNCHN政策=Maternal, Neonatal and Child Health and Nutrition：AO 0029, series of 2008）を発表し、活動の強化を図っている。

フィリピン北部のルソン島に位置するコーディレラ地域は、言語と文化の異なる先住民族が全住民の70%を占めており、これら先住民族の人々は山岳部に居住することから地理的にも孤立しており、保健サービスへのアクセスが悪い。貧困層の割合も全国平均より高く、同地域のアブラ州及びアパヤオ州は全国最貧困10州のなかに位置づけられている。こうしたことから、保健省は同地域を「地理的に孤立した不利な地域」（Geographically Isolated and Disadvantaged Areas：GIDA）と位置づけ、保健プログラムの優先実施地域としている。コーディレラ地域では、①保健人材の絶対数の不足に加え、保健人材への訓練が不足している、②多くの保健医療施設において適切な保健サービスの提供に最低限必要な機材が未整備である、③医薬品が不足している、④リファラルシステムが効果的・効率的に機能していない、⑤適切な保健サービスの提供に必要なとされる十分な保健予算が確保できていない、といったサービス提供側の問題がある一方で、サービスの受け手側においても、多くの住民が①文化的理由から適切な医療にアクセスしない、②施設利用料や医薬品のコストが負担できない、③保健サービスに関する知識がない、といった問題も并存し、プログラムの効果的実施が難しい状態にある。

このような状況の下、JICAはコーディレラ地域において、「ベンゲット州地域保健システム強化プロジェクト」（2006～2011年）、「母子保健プロジェクト」（2006～2010年、ビリラン州・イフガオ州）の二つの技術協力を実施してきた。本プロジェクトは、上記二つの技術協力プロジェクトの成果や教訓を生かしつつ、コーディレラ地域において現行の国家保健政策に沿って保健システムを強化し、母子保健サービスを効果的・効率的に提供できる枠組みの整備を目標としている。

### 2-2 プロジェクトのデザイン

#### (1) 上位目標

コーディレラ地域における人々、特に女性と子どもの健康状態が改善する。

#### (2) 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。

(3) アウトプット

- 1) プロジェクト対象サイトの保健のガバナンスと財政が、自治体間保健ゾーン (ILHZ) の機能を通じて強化される [対象地域：アブラ州の 2 ゾーン (6 町) とアパヤオ州全域の 4 ゾーン]。
- 2) 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る [対象地域：アブラ州の 2 ゾーン (6 町)、アパヤオ州全域の 4 ゾーン、ベンゲット州全域の 4 ゾーン]。
- 3) プロジェクト対象サイトの病院と保健所、助産所が保健省から基礎的緊急産科・新生児ケア (BEmONC) サービスが提供できる施設として認定される一方、保健所・助産所はフィリピン健康保険公社により母子保健ケアパッケージ (MCP) 施設であると認証される [対象地域：アブラ州の 2 ゾーン (6 町)、アパヤオ州全域の 4 ゾーン、ベンゲット州全域の 4 ゾーン]。
- 4) プロジェクトの教訓と活動に係る普及活動がコーディレラ地域内及び国内に向けて行われる。

## 第3章 中間レビュー調査の方法

### 3-1 レビュー調査のデザイン

本レビュー調査では、「新・JICA 事業評価ガイドライン 第1版」に基づいて、調査デザインを構築した。プロジェクトの実績と実施プロセス、5つの評価項目について、あらかじめ評価設問を定め、それぞれの設問に判断基準・方法と情報源・調査方法を決めて評価グリッドを作成した（「付属資料3. 評価グリッド」を参照）。

### 3-2 データ収集方法

評価グリッドを基に、プロジェクトの評価に必要なデータを収集した。データ収集は以下の方法で行った。

- プロジェクト関連資料のレビュー
- プロジェクト関係者への質問票によるアンケート調査
- プロジェクト関係者への聞き取り
- プロジェクト対象施設の視察

現地での聞き取り調査は、2014年6月16日～7月1日の期間に実施し、JICA 専門家や保健省や自治体の行政官、保健医療従事者、保健ボランティア、妊産婦、ドナー関係者など、104名を対象とした。聞き取り調査を実施したプロジェクト関係者を「付属資料4. 面談者一覧」にまとめた。

### 3-3 評価調査の制約・限界

本レビュー調査では、可能な限り客観的で包括的なデータの入手に努めたが、限られた時間内での調査と評価分析では以下のような制約があった。

- 聞き取り調査の対象者は、プロジェクトへの関与の度合いを基に選定したが、現地調査期間中に面会の都合がつかなかった関係者は対象外とした。
- プロジェクトの対象施設はアブラ州、アパヤオ州、ベンゲット州の94カ所だが<sup>1</sup>、今回の調査で訪問した13カ所の施設の状況を、対象施設全体を評価する際の判断材料として用いた。
- 投入や活動の適正度といった価値判断に関しては、できる限り定量的な分析に基づくように努めたが、定量データによる評価が困難な場合は、聞き取りを行った関係者の証言を可能な限り客観的な視点から検証し、定性的な情報として評価分析に使用した。

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<sup>1</sup> プロジェクトがBEmONC認定の支援対象とする、3州の病院、保健所、助産所を含む。

## 第4章 プロジェクトの実績と実施プロセス

### 4-1 プロジェクトの実績

#### 4-1-1 投入実績

プロジェクトの投入実績は以下のとおり。

投入要素	内 容
＜日本側＞	
1) 専門家派遣	1年次：38.53MM（実績）、2年次：25.19MM（実績）、3年次：24.90MM（計画）。詳細は「付属資料5．投入リスト」に記載。
2) カウンターパートの本邦研修	合計7件（1年次4件、2年次3件）。詳細は「付属資料5．投入リスト」に記載。
3) ローカルコスト	合計6,748万5,794円（1年次・2年次実績と3年次計画を含む）。詳細は「付属資料5．投入リスト」に記載。
4) 供与機材	総額1,481万5,260ペソの機材を供与。詳細は「付属資料1．ミニッツ（M/M）・合同評価報告書」のANNEX VI：List of Equipment（Japanese Side）を参照。
＜フィリピン側＞	
1) カウンターパート配置	約60名のカウンターパートを配置。詳細は「付属資料5．投入リスト」に記載。ただし、カウンターパートの明確な定義がされていないため、プロジェクト活動の主要メンバーを記載した。
2) 施 設	コーディネラ地域保健局内にJICA専門家の執務スペース、アブラ州とアパヤオ州それぞれにプロジェクトコーディネーターの執務スペースが手配された。
3) ローカルコスト	1年次・2年次に総額5億4,466万664ペソを負担。詳細は「付属資料5．投入リスト」に記載。

#### 4-1-2 アウトプットの実績

現在までに、アウトプット1～3については、ほとんどの指標が向上しているか、もしくは十分な水準を達成している。ただし、アウトプット1の町予算に占める保健予算割合に関する指標に関しては、若干の減少がみられたが、これは、町予算全体額が増加したため、保健予算割合が相対的に減少したことが原因とみられる。アウトプット4については、既に活動として取り組んだ部分については十分な水準を達成しており、残りの部分については、プロジェクト後半期間の取り組みが期待される。

各アウトプットのそれぞれの指標の達成状況の詳細は以下のとおり。

指 標	指標の推移・モニタリング結果
<b>アウトプット1</b> ：プロジェクト対象サイトの保健のガバナンスと財政が、自治体間保健ゾーン（ILHZ）の機能を通じて強化される。 [対象地域：アブラ州の2ゾーン（6町）とアパヤオ州全域の4ゾーン]	

指 標	指標の推移・モニタリング結果
1-a. (特に ILHZ 制度を中心とした) 地域保健システムに係る研修モジュールが作成され、プロジェクト対象サイトで研修が実施される。	地域保健システムに関する研修モジュールが、コーディレラ地域保健局とベンゲット州保健局によって作成され、2012年7月までにアブラ州の2ゾーンとアパヤオ州の4ゾーンのILHZ関係者を対象とした研修が実施された。
1-b. プロジェクト対象サイトのすべてのILHZが共同保健信託基金(Common Health Trust Fund : CHTF)を設置し、CHTFを活用してILHZ活動を展開する。	対象サイト内の6ILHZすべてがCHTFに関するILHZ決議書を可決した。2014年6月までに、3ILHZでCHTFの銀行口座が開設され、自治体からの分担金が拠出された。他の3ILHZについては、CHTFのための銀行口座の開設手続き中である。
1-c. すべてのILHZがMNCHNに係るILHZ活動計画を策定し実施する。	対象サイト内すべての6ILHZで2013年度の活動計画が策定され、計画に沿って活動が実施された。2014年度計画も策定され、活動が実施されている。
1-d. 州予算に占める保健予算の割合が増加する。〔基準値(2012年):アブラ州7.7%、アパヤオ州15.3%〕	2013年の保健予算の割合は、アブラ州が25.6%、アパヤオ州が15.9%と、2012年の基準値と比べていずれも増加した。
1-e. 対象サイト(アブラ州・アパヤオ州13町)において、町予算に占める保健予算割合(13町の中央値)が増加する。〔基準値(2012年):8.6%〕	2013年の対象地域内13町の保健予算割合の中央値は8.2%と、2012年の基準値より若干減少した。
1-f. ILHZ活動への州政府や町政府からの分担金が増加する。〔基準値(2012年):0ペソ〕	<p>対象サイト内すべての州と町が、2014年度予算に、ILHZへの分担金を計上した。各ILHZへの拠出金合計額は以下のとおり。</p> <p><u>アブラ州</u></p> <ul style="list-style-type: none"> <li>- ドラサン: 40万ペソ</li> <li>- VPP: 25万ペソ</li> </ul> <p><u>アパヤオ州</u></p> <ul style="list-style-type: none"> <li>- カビヌリグ: 40万ペソ</li> <li>- フローラ・サンタマルセラ: 20万ペソ</li> <li>- イマンダヤ: 15万ペソ</li> <li>- ルナ・プットル: 30万ペソ</li> </ul> <p>このうち、ドラサン、フローラ・サンタマルセラ、ルナ・プットルILHZについては、CHTFのための銀行口座が開設され、各自治体から分担金の拠出が開始された。ただし、予算額どおりに分担金を拠出していない自治体もある。</p>
1-g. 施設分娩やコミュニティヘルsteam (CHT) 支援を定めた法的根拠(条例、命令書、決議書)を定めた町の数が増加する。〔基準値(2011年):施設分娩6町、CHT支援1町〕	2013年12月までに、対象サイト内の13町すべてで、施設分娩に関する条例や決議書が制定された(町内の一部地域のみを対象とした1町を含む)。CHT支援については、アブラ州の5町が条例や命令書、決議書を制定した。

指 標	指標の推移・モニタリング結果
1-h. フィリピン健康保険公社の貧困者加入プログラムへの加入率(目標者数に対する実際の加入者数)が100%以上となる。〔基準値(2011年):アブラ州176%、アパヤオ州167%〕	フィリピン健康保健公社の貧困者加入プログラムへの加入率は、国が定めた2013年の加入者数の目標に対して、アブラ州が163%、アパヤオ州が165%と、100%以上を維持している。
1-i. フィリピン健康保険公社(全プログラム)加入者数(被扶養者を含まず)が増加する。〔基準値(2011年):アブラ州1万6,366人、アパヤオ州2万9,466人〕	2013年12月の時点でのフィリピン健康保険公社加入者数は、アブラ州1万7,235人、アパヤオ州3万2,420人と、2011年の基準値より増加した。
1-j. フィリピン健康保険公社からの分娩に係る保険還付金(診療報酬)が増加する。〔基準値(2012年):アブラ州1万9,500ペソ、アパヤオ州398万6,220ペソ、ベンゲット州2,476万4,717ペソ、3サイト計2,877万437ペソ〕	2013年の分娩へのフィリピン健康保険公社による保険還付金は、アブラ州10万5,350ペソ、アパヤオ州589万3,866ペソ、ベンゲット州2,692万9,075ペソと、いずれの州も2012年の基準値から増加した。
<b>アウトプット2: 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る。</b> 〔対象地域: アブラ州の2ゾーン(6町)、アパヤオ州全域の4ゾーン、ベンゲット州全域の4ゾーン〕	
2-a. MNCHN マニュアルがコーディネラ地域の状況に合わせて地域化され、マニュアルの指導者研修が実施される。	コーディネラ地域版 MNCHN マニュアルが2012年10月に完成し、2013年3月にコーディネラ地域全6州とバギオ市の代表者合計32名を対象とした講師研修が実施された。2013年5月から7月にかけて、このMNCHN マニュアルと妊産婦新生児死亡症例検討会に関する研修が各州で実施され、州保健局や町保健局の関係者、病院職員が参加した。プロジェクト対象3州での研修の参加者は、アブラ州41名、アパヤオ州30名、ベンゲット州65名だった。
2-b. アブラ州・アパヤオ州においてMNCHNに係るリファラルガイドラインが作成され、ガイドラインに沿ってリファラルが行われる。	2012年10月にアブラ州とアパヤオ州それぞれで開催されたワークショップの成果品として、州ごとのMNCHN リファラルガイドラインが作成された。これまでのところ、アブラ州の2ゾーンとアパヤオ州4ゾーンで、同ガイドラインに基づいたリファラルが行われている。
2-c. 妊産婦新生児死亡症例検討がプロジェクト対象サイト3州において実施される。	2013年にコーディネラ地域全6州とバギオ市で、妊産婦新生児死亡症例検討会が開催され、11件の妊産婦死亡症例(全体21件の52%)と、8件の新生児死亡症例(全体301件の3%)がレビューされた。

指 標	指標の推移・モニタリング結果
2-d. BEmONC 及び CHT に係るモニタリング制度が整備され、モニタリングが行われる。	2013 年 11 月から 12 月にかけて、アブラ州、アパヤオ州、ベンゲット州の関係者が集まり、BEmONC 施設のモニタリング制度について話し合い、モニタリングチーム構成や実施方法・日程など、公式な制度とするための取極めを行った。 CHT の活動モニタリングについては、各助産所で保健省が作成した既存のツールを用いて継続的に実施されている。
2-e. コーディレラ地域の文化に配慮した MNCHN 啓発ツールが開発され活用される。	CHT 向けフリップチャート 3,200 部とバナー400 部が作成され、改訂版母子手帳と併せて、2013 年 11 月から 12 月に開催された CHT 集会で配布された。プロジェクト対象各州の MNCHN 啓発メッセージソングの CD が作成され、1,000 枚が配布された。
2-f. 「MNCHN 保健医療緊急時対応計画」を策定したバランガイ数が増加する。〔基準値 (2011 年) : 0 バランガイ〕	2013 年 12 月までに、44 バランガイが「MNCHN 保健医療緊急時対応計画」を策定し、バランガイの「災害時リスク軽減マネジメント計画」に組み込んだ。
<b>アウトプット 3: プロジェクト対象サイトの病院と保健所、助産所が保健省から基礎的緊急産科・新生児ケア (BEmONC) サービスが提供できる施設として認定される一方、保健所・助産所はフィリピン健康保険公社により母子保健ケアパッケージ (MCP) 施設であると認証される。</b> <b>〔対象地域: アブラ州の 2 ゾーン (6 町)、アパヤオ州全域の 4 ゾーン、ベンゲット州全域の 4 ゾーン〕</b>	
3-a. BEmONC 認証を受けた施設数が増加する。〔基準値 (2011 年) : 0 施設。目標値 (2016 年) : 94 施設 (14 病院、19 保健所、61 助産所)〕	2014 年 6 月までに、プロジェクト対象施設となる全 14 病院と全 19 保健所が BEmONC 認証を取得した。助産所については、これまでに BEmONC 認証を取得した施設はない。
3-b. 全 15 病院が健康保険指定医療機関としての指定を維持する。	2014 年 6 月現在、全 15 病院が健康保険指定医療機関としての指定を維持している。
3-c. 19 保健所及び 61 助産所がフィリピン健康保険公社の MCP 認証を取得する。〔基準値 (2011 年) : 6 保健所、0 助産所〕	2014 年 6 月までに、19 保健所 (100%)、14 助産所 (23%) が MCP 認証を取得した。
3-d. BEmONC 研修を受けた医療従事者数が増加する。〔基準値 (2011 年) : 0 名、目標値 (2014 年) : 130 名〕	2014 年 3 月までに 129 名 (99%*) の医療従事者が BEmONC 研修を受講した。
3-e. 助産師版 BEmONC 研修を受けた医療従事者数が増加する。〔基準値 (2011 年) : 0 名、目標値 (2015 年) : 92 名〕	2014 年 3 月までに 124 名 (135%** ) の医療従事者が助産師版 BEmONC 研修を受講した。
<b>アウトプット 4: プロジェクトの教訓と活動に係る普及活動がコーディレラ地域内及び国内に向けて行われる。</b>	

指 標	指標の推移・モニタリング結果
4-a. プロジェクトファクトシート、ニュースレターが年 2 回以上発行される。	これまでに、ファクトシートが 1 回、ニュースレターが 4 回、プレスリリースが 3 回発行された。プロジェクトの取り組みが新聞記事として 39 回掲載された。
4-b. コーディレラ地域全域へのプロジェクト展開計画が策定され実施される。	2013 年にプロジェクト展開計画 (Project Expansion Plan) がコーディレラ地域保健局によって策定され、現在、実施されている。実施状況は、「付属資料 1. ミニッツ (M/M)・合同評価報告書」の ANNEX V : Project Expansion Plan に詳述。
4-c. コーディレラ地域保健局やカウンターパート等がプロジェクトの教訓や優良事例を発信する。	プロジェクト対象地域内外の関係者が集まる機会を利用して、これまでに、プロジェクトの教訓や優良事例を紹介するプレゼンテーションが 11 回実施された。その他、プロジェクトのホームページで情報を共有し、定期的に情報を更新している。
4-d. プロジェクトの優良事例や教訓を文書化して国やコーディレラ地域内に発信する。	今後、実施の予定。
4-e. プロジェクト全国セミナーを開催しプロジェクトの教訓や優良事例を発信する。	プロジェクト 3 年次と 5 年次に開催予定。

\* 100%達成できないのは、医師ポストが空席の状態が続いている保健所が存在することによる。

\*\* 達成率が 100%を超えているのは、助産所の助産師 92 名を対象とした研修に、保健所や病院の助産師も参加したことによる。

#### 4-2 プロジェクト目標の達成状況

**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。**

プロジェクト目標の達成状況を示す指標は七つ設定されており、そのうちの三つはプロジェクト対象サイトを、残りの四つはコーディレラ地域全体を対象としている。

七つの指標は、2011 年もしくは 2012 年の基準値と比べ、すべての指標で向上がみられる。なかでも、産後ケア受診率に関する指標は、すべての州で既に目標値を達成しており、施設分娩率と産前ケア受診率に関する指標についても、いくつかの州で目標値を達成している。各指標の達成状況を以下にまとめた。

##### <プロジェクト対象サイトの指標>

指 標	対象地域	指標の計算方法 <sup>3</sup>	2011 年	2012 年 (基準値)	2013 年 <sup>4</sup>	2017 年 (目標値)	達成状況
1) 施設分娩率(85%以上の出産が施設分娩により行われる)	プロジェクト対象サイト全体	保健省 FHSIS	71%	69%	80%	-	プロジェクト対象サイト全体では、既に目標値を達成。州
		プロジェクト	-	79%	<b>86%</b>	85%	
	アラバ州 (対象 6 町)	保健省 FHSIS	28%	16%	60%	-	
		プロジェクト	-	73%	<b>86%</b>	85%	

		ト						別の指標では、アブラ州(対象6町)とアパヤオ州で目標値を達成。
	アパヤオ州全域	保健省 FHSIS	59%	56%	81%	-		
		プロジェクト	-	67%	<b>80%</b>	80%		
	ベンゲット州全域	保健省 FHSIS	77%	77%	81%	-		
		プロジェクト	-	83%	87%	90%		
2) 産前ケア受診率 <sup>1</sup> (妊婦の80%以上が少なくとも4回の産前ケアを受ける)	プロジェクト対象サイト全体	保健省 FHSIS	55%	47%	48%	-		アブラ州(対象6町)で既に目標値を達成。他の州でも改善がみられる。
		プロジェクト	-	63%	74%	80%		
	アブラ州(対象6町)	保健省 FHSIS	38%	43%	41%	-		
		プロジェクト	-	45%	<b>80%</b>	70%		
	アパヤオ州全域	保健省 FHSIS	38%	38%	47%	-		
		プロジェクト	-	73%	79%	85%		
	ベンゲット州全域	保健省 FHSIS	63%	50%	49%	-		
		プロジェクト	-	62%	72%	80%		
3) 産後ケア受診率 <sup>2</sup> (褥婦の90%以上が少なくとも2回の産後ケアを受ける)	プロジェクト対象サイト全体	保健省 FHSIS	57%	46%	54%	-		すべての州で、既に目標値を達成。
		プロジェクト	-	90%	<b>96%</b>	90%		
	アブラ州(対象6町)	保健省 FHSIS	37%	33%	37%	-		
		プロジェクト	-	66%	<b>97%</b>	80%		
	アパヤオ州全域	保健省 FHSIS	46%	38%	48%	-		
		プロジェクト	-	89%	<b>92%</b>	90%		
	ベンゲット州全域	保健省 FHSIS	63%	50%	58%	-		
		プロジェクト	-	93%	<b>97%</b>	95%		

1 産前ケアを妊娠前期(第1~12週)に1回、妊娠中期(第13~28週)に1回、妊娠後期(第29~40週)に2回ずつ以上受診した妊婦の率。

2 産後ケアを出産後24時間以内に1回、出産後7日以内に1回ずつ以上受診した褥婦の率。

3 プロジェクトでは、保健省の保健情報システム(Field Health Service Information System: FHSIS)と異なった計算方法を用いて指標の数値を算出しているため、両方の計算方法による値を表に示す。指標の計算方法に関しては、後出の「4-4-3(2)プロジェクト目標の指標モニタリング」で詳述する。

4 太字の値は、既に2017年目標値を達成していることを示す。

<コーディネラ地域全体の指標>

指標	2011年 (基準値)	2012年	2013年	目標値 (2017年)	達成状況
4) 機能している自治体間保健ゾーン (ILHZ) の数 <sup>1</sup>	7	11	12	(設定なし)	順調に増加している。
5) 妊産婦新生児死亡症例検討を実施している自治体数 <sup>2</sup>	0	0	全6州1市 (100%)	全6州1市	2013年にすべての自治体で実施。
6) 緊急産科新生児ケア (BEmONC) 認証施設数	0	0	32 [14病院(9%)、 18保健所 (36%)、0助産 所(0%)]	150 (36病院、50保 健所、64助産所)	順調に増加している。
7) フィリピン健康保険公社・妊産婦ケアパッケージ (MCP) 認証施設数	12 (12保健所、 0助産所)	23 (17保健所、 6助産所)	53 [41保健所 (82%)、12助 産所(19%)]	114 (50保健所、64 助産所)	順調に増加している。

- 1 次の三つの条件すべてを満たした際に、ILHZ が機能していると判断する。①ILHZ 技術委員会や理事会が定期的開催されている、②ILHZ 年間活動計画 (予算計画) が策定されている、③同計画に沿って ILHZ 活動が実施されている。
- 2 次の三つの条件すべてを満たした際に、妊産婦新生児死亡症例検討が実施されたと判断する。①すべての死亡例について、死亡が起こった施設もしくは居住地で報告書式に則った情報収集が実施される、②死亡例のうち選択した症例もしくは全症例について、ILHZ もしくは州の検討委員会が症例検討を実施する、③検討結果報告書と死亡者一覧をコーディネラ地域保健局に提出する。ただし、実施体制が整っているにもかかわらず死亡が1件も起こらなかった際も、指標上では死亡症例検討が実施されたとみなす。

#### 4-3 上位目標の達成状況

**上位目標：コーディネラ地域における人々、特に女性と子どもの健康状態が改善する。**

上位目標の達成状況を示す三つの指標の推移は以下のとおり。施設分娩率については 2010 年の 68%から 2013 年の 82%へ改善されている。他方、妊産婦死亡率と乳児死亡率については、2010 年から 2013 年にかけて指標の変化はみられるものの、上位目標の達成状況を評価できるレベルの大きな変化とはいえない。

指標	2010年	2011年	2012年	2013年
1) 妊産婦死亡率 (出生十萬対)	65	62	71	66
2) 乳児死亡率 (出生千対)	9	11	10	10
3) 施設分娩率	68%	73%	78%	82%

情報源：保健省 FHSIS

#### 4-4 実施プロセスの検証

##### 4-4-1 プロジェクト実施体制

プロジェクトは、保健省次官をプロジェクトディレクター、保健省国際保健協力局長をプロジェクトマネジャー、保健省関連部局の職員をテクニカルコーディネーターとして配置し、これまで実施されてきた。しかしながら、実質的な活動のほとんどはコーディネラ地域内で実施

され、保健省関係者の現場での活動へのかかわりは、これまでのところ限定的だった。

JICA 専門家は、コーディネラ地域保健局内の執務スペースを拠点として、コーディネラ地域保健局の局長、副局長、その他のカウンターパートと密に連絡を取りながら、日々の業務を遂行した。州レベルでの活動については、プロジェクトによって雇用され対象3州それぞれに配置されたコーディネーターが、連絡調整の役割を担った。ベンゲット州コーディネーターは JICA 専門家の執務スペースに、アブラ州とアパヤオ州のコーディネーターは、それぞれの州に常駐し、州レベルでのプロジェクトの活動を促進した。

#### 4-4-2 活動の実施状況

プロジェクトの活動は、プロジェクト開始時に策定した活動計画（PO）に基づいて実施された。1年次と2年次の活動実績と、3年次以降の活動計画を、「付属資料6．活動計画/実績」として記載した。

プロジェクトの活動は、スケジュール調整が必要な際は計画を微修正し、ほぼ計画どおり実施された。現場のニーズに基づいて、討議議事録（R/D）締結時に策定された PDM 第1版に、①助産所を分娩施設整備対象に追加、②コーディネラ地域プロジェクト展開計画の策定、③CHT の活動の現状分析と支援体制整備—といった活動が加えられ、2013年9月に開催された第4回合同調整委員会（JCC）で PDM 第2版として承認された。これらの変更にも適宜対応し、計画を修正しながら、活動が実施された。

#### 4-4-3 プロジェクトの進捗モニタリング

##### (1) モニタリング会合の実施状況

プロジェクトの進捗状況は、R/D で定められたとおり、①合同調整委員会（JCC）、②地域統一プロジェクト運営委員会（Regional Unified Project Management Committee : RUPMC）、③州運営委員会（Executive Committee: EC）、④技術委員会（Technical Working Group: TWG）—といった各レベルでの会合によってモニタリングが行われた。それぞれの会合のこれまでの開催頻度は以下のとおりで、ほぼ計画どおりに開催された。すべての会合の内容が議事録として記録された。

モニタリング会合	開催地/対象	開催頻度 (2012年2月～2014年7月)
1) JCC 会合	保健省	6回*
2) RUPMC 会合	コーディネラ地域保健局	7回*
3) EC 会合	各 州	アブラ州：4回 アパヤオ州：5回 ベンゲット州：4回
4) TWG 会合	各 州	アブラ州：8回 アパヤオ州：8回 ベンゲット州：8回

\* 本中間レビュー調査の結果協議のために、2014年7月に開催された会合を含む。

##### (2) プロジェクト目標の指標モニタリング

プロジェクト目標については、上述した各種会合やプロジェクト進捗報告書を作成する

際に、各指標の達成度のモニタリングが行われた。

プロジェクトでは、プロジェクト目標の三つの母子保健指標について、保健省保健情報システム（FHSIS）と異なる計算方法を採用し、プロジェクト目標の達成度をモニタリングしている。これは、FHSIS が採用している指標の定義が、国際的に認められているものと異なることに加え、FHSIS の定義で算出される数値が実態と乖離しているため、プロジェクト目標の達成度を正確に評価することができないためである。以下に、三つの指標に関して、FHSIS とプロジェクトの定義の違いを示す。

		FHSIS の定義	プロジェクトの定義
施設分娩率	分子	出産場所に基づく施設分娩の数	居住地に基づく施設分娩の数
	分母	出産場所に基づく出生数	居住地に基づく出生数
産前ケア受診率	分子	産前ケアを受診した妊婦の数	産前ケアを受診した妊婦の数
	分母	人口の 3.5%として推定した妊婦数*	施設の登録妊婦リストから割り出した実際の妊婦数**
産後ケア受診率	分子	産後ケアを受診した褥婦の数	産後ケアを受診した褥婦の数
	分母	人口の 3.0%として推定した褥婦数*	施設の登録妊婦リストから割り出した実際の褥婦数**

\* 保健省は現在、人口から妊婦と褥婦を推定するための係数を 2.7%に見直す方向で検討を進めている。

\*\* これまでのところ、施設の登録妊婦リストからの妊婦数と褥婦数の分析については、JICA 専門家によって行われている。

今回の調査でプロジェクト関係者に聞き取りをした結果、ほとんどの関係者が、プロジェクトの定義による指標のモニタリングがより適切であるとの見解を示したが、同時に、FHSIS の定義によるデータ分析は保健省によって定められており、変更することは難しいと述べている。他方で、必ずしもすべての関係者が、二つの定義の違いを明確に理解しているわけではないという状況も判明した。

## 第5章 評価結果

### 5-1 妥当性

#### (1) フィリピンのニーズや政策との整合性

プロジェクトは、ミレニアム開発目標（MDG）のなかの重要な指標である妊産婦死亡率と乳児死亡率の改善をめざしており、フィリピンの保健分野での最重要課題の解決というニーズに対応するものである。さらに、プロジェクトは、①医療機材供給や職員の能力強化による保健医療サービスの質の向上、②健康保険制度の推進による保健医療サービスの需要の改善—といったアプローチにより、特に貧困者のサービスへのアクセス改善をめざしており、全国民への公平なサービス供給といった重要課題の解決に資するものである。

プロジェクトの枠組みは、2010年に策定されたフィリピン国家保健政策（Kalusugan Pangkalahatan：KP）で重点分野として挙げられている、①健康保険の促進によるサービスへのアクセス向上、②病院、保健所、助産所などの保健医療施設の整備、③MDG達成のための母子保健サービスの強化—と合致する。プロジェクトのアプローチについては、分娩ケアの質の向上を焦点としており、フィリピン保健省が2009年に定めた「妊産婦・新生児死亡の早急な削減に向けた保健セクター改革実施に係る保健省行政令」（Maternal, Neonatal and Child Health and Nutrition：AO 0029, series 2008、通称：MNCHN政策）と整合する。

#### (2) 日本による支援の妥当性

本プロジェクトの内容は、日本の援助方針と整合している。2012年に策定された日本政府の「対フィリピン共和国 国別援助方針」のなかで、本プロジェクトの支援内容は「脆弱性の克服と生活・生産基盤の安定」「貧困層の自立支援と生活環境改善」の重点分野（中目標）に位置づけられる。一方、本プロジェクトは、2013年に改訂されたポジションペーパー「JICAの保健分野の協力—現在と未来—」及び、ユニバーサル・ヘルス・カバレッジを柱の一つとして挙げる日本の国際保健外交戦略とも合致するものである。

#### (3) プロジェクト対象サイト選定の妥当性

コーディレラ地域は、保健省が「地理的に孤立した不利な地域」（Geographically Isolated and Disadvantaged Areas：GIDA）として定義しており、本プロジェクトが支援対象としたのは妥当だったといえる。コーディレラ地域の中で、プロジェクト対象サイトとしてアブラ、アパヤオ、ベンゲットの3州を選定したことについては、①アブラ州とアパヤオ州は最貧州として認識されており、支援が必要とされていること、②ベンゲット州で実施されていたJICAの技術協力プロジェクト「地域保健システム強化プロジェクト」での経験と教訓を活用することが期待されていることから、適切だったといえる。

### 5-2 有効性

#### (1) プロジェクト目標の達成状況

プロジェクト目標の七つの指標は、2011年もしくは2012年の基準値と比べ、すべての指標で向上がみられる。それぞれの指標の達成状況の分析結果から、プロジェクト目標は順調に達成されつつあり、現段階での達成度は十分な水準といえる。これらのプロジェクト目標

の指標の向上は、保健省、コーディネラ地域保健局、自治体の独自の取り組みと、プロジェクトによる支援によって達成されたものである。これまでのところ、プロジェクト目標の達成を大きく阻害する要因は見受けられなかった。

## (2) プロジェクトの有効性に影響する要因

プロジェクトの有効性に影響を及ぼした、もしくは今後影響する可能性がある正・負の要因や事例について、以下に分析結果をまとめた。

### <施設分娩率、産前ケア受診率、産後ケア受診率に関連>

- 調査団が訪れた施設のなかで、ベンゲット州のマンカヤン保健所とアパヤオ州のフローラ保健所では、フィリピン健康保険公社の MCP 還付金<sup>2</sup>の一部を、施設で出産した女性に与えることにより、施設分娩へのインセンティブを創出していた。これらの保健所がある地域では、多くの妊婦が施設分娩を望み、結果的に施設分娩率と MCP 還付金による保健所収入の両方が向上した。
- 調査団が訪れたアパヤオ州フローラ町とアブラ州ランガンギラン町のいくつかの施設で、自宅出産に対して罰金を科す条例が適用され、多くの女性が施設で出産をするようになった。実際のところ、調査で聞き取りを行った数人の妊産婦は、以前は自宅で出産していたが、条例の適用を避けるため、今回は施設で出産することに決めたことを明らかにした。
- CHT のボランティア職員に対して、コーディネラ地域保健局や自治体から金銭的なインセンティブが与えられることにより、ボランティア職員のパフォーマンスが向上し、特に、コミュニティ内の妊婦の把握状況が改善した事例が報告された。
- コーディレラ地域のお産に関する独特の文化を取り入れた地域版 MNCHN マニュアルの導入により、人々の施設分娩への抵抗が軽減されたという見解がプロジェクト関係者から出された。
- 施設分娩率は、2012 年の 78.6%から、2013 年には 85.7%に向上し、プロジェクト対象サイト目標値の 85%を既に達成した。しかしながら、施設別にみた場合、2013 年の助産所での分娩の割合は、2.0%と低い水準である。現段階で、いずれの助産所も BEmONC 認証を受けておらず、MCP 認証を受けた助産所も非常に少ないため、助産所が施設として十分に利用されていない現状を反映している。他方でこのことは、BEmONC 認証や MCP 認証を取得する助産所が増えることにより、助産所での分娩を増やし、自宅での出産をさらに減らすことができる可能性を示すものといえる。

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<sup>2</sup> MCP 認証を取得した施設には、施設出産 1 件につき、フィリピン健康保険公社から 8,000 ペソの還付金が与えられる。

年度	施設分娩					自宅分娩	その他	合計
	病院	保健所	助産所	クリニック	計			
2012	72.3%	3.3%	0.7%	2.2%	78.6%	21.1%	0.3%	100.0%
2013	75.8%	6.3%	2.0%	1.5%	85.7%	14.0%	0.2%	100.0%

- 妊産婦のリファラルシステムについては、地域版 MNCHN マニュアルの導入、リファラルガイドラインの作成、ILHZ 内での情報と資源の共有促進といったプロジェクトの取り組みによって強化された。しかしながら、病院にリファラルされた妊婦や褥婦が退院するときに、保健所や助産所に情報を戻すことが徹底されていないことが、多くの関係者の間で問題として認識されている。こうした問題によって、リファラルされた妊婦の産後のフォローアップができず、産後ケアの受診に影響を及ぼす可能性があることが、関係者から報告された。ただし、この問題が、実際にどの程度産後ケア受診率を押し下げたかについては不明である。他方、プロジェクトが支援して作成したアブラ州の ILHZ リファラルガイドラインでは、褥婦の情報を母子手帳にホチキス留めするよう定めており、退院後に必要な情報が、母子手帳を介して保健所や助産所に戻されるような工夫がされている。

#### < BEmONC 認証、MCP 認証に関連 >

- JICA 専門家の支援により、プロジェクト対象サイトで BEmONC 認証に必要な研修と各施設での研修後評価の実施が促進された。その後のコーディレラ地域保健局での BEmONC 認証の発行手続きについては、プロジェクトが作成を支援した手順書によって、効率的に進めることが可能となった。
- プロジェクト対象施設に対して、フィリピン政府が実施する保健医療施設強化プログラム（Health Facility Enhancement Program : HFEP）が施設改修と機材供与を進め、プロジェクトが機材供与と研修実施を行った。これまでのところ、これらの二つの投入が補完する形で進められたため、BEmONC 認証や MCP 認証のプロセスが促進された。ただし、一部で、HFEP による調達遅れにより、BEmONC 認証や MCP 認証に影響が出ているケースが報告されている。
- 現在のところ、公式には BEmONC 認証の取得が MCP 認証取得のための条件となっているものの、実態としては、BEmONC 認証を受けていない施設にも MCP 認証が与えられている状況である。一方、保健省は保健医療施設の新しい分娩施設免許（License to Operate : LTO）を導入し、2015 年には、この免許について MCP 認証を更新するための必須条件とする方針を打ち出しているが、LTO の基準を満たすことが現実的に困難な施設が多く存在する。このように、BEmONC、MCP、LTO といった異なる認定制度の導入によって、現場に混乱を来しており、関係者の間では制度の是正を求める声が多く聞かれた。

### 5-3 効率性

#### (1) アウトプット産出状況

アウトプットについては、ほとんどの指標が向上しているか、もしくは十分な水準を達成しており、現段階のアウトプット産出状況は適切な水準といえる。ただし、アウトプット1の、町予算に占める保健予算割合に関する指標に関しては、若干の減少がみられた。これは、町予算全体額が増加したため、保健予算割合が相対的に減少したことが原因とみられ、プロジェクト全体の進捗への影響はほとんどないと判断される。

#### (2) 投入・活動の適性度

プロジェクト開始時から中間レビュー実施時までのプロジェクトの投入と活動の適性度について、資料レビューや聞き取り調査、現場視察から得た情報を総合的に分析した結果を以下に示す。

- 活動について大きな遅れはなく、ほぼ当初の計画どおりに実施された。
- JICA 専門家の技術レベルや派遣期間は、活動を効率的に実施するうえで適切だった。
- カウンターパートの配置は、プロジェクトの活動を実施するうえで適切だった。ただ、保健省が現在進めている組織の合理化政策（保健省職員の人員削減）が、今後、カウンターパートの配置に影響を及ぼす懸念がある。
- すべての機材はタイミングよく供与された。修理中の機材など、いくつかの例外を除いて、ほぼすべての機材が現場で十分に活用されている。
- カウンターパートはプロジェクトの活動や意思決定に十分に参加しており、JICA 専門家とカウンターパートの間のコミュニケーションについてもおおむね適正だった。州レベルでの活動については、各州にプロジェクトコーディネーターを配置して連絡調整や活動準備の効率化を図ることにより、円滑に進められた。JICA 専門家とカウンターパートとの間で理解の食い違いが生じた場面もあったが、お互いに解決策を見いだしており、プロジェクトの進捗に影響を及ぼす状況には至っていない。
- プロジェクトのモニタリングのための各種会合は、中央レベル、地域レベル、州レベルでほぼ予定どおり開催されており、内容についても適切だった。
- これまでに実施した7件の本邦研修については、いずれもカウンターパートにとっておおむね有意義な内容であり、プロジェクトの活動を実施するうえで役に立つものだった。

#### (3) プロジェクトの効率性に影響する要因

投入から活動、活動からアウトプットに至るプロセスに影響を及ぼした要因、もしくは今後影響を及ぼす可能性がある要因を以下に示す。

- 活動のなかには、自治体長のリーダーシップや興味の度合いによって、進捗が影響されるものがあった。特に、ILHZに関連する活動については、こうした傾向が顕著にみられ、自治体長の取り組み姿勢が、プロジェクトの効率性への貢献要因や阻害要因となった。
- フィリピン政府のHFEPについては、プロジェクト対象サイトの施設が BEmONC 認証や MCP 認証を取得するうえでの貢献要因といえるが、一部で調達の遅れが生じ、認証

の取得を遅らせる要因ともなっている。

- 前述したとおり、LTO、BEmONC、MCP といった異なる認定制度の整合性が低いまま導入されていることにより、BEmONC 認証や MCP 認証を取得した施設を増やすうえで、影響が及ぶ可能性がある。
- フィリピン健康保険公社の貧困者プログラムの1人当たりの加入料が、2013年から2014年にかけて、1,200ペソから2,400ペソに倍増したため、自治体の限られた予算で負担できる人数が減った。最近、妊婦については、保健医療サービスを受ける段階になってから健康保険に加入できる制度が導入されたため、健康保険への加入をぎりぎりまで遅らせる人々が増える傾向にある。これらの制度変更が、プロジェクトが健康保険加入者を増やすために実施してきた取り組みの効果を低減させる要因となっている。
- アウトプット指標の数値のうえでは、フィリピン健康保険公社の加入者数は十分な水準に達しているが、今回の現地調査でプロジェクト関係者や妊産婦に聞き取りを行った結果、プロジェクト対象サイトの多くの妊婦が健康保険に加入していなかったり、健康保険プログラムについて知らなかったりする事実が明らかになった。こうした事実は、政府が貧困層の妊婦を特定して健康保険に加入させるプロセスに、何らかの問題が生じていることを示唆するものであり、プロジェクト活動の効率性を阻害する問題が存在する可能性を示している。

上述したなかに、プロジェクトの効率性への阻害要因も含まれるが、これまでのところ、いずれも、プロジェクトの進捗を大きく阻害する要因とはなっていない。

#### 5-4 インパクト

本プロジェクトの上位目標の指標のなかで、施設分娩率については、2010年から順調に改善されている。他方で、妊産婦死亡率と乳児死亡率については、ここ数年にかけて変化はみられるものの、今のところ、評価できるレベルの大きな変化とはいえない。特に、妊産婦死亡率については、コーディレラ地域の人口3万5,000人のなかで、妊産婦死亡が1件起こった場合、3ポイント押し上げられることから、数値の変化は今のところ誤差範囲の域内といえるだろう。プロジェクトのこれらの指標への貢献度について議論することも時期尚早といえる。

しかしながら、①プロジェクトが採用しているアプローチは、すべて国際的に母子保健指標を改善するものとして認められていること、②妊産婦死亡や乳児死亡を減らすうえで重要な施設分娩率については改善傾向がみられることから、プロジェクトが順調に進捗すれば、将来的に上位目標を達成することができる可能性が高い。ただし、上位目標の達成に至るためには、プロジェクト対象サイトでの取り組みが、後述するプロジェクト展開計画（Project Expansion Plan）のなかで、コーディレラ保健局によってプロジェクト対象外の州や町で実施されることが必要条件となる。

これまでのところ、上位目標の達成を阻害する可能性がある要因は確認されていない。その他、プロジェクトの実施による特筆すべき波及効果は見受けられなかった。

## 5-5 持続性

### (1) 制度面の持続性

プロジェクトの取り組みを制度化することは、プロジェクトの効果の持続性を高める有効な方法である。ガイドラインやマニュアルといった公式文書や、条例、命令書、決議書といった法的文書のような形で、プロジェクトの活動に関連して構築された制度は以下のとおり。ただし、これらには、プロジェクトの支援によって制度化されたものと、プロジェクト開始前から存在していたものの両方が含まれる。

- ILHZ 支援への町長による決議書と、州知事による命令書（対象 3 州の 6ILHZ で発行）
- 施設分娩に関する条例（対象サイト内の 13 町すべてで制定）
- CHT 支援を定めた条例（アブラ州の 5 町で制定）
- コーディレラ地域版 MNCHN マニュアル
- 州レベルのリファラルガイドライン（対象 3 州それぞれで作成）
- 州レベルの妊産婦新生児死亡症例検討チームを構成する決議書（対象 3 州それぞれで発行）
- 保健省による BEmONC 認証制度
- フィリピン健康保険公社による MCP 認証制度

今後も、こうした制度を実態に合わせて改定し、継続的に推進する必要があるが、現段階で、プロジェクトの効果を確保するための制度面の持続性は整備されつつあるといえる。

他方、プロジェクトの活動に関連する制度のなかで、ILHZ に関しては前述したとおり、自治体長のリーダーシップや興味によって、効果的に機能するかどうかが大きく左右される側面が強い。全国的には、機能している ILHZ がそれほど多くないことが保健省関係者からも報告されている。関係者の間では、すべての自治体で ILHZ の機能強化を必須とすることは現実的ではなく、ゾーン内での医療従事者や救急車の共有といった形で、リファラルやサービスを強化する必要が認識されている地域が、域内連携を強化するための自発的な取り組みとすべきといった見方もある。これらのことを考慮し、今後、ILHZ の機能強化をコーディネート地域や他地域でどのように推進し、制度として持続させていくかについて検討する必要がある。

### (2) 組織面と財政面の持続性

プロジェクトの活動が、プロジェクト終了後も継続的に実施・モニタリングされるためには、コーディネート地域保健局と自治体それぞれのレベルで、①組織構造、②人員配置、③予算措置ーが適切な水準で維持されることが重要である。

組織構造に関しては、コーディネート地域保健局で最近、母子保健課の再編成が行われたが、この変更は、プロジェクトの持続性を促進するものと考えられる。その他については、今のところ、コーディネート地域保健局と自治体で、プロジェクトの持続性を妨げるおそれがある規模の組織改編の予定は報告されていない。

人員配置については、自治体レベルでは、今後もプロジェクトの活動を継続するのに必要な水準が保持されると予想される。ただ、プロジェクトの持続性を大きく阻害するレベルではないが、若干の懸念事項もある。アパヤオ州のカラナサン保健所は、地理的に働きにくい場所であることから、赴任を希望する医師が見つからず、1 年半ほど前から医師が不在の状

態が続いている。同保健所は、病院が近くにあるために出産施設として指定されていないものの、医師の不在は懸念事項となっている。また、出産施設に指定されているアブラ州のピラビシオサ保健所とピラー保健所については、近いうちに医師が契約期間を満了するが、後任が見つかっていないといった問題に直面している。

コーディレラ地域保健局の人員配置については、保健省が現在進めている組織の合理化政策により、若干の影響を受けている。アパヤオ州の保健省出向職員 3 名のうち、1 名が既にコーディレラ地域保健局内に配置換えとなり、もう 1 名が近日中に異動となる予定である。コーディレラ地域保健局内では、プロジェクト展開計画の実施モニタリングを統括するポジションにある計画課長が、数カ月以内に異動になることが決定している。このような人事異動は、どこの組織でも起こり得ることであり、プロジェクトとしては、こうした人事異動によるプロジェクトの持続性への影響を最低限に抑える対策を講じることが重要といえる。

プロジェクトの活動を継続するための予算については、現在のところ、コーディレラ地域保健局では十分に確保されており、自治体レベルでも、予算不足によって活動が継続できないといった問題は報告されていない。現在のところ、プロジェクトに関連する活動への予算措置に、今後大きく影響する要因として確認されているものはない。プロジェクトが供与した機材については、維持費がかからないものがほとんどだが、助産所に供与した発電機については燃料を継続的に購入しなくてはならず、資金繰りに関して若干の懸念が残る。ただ、この点については、①あらかじめ町の経常予算に組み込む、②MCP の還付金から費用を賄う、③ILHZ の共同信託基金から拠出してもらおうといった形で対応可能との意見が関係者から出ている。

他方、これまでのプロジェクトの活動に際して、各自治体が多くの費用を負担しており、2013 年以降は、自治体が州レベルのプロジェクトコミッティと技術委員会の会議費用をすべて拠出している。こうした各自治体のプロジェクトへの高いオーナーシップは、プロジェクトの持続性を確保するうえでの貢献要因といえる。

### (3) 技術面の持続性

プロジェクトのすべての取り組みは、既に国が推進している仕組みや技術を強化するものであり、カウンターパートにとって著しく習得が困難な技術などは含まれていない。プロジェクトの実施プロセスにカウンターパートが十分に参加し、活動内容を適切に理解しており、今後、プロジェクトの活動をカウンターパートが続けていくうえで、技術面での大きな障壁は見受けられない。

助産所の CHT のボランティア職員のなかには、さまざまな教育レベルや知識レベルの人が存在することが想定されるが、フリップチャートのようなツールを導入することにより、標準化された形でコミュニティにメッセージを伝達できるような工夫がされている。

### (4) 他州・他地域への展開

コーディレラ地域保健局により、プロジェクトの取り組みを地域内の対象サイト以外にも展開するためにプロジェクト展開計画が策定された。この計画を実施するための費用は、コーディレラ地域保健局の 2014 年度と 2015 年度の予算に組み込まれ、同保健局により活動が実施されている。プロジェクト展開計画の進捗状況については、プロジェクトの技術委員会

で定期的にモニタリングが行われている。

プロジェクトの取り組みは、これまでにプロジェクトの支援によって作成された研修教材やガイドライン、マニュアルといったツールを活用することにより、他州に効率的に展開できると判断できる。ただし、他州への展開に際して、カウンターパートの技術面や知識面については問題ないものの、コーディレラ地域保健局の現在の人員配置については、プロジェクト展開計画を計画どおりに進めるには十分な水準とはいえない。また、コーディレラ地域保健局や州レベルでプロジェクト展開計画の実施とモニタリングを担うポジションの人員の異動も多く、同計画を関係者に再度周知することが求められている。

プロジェクトの取り組みをコーディレラ地域以外に展開するためには、①プロジェクトの活動から得られた好事例の共有、②プロジェクトが作成した有用なツールの共有が有効な手段といえる。好事例の共有については、アウトプット4の活動として、既にプロジェクトで取り組んでいる。プロジェクトが作成したツールについても、他地域に共有することは可能と考えられるが、①いくつかの研修教材や啓発資料はコーディレラ地域に特化した作りになっていること、②保健省の関連プログラムの関係者はプロジェクトの実施に直接関与する機会が限定的であるため、ツールへの理解度やオーナーシップが必ずしも高くないことは、これを実現するための課題として挙げられる。

#### (5) 社会・文化面への配慮

プロジェクトは、地域版 MNCHN マニュアルを作成する際に、コーディレラ地域独特のお産の文化を取り入れ、社会・文化面の要因がプロジェクトの持続性に影響しないように配慮した。

### 5-6 結論

5項目評価による分析結果から、2014年6月の中間レビュー実施段階でのプロジェクトの達成度は高いと判断される。

現段階での妥当性、有効性、効率性については、いずれも高い。プロジェクトの枠組みや対象サイトの選定は、フィリピンのニーズや政策、日本の援助方針と照らし合わせて妥当といえる。現在のプロジェクト目標の達成状況は非常に高く、これまでの投入と活動は適切であり、アウトプットが効率的に産出された。

プロジェクトのインパクトについては、高い水準が予測される。プロジェクト後半期間も現在の水準で活動が継続され、対象サイト外への活動の展開が適切に進められれば、上位目標は将来的に達成が期待される。

プロジェクトの持続性については、高い水準が期待される。現在までに制度面、組織面、財政面、技術面で、プロジェクトの活動を持続させるために必要な土台がコーディレラ地域保健局と自治体レベルで形成されている。プロジェクトの取り組みのコーディレラ地域内他州への展開は既に開始されており、地域外への展開については、プロジェクト後半期間に実現に向けた取り組みが期待される。

## 第6章 提言と教訓

### 6-1 提言

中間レビュー評価結果を受け、調査団は以下を提言した。

#### (1) プロジェクトマネジメントと実施体制

- 1) プロジェクト関係者は、プロジェクト後半期間もこれまでの取り組み姿勢を維持し、プロジェクト終了時までにはプロジェクト目標を達成し、かつ持続性を確保するために最善を尽くすことが期待される。こうした目標を達成するために、JICA 専門家とコーディネラ地域保健局のカウンターパートは、さらに円滑なコミュニケーションを図ることが求められる。
- 2) コーディレラ地域保健局は、保健省の合理化政策による人員削減及び人事異動がプロジェクト実施に及ぼす影響を最低限に抑える対策を講じることが期待される。

#### (2) 活動実施とコーディネラ地域内での展開

- 1) コーディレラ地域保健局は、今後、プロジェクト展開計画に基づいて、プロジェクト対象州外での活動の展開を促進し、適切に実施をモニタリングすることが求められる。特に、BEmONC 認証については、プロジェクト対象サイト以外の施設での取得が適切に進められる必要がある。プロジェクト展開計画については、これから実施対象となる自治体や同地域で支援するドナーの関係者に内容をあらかじめ共有し、実施のための連携・協力体制を構築しておくことが望ましい。他方、JICA 専門家は、コーディネラ地域保健局のプロジェクト展開計画実施に際して、継続的に技術的な支援を行うことが求められる。ただし、プロジェクト展開計画を実施するうえでの JICA 専門家の具体的な役割については、専門家とカウンターパートの間で公式に話し合い、明確にする必要がある。
- 2) プロジェクトは、健康保険加入に関連して、①フィリピン政府と自治体が貧困層、特に妊婦を特定するプロセス<sup>3</sup>、②健康保険加入が必要な人々へのプログラムに関する情報提供のプロセス、③自治体レベルでの健康保険加入手続きの実態—をとりまく問題についての調査実施を支援することが求められる。調査の結果については、フィリピン健康保険公社への政策提案として取りまとめられることが望ましい。
- 3) プロジェクトは、ILHZ の持続性を確保するため、これまでの経験から得られた ILHZ 設置の利点や関連する好事例を取りまとめ、自治体長が ILHZ 支援に対して前向きに取り組むように働きかけることが求められる。ただし、ILHZ が自治体間の連携を促進するために必要不可欠でない地域もあるため、ILHZ 設置については全自治体に必須とせず、必要性が認められる地域を中心に設置を推進する姿勢が望ましい。
- 4) コーディレラ地域保健局は、既に BEmONC 認証の申請書を提出した施設の認証手続きを可能な限り促進し、保健省の HFEP による調達の遅れについても対処することが求められる。他方、保健省に対しては、LTO、BEmONC、MCP といった異なる認定制度を整理し、現場の混乱を減らす方策を検討するように働きかけることが期待される。

<sup>3</sup> フィリピン政府が実施する貧困層世帯を特定する取り組みは、貧困削減世帯調査 (National Household Targeting System for Poverty Reduction) である。

### (3) データ収集と指標のモニタリング

- 1) プロジェクトは、プロジェクト目標の三つの母子保健指標について、プロジェクトが採用する国際的に認められている定義に基づいて、データ収集方法と計算方法の研修をカウンターパートに対して実施することが推奨される。そして、これらのデータ収集方法と計算方法が、コーディレラ地域でのパフォーマンスモニタリングの際に採用されるのが理想である。さらに、プロジェクトは、保健省やドナー関係者に対して、プロジェクトが採用する指標の定義の有用性を伝え、制度化の可能性を検討するように働きかけることが期待される。
- 2) 2013年のプロジェクト対象地域の助産所（BHS）での分娩割合は、出産全体の2.0%と低い水準であり、今後、BHSのBEmONC認証が進むことにより、自宅出産を減らしてBHSでの分娩をさらに増やすことが可能と予想される。プロジェクトは、今後、BHSでの分娩に関する指標を継続的にモニタリングし、必要に応じて自治体に対して助言を与える役割を果たすことが求められる。

### (4) プロジェクトの取り組みの全国展開

プロジェクトの取り組みを全国に広めるために、コーディレラ地域保健局は、プロジェクトが実施を予定している成果共有セミナー以外にも、保健省のそれぞれの関連プログラムと協議し、プロジェクトの好事例やツールを積極的に共有することが期待される。特に、以下の成果品については、他地域でも採用できる可能性がある。

- BEmONC 認証手続きの手順書
- BEmONC 認証更新のために毎年実施されるモニタリングのためのツール
- ILHZ の好事例と地域保健システムに関する研修ツール（パワーポイントスライド、教材、講師用ガイドなど）
- 町レベルで施設分娩と CHT 支援を推進する条例のテンプレート

こうしたプロジェクトの取り組みを全国に広める際には、保健省に配属されている JICA 個別専門家と JICA フィリピン事務所と連携を図りながら進めることが望ましい。対象地域での取り組みを全国に展開するプロセスについては、JICA の他国の技プロの好事例があれば、参考にすることが推奨される。

## 6-2 教訓

プロジェクトは順調に成果を達成しており、将来的には対象地域の妊産婦死亡率や乳幼児死亡率といった指標の改善に貢献することが期待される。しかしながら、プロジェクトが対象とするコーディレラ地域の人口は、フィリピン全土の約 60 分の 1 にすぎず、現在のプロジェクトの枠組みでは、全国レベルでの指標の改善への貢献は限られている。プロジェクト後半期間に、全国にプロジェクトの取り組みを広める活動が実施される予定だが、技プロの対象地域での活動を全国に広げる有効的な方法については、JICA の他の技プロの経験などを参考に、有効な方法を検討する必要がある。

今後、類似の技プロが参考にできるように、特定の地域を対象とした取り組みを全国レベルに広げるためのノウハウが、JICA 内で蓄積されることが望まれる。他方で、プロジェクトの計画段階から、中央の関係者と連携して実施する活動を取り入れるなど、初めから全国への展開をめざしたプロジェクトデザインや実施体制とするのも一つの方法といえる。

## 第7章 所感

### 7-1 団長所感

本プロジェクトは、2012年2月の開始以来、今回の中間レビューまでの約2年5カ月の協力期間のなかで、当初想定した以上の成果を上げていることが確認された。

具体的には、プロジェクト対象サイトの成果指標のうち、施設分娩率・産前産後ケア受診率については既に一部達成されていることが確認され、それ以外の指標・サイトについても、協力期間内に達成する見込みが高いと考えられている。専門家チームとカウンターパート、そしてプロジェクト関係者のこれまでの努力に敬意を表したい。

ここでは、プロジェクトが順調に成果を達成しつつある要因について考察し、今後の方向性を展望してみたい。

#### (1) プロジェクトが順調に成果を達成しつつある要因

フィリピンは近年順調な経済成長を達成している。フィリピンの2014年第1四半期の実質GDP成長率は5.7%で、中国の7.4%、マレーシアの6.2%に次ぐアジアで3番目に高い成長率となっており、2013年のGDP成長率も7.2%を達成している。近年の経済の持続的高成長がフィリピン政府の良好な財政事情、社会セクター（含む保健セクター）に対する公的支出の拡大を下支えしていることが示唆される。

こうしたなか、現政権のアキノ大統領は2013年7月の大統領教書演説において、順調な経済成長の果実を貧困層に行き届かせるため、Inclusive Growthの重要性を訴えている。なかでも保健セクターに関しては、国民健康保険（PhilHealth）の加入率の向上に強くコミットしている。PhilHealth加入率はアキノ大統領就任時の62%から81%まで増加しているが、さらにインフォーマルセクターや先住民の加入率を向上させ、最終的には全国民の加入をめざすとしている。また、同時に保健サービスの質の向上を目的として、過去3年間に330億ペソ（1円=0.43ペソのレート換算で約767億円）の予算がフィリピン全国の4,518カ所の病院、地域・町保健所の施設整備のために確保されている。

以上プロジェクトをとりまく外生的な要因・環境として、フィリピンの順調な経済成長と現政権の保健セクターサービス改善に対する強力なコミットメントの存在に注目したい。

そのうえで、プロジェクトのコンポーネントを振り返ってみると、本プロジェクトは、①分娩施設の整備、②リファラル等情報共有システムの改善、③分娩にかかわる人材育成、④地方自治体のガバナンスと財政の強化、⑤PhilHealth制度の活用を通じて、施設分娩率の向上等による対象地域の母子保健サービスの向上をめざすものとなっているが、通常、先方政府の施策であることからプロジェクトの外部条件あるいは前提条件とも位置づけられる「⑤PhilHealth制度の活用」がプロジェクト活動に計画段階から内包化されていた。

①から④のコンポーネントは個人と組織のキャパシティの向上に包括的に取り組むアプローチで、⑤のPhilHealth制度の活用はプロジェクトをとりまく政治・社会の変容を志向するアプローチ、と分類・整理が可能だが、従来のプロジェクトの多くは①分娩施設の整備、②リファラル等情報共有システムの改善、③分娩にかかわる人材育成、までをプロジェクトの活動とし、⑤のPhilHealth制度の活用のアプローチに関しては、先方政府の施策であることからプロジェクトの外部条件あるいは前提条件と位置づけられることが多かったと推測

される。しかしながら本プロジェクトにおいては、現政権の「PhilHealth の加入率の向上」という強力なコミットメントをタイミングよくプロジェクトの内部に取り込み、カウンターパートの積極的な活動と妊産婦が施設分娩にアクセスするうえでのインセンティブの仕組みとして確立することに成功した。この取り組みは、従来のプロジェクトの構成からすれば、いわばチャレンジングなアプローチであり、かつこのプロジェクト活動を特徴づける一つの重要な要素である、と考えられる。

次にプロジェクト内部の特徴的な取り組みに注目してみたい。

①分娩施設の整備、②リファラル等情報共有システムの改善、③分娩にかかわる人材育成、④地方自治体のガバナンスと財政の強化、⑤PhilHealth 制度の活用という一連のアプローチの有効性に正当性を与え、カウンターパートに自信とプロジェクトに対する信頼を与えた取り組みとして、活動の成果を具体的な指標で示していることに着目したい。本プロジェクトでは、プロジェクト活動の前後を具体的な指標で示すことにより、プロジェクト関係者間での問題の共有、活動計画の策定と実施、その評価といった一連のプロセスに客観的な根拠を与え、プロジェクトマネジメントを向上することに成功している。プロジェクトの開始当初から指標の整備に取り組み、今回の中間レビュー段階でプロジェクトの成果を具体的に数値で説明できたことはプロジェクト活動に大きなインパクトを与えた。

具体的な指標を示していくことは、プロジェクト内部のマネジメント上必要不可欠な取り組みであるのはもちろんのこと、プロジェクト外部の関係者に対して、本プロジェクトの有効性を説明するうえでも非常に重要な取り組みである。今回プロジェクトで採用した指標の定義、収集方法は、国際的基準に沿ったものであるが保健省が採用しているものとは異なるため、プロジェクトで確立したデータ定義・収集手法を保健本省とも共有し、データの持続性を確保することが望まれる。指標の整備、データの収集は労力のかかる取り組みではあるが、プロジェクト後半においても、花田技術参与からの提言に留意のうえ、引き続き指標の整備に努められることを期待したい。

このように、本プロジェクトは、プロジェクト計画策定時の段階から上位計画と整合した形で計画されたものであったが、フィリピンの順調な経済成長と現政権の保健セクターサービス改善に対する強力なコミットメントの存在が絶妙なタイミングでプロジェクト活動にプラスに作用したといえる。加えて協力活動においては専門家チームが先方の求めるニーズに的確かつ柔軟に対応し、そして活動の成果を指標という明確な形で示し得たことが、プロジェクトが現時点で順調な成果を達成した要因となっているものと考えられる。

言い換えれば、プロジェクト目標達成のうえでプラスとなる外生的な要因を、タイミングよくプロジェクトに取り込み、活動成果を上げるための内生的要因へと変容させ、さらにプロジェクト内部では具体的なエビデンスに基づく活動を実践できたことが、プロジェクトの順調な活動の基盤となったと考えられる。このことは、他国の母子保健プロジェクトにグッドプラクティスとして単純に演繹できるものではないが、新興国である程度の経済成長と健康保険制度の整備が進みつつある国における同様のプロジェクト形成、実施に際して、多くの示唆を与える事例になり得るものと思われる。

## (2) プロジェクトの今後の方向性

以上の考察を踏まえ、プロジェクトの今後の方向性を展望すると、先方の人員合理化計画

等、プロジェクトの活動に影響を与える要因は無視できないものの、協力期間内に、プロジェクト目標が達成される可能性は高いと考えられる。こうしたなかで、プロジェクト関係者に対しては、プロジェクト活動の後半においてプロジェクトの所期の目的を達成するために関係者が継続的に努力をしていくことが望まれることは論を待たないが、さらに、これまでのプロジェクトの成果の面的拡大、普及にも注力していただくことを期待したい。

なお、プロジェクト対象サイト以外への展開活動は、コーディレラ地域保健局(DOH-CARO)により実施され、先方の活動に対する専門家チームからの支援内容は今後関係者間で協議されることとなっているが、先方のイニシアティブ、自助努力を確保する形でとなるよう両者の役割が整理され、先方の活動を支援していくような格別の配慮と留意が必要である。

また、次に述べることは、プロジェクトだけに課せられる課題ではなく、JICA フィリピン事務所とプロジェクトが協同して取り組むべきことであるが、プロジェクト成果のフィリピン全土への展開について、今後の活動のなかで検討していきたい。

近年のフィリピンに対する JICA の母子保健分野の技術協力としては、2006 年から 2010 年にかけてイフガオ州、ビラン州を対象として実施された「母子保健プロジェクト」、2010 年から 2016 年まで東ビサヤ地域で実施中の「東ビサヤ地域母子保健サービス強化プロジェクト」があるが、いずれの事業も、国家戦略に整合した形で、地方自治体の積極的な関与を得て、地域のニーズに応じた効率的な保健サービスの提供体制の整備に貢献している。

本プロジェクトを含めて、JICA の母子保健分野の技術協力プロジェクトには、さまざまなグッドプラクティスが蓄積されており、こうしたプロジェクトの成果を先方保健省のイニシアティブの下、関係者間で共有することが、フィリピン母子保健セクター全体の改善に向けての貢献につながっていくと考えられる。

特に本プロジェクトでは、PhilHealth 制度と施設分娩率の向上を、いかに効果・効率的にリンクさせるか、という点において、多くのグッドプラクティスが蓄積されつつある。PhilHealth を遠隔地の受益者一人ひとりに実際にリーチアウトさせる、といった時宜を得たテーマ設定の下、プロジェクト成果を面的に展開することが、今後ますます必要とされてくるものと思われる。プロジェクト協力期間の後半に向けて、さらなるプロジェクトの躍進を期待したい。

## 7-2 技術参与所感

2011年7月に実施した本プロジェクトの詳細計画策定調査では、三つの懸念事項が検討された。本中間レビュー調査では、まず、それら懸念事項の現状を把握し、プロジェクト専門家を交え、対処につき検討した。

一つは、コーディレラ地域は多くの僻地を含む広大な地域なので、プロジェクトサイトを設定するが、プロジェクトサイト以外への展開は主として DOH-CARO が独自に行うことである。本中間レビュー時点で、DOH-CARO と各州 Provincial Health Office (PHO) により、プロジェクトサイト以外へも、作成されたテキストやマニュアル類が配布され、研修コースにはサイト外からも参加者があり、ある程度は既になされていることが認められた。しかしながら、DOH-CARO が策定中のプロジェクト展開計画とその実施には、プロジェクトの日本側が協力しないと効率的・効果的な実施が危ぶまれる事態となっている。DOH-CARO の合理化計画で定員減も予定されている。プロジェクトサイトへの活動実施が順調に進展していることもあり、プロジェクトか

らの協力を増大させることが適当である。また、現場を掌握しているのは各州 PHO であり、プロジェクトから直接各州 PHO に協力を実施する必要もあると思料される。

二つは、ILHZ が自治体間で自発的に設立するものであり、自治体の社会経済発展や首長の政治状況に強く影響を受けることである。中間レビューにおいて、成果 1「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る」について、既に目標としているところは達成されており、自治体首長のアドボカシーに使える ILHZ の効果の分析をすることが検討された。また、保健の自治体連携の形としては、自治体間の覚え書きで済む程度のもの、保健サービス網の促進によるもの等、多様な形態があることが確認された。したがって、今後は IHLZ にこだわることなく、「保健のガバナンスと財政が強化される」ことに資する活動をされることが望まれる。

三つは、保健情報の質向上の活動にどの程度関与するかである。フィリピンでは保健セクター改革について、2010 年に「保健情報」「保健人材」を従来のフォーミュラ・ワン政策に追加したユニバーサル・ヘルス・ケア（UHC）を打ち出した。地域保健情報については保健省は FHSIS を構築し、それに従って各州 PHO が実施している。FHSIS のうち、施設分娩割合については、常住地で集計するべきところを発生地で集計すること、産前産後健診率については、分母の出生数を実績値ではなく人口に一律の率（過去の国勢調査に基づく過大な値）を掛けた推計値にしていることから、RHU 単位での分析ができない、地域によっては、達成度が大幅に低く算出されるという大きな問題点がある。プロジェクトでは対象者リスト（TCL）といういわば個票データを基に常住地で集計し、分母たるべき実績値も集計しており、国際的な統計の標準仕様に従っている。これにより、特に施設分娩数の把握において、町、バランガイごとの正しい数値が得られ、適切な RHU 及び BHS のモニタリング評価が可能となった。この FHSIS の必須な改善事項について、今後は手法のプロトコール等を文書化し、プロジェクトサイト外に普及するとともに、保健省が FHSIS 省令の改訂を働きかけることが望まれる。

最後に、詳細計画実施時には判明していなかったが、保健省及び PhilHealth の出産施設認定の問題点について述べる。SBA（熟練助産師）に対する BEmONC 研修の事後の技術認定と、その技術認定が大きな要素である保健省及び PhilHealth の出産施設認定について、本プロジェクトでは技術認定促進活動をし、プロジェクトサイトで大きな成果を得ている。活動実施で判明したのは、技術認定料を含め研修申し込み時に一括で払い込むので、認定施設でもある研修施設は事後の現地調査をしたがらない。山間僻地の多いコーディレラ地域では、現地調査は過大な負担になっている。自治体からの PhilHealth の出産施設認定の要望は強くあり BEmONC 研修は広く実施されているが、すべての BEmONC 研修に対して、事後の現地調査がなされていない状況であり、保健省が対策を策定すべき事項である。また、2015 年 1 月からの新技術認定基準も保健省において策定が危ぶまれている。保健省に対する、保健省及び PhilHealth 認定促進アドボカシーについて、本プロジェクトの成果は大きなツールと考えるものである。

FHSIS 改善及び BEmONC 技術認定については、本プロジェクトで成果を上げ、保健省で政策改正すべき事項である。保健省政策改正のために、プロジェクトでできることは限られている。「東ビサヤ地域母子保健サービス強化プロジェクト」は 2 年間延長されたので、このプロジェクト地域でも同様に実施可能であることを示すことも重要であるとする。本省の政策改正への働きかけは、DOH-CARO がすべきことであるが、JICA フィリピン事務所及び保健省 JICA 専門家の尽力が期待される場所である。

なお、アブラ州病院について、詳細計画策定調査時は新病棟の建設が完了したのみで、機材整備や定員増が懸念される状態であったが、今回の視察では旧病院より自助努力により大幅に機能強化されて稼働しており、産科病棟は BEmONC として機能していた。また、バギオ総合病院産科棟について、詳細計画策定調査時の視察では、廊下にもベッドを並べ能力以上の出産を行い、院内感染等が懸念される状態であったが、今回視察はできなかったものの、リノベーションにより第3次リファラル病院として正常に機能しているとのことであった。プロジェクトでは病院施設に直接の協力をするものではないが、これら2病院が安心してリファーできる病院になったことは、上位目標達成に大きく貢献することであるので、ここに付記しておく。

本プロジェクトは、2012年2月の開始以来、今回の中間レビューまでの約2年5カ月の協力期間のなかで、当初想定した以上の成果を上げていることが確認された。

## 付 属 資 料

1. ミニッツ (M/M) ・ 合同評価報告書
2. プロジェクト・デザイン・マトリックス (PDM)
3. 評価グリッド
4. 面談者一覧
5. 投入リスト
6. 活動計画/実績

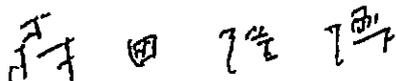
**MINUTES OF MEETINGS  
BETWEEN  
JAPANESE MID-TERM REVIEW TEAM  
AND  
AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE REPUBLIC OF THE PHILIPPINES  
ON  
JAPANESE TECHNICAL COOPERATION  
FOR THE PROJECT  
FOR  
PROJECT FOR CORDILLERA-WIDE STRENGTHENING OF THE LOCAL HEALTH  
SYSTEM FOR EFFECTIVE AND EFFICIENT DELIVERY OF MATERNAL AND CHILD  
HEALTH SERVICES**

The Japanese Mid-term Review Team (hereinafter referred to as “the MTR Team” organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Mr. Takahiro MORITA visited the Republic of the Philippines (hereinafter referred to as “Philippines”) from June 16th to July 3rd, 2014 for the purpose of the Mid-term Review of “the Project for Cordillera-wide strengthening of the Local Health System for effective and efficient delivery of maternal and child health services” (hereinafter referred as “the Project”).

During its stay in Philippines, the MTR Team reviewed the achievement of the Project and had a series of discussions with authorities concerned of the Department of Health of the Government of the Republic of the Philippines (hereinafter referred as “the DOH”) for further improvement of the Project.

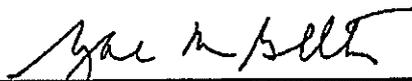
As the result of the study and discussions, both sides agreed upon the matters referred to in the document attached hereto.

Makati, Philippines, July 2<sup>nd</sup>, 2014



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Mr. Takahiro MORITA  
Senior Representative  
Japan International Cooperation Agency  
Philippines Office



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Ms. Maylene M. BELTRAN  
Director IV  
Bureau of International Health Cooperation  
Department of Health  
The Republic of the Philippines

## THE ATTACHED DOCUMENT

Through the discussions regarding the progress of the Project with the DOH and related organizations in the Philippines and JICA experts, the MTR Team compiled the result of the Mid-term Review as a Mid-Term Review Report attached hereto. At the same time, both Philippine and Japanese sides agreed the contents of the Mid-term Review Report. The details of conclusions and recommendations for ensuring the achievement of the Project Purpose are as follows:

### 1. Conclusions:

The overall performance of the Project as of the Mid-Term Review in June 2014 is high in view of the evaluation results based on the five criteria.

Relevance, Effectiveness and Efficiency of the Project are all deemed high. The project's scope and geographic targets are relevant in light of the country's needs of the Philippines, and governments' strategies of both countries. The current achievement level of the Project Purpose exceeds its expectation. Inputs to the Project have been by and large efficiently turned into necessary activities and achievements of Outputs.

Impact of the Project is highly expected. Provided that the Project maintains the current level of the performance till the end and works out measures to expand activities to non-target provinces/municipalities, the Overall Goal could be realized.

Sustainability of the Project is currently in the process of being consolidated. The institutional, organizational/financial, and technical aspects of the sustainability have been built upon LGUs and DOH-CARO. The Project effect is also in the process of being expanded to non-target provinces, while its rollout to other regions rests with the effort of the Project during the latter half of its implementation period.

### 2. Recommendations:

The Team acknowledges the current level of the Project achievement which is above its expectation. On top of the achievement to date, the Team makes the following recommendations in consideration of the results from the present Mid-Term Review:

#### *Overall Implementation and Management*

- 1) All the members involved in the Project implementation are expected to maintain the current level of performance during the latter half of the Project period, and to make the maximum

effort to achieve the objective of the Project as well as to ensure its sustainability. In addition, further efforts to enhance the communication between JICA Experts and counterpart staff members at DOH-CARO are essential to achieve the common objectives.

- 2) It is desirable that DOH-CARO ensure that the currently ongoing rationalization does not critically affect the efficient implementation of the Project and achievement of its objective.

*Effective Implementation of Activities and Sustainability within CAR*

- 3) The Project Expansion Plan should be executed under the leadership of DOH-CARO and closely monitored to ensure effective expansion of activities to non-target sites of the Project in CAR. In particular, the BEmONC certification process in non-target sites needs to be expedited. DOH-CARO shall also initiate the process to share the Plan with key officials of LGUs in non-target provinces/municipalities as well as development partners supporting those areas. Meanwhile, JICA Experts are expected to continue to play an advisory role to DOH-CARO particularly in implementation of the Project Expansion Plan. It is advised that the JICA Experts and the DOH-CARO counterparts have forums to discuss and to reach consensus on what specific roles they will play in implementation of the Project Expansion Plan in non-target sites.
- 4) The Project shall assist in identifying the problems involved in: (a) the process of identification of the indigent, particularly of pregnant women, undertaken by National Household Targeting System for Poverty Reduction and LGUs; (b) the process to disseminate adequate information about the PhilHealth program particularly to those with most need; and (c) the enrollment procedures at the LGU level. It is expected that such a study can provide strategic guidance in implementing Project activities to support PhilHealth.
- 5) In order to facilitate establishment or to consolidate sustainability of ILHZs, the Project shall compile advantages of ILHZs observed in the target sites, especially in a way to make LCEs feel benefits from supporting ILHZs. However, it should be noted that, in some particular settings, the ILHZ mechanism may not be the best solution to strengthen coordination among LGUs, and shall not be necessarily imposed to those places.
- 6) DOH-CARO is advised to take necessary measures to accelerate the BEmONC certification process, particularly of those facilities which have already submitted a letter of intent. The procurement under HFEP undertaken by DOH shall also be attended to if its process has been delayed. It is also recommended that the DOH-CARO initiate dialogues with the central DOH toward harmonization of different quality standards including LTO, BEmONC, and MCP.

### *Data Management and Monitoring of Indicators*

- 7) The Project shall initiate training for stakeholders in CAR on data aggregation and calculation to identify the key MNCHN indicators, including FBD rate, ANC coverage rate and PPC coverage rate, based on the Project definitions which are in line with the internationally recognized standards. Possibility to endorse the definitions as well as the data collection methods could be explored at the regional level. The Project shall also hold dialogues with concerned sections of the central DOH and development partners in order to share information about advantages of using the Project definitions, and to explore the possibility to institutionalize those.
- 8) The deliveries at BHS in 2013 accounted for 2.0% of the total delivery cases in the target sites. This figure as well as the fact that no BHS in the target sites has been BEmONC certified, so far, implies that there is still a room for increasing the utilization of BHSs, and thereby reducing home delivery practices. The Project is particularly requested to constantly monitor this indicator, and to suggest necessary measures to be taken by LGUs as identified.

### *Rollout to Other Regions*

- 9) In addition to the project national forum, the DOH-CARO shall start holding individual dialogues with key officials at the central DOH working in the respective fields concerning the Project implementation components, in order to share good practices and tools developed by the Project. The following products of the Project could be shared at the central DOH for its consideration of adoption at the national level.
  - The standard operation procedure for BEmONC certification, and the tools to be used for the regular monitoring annually conducted for renewal of the BEmONC certification.
  - The Project definitions of the key MNCHN indicators.
  - Good practices of ILHZs, as well as training materials including PowerPoint slides, the Trainee's Guide, and the Facilitator's Guide.
  - Template of ordinance to advocate FBD and to support CHT at the municipality level.

This process shall be conducted in coordination with the JICA Health Advisor attached to the central DOH, and JICA Philippine Office. In addition, the Project may refer to good practices

of other technical cooperation projects of JICA which were able to roll out an area-based intervention model to other regions.

END

APPENDIXI: Report of Mid-term Review

**REPORT OF MID-TERM REVIEW**

**ON**

**PROJECT FOR CORDILLERA-WIDE  
STRENGTHENING OF THE LOCAL HEALTH SYSTEM  
FOR EFFECTIVE AND EFFICIENT DELIVERY OF  
MATERNAL AND CHILD HEALTH SERVICES  
IN THE REPUBLIC OF THE PHILIPPINES**

**Joint Mid-Term Review Team**

**Japan International Cooperation Agency (JICA)**

**Department of Health, Government of the Philippines**

**Manila, 2 July 2014**

## FISCAL YEAR

Fiscal year of the Government of Japan (JFY): April 1 – March 31  
Fiscal year of the Government of the Philippines (PFY): January 1 – December 31

## CURRENCY EQUIVALENTS

JPY 1 (Japanese Yen) = PhP (Philippine Peso) 0.43  
(Exchange Rate Effective June 2014)

## ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
EC	Executive Committee
BEmONC	Basic Emergency Obstetric and Newborn Care
BHS	Barangay Health Station
CAR	Cordillera Administrative Region
CHT	Community Health Team
CHTF	Common Health Trust Fund
DOH	Department of Health, Government of the Philippines
FBD	Facility-Based Delivery
FHSIS	Field Health Service Information System
HFEP	Health Facility Enhancement Program
ILHZ	Inter-Local Health Zone
IMR	Infant Mortality Rate
JCC	Joint Coordinating Committee
JFY	Fiscal Year of the Government of Japan
JICA	Japan International Cooperation Agency
JPY	Japanese Yen
LCE	Local Chief Executive
LGU	Local Government Unit
LTO	License to Operate
MCH	Maternal and Child Health
MCP	Maternal Care Package
MMR	Maternal Mortality Ratio
MNCHN	Maternal, Newborn, Child Health and Nutrition
MNDR	Maternal/Neonatal Death Review
PDM	Project Design Matrix
PFY	Fiscal Year of the Government of the Philippines

mm

<b>PhP</b>	<b>Philippine Peso</b>
<b>PhilHealth</b>	<b>Philippine Health Insurance Corporation</b>
<b>PPC</b>	<b>Post-Partum Care</b>
<b>RHU</b>	<b>Rural Health Unit</b>
<b>RUPMC</b>	<b>Regional Unified Project Management Committee</b>
<b>TCL</b>	<b>Target Client List</b>
<b>TWG</b>	<b>Technical Working Group</b>

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- ANNEX I: Project Design Matrix (PDM)
- ANNEX II: Schedule of the Mid-Term Review Mission
- ANNEX III: Evaluation Grid
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- ANNEX VII: Activity Cost (Philippine Side)
- ANNEX VIII: Timeframe of Activities (Project Year 1 and 2)

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## Project Outline

### 1. Framework of the Project

**Project Title:** Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services

**Duration:** From February 2012 to February 2017 (five years or 60 months)

**Implementation Phases:** February 2012 – March 2013 (project year 1), April 2013 – March 2014 (project year 2), April 2014 – March 2015 (project year 3), April 2015 – March 2016 (project year 4), April 2016 – February 2017 (project year 5)

**Executing Agency:** Department of Health, Government of the Philippines

**Project Director:** Undersecretary of Health, Sector Finance and Policy Technical Cluster, Department of Health

**Project Manager:** Director, Bureau of International Health Cooperation, Department of Health

**Implementation Partner:** System Science Consultants Inc., Tokyo, Japan

### 2. Targets and Beneficiaries

**Target Area:** Cordillera Administrative Region (CAR)

**Target Sites:** Abra Province (6 municipalities), Apayao Province, Benguet Province

**Target Group:** People in CAR

### 3. Master Plan

**Overall Goal**

Health status of people in the region is improved, particularly of women and children.

**Project Purpose**

Local health system in the region is strengthened to deliver effective and efficient Maternal and Child Health (MCH) services.

**Expected Outputs**

Output 1: Health governance and financing are strengthened through functional Inter-Local Health Zones (ILHZs) in the target sites.

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

Output 3: Hospitals, Rural Health Units (RHUs), and Barangay Health Stations (BHSs) become Basic Emergency Obstetric and Newborn Care (BEmONC) certified by DOH, and RHUs and BHSs become Maternal Care Package (MCP) accredited by Philippine Health Insurance Corporation (PhilHealth) in the target sites.

Output 4: Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.

# 1. Outline of Mid-Term Review

## 1.1. Background and Objectives of the Mid-Term Review

The Japan International Cooperation Agency (JICA) together with the Department of Health – Cordillera Area Regional Office (DOH-CARO), as the Counterpart (C/P), commenced 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 February 2012, with a planned duration of five (5) years. The project is currently at a position, where a Mid-Term Review Team (hereinafter referred to as ‘the Team’) is being formed jointly between JICA and DOH’s side, in accordance with JICA’s evaluation guidelines, to review progress and performance of the Project and to undertake discussions with Project stakeholders with regard to the future direction of the Project.

Objectives of the Mid-Term Review are as follows:

- 1) To review the Project performance (achievements and implementation process) to date in light of the Project Design Matrix (ANNEX I), and assess Project performance based on the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impacts and Sustainability);
- 2) To propose recommendations to the Project for the remaining period of the Project; and
- 3) To build consensus among stakeholders regarding which level the Project Purpose and the Outputs should be achieved within the Project period (reviewing the scope of the Project including the activities and indicators) and the appropriateness of the activities for each Output for the remaining period of the Project.

## 1.2. Review Team Members

Name	Designation in the Review Team	Title and Affiliation
<i>Japanese side</i>		
Takahiro Morita	Leader	Senior Representative Japan International Cooperation Agency (JICA) Philippines Office
Kyo Hanada	Technical Advisor	
Ayako Oi	Cooperation Planning	JICA Health Division 3, Health Group 2, Human Development Department.
Atsuko Itsuki	Cooperation Planning	JICA Philippines Office
Shogo Kanamori	Evaluation Analysis	IC Net Limited.
<i>Philippine side</i>		
Dr. Marwynn Bello		Division Chief, Bureau of International Health Cooperation (BIHC), Department of Health

### 1.3. Mission Schedule

Date		Activities
16 June	Mon.	• Meeting with representatives from Family Health Office (FHO) and BIHC, DOH
17 June	Tue.	• Meeting with UNFPA • Meeting with Project Experts
18 June.	Wed.	• Meeting with Project Experts • Meeting with Project C/Ps (DOH-CARO) • Meeting with PhilHealth-CAR
19 June	Thurs.	• Courtesy call to Governor of Benguet Province • Meeting with Project C/Ps (Benguet PHO and Provincial DOH officer) • Site visit and interviews (Benguet General Hospital) • Meeting with Benguet Provincial PhilHealth Office
20 June	Fri.	• Courtesy call to mayor of Mankayan municipality • Site visit and interviews (Mankayan RHU, Guinaoang BHS, Abatan Emergency Hospital, and Atok District Hospital)
21 June	Sat.	• Preparation of Evaluation Report
22 June	Sun.	• Preparation of Evaluation Report • Meeting with C/Ps (Apayao PHO)
23 June	Mon.	• Courtesy call to Governor of Apayao Province • Site visit and interviews (Mataguisi BHS, Sta. Marcela RHU, Sta. Marcela Medicare Community Hospital and Far North Luzon General Hospital) • Meeting with C/Ps (Apayao Provincial DOH officer)
24 June	Tue.	• Site visit and interviews (Tangalagan BHS) • Meeting within Japanese team
25 June	Wed.	• Courtesy call to Vice-Governor of Abra Province • Meeting with Project C/Ps (Abra PHO and Provincial DOH officer) • Meeting with Abra Provincial PhilHealth Office • Site visit and interviews (Cayapa BHS, Lagangilang RHU, Dolores Medicare Community Hospital and Abra Provincial Hospital) • Meeting with DOLASAN ILHZ Office
26 June	Thurs.	• Meeting within Japanese team • Preparing Mid-Term Review Report
27 June	Fri.	• Meeting with C/Ps (DOH-CARO) • Meeting with the Project experts • Preparing Mid-Term Review report
28 June	Sat.	• Preparing Mid-Term Review report and the Minutes of Meeting
29 June	Sun.	• Preparing Mid-Term Review report and the Minutes of Meeting
30 June	Mon.	• Discussion of the Mid-Term Review Report with C/Ps and Project experts • Regional Unified Project Management Committee
1 July	Tue.	• Meeting with DOH • Meeting with USAID • Discussion and finalization of the Mid-Term Review Report
2 July	Wed.	• JCC Meeting • Presentation of the Mid-Term Review Report • Signing of the Minutes of Meeting • Report to DOH and JICA Philippine Office

\* See ANNEX II for further details of the mission schedule.

### 1.4. Evaluation Methods

The Team developed an Evaluation Grid (ANNEX III) prior to initiating data collection, in order to identify questions to be asked and information to be collected for the Mid-Term Review of the Project. In

accordance with the question items provided in the Evaluation Grid, the Team collected factual information and views/opinions of project stakeholders by means of:

- A review of project related documents;
- Questionnaire surveys with stakeholders involved in project activities;
- Interviews with: (a) JICA experts; (b) government officials of the Philippines engaged in health administration at the central, regional, provincial and municipal levels; (c) health workers at hospitals, Rural Health Units (RHUs), and Barangay Health Stations (BHSs) in CAR; (d) Community Health Team (CHT) members; and (e) clients of health facilities (a list of persons interviewed attached as ANNEX IV); and
- Site visits to project intervention facilities.

The collected data was analyzed in light of the PDM, and thereby evaluated in accordance with the five evaluation criteria established by DAC/OECD (Table below).

<b>Evaluation criteria</b>	<b>Descriptions</b>
Relevance	Relevance refers to the validity of the Project purpose and the overall goal in connection with the assistance strategy of the Government of Japan and the development policy of the recipient governments as well as the needs of beneficiaries.
Effectiveness	Effectiveness refers to the extent to which the expected benefits of the Project have been achieved as planned, and examines if the benefit was brought about as a result of the Project (not of external factors).
Efficiency	Efficiency refers to the productivity of the implementation process, examining if the input of the Project was efficiently converted into the output.
Impact	Impact refers to direct and indirect, positive and negative impacts caused by implementing the Project, including the extent to which the overall goal has been attained.
Sustainability	Sustainability refers to the extent to which the Project can be further developed by the recipient country, and the benefits generated by the Project can be sustained under the recipient country's policies, technology, systems, and financial state.

## 2. Project Performance

### 2.1. Project Achievements

In order to assess project achievements as of June 2014, the status of the Objectively Verifiable Indicators was identified for Overall Goal, Project Purpose, and Outputs, according to the framework of the PDM.

### 2.1.1. Overall Goal

**Overall Goal:** Health status of people in the region is improved, particularly of women and children.

Objectively Verifiable Indicators	Summary of Achievements
Maternal Mortality Ratio (MMR) is decreased in CAR (baseline: 62 per 100,000 live births in 2011).	MMRs in CAR were 71 in 2012, and 66 in 2013 (source: FHSIS).
Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011).	IMRs in CAR were 10 in 2012, and 10 in 2013 (source: FHSIS).
85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).	FBD rates in CAR were 78% in 2012, and 82% in 2013 (source: FHSIS).

### 2.1.2. Project Purpose

**Project Purpose:** Local health system in the region is strengthened to deliver effective and efficient MCH services.

Objectively Verifiable Indicator	Summary of Achievement
<b>Indicators for Target Sites</b>	
85% of deliveries of pregnant women in the target sites are conducted in health facilities. [Baseline (2012): 3 target sites total 79%. Provincial baseline (2012) / Target (2017): Abra (6 municipalities) 73% / 85%, Apayao 67% / 80%, Benguet 83% / 90%]	The overall FBD rate in the target sites increased from 79% in 2012 to 86% in 2013, and achieved the target of 85% by 2017. It increased in all the three target provinces (73% (2012) to 86% (2013) in 6 project target municipalities of Abra province; 67% (2012) to 80% (2013) in Apayao province; and 83% (2012) to 87% (2013) in Benguet province).
80% of pregnant women in the target sites receive prenatal care at least 4 times during pregnancy. [Baseline (2012): 3 target sites total 63%. Provincial baseline (2012) / target (2017): Abra 45% / 70%, Apayao 73% / 85%, Benguet 62% / 80%]	The overall ANC completion rate in the target sites increased from 63% in 2012 to 74% in 2013. It increased in all the three target provinces (45% (2012) to 80% (2013) in 6 project target municipalities of Abra province; 73% (2012) to 79% (2013) in Apayao province; and 62% (2012) to 72% (2013) in Benguet province).
90% of post-partum women in the target sites receive post-partum care at least 2 times. [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012) / target (2017): Abra 66% / 80%, Apayao 89% / 90%, Benguet 93% / 95%]	The overall PPC completion rate in the target sites increased from 90% in 2012 to 96% in 2013. It increased in all the three target provinces (66% (2012) to 97% (2013) in 6 project target municipalities of Abra province; 89% (2012) to 92% (2013) in Apayao province; and 93% (2012) to 97% (2013) in Benguet province).
<b>Indicators for the entire CAR (the project area)</b>	
Number of functioning ILHZs is increased in CAR (baseline 7 ILHZs in 2011).	Out of 21 ILHZs in CAR, the number of functioning ILHZs increased to 18 in June 2014 as compared with 12 in 2013, 11 in 2012, and 7 in 2011. Out of the 18 ILHZs, 10 covers the entire project target sites (two ILHZs covering 6 municipalities of Abra province, four ILHZs covering the entire Apayao province, and four ILHZs covering the entire Benguet province). The remaining 8 functional ILHZs consist of 5 in Mountain province, 2 in Kalinga province, and one in Ifugao province.
Maternal / neonatal death review (MNDR) is conducted in all 6 provinces and Baguio City in CAR (baseline: No MNDR was conducted in CAR in 2011).	MNDR was conducted in all the 6 provinces and Baguio city in 2013, while no such activity was reported in CAR in 2011 and 2012.
Number of health facilities (hospitals, RHUs and BHSs) with BEmONC certification is increased in CAR (baseline: 0 facility in 2011; target 150 facilities by 2017 (36 hospitals, 50 RHUs, and 64 BHSs)).	The number of BEmONC certified facilities was 33 (14 hospitals, 19 RHUs, and 0 BHS) as of June 2014, while there was no certified facility in 2011 and 2012 as no certification system existed in those years.
Number of RHU and BHS with MCP accreditation is increased in CAR (baseline: 12 facilities in 2010; target 114 facilities by 2017 (50 RHUs and 64 BHSs)).	The number of MCP accredited facilities increased to 53 (41 RHUs and 12 BHSs) in 2013 as compared with 12 (12 RHUs and 0 BHS) in 2011 and 23 (17 RHUs and 6 BHSs) in 2012.

\* The three indicators applied to the target sites are calculated based on both the FHSIS and the Project definitions as follows:

Indicators	Sites	Definitions	2011	2012 (Project baseline)	2013	Project targets
FBD Rate	Target sites total	FHSIS	71%	69%	80%	-
		Project Definition	-	79%	86%	85%
	Abra province (6 target municipalities)	FHSIS	28%	16%	60%	-
		Project Definition	-	73%	86%	85%
	Apayao province	FHSIS	59%	56%	81%	-
		Project Definition	-	67%	80%	80%
	Benguet province	FHSIS	77%	77%	81%	-
		Project Definition	-	83%	87%	90%
ANC Rate	Target sites total	FHSIS	55%	47%	48%	-
		Project Definition	-	63%	74%	80%
	Abra province (6 target municipalities)	FHSIS	38%	43%	41%	-
		Project Definition	-	45%	80%	70%
	Apayao province	FHSIS	38%	38%	47%	-
		Project Definition	-	73%	79%	85%
	Benguet province	FHSIS	63%	50%	49%	-
		Project Definition	-	62%	72%	80%
PPC Rate	Target sites total	FHSIS	57%	46%	54%	-
		Project Definition	-	90%	96%	90%
	Abra province (6 target municipalities)	FHSIS	37%	33%	37%	-
		Project Definition	-	66%	97%	80%
	Apayao province	FHSIS	46%	38%	48%	-
		Project Definition	-	89%	92%	90%
	Benguet province	FHSIS	63%	50%	58%	-
		Project Definition	-	93%	97%	95%

### 2.1.3. Outputs

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

(Target sites: Dolasan and VPP ILHZs in Abra, Apayao)

Objectively Verifiable Indicators	Summary of Achievements
Unified Local Health System training module is developed and training on the Local Health System is implemented in the target sites using the training modules.	Training modules were developed by DOH-CARO with the support of Benguet province. Training sessions were conducted for all the 6 target ILHZs, namely 2 ILHZs of Abra province, and 4 ILHZs of Apayao province, in July 2012.
All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF).	All the 6 target ILHZs enacted the establishment of CHTF in 2013. By June 2014, three ILHZs received contributions to its CHTF account from LGUs. The other three ILHZs are currently in the process of opening bank accounts towards activating CHTF in 2014.
All ILHZs in the target sites implement MNCHN-related ILHZ activities according to ILHZ plan.	All the 6 target ILHZs developed annual activity plans for 2013, and implemented activities as planned. The plans for 2014 were also developed and being implemented.
Proportion of provincial health budget to total provincial budget is increased in each target province (baseline 8% in Abra and 15% in Apayao in 2012).	The proportion increased from 8% (2012) to 25.6% (2013) in Abra province, and from 15% (2012) to 15.9% (2013) in Apayao province.
Median of proportion of municipal health budget to total municipal budget is increased in the target sites (baseline: 9% in 2012 among 13 municipalities in the target sites).	The proportion of the municipal health budget to total municipal budget in the target sites decreased from 8.6% in 2012 to 8.2% in 2013.

Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: Php 0 in 2012).	All the municipalities and provinces in the target sites pledged funding contribution to ILHZs in 2014 (total amount of contributions - Dolasan: 400,000; VPP: 250,000; Kabinullig: 400,000; Flora Sta Marcela: 200,000; Ymandaya: 150,000; and Luna Pudtol: 300,000). Three ILHZs (Dolasan, Flora Sta Marcela, and Luna Pudtol) have opened accounts for CHTF and pooled the funding contributions, though not all the LGUs have provided those as planned.
Number of municipalities with legal documents to promote facility-based delivery and to support community health team (CHT) activities is increased in the target sites (baseline: 6 municipalities on facility-based delivery and 1 municipality on Community Health Team in 2011).	All the 13 target municipalities (7 in Apayao province, and 6 in Abra province) as well as 13 municipalities in Benguet province enacted promotion of facility-based delivery by December 2013. Five municipalities in Abra province as well as three in Benguet province have enacted support of CHT activities, so far.
Proportion of PhilHealth sponsored enrollment is maintained to be 100% or more in the target sites (baseline: 176% in 2 ILHZ of Abra, 167% in Apayao, as of December 2011).	Proportions of PhilHealth sponsored enrollment against annual targets were 167% in Abra province and 161% in Apayao province in 2012; and 163% and 165%, respectively, in 2013.
Number of PhilHealth members is increased in the target sites (baseline: 16,366 in Abra (6 municipalities) and 29,466 in Apayao as of December 2011).	The number of PhilHealth members increased to 17,235 in Abra province, and 32,420 in Apayao province in December 2013 as compared with the baseline in December 2011. In particular, enrollment of farmers and self-employees in the individually-paying program increased 34% and 28%, respectively, in 2013 from those in 2012.
Amount of MCH related reimbursement from PhilHealth is increased in the target sites. (Baseline (2012): target site total P28,770,437; Abra (6 municipalities) P19,500; Apayao P3,986,220; Benguet P24,764,717).	The amount of MCH related reimbursement for 2013 from PhilHealth increased to Php 105,350 in Abra province, Php 5,893,866 in Apayao province, and Php 32,928,291 in Benguet province.

**Output 2: Service delivery framework for MCH is strengthened in the target sites.**  
(Target sites: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)

Objectively Verifiable Indicators	Summary of Achievements
MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.	The localized MNCHN manual was developed and officially adopted in October 2012. A training of trainers on the localized manual was conducted in March 2013, attended by 32 representatives from all 6 provinces and Baguio city in CAR. Between May and July 2013, those who participated in the training of trainers conducted MNCHN manual training together with the Maternal and Neonatal Death Review (MNDR) training component at respective province, attended by provincial coordinators, municipal health officers, and hospital staff (65 participants from Benguet province, 41 from Abra province, and 30 from Apayao province).
MNCHN referral manual/guideline is developed, and referral is implemented according to the manual/guideline in the target sites in Abra and Apayao provinces.	The MNCHN referral guidelines were developed for each of Abra province and Apayao province as products of workshops conducted in October 2012 respectively at the two provinces. The MNCHN referral system is functional in line with the guideline in two ILHZs covering the target 6 municipalities of Abra province, and all the four ILHZs in Apayao province.
MNDR is conducted in the all target sites.	The MNDR sessions were conducted in all the 6 provinces and Baguio City in CAR in 2013. A total of 11 cases out of 21 maternal deaths (52%), and 8 cases out of 301 neonatal death (3%) which occurred in 2013 were reviewed.
Monitoring system on BEmONC and CHT is developed and implemented.	Authorities in Abra, Apayao, and Benguet provinces agreed on the team composition, the timeframe, and the plan to officiate the arrangement pertained to the BEmONC monitoring system as a result of a series of consultative meetings held in November and December 2013. Monitoring of CHT activities has been conducted as part of the routine local health administration with pre-existing monitoring tools; the project is in the process of identifying measures to improve the monitoring system.

Culturally appropriate MNCHN IEC material is developed and utilized in the target sites.	3200 sets of flipchart and 400 sets of banners for CHT were developed. They were bundled with family health diaries and distributed during the CHT meetings conducted between November and December 2013. 1000 sets of CDs with MCH advocacy songs were also developed and distributed.
Number of Barangays with MNCHN emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to CHD)	44 Barangays integrated the MNCHN emergency and preparedness plan into the Barangay Disaster Risk Reduction and Management Plan by December 2013.

**Output 3: Hospitals, Rural Health Units (RHUs) and Barangay Health Stations (BHSs) become BEmONC certified by DOH and RHUs and BHSs become MCP accredited by PhilHealth in the target sites.**

(Target sites: Dolasan and VPP ILHZs in Abra, Apayao, Benguet)

Objectively Verifiable Indicators	Summary of Achievements
Number of health facilities certified as BEmONC facility is increased [baseline: 0 in 2011; target by 2016: 94 facilities (14 hospitals, 19 RHUs and 61 BHSs)].	As of June 2014, 14 hospitals (100%) and 19 RHUs (100%) in the target sites were certified as BEmONC facilities. No BHS has been certified, so far.
All 15 public hospitals in the target sites maintain PhilHealth accreditation.	As of July 2014, all 15 hospitals in CAR remain PhilHealth accredited.
19 RHUs and 61 BHSs are MCP accredited by PhilHealth in the target sites. (Baseline: 6 RHU and 0 BHS as of October 2011 according to CHD)	As of June 2014, By December 2013, 19 RHUs (100%) and 14 BHSs (23%) were entitled MCP accreditation by PhilHealth in the target sites.
Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130]	By March 2014, 129 health professionals, or 99% of the target were trained on BEmONC.*
Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92]	By March 2014, 124 health professionals, or 135% of the target were trained on harmonized BEmONC.**

\* The training coverage was not 100% because one RHU in the target sites was not staffed by a medical doctor.

\*\* The coverage exceeded 100% because the training which initially targeted 92 BHS midwives in the target sites was also attended by other professionals at RHU and hospital levels.

**Output 4: Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.**

Objectively Verifiable Indicators	Summary of Achievements
Project fact sheet/newsletter is distributed at least twice a year.	So far, the project issued a fact sheet (once), news letters (4 times), and press release (3 times). Project activities were introduced as news paper articles 39 times, so far.
Project expansion plan for the entire CAR region is established and implemented.	A project expansion plan was developed by DOH-CARO in 2013. It is currently being implemented (See ANNEX V for details of the current implementation status).
DOH-CARO and other project counterparts disseminate lessons learnt and good practices of the project (baseline 0 in 2011).	Lessons learnt and good practices of the Project were disseminated by means of presentations at 11 occasions where stakeholders outside the region gathered, and electronic media based at the project website.
Good practices and lesson learnt of the project is documented and disseminated at national and regional levels (baseline 0 in 2011).	Documentation of good practices and lessons learnt has not been initiated.
Project national forum is conducted at least 2 times during the project period to disseminate the Project experience and good practices nationwide as well as region-wide.	Not yet conducted (planned at the 3 <sup>rd</sup> and the 5 <sup>th</sup> project implementation year).

## 2.1.4. Inputs

### (1) Japanese Side

The inputs of Japanese side consisted of: (a) assignments of experts; (b) counterpart training in Japan; (c) local cost; and (d) equipment.

#### (a) Assignments of Experts

	Name of Expert	Field	Period of Assignment	Assignment (MM)		
				Project Year 1 (Actual)	Project Year 2 (Actual)	Project Year 3 (Estimate)
1	Makoto Tobe	Chief Advisor/Health System	Feb 2012 - Present	10.56	8.70	8.87
2	Fude Takayoshi	Deputy Chief Advisor/Training Supervision/IEC Public Relations	Feb 2012 - Present	8.40	6.16	8.87
3	Roland Eric Macanas	Maternal Child Health/Equipment Planning	Feb 2012 - Present	13.23	10.33	7.16
4	Shuji Noguchi	Health System (2)	Feb - Aug 2012	2.51	-	-
5	Mari Nishino	Equipment Planning/ Coordinator	Feb - May 2012	3.83	-	-
			<b>Total</b>	<b>38.53</b>	<b>25.19</b>	<b>24.90</b>

#### (b) Counterpart Training in Japan

	Name	Title	Institution	Training Course Title	Duration
1	Manuela Fontanilla	Chief of Hospital	Vilaviciosa District hospital, Abra	Hospital Management Training	Aug 30 - Oct 6, 2012
2	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao	Improvement of Maternal Health (MDG 5)	Jan 23 - Feb 16, 2013
3	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra	Promotion of the Collaboration between Child Welfare and Maternal Child Health	Jan 27 - Feb 23, 2013
4	Zenaida Patal-e	Regional MNCHN Coordinator	DOH-CARO	Human Resource Development for the Rural Community Health	Feb 11 - Mar 15, 2013
5	Alex Bayubay	Municipal Health Officer	Municipality of San Juan, Abra	Improvement of Maternal Health (MDG 5)	Oct 2 - 26, 2013
6	Emily Quines	Nurse IV/ILHZ	DOH-CARO	Improvement of Local Health System in the Remote Areas	Jan 15 - Feb 12, 2014
7	Teresita Paslwen	Municipal Health Officer	Municipality of Conner, Apayao	Human Resource Development for the Rural Community Health	Feb 11 - Mar 15, 2014

(c) Local Cost

	Category	Amount (JPY)			Total
		Project Year 1 (Actually spent)	Project Year 2 (Actually spent)	Project Year 3 (Budgeted)	
1	Local personnel including drivers	8,276,744	6,939,635	6,932,220	22,148,599
2	Training/Workshops/Orientations	7,320,701	11,516,439	4,904,723	23,741,863
3	Training Materials/Reports	1,829,741	2,048,732	1,174,853	5,053,326
4	Equipment *	15,889,000	16,388,000	-	32,277,000
5	Other expenses (Gasoline, Telephone, Office supplies, Car rental etc.)	5,088,920	5,760,875	5,692,211	16,542,006
	<b>Total</b>	<b>38,405,106</b>	<b>42,653,681</b>	<b>18,704,007</b>	<b>99,762,794</b>

\* In addition to the acquisition cost of items listed in ANNEX VI, that of standby generators procured by JICA Philippine Office in JFY 2013 are counted in.

(d) Equipment

A list of equipment procured by the Japanese Side in Project Year 1 and 2 amounted to PhP 14,815,260 (ANNEX VI).

(2) Philippine Side

The inputs of the Philippine side consisted of: (a) counterpart staff members; (b) facilities; and (c) activity cost.

(a) Counterpart Staff Members (key members only)

	Name	Title	Institution	Designation to the Project (according to R/D)	Employment status*	Assignment Period as a Counterpart	
						From	To
1.	Madeleine De Rosas-Valera	Undersecretary of Health	Sector Finance and Policy Technical Cluster, DOH Manila	Project Director	P	Feb 2012	Sep 2013
2.	Lilibeth C. David	OIC-Undersecretary of Health	Sector Finance and Policy Technical Cluster, DOH Manila	Project Director	P	Oct 2013	Present
3.	Gerardo V. Bayugo	Assistant Secretary of Health	Northern and Central Luzon Cluster, DOH Manila	Representative of the Project Director	P	Feb 2012	Present
4.	Maylene M. Beltran	Director IV	Bureau of International Health Cooperation (BIHC), DOH Manila	Project Manager	P	Feb 2012	Present
5.	JP Perez	Director IV	Bureau of Local Health Development (BLHD), DOH Manila	Technical Coordinator for Local Health System	P	Feb 2012	Jul 2013
6.	Nestor F. Santiago	Director IV	BLHD, DOH Manila	Technical Coordinator for Local Health System	P	Aug 2013	Present
7.	Irma L. Asuncion	Director IV	National Center for Disease Prevention and Control (NCDPC), DOH Manila	Technical Coordinator for MCH	P	Feb 2012	Present
8.	Honorala Catibog	Director III	Family Health Office (FHO), DOH Manila	Technical Coordinator for MCH	P	Feb 2012	Sep 2013
9.	Maria Joyce U. Ducusin	OIC-Director III	FHO, DOH Manila	Technical Coordinator for MCH	P	Oct 2013	Present

10.	Mar Wynn Bello	Division Chief	Bureau of International Health Cooperation (BIHC), DOH Manila		P	Feb 2012 Jan 2014	Sep 2013 Present
11.	Soledad Antonio	Division Chief	BIHC, DOH Manila		P	Oct 2013	Dec 2013
12.	Jimmy Recilla	SPDO	BIHC, DOH Manila		P	Feb 2012	Sep 2013
13.	Jocelyn Sosito	SPDO	BIHC, DOH Manila		P	Oct 2013	Present
14.	Myrna Cabotaje	Director IV	Cordillera Administrative Regional Office-DOH (DOH-CARO)	Project Coordinator	P	Feb 2012	Mar 2012
15.	Judith Allaga	Director IV	DOH-CARO	Project Coordinator	P	Mar 2012	Aug 2012
16.	Valeriano Jesus V. Lopez	OIC- Director IV	DOH-CARO	Project Coordinator	P	Sep 2012	Present
17.	Anelita M. Pangilinan	OIC-Director III	DOH-CARO		P	Feb 2012	Present
18.	Nicolas Gordo	Chief, Local Health Support Div.	DOH-CARO		P	Feb 2012	Oct 2013
19.	Marla Luisa Paran	Chief, Local Health Support Div.	DOH-CARO		P	Nov 2013	Present
20.	Virginia Narciso	Family Health Cluster Chief	DOH-CARO		P	Feb 2012	Present
21.	Zenaida Patal-e	Reg'l MNCHN Coordinator	DOH-CARO		P	Feb 2012	Oct 2013
22.	Mary Jane Munoz	Reg'l MNCHN Coordinator	DOH-CARO		P	Jan 2014	Present
23.	Rey Segandoy	MNCHN Staff	DOH-CARO		T	Feb 2012	Dec 2012
24.	Joyce Pojas	MNCHN Staff	DOH-CARO		T	Jan 2013	Nov 2013
25.	Mark Duran	MNCHN Staff	DOH-CARO		T	Dec 2013	Apr 2014
26.	Melanie June Caleno	MNCHN Staff	DOH-CARO		T	Apr 2014	Present
27.	Francisca Lidic	Planning Officer I	DOH-CARO		P	Feb 2012	Present
28.	Emily Quines	Nurse IV/ILHZ	DOH-CARO		P	Feb 2012	Present
29.	Erwin Bacig	LRED Chief	DOH-CARO		P	Feb 2012	Present
30.	Clark Dizon	Licensing Officer	DOH-CARO		P	Feb 2012	Present
31.	Janice Bugtong	Admin Chief	DOH-CARO		P	Feb 2012	Present
32.	Mercedes Calpito	Prov. DOH Officer (areas: Bokod, Kabayan, Tublay, La Trinidad)	Provincial DOH Office-Benguet	LGU Coordinator	P	Feb 2012	Present
33.	Florence Tabur	Prov. DOH-Rep (Areas: Atok, Kibungan, Itogon, Sablan)	Provincial DOH Office-Benguet		P	Feb 2012	Present
34.	Jocelyn Bestre	Prov. DOH-REP (Areas: Bakun, Buguias, Mankayan, Kibungan)	Provincial DOH Office-Benguet		P	Feb 2012	Present
35.	Tony Baigan	Prov. DOHREP (Area: Tuba)	Provincial DOH Office-Benguet		P	Feb 2012	Present
36.	Godofredo L. Gasa	Prov. Provincial DOH Officer	Provincial DOH Office, Abra	LGU Coordinator	P	Feb 2012	Present
37.	Marlene A. Rosele	Prov. DOH-Rep (San Juan)	Provincial DOH Office, Abra		P	Feb 2012	Present
38.	Agnes P. Casia	Prov. DOH-Rep (Pilar, Penarrubla, Villaviciosa)	Provincial DOH Office, Abra		P	Feb 2012	Present
39.	Victoria A. Palos	Prov. DOH-Rep (Dolores, Lagangilang)	Provincial DOH Office, Abra		P	Feb 2012	Present
40.	Andrew D. Martin	Prov. Prov. DOH Officer	Provincial DOH Office, Apayao	LGU Coordinator	P	Feb 2012	Present
41.	Estrella A. Nicolas	Prov. DOH Representative	Provincial DOH Office, Apayao		P	Feb 2012	Present

42.	Charlyn B. Tagabing	Prov. DOH Representative	Provincial DOH Office, Apayao		P	Feb 2012	Present
43.	Esteban Plok	Provincial Health Officer II	Provincial Health Office, Benguet		P	Feb 2012	Mar 2013
44.	Norma Pacalso	Provincial Health Officer II	Provincial Health Office, Benguet		P	Feb 2012	Mar 2014
45.	Nora Ruiz	Provincial Health Officer I	Provincial Health Office, Benguet		P	Apr 2014	Present
46.	Antonette Agpas	Prov. MNCHN Coordinator	Provincial Health Office, Benguet		P	Mar 2013	Present
47.	Imelda Ulep	Provincial FHSIS Coordinator	Provincial Health Office, Benguet		P	Feb 2012	Present
48.	Rosanna Tabangcura	Provincial MCH Coordinator	Provincial Health Office, Benguet		P	Feb 2012	Present
49.	Leona G. Berona	Provincial Health Officer II	Provincial Health Office, Abra		P	Oct 2013	Present
50.	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra		P	Feb 2012	Present
51.	Marjune Algame	Provincial FHSIS Coordinator	Provincial Health Office, Abra		P	Feb 2012	Present
52.	Thelma Dangao	Provincial Health Officer II	Provincial Health Office, Apayao		P	Feb 2012	Present
53.	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao		P	Feb 2012	Present
54.	Glenn Lamsis	Accreditation Chief	PhilHealth Regional Office		P	Feb 2012	Present
55.	Annabel David	Social Insurance Officer II	PhilHealth Benguet		P	Feb 2012	Present
56.	Leonora Sobrevilla	Social Insurance Officer II	PhilHealth Abra		P	Feb 2012	Present
57.	Nestor Goyagoy	Social Insurance Officer II	PhilHealth Apayao		P	Feb 2012	Present
58.	Claire Marquez	Medical Officer	National Commission of Indigenous Peoples (NCIP) Regional Office		P	Feb 2012	Present

\* Permanent (P) or Temporary (T)

#### (b) Facilities

The Philippine Side provided project office space and facilities at DOH-CARO, and in Abra, Apayao, and Benguet provinces.

The Philippine Government constructed and renovated health facilities in Abra, Apayao and Benguet provinces toward acquisition of BEmONC certifications and MCP accreditation. These inputs shall be considered as ongoing initiatives of the Government of the Philippines, rather than direct inputs as part of the Project activities.

#### (c) Activity Cost

The financial inputs of the Philippine Side during the Project Year 1 and 2 amounted to PhP 544,660,664 (ANNEX VII). These inputs were meant for covering both project activities and the Government's ongoing initiatives within the scope of the Project. Since the Project is integrated into and well harmonized with initiatives of the Philippine Government, it is not possible to single out the portion purely dedicated to project activities.

## 2.2. Implementation Process

### 2.2.1. Implementation of Activities

Project activities have been implemented according to the PDM. The actual timeframe of each activity component is presented in ANNEX VIII.

### 2.2.2. Monitoring Mechanism

The project implementation has been monitored through a series of project committee meetings including: (a) Joint Coordinating Committee (JCC); (b) Regional Unified Project Management Committee (RUPMC); (c) Joint Executive Committee (EC); and (d) Technical Working Group (TWG) Meeting. The roles and functions of each committee are defined in the R/D of the Project.

Committee Meeting		Date	Venue	No. of participants
1 <sup>st</sup> JCC meeting		April 21, 2012	DOH compound, Sta. Cruz, Manila	25
2 <sup>nd</sup> JCC meeting		September 13, 2012	DOH, Manila	20
3 <sup>rd</sup> JCC meeting		February 27, 2013	DOH, Manila	25
4 <sup>th</sup> JCC meeting		September 25, 2013	DOH, Manila	25
5 <sup>th</sup> JCC meeting		February 21, 2014	DOH, Manila	25
1 <sup>st</sup> RUPMC		March 13, 2012	Regional Training Center, CHD-CAR, Baguio City	32
2 <sup>nd</sup> RUPMC meeting		May 14, 2012	CHD – CAR Training Center	24
3 <sup>rd</sup> RUPMC meeting		August 29, 2012	CHD – CAR Training Center	19
4 <sup>th</sup> RUPMC meeting		February 22, 2013	CHD-CAR Training Center	25
5 <sup>th</sup> RUPMC meeting		September 20, 2013	CHD-CAR Training Center	30
6 <sup>th</sup> RUPMC meeting		February 18, 2014	CHD-CAR Training Center	20
1 <sup>st</sup> EC/ 1 <sup>st</sup> TWG meetings	Abra Province	March 15, 2012	Provincial Capitol Social Hall, Bangued, Abra	44
	Apayao Province	March 7-8, 2012	Luna Municipal Hall, Luna, Apayao	55
	Benguet Province	February 28, 2012	Provincial Capitol Conference Hall, La Trinidad, Benguet	57
2 <sup>nd</sup> TWG meetings	Abra Province	May 8, 2012	Capitol, Bangued, Abra	35
	Apayao Province	May 3, 2012	Pudtol, Apayao	28
	Benguet Province	May 11, 2012	PHO, Conference Hall	40
3 <sup>rd</sup> TWG meetings	Abra Province	August 6, 2012	Provincial Capitol, Bangued, Abra	30
	Apayao Province	July 16, 2012	CHD-CAR Training Center	22
	Benguet Province	August 24, 2012	Prince Plaza Hotel, Baguio City	40
4 <sup>th</sup> TWG meetings	Abra Province	October 12, 2012	Provincial Capitol	35
	Apayao Province	October 16, 2012	Hotel Las Palmas de San Jose, Tuguegarao City	23
	Benguet Province	October 9, 2012	PHO Conference Hall	60
5 <sup>th</sup> TWG meetings	Abra Province	February 12, 2013	Provincial Capitol	35
	Apayao Province	February 12, 2013	Luna Conference Hall, Luna	17
	Benguet Province	March 5, 2013	PHO Conference Hall	40
6 <sup>th</sup> TWG meetings	Abra Province	June 4, 2013	Provincial Capitol	31
	Apayao Province	June 7, 2013	Crown Lodge, Tuguegarao City	20
	Benguet Province	May 29, 2013	PHO Conference Hall	31
7 <sup>th</sup> TWG meetings	Abra Province	September 12, 2013	Provincial Capitol	40
	Apayao Province	September 8, 2013	Conference hall, Luna municipality	25
	Benguet Province	September 17, 2013	PHO Conference Hall	35
8 <sup>th</sup> TWG	Abra Province	February 4, 2014	Provincial Capitol	40

meetings	Apayao Province	February 6, 2014	Luna Conference Hall	27
	Benguet Province	February 12, 2014	PHO Conference Hall	25
EC meeting	Apayao Province (2nd)	September 6, 2012	Mawan, Calanasan, Apayao	28
	Abra Province (2nd)	February 12, 2013	Provincial Capitol	42
	Apayao Province (3rd)	February 12, 2013	Luna Conference Hall, Luna	27
	Benguet Province (2nd)	March 12, 2013	Provincial Capitol	16
	Abra Province (3rd)	September 13, 2013	Provincial Capitol	40
	Apayao Province (4th)	September 10, 2013	Provincial Capitol	33
	Benguet Province (3rd)	September 19, 2013	Provincial Capitol	30
	Abra Province (4th)	February 5, 2014	Provincial Capitol	36
	Apayao Province (5th)	February 7, 2014	Luna Conference Hall	26
	Benguet Province (4th)	February 14, 2014	Provincial Capitol	19

### 2.2.3. Monitoring of Project Purpose Indicators

The Project Purpose indicators have been regularly monitored by JICA Experts and counterpart staff members on occasions of a series of Project committee meetings.

The Project has adopted different definitions of key MNCHN indicators from those of DOH's FHSIS in order partly to accurately monitor the achievement of the Project Purpose (see the Table below). So far, the analysis of the data based on the Project definitions has been conducted by JICA Experts using additional sets of the Target Client List (TCL) introduced to health facilities.

		FHSIS Definition	Project Definition
FBD Rate	Numerator	# of FBD cases based on place of occurrence	# of FBD cases based on place of residence
	Denominator	# of live births based on place of occurrence	# of live births based on place of residence
ANC Coverage Rate	Numerator	# of women who satisfied ANC requirement	# of women who satisfied ANC requirement
	Denominator	3.5% of the estimated population*	Actual # of pregnant women identified from TCL
PPC Coverage Rate	Numerator	# of women who satisfied PPC requirement	# of women who satisfied PPC requirement
	Denominator	3.0% of the estimated population*	Actual # of pregnant women identified from TCL

\* DOH is currently in the process of revising the denominators of both the ANC Coverage Rate and the PPC Coverage Rate into [2.7% of the estimated population].

It is worth noting the following findings of the Team pertaining to the Project definitions of the indicators.

- Most of the Project stakeholders recognize the appropriateness of the Project's definitions, though they are fully aware that the FHSIS's definitions must be adhered to in compiling performance reports.
- Not necessarily all the counterpart members perfectly understand the Project's definitions of those indicators.

### **3. Evaluation Results**

#### **3.1. Relevance**

The scope of the Project is relevant in that it addresses the imminent needs of the country to achieve the key MDG indicators by 2015, namely Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR). It also addresses problems around provision of equitable services to people through improvement of both supply and demand sides of the healthcare services particularly in rural and remote areas.

The overall framework of the Project is in line with Kalusugan Pangkalahatan which aims to achieve universal health care for all Filipinos. The Project's implementation components are also consistent with DOH's MNCHN Strategy. In addition, Japanese Government's assistance to the Project can be justified as its scope and objectives are in line with Japanese Government's Assistance Strategy in the Philippines and Japan's Strategy on Global Health Diplomacy as well as the framework of "JICA's Operation in Health Sector – Present and Future –".

The geographical target of the Project can be justified in a way that DOH defines CAR as a Geographically Isolated and Disadvantaged Area which requires not only material support but technical assistance. The selection of the Project's target provinces in CAR is also deemed relevant because: (a) Apayao and Abra are among the poorest provinces with most needs of assistance; and (b) Functional local health systems established through JICA's past assistance in Benguet and Ifugao provinces can be applied to other areas in CAR.

#### **3.2. Effectiveness**

All the 7 Project Purpose indicators, including the three indicators applied to the target sites and the four to the entire CAR, show improvement as compared with the baseline data collected in 2011 or 2012.

Among the three indicators applied to the target sites, overall indicators pertaining to the FBD rate, and the PPC coverage rate exceeded the targeted levels set by the Project, though the province-specific target of the FBD rate in Benguet has yet been met. The overall ANC completion rate in the target sites has moved upward toward the target by 2017, whereas Abra province has already achieved the provincial target.

Of the four indicators for the entire CAR, the one pertaining to MNDR has already met the target of the Project. The other three indicators concerning ILHZs, BEmONC certified facilities, and MCP accredited facilities have also demonstrated upward trends, though contributions to the indicator pertaining to the increase of BEmONC facilities were attributed solely to the achievement in target sites.

The Team views that the current achievement level of the Project Purpose exceeds its expectation. It is considered that the Project's achievement has resulted from its inputs and activities which were well harmonized with the ongoing initiatives of DOH-CARO and LGUs. No major external factor that prevented the Project from achieving its objectives was identified, so far.

The Team held the following noteworthy observations pertaining to the effectiveness of the Project. These include good practices that may be replicated in other areas as well as factors which may affect the effectiveness of the Project.

*FBD, ANC, and PPC:*

- Mankayan RHU in Benguet and Flora RHU in Apayao among those visited by the Team have introduced a mechanism to utilize a part of the MCP capitation paid by PhilHealth to give cash incentive to those who completed ANC, delivered at the facility, and attended post-partum sessions. Consequently, those RHUs attracted a lot of pregnant women, which resulted in increase of both revenues from the MCP capitation, and in improvement of the FBD, ANC and PPC indicators in those municipalities.
- Several facilities in Flora municipality in Apayao and Lagangilang municipality in Abra among those visited by the Team started to impose fine to home delivery practices under the ordinance to advocate FBD. Some women who recently delivered at RHU, but previously delivered at home, confessed that such ordinance directed her toward adherence to the FBD practice as recommended by the government.
- It was reported by some informants that financial incentives given to volunteers of CHTs from DOH-CARO, PHO and some municipalities have encouraged them to perform better especially in tracking pregnant women in the community. A product-based incentive given to those volunteers for each FBD case was also acknowledged as a contributing factor to uplift their performance.
- Some stakeholders shared their impression that the localized MNCHN manual which reflects some acceptable indigenous practices during delivery at the facility helped promote facility based delivery.
- The overall FBD rate in the target sites increased from 78.6% in 2012 to 85.7% in 2013, and already exceeded the Project's target of 85%. However, the breakdown of the delivery cases by location suggests that the deliveries at BHS in 2013 accounted for 2.0% of the total cases. As of December 2013, no BHS was BEmONC certified and very few were MCP accredited; apparently the utilization of BHS as a birthing facility remained low. It is expected that some portions of the home delivery practices could be diverted into FBD through increase of BEmONC certified and MCP accredited BHSs alongside increase in PhilHealth members which will be realized during the latter part of the project period.

Year	Facilities					Home	Other	Total
	Hospital	RHU	BHS	Clinic	Sub-Total			
2012	72.3%	3.3%	0.7%	2.2%	78.6%	21.1%	0.3%	100.0%
2013	75.8%	6.3%	2.0%	1.5%	85.7%	14.0%	0.2%	100.0%

- The referral system of obstetric cases has been strengthened in the target sites as a result of Project's activities including training on the localized MNCHN manual, introduction of referral guidelines, and promotion of resource sharing within ILHZs. However, one of the weaknesses in the system, as pronounced by the majority of the project stakeholders, is the reporting-back mechanism of discharged

*mm*

*M*

cases to lower-level facilities. In fact, several health workers interviewed by the Team mentioned about difficulties of tracking those cases for PPC, though it is not known how much this has pushed down the indicator. On the other hand, a good practice to ensure the reporting-back of information was observed by the Team; the practice of stapling a return slip to the patient's family health diary was incorporated into the referral guidelines for ILHZs in Abra province.

*BEmONC and MCP:*

- Technical and managerial support of JICA Experts carried forward the process of implementing the BEmONC training and the post-training evaluation. The standard operation procedure for the BEmONC certification consolidated by the Project has also made it possible for DOH-CARO to efficiently handle the procedures of certifying health facilities.
- The Health Facility Enhancement Program (HFEP) under the initiative of the Philippine Government has undertaken construction and renovation of health facilities and provision of equipment, whereas the Project provided training and equipment. These inputs complemented each other to increase the number of BEmONC certified and MCP accredited facilities. However, there were several occasions in which HFEP's procurement process delayed due to various reasons, and consequently affected, to some extent, the process of the BEmONC certification and the MCP accreditation.
- Some LGU and DOH-CARO officials expressed concern about the unharmonized procedures and standards among the licensing standard (License to Operate; LTO), BEmONC certification, and MCP accreditation, and indicated the needs for the central DOH to provide a clear guidance.

### **3.3. Efficiency**

Almost all the targets defined as indicators of the Outputs have been either satisfied or in the process toward their achievements. These achievements of the Outputs have mostly been attributed to activities undertaken by the Project.

Among the Output indicators, the one pertaining to the proportion of the municipal health budget to total municipal budget (Output 1) has shown slight decrease. It is due partly to increasing trend of the total municipal budget that eventually led to relative shrinkage of the health budget.

With regard to the implementation process and cost measures of the Project, the Team analyzed opinions and views of counterpart staff members and JICA experts alongside review of project-related documents, and concluded as follows:

- Almost all the activities were implemented as planned without delays.
- The technical competency and assignment periods of JICA Experts have been appropriate.

- Assignments of counterpart staff members have largely been appropriate in view of smoothly conducting Project activities, though the ongoing rationalization of DOH brings concern about staff allocation to the Project.
- All the equipment and materials were procured and distributed to their destinations in a timely manner. They are all relevant in meeting local needs, and being utilized as desired, except a few occasions including those currently under repair.
- The decision making process on project-related matters and communication between JICA Experts and counterpart staff members were largely appropriate. Assignment of local project coordinators at each of the three provinces has contributed to efficient communications between the two parties. Counterpart staff members were sufficiently involved in Project activities. On occasions, some miscommunications existed; however, both parties always found a way to compromise each other, and to avoid negative influence to the efficient implementation of the Project.
- The monitoring mechanism of the Project has been appropriate.
- Subjects and contents of the counterpart trainings in Japan were all relevant in light of the Project scope.

The Team identified the following issues with regard to the efficient implementation of Project activities or achievements of Outputs.

- The implementation of the activities, particularly those which required initiatives and/or financial inputs of LGUs, was affected by the leadership of Local Chief Executives (LCEs) and their interest in health issues.
- The achievements pertaining to the BEmONC certification and the MCP accreditation have been and will be influenced by the progress of the HFEP, and the harmonization of LTO, BEmONC and MCP requirements.
- The premium amount of the PhilHealth sponsored program increased from PhP1,200 in 2013 to PhP2,400 in 2014. In addition, the newly introduced point-of-care system has provided an option to people to deter the enrollment to the PhilHealth program till they face the necessity to utilize the healthcare service. Consequently, part of the effect of the advocacy activities to promote PhilHealth enrollment has been sacrificed.
- Despite the satisfactory level of the achievement represented in the indicators, there are still a sizable proportion of the pregnant women who are not enrolled in the PhilHealth program or provided with adequate information about the program, according to opinions of those interviewed and observations of the Team in the field. Such discrepancy as well as a systematic mishandling in identification, in

particular, of the indigent could potentially undermine efficient implementation of activities to advocate PhilHealth enrollment.

### **3.4. Impact**

MMR in CAR fluctuated between 2011 and 2013; it is presumed that the indicator was greatly influenced by a few death cases due to the small number of the live births in the target sites (e.g. one maternal death case among 35,000 live births in a year uplifts 3 points of the MMR indicator). IMR showed slight improvement, and the FBD rate of 2013 in CAR indicated improvement from that of 2011. Despite the reported changes of these Overall Goal indicators over the period of the three years, it is premature to assess the contributions of the Project to those changes at this stage of the project implementation.

The Project has adopted a combination of implementation components which have all been internationally recognized as effective in improving the MNCHN-related impact indicators. Based on this as well as the facts that the current achievement level of the Project Purpose is above its expectation and that some Overall Goal indicators show an upward trend, there is a great possibility for the Project to contribute to the achievement of the Overall Goal in future. In order to ensure its achievement, the Project is expected to maintain the current level of the performance till the end of its period, as well as to certainly execute the Project Expansion Plan to expand activities to non-target provinces/municipalities of the Project in consideration of the issues described in the "Sustainability" section.

There has been no major obstructive factor that could affect the achievement of the Overall Goal of the Project. No noteworthy secondary or indirect impact resulting from the Project implementation has been observed.

### **3.5. Sustainability**

The sustainability of the Project is assessed from each of the following aspects.

#### *Institutional Aspect*

Institutionalizing project activities by means of establishing official government rules or mechanisms is one way to ensure its sustainability. Those which pre-existed or evolved from the Project implementation are as follows:

- ILHZ mechanism consolidated by Memorandum of Agreements among mayors and Executive Order from the provincial governor.
- Ordinances at the municipality level to advocate FBD and to support CHT activities.
- MNCHN Manual localized to CAR and officially adopted by DOH-CARO.

- Referral Guidelines officially adopted at provincial level.
- Resolutions to form Provincial MNDR Teams.
- BEmONC certification system of the central DOH.
- MCP accreditation system of PhilHealth.

It follows that basic institutional frameworks to sustain the Project effect have been established and in place, while the Project is still expected to continue its effort to consolidate the above rules and mechanisms.

ILHZ is a nationally recognized mechanism; however, an informant hinted that it functions in few provinces in the country, though the Team has not witnessed the actual situation in other regions than CAR. It is a mechanism which could be strongly affected by leadership and commitment of LCEs. Notwithstanding the advantages of ILHZ recognized in the Project target sites particularly in establishing a functional referral network within the Zone, some counterparts shared a view that such mechanism could be introduced only to areas where people feel it beneficial.

#### *Organizational and Financial Aspects*

One of the project target RHUs in Apayao is not staffed by a medical doctor at present. At two RHUs in Abra, medical doctors work on two-year contract basis and might leave the current positions soon. Those RHUs face difficulties in attracting medical doctors to assume the positions due to the geographical disadvantages. Otherwise, according to project counterparts interviewed, the current staffing level, and the organizational structure at LGU levels will be maintained for the time being.

Meanwhile, the ongoing rationalization of DOH brings concern in relation to staff allocation necessary in continuing monitoring activities as well as expanding those to non-target provinces of the Project by DOH-CARO. Among the three provincial DOH officers in Apayao, one was transferred to DOH-CARO and the other will leave the current position soon. The post of the Planning Officer at DOH-CARO which will become vacant in a few months brings another concern, particularly in terms of implementing Project Expansion Plan.

The financial situation may change at any time; however, no explicit risk factor that may significantly affect the financial allocation to project-related activities has been identified at LGUs and DOH-CARO. Some health workers at RHU expressed concerns about the fuel cost for the standby generator provided by the Project, and at the same time suggested that a system to cover those expenses from the MCP capitation be established. Mobilization of the CHTF of ILHZ was also suggested as another possible measure.

LGUs have demonstrated ownership to the Project by providing financial resources to project-related activities. The expenses of all the EC meetings and TWG meetings conducted at the provincial level have been covered by LGUs since 2013.

### *Technical Aspect*

Counterpart staff members have sufficiently participated in Project activities and gained competencies to carry forward those activities in their own. In fact, the Team confirmed their competence during interviews with them.

The flipchart for CHT, primarily developed as a MNCHN IEC material, served to guide Barangay Health Workers and Barangay Nutrition Scholars and enabled them to adequately conduct health education activities.

### *Rollout of Project Effect to Other Provinces/Regions*

The Project Expansion Plan has been developed by DOH-CARO to expand project activities to non-target provinces in CAR. Its implementation status has been updated by DOH-CARO with the support of JICA Experts, and monitored at the TWG meetings of the Project. Its activity components have also been incorporated into the Annual Plan 2014 and 2015 of DOH-CARO, and monitored on the occasions of the quarterly meetings of DOH-CARO.

A series of tools developed by the Project, including training materials, guidelines/manuals, IEC materials, and templates of resolutions, will facilitate the process of introducing new activities to non-target provinces. No concern about technical competencies in expanding the plan was pronounced during interviews with counterpart staff members; however, the manpower at DOH-CARO was considered as a bottleneck. In addition, since many of the DOH-CARO and provincial DOH officials who are responsible for monitoring and implementation of the Project Expansion Plan are newly appointed to the current positions, and need to be oriented about the Project.

In order to roll out project activities to other regions, two effective approaches may be applied: (a) sharing good practices; and (b) sharing tools. These approaches will orient authorities in other regions toward integration of new intervention approaches into their regional plans, as well as provide practical guidance to officials at the operational level in implementing activities. Sharing good practices with a wide range of stakeholders is within the scope of the Output 4 of the Project. The tools developed by the Project could also be shared with other regions; however, one of the challenges is that some of those, such as training materials and IEC materials, have been adapted to effectively cater for the local needs in CAR. Another challenge is that the central DOH members, who may need to play the central role in the rollout, have not sufficiently been exposed to activities and tools of the Project, so far. This implies that the Project could initiate the process to identify ways to further expose those DOH officials to activities and products of the Project.

### *Socio-cultural Aspect*

The Project incorporated the delivery practices preferred by indigenous people into the localized MNCHN manual. In this way, obstructive factors in maintaining the Project effect from the socio-cultural aspect were alleviated.

### **3.6. Conclusion**

The overall performance of the Project as of the Mid-Term Review in June 2014 is high in view of the evaluation results based on the five criteria.

Relevance, Effectiveness and Efficiency of the Project are all deemed high. The project's scope and geographic targets are relevant in light of the country's needs of the Philippines, and governments' strategies of both countries. The current achievement level of the Project Purpose exceeds its expectation. Inputs to the Project have been by and large efficiently turned into necessary activities and achievements of Outputs.

Impact of the Project is highly expected. Provided that the Project maintains the current level of the performance till the end and works out measures to expand activities to non-target provinces/municipalities, the Overall Goal could be realized.

Sustainability of the Project is currently in the process of being consolidated. The institutional, organizational/financial, and technical aspects of the sustainability have been built upon LGUs and DOH-CARO. The Project effect is also in the process of being expanded to non-target provinces, while its rollout to other regions rests with the effort of the Project during the latter half of its implementation period.

## **4. Recommendations**

The Team acknowledges the current level of the Project achievement which is above its expectation. On top of the achievement to date, the Team makes the following recommendations in consideration of the results from the present Mid-Term Review:

### *Overall Implementation and Management*

- 1) All the members involved in the Project implementation are expected to maintain the current level of performance during the latter half of the Project period, and to make the maximum effort to achieve the objective of the Project as well as to ensure its sustainability. In addition, further efforts to enhance the communication between JICA Experts and counterpart staff members at DOH-CARO are essential to achieve the common objectives.
- 2) It is desirable that DOH-CARO ensure that the currently ongoing rationalization does not critically affect the efficient implementation of the Project and achievement of its objective.

### *Effective Implementation of Activities and Sustainability within CAR*

- 3) The Project Expansion Plan should be executed under the leadership of DOH-CARO and closely monitored to ensure effective expansion of activities to non-target sites of the Project in CAR. In particular, the BEmONC certification process in non-target sites needs to be expedited. DOH-CARO shall also initiate the process to share the Plan with key officials of LGUs in non-target provinces/municipalities as well as development partners supporting those areas. Meanwhile, JICA Experts are expected to continue to play an advisory role to DOH-CARO particularly in implementation of the Project Expansion Plan. It is advised that the JICA Experts and the DOH-CARO counterparts have forums to discuss and to reach consensus on what specific roles they will play in implementation of the Project Expansion Plan in non-target sites.
- 4) The Project shall assist in identifying the problems involved in: (a) the process of identification of the indigent, particularly of pregnant women, undertaken by National Household Targeting System for Poverty Reduction and LGUs; (b) the process to disseminate adequate information about the PhilHealth program particularly to those with most need; and (c) the enrollment procedures at the LGU level. It is expected that such a study can provide strategic guidance in implementing Project activities to support PhilHealth.
- 5) In order to facilitate establishment or to consolidate sustainability of ILHZs, the Project shall compile advantages of ILHZs observed in the target sites, especially in a way to make LCEs feel benefits from supporting ILHZs. However, it should be noted that, in some particular settings, the ILHZ mechanism may not be the best solution to strengthen coordination among LGUs, and shall not be necessarily imposed to those places.
- 6) DOH-CARO is advised to take necessary measures to accelerate the BEmONC certification process, particularly of those facilities which have already submitted a letter of intent. The procurement under HFEP undertaken by DOH shall also be attended to if its process has been delayed. It is also recommended that the DOH-CARO initiate dialogues with the central DOH toward harmonization of different quality standards including LTO, BEmONC, and MCP.

#### *Data Management and Monitoring of Indicators*

- 7) The Project shall initiate training for stakeholders in CAR on data aggregation and calculation to identify the key MNCHN indicators, including FBD rate, ANC coverage rate and PPC coverage rate, based on the Project definitions which are in line with the internationally recognized standards. Possibility to endorse the definitions as well as the data collection methods could be explored at the regional level. The Project shall also hold dialogues with concerned sections of the central DOH and development partners in order to share information about advantages of using the Project definitions, and to explore the possibility to institutionalize those.
- 8) The deliveries at BHS in 2013 accounted for 2.0% of the total delivery cases in the target sites. This figure as well as the fact that no BHS in the target sites has been BEmONC certified, so far, implies

that there is still a room for increasing the utilization of BHSs, and thereby reducing home delivery practices. The Project is particularly requested to constantly monitor this indicator, and to suggest necessary measures to be taken by LGUs as identified.

*Rollout to Other Regions*

9) In addition to the project national forum, the DOH-CARO shall start holding individual dialogues with key officials at the central DOH working in the respective fields concerning the Project implementation components, in order to share good practices and tools developed by the Project. The following products of the Project could be shared at the central DOH for its consideration of adoption at the national level.

- The standard operation procedure for BEmONC certification, and the tools to be used for the regular monitoring annually conducted for renewal of the BEmONC certification.
- The Project definitions of the key MNCHN indicators.
- Good practices of ILHZs, as well as training materials including PowerPoint slides, the Trainee's Guide, and the Facilitator's Guide.
- Template of ordinance to advocate FBD and to support CHT at the municipality level.

This process shall be conducted in coordination with the JICA Health Advisor attached to the central DOH, and JICA Philippine Office. In addition, the Project may refer to good practices of other technical cooperation projects of JICA which were able to roll out an area-based intervention model to other regions.

**ANNEX I: Project Design Matrix (PDM)**

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

Target Area: Cordillera Administrative Region (CAR)<sup>1</sup>; Target Sites: Abra province (6 municipalities), Apayao province, Benguet Province; Target Group: People in CAR

Version 2 (revised in September 25, 2013 (4<sup>th</sup> JCC meeting))

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b>Overall Goal</b> Health status of people in the region is improved, particularly of women and children.</p>	<ul style="list-style-type: none"> <li>- Maternal Mortality Ratio (MMR) is decreased in CAR (baseline: 62 per 100,000 live births in 2011).</li> <li>- Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011).</li> <li>- 85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Field Health Service Information System (FHSIS)</li> <li>- CHD annual reports</li> </ul>	
<p><b>Project Purpose</b> Local health system<sup>3</sup> in the region is strengthened to deliver effective and efficient Maternal and Child Health (MCH) services.</p>	<p>[Indicators for the target sites]</p> <ul style="list-style-type: none"> <li>- 85% of deliveries of pregnant women in the target sites are conducted in health facilities. [Baseline (2012): 3 target sites total 79%. Provincial baseline (2012) / Target (2017): Abra (6 municipalities) 73% / 85%, Apayao 67% / 80%, Benguet 83% / 90%]<sup>4</sup></li> <li>- 80% of pregnant women in the target sites receive prenatal care at least 4 times<sup>5</sup> during pregnancy. [Baseline (2012): 3 target sites total 63%. Provincial baseline (2012) / target (2017): Abra 45% / 70%, Apayao 73% / 85%, Benguet 62% / 80%]<sup>6</sup></li> <li>- 90% of post-partum women in the target sites receive post-partum care at least 2 times<sup>7</sup>. [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012) / target (2017): Abra 66% / 80%, Apayao 89% / 90%, Benguet 93% / 95%]<sup>8</sup></li> </ul> <hr style="border-top: 1px dashed black;"/> <p>[Indicators for the entire CAR (the project area)]</p> <ul style="list-style-type: none"> <li>- Number of functioning inter-local health zones (ILHZs)<sup>9</sup> is increased in CAR (baseline 7 ILHZs in 2011).</li> <li>- Maternal / neonatal death review (MNDR) is conducted in all 6 provinces and Baguio City in CAR (baseline: No MNDR was conducted in CAR in 2011).<sup>10</sup></li> <li>- Number of health facilities [hospitals, rural health units (RHU) and barangay health stations (BHS)] with BEmONC certification is increased in CAR [baseline: 0 facility in 2011; target 150 facilities by 2017 (36 hospitals, 50 RHUs, and 64 BHSs)].</li> <li>- Number of RHU and BHS with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 114 facilities by 2017 (50 RHUs and 64 BHSs)].</li> </ul>	<ul style="list-style-type: none"> <li>- Target Client List (TCL) of FHSIS (re-analysis of TCL by the Project)</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>- CHD Program Implementation Review report (ILHZ, MNDR, BEmONC).</li> <li>- PhilHealth report (MCP).</li> </ul>	<ul style="list-style-type: none"> <li>- National and local policy and system for health sector does not change.</li> <li>- Family planning coverage is maintained or improved.</li> <li>- Immunization coverage level is maintained or improved.</li> <li>- CEmONC facilities provide quality services.</li> <li>- No serious disease outbreak affecting maternal and child deaths occurs.</li> <li>- Local government units (LGUs) are committed to the Project.</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><u>Expected Outputs</u></p>			
<p><b>Output 1. Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites.</b> (Target sites: Dolasan and VPP ILHZs in Abra<sup>11</sup>, Apayao)</p>	<ul style="list-style-type: none"> <li>- Unified Local Health System training module is developed and training on the Local Health System is implemented in the target sites using the training modules.</li> <li>- All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF).</li> <li>- All ILHZs in the target sites implement MNCHN-related ILHZ activities according to ILHZ plan.</li> <li>- Proportion of provincial health budget to total provincial budget is increased in each target province (baseline 8% in Abra and 15% in Apayao in 2012).</li> <li>- Median of proportion of municipal health budget to total municipal budget is increased in the target sites (baseline: 9% in 2012 among 13 municipalities in the target sites).</li> <li>- Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: PHP 0 in 2012).</li> <li>- Number of municipalities with legal documents<sup>12</sup> to promote facility-based delivery and to support community health team (CHT) activities is increased in the target sites (baseline: 6 municipalities on facility-based delivery and 1 municipality on Community Health Team in 2011).</li> <li>- Proportion of PhilHealth sponsored enrollment is maintained to be 100% or more in the target sites<sup>13</sup> (baseline: 176% in 2 ILHZ of Abra, 167% in Apayao, as of December 2011).</li> <li>- Number of PhilHealth members is increased in the target sites (baseline: 16,366 in Abra (6 municipalities) and 29,466 in Apayao as of December 2011).</li> <li>- Amount of MCH related reimbursement from PhilHealth<sup>14</sup> is increased in the target sites. [Baseline (2012): target site total P28,770,437; Abra (6 municipalities) P19,500; Apayao P3,986,220; Benguet P24,764,717]</li> </ul>	<ul style="list-style-type: none"> <li>- Project report</li> <li>- ILHZ plan, CHTF work and financial plan</li> <li>- Budgetary report of municipalities and provinces (LGU score card)</li> <li>- LGU executive order / ordinance, ILHZ resolutions</li> <li>- PhilHealth reports (membership and benefit reimbursement)</li> </ul>	<ul style="list-style-type: none"> <li>- Health Information System of Department of Health, especially Field Health Service Information System (FHSIS) functions well to provide accurate data.</li> </ul>
<p><b>Output 2. Service delivery framework for MCH is strengthened in the target sites.</b> (Target sites: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> <li>- MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.<sup>15</sup></li> <li>- MNCHN referral manual/guideline is developed, and referral is implemented according to the manual/guideline in the target sites in Abra and Apayao provinces.<sup>16</sup></li> <li>- MNDR is conducted in the all target sites.<sup>17</sup></li> <li>- Monitoring system on BEmONC and CHT is developed and implemented.</li> <li>- Culturally appropriate MNCHN IEC material is developed and utilized in the target sites.</li> </ul>	<ul style="list-style-type: none"> <li>- CHD-CAR report (MNCHN manual, MNDR, BEmONC, CHT)</li> <li>- Project progress report (referral, MNCHN IEC)</li> <li>- MNDR report (province/ILHZ)</li> </ul>	

*mm*

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
	<ul style="list-style-type: none"> <li>- Number of Barangays with MNCHN emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to CHD)</li> </ul>	<ul style="list-style-type: none"> <li>- MHO annual report (Barangay MNCHN emergency preparedness plan)</li> </ul>	
<p><b>Output 3. Hospitals, Rural Health Units (RHUs) and Barangay Health Stations (BHSs) become BEmONC certified by DOH and RHUs and BHSs become MCP accredited by PhilHealth in the target sites.</b> (Target sites: Dolasan and VPP ILHZs in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> <li>- Number of health facilities certified as BEmONC facility is increased [baseline: 0 in 2011; target by 2016: 94 facilities (14 hospitals, 19 RHUs and 61 BHSs)].</li> <li>- All 15 public hospitals in the target sites maintain PhilHealth accreditation.</li> <li>- 19 RHUs and 61 BHSs are MCP accredited by PhilHealth in the target sites. (Baseline: 6 RHU and 0 BHS as of October 2011 according to CHD)</li> <li>- Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130]<sup>18</sup></li> <li>- Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92]<sup>18</sup></li> </ul>	<ul style="list-style-type: none"> <li>- CHD-CAR report (Facility mapping, BEmONC certification)</li> <li>- Project progress report (BEmONC trainings)</li> <li>- PhilHealth reports (hospital, MCP accreditation)</li> </ul>	
<p><b>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.</b></p>	<ul style="list-style-type: none"> <li>- Project fact sheet/newsletter is distributed at least twice a year.</li> <li>- Project expansion plan for the entire CAR region is established and implemented.<sup>19</sup></li> <li>- CHD-CAR and other project counterparts disseminate lessons learnt and good practices of the project (baseline 0 in 2011).</li> <li>- Good practices and lesson learnt of the project is documented and disseminated at national and regional levels (baseline 0 in 2011).</li> <li>- Project national forum is conducted at least 2 times during the project period to disseminate the Project experience and good practices nationwide as well as region-wide.</li> </ul>	<ul style="list-style-type: none"> <li>- Volume of the project fact sheet / newsletter</li> <li>- Project expansion plan</li> <li>- Project progress report</li> </ul>	
<p><b>Activities</b></p> <p><b>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites.</b> (Dolasan and VPP ILHZs in Abra, and Apayao)</p> <p>1.1. Develop unified Local Health System training module consistent with UHC framework and MNCHN strategy.</p> <p>1.2. Conduct orientation workshop on re-organization/reconstitution of non-functional ILHZs in the target sites.</p>	<p><b>Inputs</b></p> <p>(Japanese Side)</p> <p>(1) Team of experts / local consultants (Health System, MCH, etc.)</p> <p>(2) Equipment and materials:</p> <ul style="list-style-type: none"> <li>- Medical equipment</li> <li>- Training equipment</li> <li>- Office equipment</li> <li>- Other necessary equipment</li> </ul>	<ul style="list-style-type: none"> <li>- Political situation is stable in the region especially in the target sites.</li> <li>- Health workers who receive training continue their services in the target sites.</li> </ul>	

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>1.3. Establish mechanism on utilization of common health trust fund (CHTF) for ILHZ in the target sites.</p> <p>1.4. Develop ILHZ plan that includes MNCHN in the target sites.</p> <p>1.5. Advocate PHIC enrollment, support for MNCHN program and Community Health Team (CHT) to local government units in the target sites.</p> <p><b>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, and Benguet)</b></p> <p>2.1. Localize the MNCHN manual of operations for CAR.</p> <p>2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites.</p> <p>2.3. Conduct trainings on localized MNCHN manual of operations for the provincial/city health office in CAR.</p> <p>2.4. Conduct training on Maternal/Neonatal Death Review (MNDR) for the provincial/city health office in CAR.</p> <p>2.5. Conduct regular MNCHN monitoring including MNDR, BEmONC services and Community Health Team (CHT) in the target sites.</p> <p>2.6. Conduct situation analysis of CHT and establish support mechanism for CHT activities at LGU level in the target sites.</p> <p>2.7. Develop culturally appropriate IEC materials for MNCHN.</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><b>Output 3. Hospitals, RHUs and BHSs become BEmONC certified by DOH, and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Dolasan and VPP ILHZs in Abra, Apayao, and Benguet)</b></p> <p>3.1. Re-assess facility mapping result including equipment and training 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 and non-medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites in Abra and Apayao provinces.</p>	<p>(3) Activity cost</p> <ul style="list-style-type: none"> <li>- Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees)</li> <li>- Production cost of training, educational and promotional materials</li> </ul> <p>(Philippine Side)</p> <p>(1) Human resources</p> <ul style="list-style-type: none"> <li>- Counterpart personnel at regional, provincial, and municipal levels</li> </ul> <p>(2) Facilities</p> <ul style="list-style-type: none"> <li>- Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet Infrastructures improvement necessary for BEmONC services and MCP accreditation</li> </ul> <p>(3) Activity Cost</p> <ul style="list-style-type: none"> <li>- Utility cost of the project office (electricity, water, communication, etc.)</li> <li>- Essential equipment for BEmONC for other than the target sites</li> <li>- Maintenance and repair of equipment supplied</li> <li>- Expenses for monitoring and field visits to the project sites by DOH-CHD CAR personnel</li> <li>- Cost sharing for consultative workshops/conferences</li> <li>- Cost sharing during the conduct of meetings</li> <li>- Capacity building of the CHT members</li> <li>- Transportation cost of trainees within the country</li> <li>- Per diem of the local participants</li> <li>- Monetary incentives and other benefits for the CHT</li> <li>- Logistics and commodities necessary for service delivery</li> </ul>		<ul style="list-style-type: none"> <li>- The amount of internal revenue allotment does not decrease.</li> <li>- Health facility enhancement program is implemented as planned.</li> <li>- CHD-CAR and LGUs (of non-target sites) have sufficient budget to expand the project to the entire region.</li> <li>- CHD-CAR and all LGU in CAR have sufficient number of staff to implement MNCHN program.</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>3.5. Establish BEmONC certification procedure of CHD-CAR and start BEmONC certification in CAR.</p> <p>3.6. Assist the identified health facilities on PhilHealth accreditation and reimbursement process.</p> <p>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region wide.</p> <p>4.1. Conduct training on technical writing and project documentation for CHD-CAR and the target sites.</p> <p>4.2. Develop and distribute project fact sheet / newsletter.</p> <p>4.3. CHD-CAR develops and implements project expansion plan to the entire CAR including non-target-site provinces, municipalities and cities.</p> <p>4.4. Disseminate the lessons learned and good practices of the project.</p> <p>4.5. Conduct project national forum.</p>			
			<p>Preconditions</p> <ul style="list-style-type: none"> <li>- Updated ILHZ MOA is signed in the target sites.</li> <li>- MOA between CHD - CAR and the provincial government is signed for the project implementation in the target sites.</li> <li>- The target ILHZs prepare and approve their work and financial plan.</li> <li>- The target provinces prepare Work and Financial Plan for MNCHN.</li> <li>- The target provinces have Work and Financial Plan for Health Facility</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
			Enhancement Program.

**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, Lagangilang, San Juan)  
 ILHZ: Inter Local Health Zone  
 MCP: Maternal Care Package  
 MNCHN: Maternal, Newborn, Child Health and Nutrition  
 PHIC (PhilHealth): 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  
 MNDR: Maternal and neonatal Death Review  
 MOA: Memorandum of Agreement  
 PHO: Provincial Health Office  
 VPP: Name of ILHZ of Abra (*Villaviciosa, Peñarubia, Pilar*)

CAR: Cordillera Administrative Region  
 CHT: Community Health Team  
 IEC: Information, Education, Communication  
 MCH: Maternal and Child Health  
 MHO: Municipal Health Office(er)  
 TCL: Target Client List

- <sup>1</sup> CAR consists of Baguio City and six provinces (Abra, Apayao, Benguet, Ifugao, Kalinga, Mountain Province). Among them, Apayao province, Benguet province and 6 municipalities of Abra province are selected as Target Sites, for which Japanese side (JICA) provides direct assistance. Other areas in CAR (i.e. Baguio City, Ifugao province, Kalinga province, Mountain province and 21 municipalities of Abra province) are non-target sites, where project activities are expanded by Philippines side (mainly CHD-CAR and local government units).
- <sup>2</sup> As an indicator of the overall goal, facility-based delivery rate (reported by FHSIS) of CAR is monitored, since it is relatively accurate, though there are several limitations in FHSIS data. Completion rates of prenatal care and postpartum care of CAR based on FHSIS, however, will not be used as indicators of the overall goal, since the re-analysis on these figures (implemented by the Project) revealed that these completion rates are underestimated primarily due to overestimation of target populations.
- <sup>3</sup> Department of Health defines that in order to attain Universal Health Care (*Kalusugan Pangkalahatan: KP*), health system requires to be improved in terms of following six components: (1) leadership and good governance, (2) health information system, (3) health finance, (4) human resource for health, (5) medical products and technology and (6) health service delivery (DOH 2010). The Project aims to strengthen local health system in terms of these six components specified in KP through project activities, not only in the target sites but also in the entire CAR (i.e. the project area).
- <sup>4</sup> The project uses data of Target Client List (TCL) of FHSIS as a primary data source, and re-calculates facility-based delivery (FBD) rate of the target sites of the Project rather than using FHSIS figure, considering a serious limitation of FHSIS—it does not count deliveries of women living in target sites conducted in health facilities outside of target sites. Thus the FHSIS figure (FBD rate based on *place of occurrence*) is severely under-represented, when many pregnant women deliver at health facilities outside of the project sites. Especially in the 6 municipalities in Abra, nearly 70% of pregnant women delivered outside target sites, thus its FHSIS's FBD rate was very low (28% in 2011) despite the fact that many women in the 6 municipalities actually delivered at health facilities outside the target sites. Hence, the Project monitors FBD rate of all pregnant women living in target sites regardless of whether health facilities are located within/outside the target sites (FBD rate based on *place of residence*). The project, however, uses FHSIS as a complementary data source of FBD rate, as the place-of-residence-based FBD rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 target sites total 71%, Abra (6 municipalities) 28%, Apayao 59%, Benguet 77%]
- <sup>5</sup> Four (4) prenatal care visits consist of 1 visit each for the 1st and 2nd trimester and 2 visits in the 3rd trimester.
- <sup>6</sup> The project re-calculates prenatal care completion rate using *actual* number of pregnant women based on TCL of FHSIS. Prenatal care completion rate of FHSIS uses *estimated* number of pregnant women (3.5% of total population), and re-analysis of TCL of FHSIS implemented by the project revealed that in the project sites, only 1.8% of the total population was pregnant women in 2012. Thus the FHSIS rate underestimates the completion rate due to overestimation of the target population. The project, however, uses FHSIS as a complementary data source, as the actual-target-based prenatal care completion rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 target sites total 55%, Abra 38%, Apayao 38%, Benguet 63%]
- <sup>7</sup> Two post-partum care visits consist of 1 visit within 24 hours after delivery and another visit within 7 days after delivery.
- <sup>8</sup> The project re-calculates post-partum care completion rate using *actual* number of post-partum women based on TCL of FHSIS. Post-partum care completion rate of FHSIS uses *estimated* number of post-partum women (3.0% of total population) and re-analysis of TCL of FHSIS implemented by the project revealed that in the project sites, only 1.8% of total population was post-partum women in 2012. Thus the FHSIS rate underestimates the completion rate due to overestimation of the target population. The project, however, uses FHSIS as a complementary data source, as the actual-target-based post-partum care completion rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 project sites 57%, Abra 37%, Apayao 46%, Benguet 63%]
- <sup>9</sup> ILHZ is considered to be functional when: 1) ILHZ technical working group (TWG) and board meetings are regularly held; 2) ILHZ develops annual work and financial plan; and 3) ILHZ implements activities according to the plan.

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- <sup>10</sup> MNDR is considered to be conducted when: 1) maternal/neonatal death report form is filled out at community and/or health facility in all death cases; 2) review on selected death cases (including development of action plan for reduction of deaths) is conducted either at province or ILHZ level; and 3) MNDR report is submitted to CHD-CAR.
- <sup>11</sup> These two ILHZs have been selected as the target sites in Abra province, as preconditions (e.g. updating ILHZ MDA to revitalize ILHZ) were met.
- <sup>12</sup> Legal documents include: executive order, municipal resolution, and ordinance as well as ILHZ resolution which each component municipality belongs to.
- <sup>13</sup> Denominator is the target number of poor households to be covered by the Sponsored Program which are set by PhilHealth.
- <sup>14</sup> MCH related reimbursement includes: 1) MCP reimbursement to accredited RHUs and BHSs; 2) Newborn Care Package (NCP) reimbursement, and 3) reimbursement to hospitals on normal spontaneous delivery, Caesarian Section and dilation and curettage.
- <sup>15</sup> MNCHN manual of operations include planning and monitoring methods of MNCHN services. The project monitors how the planning and monitoring of MNCHN programs is implemented, especially those of facility-based delivery, prenatal care and post-partum care.
- <sup>16</sup> The project monitors functionality of referral system based on: 1) number of referred cases, 2) % of referred cases actually received treatment, 3) % of treated cases with information returned to the sending health facility, 4) regular monitoring meetings to analyze above mentioned figures as well as reasons of referral, problems identified and recommendation to improve the referral system.
- <sup>17</sup> MNDR is considered as "conducted" when: 1) maternal/neonatal death report form is filled out at community and/or health facility in all death cases; 2) review on selected death cases (including development of action plan for reduction of deaths) is conducted either province or ILHZ level; and 3) MNDR report is submitted to CHD-CAR.
- <sup>18</sup> The number includes only health professionals funded by Japanese side.
- <sup>19</sup> Implementation of the Project expansion plan to CAR will be monitored mainly by Annual Program Implementation Review of CHD-CAR.

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## ANNEX II: Schedule of the Mid-Term Review Mission

Date	Evaluation Consultant (Mr. Kanamori)	JICA HQ, JICA Phil & DOH Central
June 16, 2014 (Mon)	<ul style="list-style-type: none"> <li>• Arrival in Manila</li> </ul>	
June 17 (Tue)	<ul style="list-style-type: none"> <li>• Meeting at JICA Philippine Office</li> <li>• Interview DOH Central Office</li> <li>• Trip: Manila – Baguio City</li> </ul>	
June 18 (Wed) Venue: CARO-DOH	<p><u>(9:30-11:00) Interview: JICA-SSC Team</u>  <u>(11:00AM-1:00PM) Interview: PhilHealth-CAR, NCIP-CAR</u>  <u>(1:30-5:00PM) Interview: CARO-DOH:</u>  <u>1:30-2:00 Dr. Paran, 2:00-2:30 Judy,</u>  <u>2:30-3:15 Dr. Virginia Narciso, 3:15-3:45</u>  <u>Emily Quines, 3:45-4:30 Dr. Pangillinan,</u>  <u>4:30-5:00 Director Lopez</u></p>	
June 19-20 [Thurs-Fri]	<p>Field Work: Benguet Province</p> <ul style="list-style-type: none"> <li>• Interview with the Gov., PHO, Provincial DOH Officer and members, MHOs, Chiefs of Hospitals, CHT members and clients, Barangay captain, Prov. PhilHealth</li> <li>• Facility visits: Mankayan RHU/BHS, Atok/ Abatan/ Benguet Gen Hosp.</li> </ul>	
June 21 (Sat)	(In Baguio)	
June 22 (Sun)	Travel to Apayao <u>(accompanied by Francing / DOH-CARO until June 26)</u>	<ul style="list-style-type: none"> <li>• Arrival in Manila</li> </ul>
June 23 (Mon)	<p>Field Work: Apayao Province</p> <ul style="list-style-type: none"> <li>• Interview with the Gov., PHO, Provincial MNCHN, Provincial DOH Officer and members, MHOs, Chief of Hospital, CHT members and clients, Barangay captain</li> <li>• Facility visit: [Hospitals]Far North Luzon, Sta. Marcera Dist., [RHUs] Sta. Marcera, Flora, [BHSs] Magaguisi (Pudtol) Tanlagan (Calanasan)</li> <li>• Travel to Abra</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting at JICA Philippine Office</li> <li>• Arrival in Baguio City</li> <li>• (9:00-11:00AM) Meeting of Evaluation Mission Team with CARO-DOH (Dir. Lopez, Dir. Mely, Dr. Paran, Judy, Dr. Virgie, Emily and other identified by the director) at CARO-DOH</li> <li>• (11:30-17:00) Travel to Abra</li> </ul>
June 24 (Tues)	<ul style="list-style-type: none"> <li>• 17:30: Mission team internal meeting at Abra</li> </ul>	
June 25 (Wed)	<p>Field Work: Abra Province</p> <ul style="list-style-type: none"> <li>• Interview with the Gov., PHO, Provincial MNCHN, Provincial DOH Officer and members, MHOs, Chief of Hospital, CHT members and clients, Barangay captain, ILHZ officer, Prov PhilHealth</li> <li>• Facility visits: Abra Prov. Hosp, Dolores Hosp, RHU Lagangilang, Cayapa BHS, DOLASAN ILHZ office</li> </ul>	
June 26 (Thurs)	Arrival to Baguio	
June 27 (Fri)	(If necessary) Interview: CARO-DOH TWG / JICA-SSC Team in Regional Training Center (small room), CARO-DOH	
June 30 (Mon)	<p><u>(9:00AM-12:00NN) Meeting (Finalization of the Evaluation Result):</u> Dir. Lopez, Dir. Mely, Dr. Paran, Dr. Virgie &amp; Judy  <u>(1:00-3:00PM) RUPMC Meeting (Presentation of the Evaluation Result)</u></p>	
July 1 (Tues)		
July 2 (Wed)	<u>(12:00NN-3:00PM) ICC Meeting (Manila)</u>	

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**Field Visit Schedule 1: Province of Benguet**

Date	Time	Activity	Interviewees	Accompanied by
June 19, 2014 (Thursday)	8:00 - 9:00 am	Travel to Capitol		- Mejia
	9:00 - 9:30 am	Courtesy call to the Governor	- Governor	
	9:30 - 9:45 am	Travel to Provincial Health Office		
	9:45 - 11:45 am	Interview: - Provincial Health Officer - Provincial DOH Officer	- PHO-II - Prov. DOH Officer	
	11:45am-12:30pm	Lunch at Benguet Gen Hosp.		
	12:30 - 2:00 pm	Interview and Tour: Benguet General hospital (tertiary hospital)	- Chief of Hospital (COH), Administrative Officer, Chief Nurse, Record Officer	
	2:00 - 3:00 pm	Interview: Provincial Health Office / Provincial DOH Office (at PHO office)	- Provincial Health Officer - Provincial DOH Officer	
	3:00 - 4:30 pm	Interview: Provincial PhilHealth Office (at PHO office)	- PhilHealth Benguet Officer	
	4:30 - 5:30 pm	Travel to Baguio		
June 20, 2014 (Friday)	6:30 - 9:00am	Travel to Mankayan municipality		- PHO-II, Prov.DOH, Mejia, Fude, Tobe
	9:00 - 9:30 am	Courtesy call to the mayor	- Mayor - member of Sungunnian Bayan committee for health	
	9:30 -10:30 am	Tour RHU Mankayan	- Municipal Health Officer - Public Health Nurse (PHN) - Rural Health Midwife (RHM) - Barangay Health Worker (BHW) / Barangay Nutrition Scholar (BNS) - Clients (women who delivered at BHS, currently pregnant women)	
	10:30 -10:45 am	Travel to Guinaoang BHS, Mankayan		
	10:45 - 11:30am	Tour Guinaoang BHS	- RHM, Barangay Captain, BHW/BNS, Clients	
	11:30am - 12:10pm	Travel to Abatan Emergency Hospital		
	12:10 - 12:40pm	Lunch at Abatan Hosp		
	12:40 - 1:40 pm	Tour Abatan Emergency Hospital (Primary level hospital)	- Administrative Officer - Chief Nurse - OB Patient	
	1:40 - 2:30 pm	Travel to Atok Dist. Hospital		
	2:30 - 3:30 pm	Tour Atok Dist. Hospital (secondary level hospital)	- Chief of Hospital (COH), Administrative Officer, Chief Nurse, OB Patient	
	3:30 - 6:00 pm	Travel to Baguio		

**Field Visit Schedule 2: Province of Apayao**

DATE	TIME	ACTIVITY	INTERVIEWEES	WHO WILL ACCOMPANY
June 22 [Sun]	6:30 AM – 4:30 PM	Travel from Baguio to Apayao Arrival in Luna, Apayao		
	5:00 PM – 7:00 PM	Interview @ the hotel * Overnight @ Hotel in Luna	MNCHN Coordinator, PHO II	Celyn
June 23 [Mon]	8:00 AM – 8:30 AM	Courtesy call	Governor	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	8:30 AM – 9:30 AM	Move to Mataguisi, Pudtol		
	9:30 AM – 11:30 AM	Visit/interview at Mataguisi Barangay Health Station (BHS)	Mayor, Barangay Captain, MHO, CHT, clients (ante-partum and post partum)	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	11:30 AM – 12:30 PM	Move to Sta. Marcela		
	12:30 PM – 2:00 PM	Visit/interview at Sta. Marcela Rural Health Unit (RHU)  * Lunch	Mayor, MHO, CHT member, clients (ante-partum and post partum)	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	2:00 PM – 2:30 PM	Visit/interview at Sta. Marcela Medicare Community Hospital	COH, Chief Nurse, BEmonc trained Nurse	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	2:30 PM-3:30 PM	Move to Flora		
	3:30 PM - 4:30 PM	Visit/interview at Flora Maternal and Child Health Clinic	Mayor/Administrator, MHO,CHT member, clients (ante-partum and post partum)	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	4:30 PM – 5:30 PM	Move to Far North Luzon General Hosp.		
	5:30 PM - 6:00 PM	Visit/interview at Far North Luzon General Hospital	Chief of Hospital / Chief of clinics	PHO II, MNCHN Coordinator, PDOHO staff, Celyn
	6:00 PM – 6:30 PM	Interview * Overnight @ Hotel in Luna	DOH Representative (Dr. Andrew Martin)	
June 24 [Tues]	5:30 AM – 9:30 AM	Move to Tanglagan, Catanasan		
	9:30 AM – 10:30 AM	Visit/interview at Tanglagan BHS  *Early lunch at Tanglagan	Mayor/Administrator , PHN, Midwife, CHT member, clients (ante-partum and post partum)	PHO II, PDOHO Staff, PHN
	10:30 AM - 5:00 PM	Move to Bangued, Abra		

**Field Visit Schedule 3: Province of Abra**

DATE	TIME	ACTIVITY	INTERVIEWEES	ACCOM. BY
June 25 2014 (Wed)	7:45 - 8:00 am	Travel from hotel to Abra Provincial capitol, Bangued		
	8:00 - 8:30 am	Courtesy call to Governor and Sangguniang Panlalawigan for Health	Provincial Governor, Sangguniang Panlalawigan for Health	Provincial DOH/PHO staff
	8:30 - 9:30 am	Interview: Key provincial counterparts	Provincial DOH Officer PHO-II PHO-MNCHN coordinator PhilHealth Provincial Officer	
	9:30 - 10:10 am	Travel to Cayapa BHS		
	10:10 - 10:45 am	Tour to Cayapa BHS, interview, review, records and reports	Rural Health Midwife, Community Health Team (CHT) member, client, Brgy. Captain	
	10:45 - 11:00 am	Travel to Lagangilang RHU		
	11:00am-12:00nn	Tour Lagangilang RHU, review records and reports, interview	Local Chief Executives (LCE) , Municipal Health Officer, Public Health Nurse, clients, and CHT member	
	12:00 - 12:30 pm	Lunch Break		
	12:30 - 1:00 pm	Travel to Dolores Medicare Community Hospital		
	1:00 - 2:00 pm	Dolores Medicare Community Hospital -interview, review records and reports	Chief of Hospital, Hospital Staff, and clients	
	2:00 - 2:30 pm	DOLASAN ILHZ office (at DMCH)	Interview LCE Dolores and Secretariat	
	2:30 - 3:00 pm	Travel back to Abra Provincial capitol, Bangued		
	3:00 - 4:00 pm	Interview: Provincial Health Officer, Provincial DOH officer	Provincial Health Officer, Provincial DOH officer, Provincial MNCHN coordinators	
	4:00-4:10 pm	Travel: to Abra Provincial Hospital		
	4:10-5:00 pm	Tour: Abra Provincial Hospital	Chief of Hospital, Hospital Staff, and clients	
	5:00 pm	Back to hotel		

### ANNEX III: Evaluation Grid

Categories/ Criteria	Items to be examined	Details/Questions
<i>Implementation Status and Process of the Project</i>		
Status and Achievements	Project Inputs (planned and actual)	<u>Japan Side:</u> dispatch of experts, activity cost, equipment and materials, counterpart training in Japan <u>Philippine Side:</u> assignment of counterpart staff members, facilities, activity cost
	Project Outputs	Output 1: Health governance and financing are strengthened through functional ILHZs in the target sites. (Dolasan and VPP ILHZs in Abra, and Apayao)
		Output 2: Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, and Benguet)
		Output 3: Hospitals, RHUs and BHSs become BEmONC certified by DOH, and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Dolasan and VPP ILHZs in Abra, Apayao, and Benguet)
		Output 4: Lessons learned and good practices of the project are disseminated nationwide as well as region wide.
Implementation Process	Activities (planned and actual)	Timeframe of activities conducted in light of Plan of Operation (PO) Content of activities and products (workshop, training, tools, etc.)
	Management of the Project	Monitoring mechanism and decision making process of the Project
		Backstopping of JICA HQ and Philippine Offices
		Communication between JICA Experts and counterpart staff members
	Involvement and ownership of counterpart staff members	Assignment of counterpart staff members
		Degrees of participation of counterpart staff members in project activities
Measures taken by the Philippines government to sustain project activities (staff allocation, budget allocation, institutionalization)		
<i>Evaluation Items</i>		
Relevance	Relevancy of the project scope in the context of the country's needs	Is the project scope consistent with the country's needs represented by MDG indicators?
		Does the project contribute to provision of equitable healthcare services?
	Relevancy of the project scope against assistance priority	Is the project scope consistent with policies/strategies of the Philippines government?
		Is the project scope consistent with the Japan's development assistance program/policy?
	Relevancy of the project approach	Is "technical cooperation" a relevant scheme to effectively address assistance needs?
		Is selection of the project's target region relevant?
Is selection of intervention provinces and municipalities of the project relevant?		
Effectiveness	Achievement of the "Project Purpose"	Will the Project purpose Indicators for target sites (facility-based delivery rate, prenatal care completion rate, post-partum care completion rate) reach the target levels by the end of the project period?
		Will the Project purpose Indicators for CAR (No. of functioning ILHZs, No of province that conducted MNR, No of facilities with BEmONC certification, No of facilities with PhilHealth MCP accreditation) reach the target levels by the end of the project period?
	Factors affecting achievement of the "Project Purpose"	Are the improvements of the Project purpose Indicators attributed to achievements of the Project's "Outputs"?
		Has there been any influence of the "Important Assumption" in the achievement process of the "Project Purpose"?
		Have there been any other contributing and obstructive factors that influenced the achievement of the "Project Purpose"?
	Efficiency	Achievement level of the "Outputs"
Implementation process and cost		Have the inputs of JICA experts appropriate in terms of technical competency and assignment period?

	measures	<p>Has the assignment of counterpart staff members to the project appropriate?</p> <p>Have the inputs of equipment appropriate in terms of quantity, quality and timeliness?</p> <p>Has the equipment provided by the Project fully utilized?</p> <p>Has a series of meeting and workshop events conducted effectively?</p> <p>Have training sessions organized by the Project effectively conducted?</p> <p>Have the counterpart training courses in Japan appropriate in terms of content and duration?</p> <p>Has there been any influence of the "Important Assumption" in the achievement process of the "Outputs"?</p> <p>Have there been any other contributing and obstructive factors that influenced the achievement of the "Outputs"?</p>
Impact	Achievement of the "Overall Goal"	<p>What will be degrees of achievement of the "Overall Goal" resulting from Project implementation?</p> <p>Have there been any contributing and obstructive factors that influence achievement process of the "Overall Goal"?</p>
	Positive/negative and/or expected/unexpected impact	<p>Has there been any secondary/indirect impacts resulting from the Project implementation?</p>
Sustainability	Sustainability from institutional aspect	<p>Have monitoring mechanisms institutionalized to sustain project effect?</p>
	Sustainability from organizational and financial aspects	<p>Are the staff allocation and organizational structure in CAR sufficient to sustain project effect?</p>
		<p>Is allocation of government's budget sufficient to sustain project effect?</p>
	Sustainability from technical aspect	<p>Are counterpart staff members of DOH-CARO and PHO competent enough to continuously improve systems and activities introduced by the Project?</p>
		<p>Are health workers and health volunteers at health facilities capable of accommodating activities introduced by the Project?</p>
		<p>Are systems and activities introduced by the Project designed in a way that do not totally rely on individual knowledge or memories of particular counterpart staff members?</p>
	Rollout of project effect to other provinces/regions	<p>Is there a plan for non-target provinces in CAR to implement project activities?</p>
<p>Are manuals, tools or implementation mechanism developed by the Project applicable in other areas than the target sites?</p> <p>Is there a plan for DOH to roll out project activities to other regions?</p>		
Social and cultural aspects	<p>Are there any social or cultural factors that may influence the sustainability of the project effect?</p>	

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#### ANNEX IV: List of Persons Interviewed

	Date of Interview	Name	Title	Department/Organization
1.	6/16/14	Mar Wynn Bello	Medical Officer II	DOH-Bureau of International Health Cooperation
2.	6/16/14	Maria Joyce Ducusin	Medical Specialist IV and OIC, Family Health Office	DOH-Family Health Office
3.	6/16/14	Rosalie P. Pase	Medical Officer V	DOH-Family Health Office
4.	6/17/14	Marlon L. Mejo	Program Officer	UNFPA
5.	6/17/14	Angello Umali	Maternal Health Officer	UNFPA
6.	6/18/14	Makoto Tobe	JICA Expert (Chief Advisor/Health System)	System Science Consultants Inc.
7.	6/18/14	Fude Takayoshi	JICA Expert (Deputy Chief Advisor/Training Supervision/IEC Public Relations)	System Science Consultants Inc.
8.	6/18/14	MA. Luisa Paran	Medical Officer IV	DOH-CAR
9.	6/18/14	Virginia L. Narciso	Medical Officer IV	DOH-CAR
10.	6/18/14	Emily G. Quines	H-L	DOH-CAR
11.	6/18/14	Amelita M. Pangilinan	Medical Officer VII	DOH-CAR
12.	6/18/14	Clarita L. Marquez	Medical Officer III	NCIP-CAR
13.	6/18/14	Noland G. Sabling	Planning Officer III	PhilHealth-CAR
14.	6/18/14	Glenn Cornelio Lamsis	Medical Specialist IV	PhilHealth-CAR
15.	6/18/14	Francisca Liclic	Planning Officer II	DOH-CAR
16.	6/19/14	Nestor Fongwan	Provincial Governor	Benguet Province
17.	6/19/14	Nora Ruiz	Provincial Health Officer I	Benguet Province
18.	6/19/14	Norma Pacalso	Provincial Health Officer II (retired)	Benguet Province
19.	6/19/14	Mercedes Calpilo	Provincial DOH Officer	DOH-CAR-Benguet
20.	6/19/14	Joseph Cabinta	Chief of Hospital III	Benguet General Hospital
21.	6/19/14	Marilyn B. Dizon	Social Insurance Officer I	Benguet Local Health Insurance Office
22.	6/20/14	Gleta B. Almora	Sanggunian Bayan Member	LGU-Mankayan
23.	6/20/14	Benilo C. Sido	Nurse	LGU-Mankayan (RHU)
24.	6/20/14	Rizalina N. Gaymen	Midwife	LGU-Mankayan (RHU)
25.	6/20/14	James Guanso Jr.	Barangay Captain	LGU-Barangay Guinaoang
26.	6/20/14	Benita B. Damoslog	Barangay Health Worker	LGU-Barangay Guinaoang
27.	6/20/14	Doris P. Cabinta	Barangay Health Worker	LGU-Barangay Guinaoang
28.	6/20/14	Eva Bas-Ilan	Barangay Health Worker	LGU-Barangay Guinaoang
29.	6/20/14	MA. Victoria Achaol	Barangay Health Worker	LGU-Barangay Guinaoang
30.	6/20/14	Analiza F. Dalmacio	Medical Officer III	Abatan Emergency Hospital
31.	6/20/14	Reneson Sipi-An	Nurse II	Abatan Emergency Hospital
32.	6/20/14	Materno P. Luspian	Municipal Mayor	Mankayan, Benguet Province
33.	6/20/14	Joseph C. Frias	Chief of Hospital	Alok District Hospital
34.	6/22/14	Thelma V. Dangao	Provincial Health Officer II	LGU-Apayao Province
35.	6/22/14	Cheryl V. Reyes	Provincial MNCHN Coordinator-Nurse II	LGU-Apayao Province
36.	6/22/14	Elias C. Bulut Jr.	Governor	Apayao Province
37.	6/23/14	Batara P. Laoat	Mayor	LGU-Pudtol, Apayao Province
38.	6/23/14	Kathy Myer Pacutan	Provincial Health Nurse	MHO-Pudtol, Apayao Province
39.	6/23/14	Antonio Naglaylay	Barangay Kagawad	Mataguisi, Pudtol, Apayao Province
40.	6/23/14	Carmelita N. Corpuz	Midwife II	MHO-Pudtol, Apayao Province
41.	6/23/14	Rayma A. Garingan	Midwife II	MHO-Pudtol, Apayao Province
42.	6/23/14	Maryjane S. Caluez	Pregnant Woman	Mataguisi BHS

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43.	6/23/14	Revelyn T. Balag	Post-Partum Woman	Malaguisi BHS
44.	6/23/14	Ferdinand Nicolas	Municipal Health Officer	Sta. Marcela RHU
45.	6/23/14	Eona M. Calban	Nurse	RHU-LGU
46.	6/23/14	Mency B. Palacay	Midwife	RHU-LGU
47.	6/23/14	Alona C. Estacio	CHT Volunteer	Sta. Marcela RHU
48.	6/23/14	Nermalyn Ballnan	Pregnant Woman	Sta. Marcela RHU
49.	6/23/14	Gemmarose Sumagay	Post-Partum Woman	Sta. Marcela RHU
50.	6/23/14	Rolly U. Guiang	Local Chief Executive	LGU-Sta. Marcela
51.	6/23/14	Roy C. Julian	Chief of Hospital	LGU-Sta. Marcela
52.	6/23/14	Nelle G. Baclig	Nurse IV	Sta. Marcela District Hospital
53.	6/23/14	Ira Gay Managao	Nurse I	Sta. Marcela District Hospital
54.	6/23/14	Teofanes Ganac	Municipal Health Officer	Flora RHU
55.	6/23/14	Haldee M. Amine	Nurse III	Flora RHU
56.	6/23/14	Shirley Pepano	Midwife III	Flora RHU
57.	6/23/14	Nonilo Vicente	Municipal Administrator	LGU-Flora
58.	6/23/14	Aida Ildede Fonso	Barangay Health Worker	Anninipan Flora
59.	6/23/14	Cynthia Fuzman	Patient (Pregnant Woman)	Anninipan Flora
60.	6/23/14	Marietta Anlimano	Patient (Pregnant Woman)	Anninipan Flora
61.	6/23/14	Marlene Lubo	Medical Specialist III	Far North Luzon General Hospital
62.	6/23/14	Estela A. Nicolas	Medical Officer III/Provincial DOH Officer	Provincial DOH Office, Apayao
63.	6/23/14	Elnoria G. Bugnosen	District Medical Officer V	Provincial DOH Office, Apayao
64.	6/24/14	Melendria A. Abagao	Provincial Health Nurse II	Calanasan RHU
65.	6/24/14	Florenda P. Aliga	Provincial Health Nurse	Calanasan RHU
66.	6/24/14	Marlyn Semana	Rural Health Midwife	Tanglagan BHS
67.	6/24/14	Rosemarie Siclangat	CHT	Tanglagan BHS
68.	6/24/14	Joveleyne Subia	Pregnant Woman	Tanglagan BHS
69.	6/24/14	Maria Ritchelle Corpuz	Post-Partum Woman	Tanglagan BHS
70.	6/25/14	Rosario Bersamin	Vice Governor	Provincial Government, Abra
71.	6/25/14	Hon. Ramon Nickson	Sanggunian Panlalawigan	Provincial Government, Abra
72.	6/25/14	Leona Berona	Provincial Health Officer	Province of Abra
73.	6/25/14	Cristete Turgueza	Provincial MNCHN Coordinator	Province of Abra
74.	6/25/14	Beth Lhad	Rural Health Midwife II	Lagangilang RHU
75.	6/25/14	Gisdie Casigag	Pregnant Woman	Lagangilang RHU
76.	6/25/14	Cristina Bringas	Pregnant Woman	Lagangilang RHU
77.	6/25/14	Roselyn Moratillo	Pregnant Woman	Lagangilang RHU
78.	6/25/14	Totcielyn Basiwa	Pregnant Woman	Lagangilang RHU
79.	6/25/14	Frindelyne A. Panste	Post-Partum Woman	Lagangilang RHU
80.	6/25/14	Roselyn V. Trongco	Post-Partum Woman	Lagangilang RHU
81.	6/25/14	Maryjane Martinez	Post-Partum Woman	Lagangilang RHU
82.	6/25/14	Amarte B. Escala	Social Insurance Officer	PhilHealth-Abra
83.	6/25/14	Noelle B. Bello	Social Insurance Officer I	PhilHealth-Abra
84.	6/25/14	Erickson B. Bersamin	Social Insurance Officer II	PhilHealth-Abra
85.	6/25/14	Godofredo L. Gasa	Medical Specialist IV	Provincial DOH Office, Abra
86.	6/25/14	Maricar A. Tuanquin	Pregnant Woman	Cayapa BHS
87.	6/25/14	Anselma Angeles	Pregnant Woman	Cayapa BHS
88.	6/25/14	Marites B. Bringas	Community Health Team	Cayapa BHS
89.	6/25/14	Jirlyn Villacampo	Community Health Team	Cayapa BHS
90.	6/25/14	Rosalia Diwayan	Community Health Team	Cayapa BHS

91.	6/25/14	Marlou A.Lu	Community Health Team/BNS/BHW	Lagangilang RHU
92.	6/25/14	Purita B.Hermoso	Community Health Team	Lagangilang RHU
93.	6/25/14	Juadita S.Badalao	Community Health Team	Lagangilang RHU
94.	6/25/14	Irene Abella	Community Health Team	Lagangilang RHU
95.	6/25/14	Ruby Rose Orosco	Municipal Health Officer	Lagangilang RHU
96.	6/25/14	Esmeralda Benas	Provincial Health Nurse	Lagangilang RHU
97.	6/25/14	Dexter Plurad	Medical Officer III	Dolasan Medical and Community Hospital
98.	6/25/14	Jason Ryan Celene	ILHZ Secretary	Dolasan ILHZ
99.	6/25/14	Cynthia Viado	Medical Specialist II,OB-Gyne	Abra Provincial Hospital, Department of OB-Gyne
100.	6/27/14	Valeriano Lopez	OIC-Regional Director	DOH-CAR
101.	6/27/14	Ferdinand Ganegangan	Pediatrician	Baguio General Hospital
102.	7/1/14	Dax Edward B.Nofuente	Chief Health Program Officer	DOH-Bureau of Local Health System Development
103.	7/1/14	Joel V.Cantero	Computer Programmer II	DOH-Epidemiology Bureau, Public Health and Surveillance and Informatics Division
104.	7/1/14	Yolanda E.Oliveros	Development Assistance Specialist	Office of Health, USAID Philippines

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ANNEX V: Project Expansion Plan (Status as of June 2014)

Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			
							QTY	%	Amount	REMARKS
Output 1	ILHZ / CHTF	[non-sites] orientation of ILHZ system, CHTF systems <i>Note: (Unit: No. of Target ILHZs for Orientation)</i> Iligan - 1 Kaliga - 1 Mt. Province - 1	TWG (trained on LHS module)	Q1 - Q3 2014	In 3 (Iligan, Kaliga, Mt. Prov) provinces 87 pax, MHO, Mayor, SB on Health, COH, PHO, DOH-Rep(s)  No. of ILHZs oriented: 3 by Dec 2014	reproduction of Local Health System Training modules: 8,700  Board & Lodging (92 pax & Facilitator x 1,200 x 3 days)331,200	3	100%		Conducted through one-on-one meeting with the Governor
		[all] monitoring of number of functioning ILHZ (plan, budget, implementation of activities, ILHZ TWG/Board)  <i>Note: (Unit: ILHZ)</i> Apayao - 4 Abra - 2 Benguet - 4 Iligan - 4 Kaliga - 3 Mt. Province - 5 Total - 22 ILHZs	Health facility & Systems Development Cluster, PHIL & DOH Reps	on going 2013	[Project purpose indicators] No. of functioning ILHZ: 13 by Dec 2013	ILHZ monitoring form: (reproduced in the office)	12	92%		Using the project definition of functioning ILHZ: 1) ILHZ technical working group (TWG) and board meetings are regularly held; 2) ILHZ develops annual work and financial plan; and 3) ILHZ implements activities according to the plan; only the following were reported: <b>Apayao:</b> 4 (Luna-Pudol, Flora-Sta. Marcela, Ymamandaya & Kabunlilig) <b>Abra:</b> 2 (Dolan & VFP) <b>Benguet:</b> 4 (BLISTT, BKD, 3K & Mt. Trail) <b>Kaliga:</b> 1 (Bubunan) <b>Iligan:</b> 1 (AMADHZ)  However, DOH-CAR will redirect the ILHZ concept into Inter-LGU Collaboration-Service Delivery Network to rationalize the health service delivery and will prioritize the below informally organized zones as well as to the existing zones: <b>Kaliga:</b> 2 (Lila-awa and Zone II); <b>Mt. Province:</b> 6 (Chico-River, Sabata, Eagle, Galinas, Parana and BESAO Health Zone) <b>Iligan - 2</b> (Terecos and Kinatilo);
				Q1-Q4 2014	16 by Dec 2014	ILHZ monitoring form: (reproduced in the office)	13	81%		Includes SABATA of Mt. Province
				Q1-Q4 2015	22 by Dec 2015	ILHZ monitoring form: (Reproduced in the office)				
			Q1-Q4 2016	22 by Dec 2016	ILHZ monitoring form: (reproduced in the office)					
	Ordinance for FBD, CHT incentives.	[non-sites] Orientation to LCEs <i>Note: (Unit: No. of municipalities)</i> Iligan - 11 Kaliga - 8 Mt. Province - 10 Baguio City - 1 Total - 30 municipalities in non-project sites	Family Cluster	Q3_2013	No. of DOH Reps oriented on FBD, CHT incentives and PhilHealth: 25 by Dec 2013	[all] orientation materials	25	100%		Conducted during the annual DOH Rep meeting in April 2013
			DOH Reps	Q1-Q3 2014	No. of LCEs oriented on FBD, CHT incentives and PhilHealth: 30 by Dec 2014	[all] results [all] orientation materials (through LHB)	30	100%		Done through the DOH Rep either during their regular advocacy and meeting with the Mayors at their respective catchment areas and Local Health Board
		[all] monitoring of No. of LGU with ordinance on facility-based delivery, support for CHT (financial incentive)  <i>Note: (Unit: No. of municipalities)</i> Apayao - 7 Abra - 27 Benguet - 13	DOH-Reps	On going 2013	No. of LGUs with ordinance on FBD, CHT incentives: 26 by Dec 2013	Template of ordinance monitoring form	FBD: 25	96%		DOH-CAR facilitated the enactment of local policy in the different municipalities. However, not all have prepared an ordinance but some with Resolution or Executive Order. Monitoring is on-going as well as collecting a copy for the following:
							31%			

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			REMARKS
							QTY	%	Amount	
		Ifugao - 11 Kalinga - 8 Mt. Province - 10 Baguio City - 1 Total - 77 municipalities / city  For 2013 -> only JICA-project sites For 2014-2016 -> all municipalities in CAR					QTY: 8 %: 8% Amount:	FBID (25): Abra - 6, Apayao - 6, Benguet - 13  CHI (8): Abra - 5, Apayao - 0, Benguet - 3  For Apayao - the remaining 1 municipality (Imbugao) only enacted an ordinance that is specific for catchment barangays only. Advocacy is currently done especially at the non-project sites.		
				Q1-Q4 2014	77 by Dec 2014		FBID: 25 CHI: 8 %: 96% Amount:	On-going advocacy		
				Q1-Q4 2015	77 by Dec 2015					
				Q1-Q4 2016	77 by Dec 2016					
	PhilHealth enrollment	[all] monitoring of No. of members / beneficiaries (Tracking)  (No of target population (poor households) covered)	PhilHealth/CHD-CAR	Dec 2013	Enrolment coverage (Sponsored Program- Quintile 1 & Quintile 2): 154,832 by Dec. 2013	[all] Enrolment Cost (P371,644,800.00)	74,211	48%	89,053,200.00	While DOH-CAR targeted for 154,832 in 2013 and 162,595 in 2014 indigents based from NHTS, PhilHealth only reported the 74,211 in 2013 and 78,785 in 2014 indigents. DSWD and DOH-CAR is currently validating with PhilHealth for reconciliation of the data and this will also include on the level of enrolment covered by LGU.
				Dec 2014	162,595 by Dec. 2014	(P390,228,000.00)	78,785	48%	189,084,000.00	
				Dec 2015	170,724 by Dec. 2015	(P409,737,600.00)				
				Dec 2016	179,261 by Dec. 2016	(P430,226,400.00)				
Output 2	Localized MNCHN MOP	[all] roll out trainings (including re-assessment of BEM/ONC facility mapping thru Re-defining service delivery network) Notes: (Unit: Service Delivery Network) Apayao - 3 Abra - 2 Benguet - 4 Ifugao - 1 Kalinga - 1 Mt. Province - 1 Baguio City - 1	Family Health Cluster	Q1-Q4 2013	No. of personnel trained: 299 by Dec. 2013	[non-sites] localized MNCHN manual reproduction= 694,800  [all] meals & accommodation (P 1,774,892 )	309	103%	568,800.00	Trained as break-down: Benguet - 65, Apayao - 40, Abra - 64, Baguio City - 24, Mt. Province - 32, Kalinga - 35, Ifugao - 24 and DOH Reps - 25.  For Ifugao, funding support was provided by WHO.
				Q1-Q4 2013	No. of MNCHN-SDN Organized: 13 by Dec. 2013		13	100%		Organized and finalized during the roll-out training
		[all] regular monitoring of MNCHN (using MNCHN monitoring tool) through field work and/or in Annual implementation review meeting  Integrated Monitoring (using appropriate monitoring checklists/tools)  Notes: 1. Priority Groups <ul style="list-style-type: none"> <li>2013 - minimum focus high home-based delivery and low ANC/PPC (project sites)</li> <li>2014 - minimum focus high home-based delivery and low ANC/PPC (project sites)</li> <li>2015-2016 - expansion to non-project sites</li> </ul>	DOH Reps  Family Health Cluster	Q1-Q4 2013	No. of priority groups / areas identified: 12 by Dec. 2013	[all] MNCHN Monitoring Tool				All areas in the region are considered as priority group (CIDA and Ipa).  Project TCI will be proposing to clearly map-out the residence-based service coverage and will be taken as basis for the Priority Groups/Areas.
				Q1-Q4 2014	20 by Dec. 2014	[all] Travelling Expenses (Per diem and transportation) (P. 100,000.00 )				On-going
				Q1-Q4 2015	30 by Dec. 2015	[all] Travelling Expenses (Per diem and transportation)				

Output	Theme	Activities	person in charge	Time Frame	Target (goal)	Input	ACCOMPLISHMENTS			
							QTY	%	Amount	REMARKS
		<p>2. <b>MNCHN SDN (Total Target)</b>                      Apayao - 3                      Abra - 3                      Benguet - 4                      Ifugao - 2                      Kalinga - 1                      Mt. Province - 2                      Baguio City - 1                      Total - 16 SDNs                      *for 2013-2014 - all Apayao and Benguet, 2 from Abra and 1 each from all other provinces and Baguio City</p> <p>3. <b>Local MNCHN Team</b>                      Apayao - 3                      Abra - 3                      Benguet - 4                      Ifugao - 2                      Kalinga - 1                      Mt. Province - 2                      Baguio City - 1                      Total - 16 teams                      *for 2013 &amp; 2014 - targeted with 1 team/province and city</p>				(P. 100,000.00 )				
				Q1-Q4 2016	35 by Dec. 2016	(all) Travelling Expenses (Per diem and transportation) (P. 100,000.00 )				
				Q1-Q4 2013	No. of functional MNCHN-SDN: 13 by Dec. 2013	Part of the above travelling expenses	14	100%		Agreed by each province during the roll-out training: Apayao - 3, Abra - 3, Benguet - 4, Ifugao - 1, Kalinga - 1, Mt. Province - 1, Baguio City - 1
				Q1-Q4 2014	13 by Dec. 2014		16	123%		Increased for the provinces of Ifugao (1) and Mt. Province (1) due to geographical set-up.
				Q1-Q4 2015	16 by Dec. 2015					
				Q1-Q4 2016	16 by Dec. 2016					
				Q1-Q4 2013	No. of functional Local MNCHN Team: 7 by Dec. 2013		6	86%		While all province have already established 1 team each, Baguio City is on the process of creation.
				Q1-Q4 2014	7 by Dec. 2014		6	86%		
				Q1-Q4 2015	16 by Dec. 2015					
				Q1-Q4 2016	16 by Dec. 2016					
MNDR		[all] roll-out trainings (to be done during the conduct of Localized MNCHN MOP Roll-out training)	Family Health Cluster	Q1-Q4 2013	No. of personnel trained: 299 by Dec. 2013	(non-sites) MNDR Manual reproduction= \$9,477.20 [all] meals and accommodation (P. _____) Note: Ride-on activity with MNCHN MOP Roll-out (Salaya)	309	103%		Integrated during the conduct of Localized MNCHN MOP training: Benguet - 63, Apayao - 40, Abra - 64, Baguio City - 24, Mt. Province - 32, Kalinga - 35, Ifugao - 24 and DOH Reps - 25.  For Ifugao, it was only conducted in 2014 funded by WHO.  In 2014, 30 personnel from the private hospitals in Baguio City were trained.  However, all midwives, especially at the BHS level, were not included and still need for training.
		[all] regular monitoring of MNDR implementation through field work and/or Annual Implementation Review of LGU's MNDR by the Regional Review Team  Regular conduct of MNDR c/o LGUs  Note: Abra (DOLASAN & VFP) plans to conduct MNDR at ILHZ level, while other provinces plan to conduct MNDR at provincial level. Baguio city conducts MNDR at city level.	Family Health Cluster	Q1-Q4 2013	No. of MNDR Team organized: (RRT) 1 Dec. 2013 (CFRT) 7 Dec. 2013 (ILHZ) 3 Dec. 2013;  (Teams supported by an office order)	Note: RRT= FHC; FRT exist already so maybe Re-organized/Revitalized/ Strengthened (with updated legal document)  Part of the above travelling expenses	1 6 5	100% 86% 250%		Baguio City is still in process of organizing the team. All other provinces conducted their MNDR at the PRT level.  However, Baguio City still conducting the MNDR for community-based death.  At zonal level: Apayao - 4 and Mt. Province - 1.  After establishment of the Intra-LGU Collaboration-Service Delivery Network, it is expected that the number of zonal team will increase.
		a. Implementing MNDR 2013 - except Baguio City 2014-2016 - all 6 provinces and Baguio city	DOH Reps	Q1-Q4 2013	[Project purpose Indicator] No. of Provinces and the Baguio City implementing MNDR:	Conduct of at least once a year but may conduct for every MN deaths	7	117%		While DOH-CAR funded the MNDR of Kalinga in 2014 amounting to 47,000, all other provinces and Baguio City covered at their own cost. In 2013, total of 12 reviews were conducted (Abra - 1, Apayao, 3,

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			REMARKS
							QTY	%	Amount	
					6 by Dec. 2013					
				Q1-Q4 2014	7 by Dec. 2014		7	100%		Benguet - 2, Ifugao - 1, Kalinga-1, Mt. Province - 3 and Baguio City of 1) and total of 4 in 2014 (Benguet-1, Kalinga-1, Apayno-1 and Abra-1).  For the deaths in Baguio General Hospital, this will be covered by the Regional Review Team.
				Q1-Q4 2015	7 by Dec. 2015					
				Q1-Q4 2016	7 by Dec. 2016					
				Q1 2014	No. of Regional MANDR Forum Conducted by CHD: 1 by Dec. 2014	[all] Presentation Material of Cases- Summary [all] status of municipal/provincial Intervention Plans [all] Board and lodging of participants ; training materials	2	200%	45,150.00	Conducted in January 28-30, 2014 (funded by JICA) and April 24-25, 2014 (funded by DOH-CAR).  In January 2014 review, the Regional Review Team have agreed to conduct regularly (at quarterly basis) the review, thus, there will be 4 reviews to be done by each year.
				Q1 2015	1 by Dec. 2015	-do-				
				Q1 2016	1 by Dec. 2016	-do-				
	Family Health Diary	[all] revision of the FHD	Family Health Cluster	Q3 2013	FHD is updated using the most recent protocol and guideline	[all] Result of consultative- write shop - 2013/ As per program updates [all] Copies of MNCHN-related updates from DOH	1	100%	117,200.00	Updated at the most latest guideline and protocol
		[all] reproduction and distribution (Using the 2012 baseline, CAR have 35,252 livebirths) the following will be the annual sharing and at 10% increment:	Family Health Cluster	Q3 2013	No. of copies reproduced and distributed by CHD: 13,800 by Dec. 2013	[all] blueprint of revised FHD [non-site] reproduction cost (All)Reproduction cost (Augmentation only-25%)	14,500	105%	649,980.00	Allocation exclude Mt. Province since the opted to use the National's Mother and Child Book.  Advocacy will be done to Mt. Province for region-wide utilization of Family Health Diary.
				Q4 2014	15,000 by Dec. 2014	-do-	15,000	100%	300,000.00	Allocation exclude Mt. Province since the opted to use the National's Mother and Child Book.  Considering the quantity is only for augmentation, advocacy is currently done for the LGU to reproduce.
				Q4 2015	15,000 by Dec. 2015	-do-				
				Q4 2016	15,000 by Dec. 2016	-do-				
			DOH Rep	Q4 2014	No. of copies reproduced and distributed by province and Baguio City: 27,655 by Dec. 2014	C/O LGU				Monitoring is on-going
				Q4 2015	31,920 by Dec. 2015					
				Q4 2016	36,612 by Dec. 2016					

Year	Target Copies	Reproduction Sharing	
		CHD	LGU (LGU Budget & PhilHealth Reimbursement)
2013	38,777	13,800	1918 maximize the old version for lacking number
2014	42,655	15,000	27,655
2015	46,920	15,000	31,920
2016	51,612	15,000	36,612

\* Reflected target herewith is not based on TFR but used a 10% increment to ensure that available supply will be made for transient and possible replacement to lost copies of clients.

Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS																																										
							QTY	%	Amount	REMARKS																																							
		[all] orientation on FHD to health worker and CHT	Family Health Cluster	Q3 2013	No. of DOH Reps trained as trainer on the updated FHD: <u>25</u> by Sept. 2013	[all] FHD [all] Training design [all] Meals <i>Ride on activity to FHD Ordinance and BEmONC Certification)</i>	25	100%		Conducted to all DOH Reps assigned in the 6 provinces and Baguio City during the MNDRS Training funded by WHO																																							
			DOH Reps	Sept- Dec. 2013	No. of health personnel trained on the updated FHD: <u>479</u> by Dec. 2013	[all] FHD [all] Training design [all] Meals	479	100%		Conducted through DOH Rep during their catchment meetings to all MHOs, PHNs and RHMIs																																							
			RHUs	<u>04</u> 2013	No. of CHT member trained on the updated FHD: <u>4,798</u> by Dec. 2013	To attend CHT re-orientation when FHD updated version is available	4798	100%	\$49,650.00	Facilitated by Rural Health Midwives.  In 2014, the Family Health Diary was included during the Adolescent Health training																																							
				<u>01</u> 2014	<u>7,798</u> by Dec. 2014	[all] Meals [all] materials (P=5,000,000.00)	7,798	100%																																									
BEmONC monitoring		[all] BEmONC monitoring and supervisory form development (for RHU and hospital)  No. of Target BEmONC facilities <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Province</th> <th>Hosp</th> <th>RHUs</th> <th>BHS</th> </tr> </thead> <tbody> <tr> <td>Apsayan</td> <td>7</td> <td>3</td> <td>17</td> </tr> <tr> <td>Abra</td> <td>4</td> <td>10</td> <td>5</td> </tr> <tr> <td>Benguet</td> <td>5</td> <td>10</td> <td>51</td> </tr> <tr> <td>Ifugao</td> <td>7</td> <td>10</td> <td>1</td> </tr> <tr> <td>Kalinga</td> <td>6</td> <td>8</td> <td>0</td> </tr> <tr> <td>Mt. Prov</td> <td>7</td> <td>9</td> <td>1</td> </tr> <tr> <td>Baguio</td> <td>0</td> <td></td> <td>1</td> </tr> <tr> <td><b>Total</b></td> <td><b>36</b></td> <td><b>50</b></td> <td><b>76</b></td> </tr> <tr> <td><b>Grand total</b></td> <td></td> <td><b>162</b></td> <td></td> </tr> </tbody> </table>	Province	Hosp	RHUs	BHS	Apsayan	7	3	17	Abra	4	10	5	Benguet	5	10	51	Ifugao	7	10	1	Kalinga	6	8	0	Mt. Prov	7	9	1	Baguio	0		1	<b>Total</b>	<b>36</b>	<b>50</b>	<b>76</b>	<b>Grand total</b>		<b>162</b>		Family Health Cluster and BGHMC BEmONC Trainers	<u>Feb</u> 2014	No. of monitoring and supervisory tool developed for RHUs and Hospitals: <u>1</u> by Dec. 2014	[all] Pregnancy, Childbirth, postpartum and Newborn Care (PCPNC) Manual  [all] sample monitoring and supervisory tool from CHD-EV  [non-site] reproduction cost by CHD [all] workshop cost			Workshop on monitoring and supervisory tool is only scheduled on July 7-11, 2014 due to availability of consultants and lead facilitators from BGHMC
Province	Hosp	RHUs	BHS																																														
Apsayan	7	3	17																																														
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<b>Grand total</b>		<b>162</b>																																															
				<u>02</u> 2014	No. of reproduced copies of monitoring and supervisory tool for RHUs and Hospitals: <u>162</u> by Dec. 2014	Prototype supervisory and monitoring tool				Workshop on monitoring and supervisory tool is only scheduled on July 7-11, 2014 due to availability of consultants and lead facilitators from BGHMC																																							
				<u>01</u> 2015	<u>162</u> by Dec. 2015																																												
				<u>01</u> 2016	<u>162</u> by Dec. 2016																																												
		[all] BEmONC monitoring form development (for BHS-Birthing Centers)  <i>Same as above</i>	Family Health Cluster and BGHMC BEmONC Trainers	<u>01</u> 2014	No. of monitoring and supervisory tool developed for BHS-Birthing Centers: <u>1</u> by Dec. 2014	Monitoring and supervisory tool				Workshop on monitoring and supervisory tool is only scheduled on July 7-11, 2014 due to availability of consultants and lead facilitators from BGHMC																																							
		[all] monitor implementation of ILHZ BEmONC monitoring  <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Province</th> <th>ILHZ/Prov-Based Monitoring &amp; Supervisory Teams</th> </tr> </thead> <tbody> <tr> <td>Apsayan</td> <td>3</td> </tr> <tr> <td>Abra</td> <td>3</td> </tr> <tr> <td>Benguet</td> <td>4</td> </tr> <tr> <td>Ifugao</td> <td>1</td> </tr> <tr> <td>Kalinga</td> <td>1</td> </tr> <tr> <td>Mt. Prov</td> <td>1</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>13</b></td> </tr> </tbody> </table> <i>*BEmONC Monitoring/Assessment Team might be composed of DOH Reps, PHO and selected hospital doctor</i>	Province	ILHZ/Prov-Based Monitoring & Supervisory Teams	Apsayan	3	Abra	3	Benguet	4	Ifugao	1	Kalinga	1	Mt. Prov	1	<b>TOTAL</b>	<b>13</b>	DOH Reps / PHO	<u>03</u> 2014	No. of ILHZ BEmONC Monitoring Team organized: <u>13</u> by Dec. 2014		11	85%		The following were organized: Abra - 3 teams (by cluster) Apsayan - 4 teams (by ILHZ) Benguet - 1 team (Provincial) Ifugao - 1 team (Provincial) Kalinga - 1 team (Provincial) Mt. Province - 1 team (Prov)  The number of teams might increase after the installation of the Inter-LGU Collaboration-Service Delivery Network																							
Province	ILHZ/Prov-Based Monitoring & Supervisory Teams																																																
Apsayan	3																																																
Abra	3																																																
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<b>TOTAL</b>	<b>13</b>																																																
				<u>03</u> 2014	No. of ILHZ BEmONC Monitoring Team trained on the Monitoring and Supervisory Tool: <u>13</u> by Dec. 2014	[all] BEmONC Monitoring and supervisory Tool [all] Training materials [all] meals and accommodation				Training and implementation will be done after the development of the tool on July 7-11, 2014																																							

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			
							QTY	%	Amount	REMARKS
						(P 100,000.00)				
				Q3-Q4 2014	No. of ILHZ BEmONC Monitoring Team regularly implement monitoring: <u>13</u> by Dec. 2014	[all] BEmONC Monitoring and supervisory Tool [all] Travelling expenses • LGU Members • PHT Members				Training and implementation will be done after the development of the tool on July 7-11, 2014
				Q1-Q4 2015	<u>13</u> by Dec. 2015					
				Q1-Q4 2016	<u>13</u> by Dec. 2016					
MNCHN IEC for CHT	(non-sites) reproduction and distribution (Flip chart)	Family Health Cluster		Q1 2014	No. of MNCHN-IEC materials for CHT reproduced and distributed: <u>4,800</u> by Dec. 2014	[non-sites] blue print of IEC material [non-site] reproduction cost for Flip chart only (P 1,600,000.00) [non-site] distribution cost	5,000	100%	250,000.00	Mt. Province was not included in the distribution since they are still using the national's Mother and Child Book and supported by UNICEF.  However, advocacy will be done to make the utilization in region-wide scale.  Still for reproduction due to increasing number of CHT members on the region.
	[all] orientation	DOH Repts		Q4 by Dec. 2013	No. of DOH Repts oriented on MNCHN IEC as provincial trainer: <u>25</u> by Dec. 2013	Materials to be use c/o JICA-assisted developed [all] ride on to end-quarter meeting of DOH Rept	25	100%		Orientation was done tailed with the MNDRS trainings conducted by WHO
		DOH Repts		Q2 2014	No. of CHT oriented on the MNCHN-IEC materials: <u>4,798</u> by Dec. 2014	[non-sites] MNCHN-IEC material Incorporated in F11D Orientation (Ride-on to CHT Training on DOH-CO updated guideline and protocol)	4798	100%		Mt. province was not included since they are using the Mother and Child Book
CHT support	[all] Monitoring of CHT activities Note: Target number of active CHT members compared to regional target of active CHTs (7,798 members) 2013-2014: 75% (around 5,800 members) 2015: 85% (around 6,700 members) 2016: 100% (7,798 members)	DOH Repts / PHOs		Q1-Q4 2013	No. of functional CHT members: <u>5,800</u> by Dec. 2013	[all] CHT monitoring tool	7,798	134%		Provision of incentives include BP apparatus for each team of 1,063 (around 5,800 members) amounting to P1,807,000.00 and honoraria of P10,049,103.00 for the 7,798 members
				Q1-Q4 2014	<u>5,800</u> by Dec. 2014					On-going
				Q1-Q4 2015	<u>6,700</u> by Dec. 2015					
				Q1-Q4 2016	<u>7,798</u> by Dec. 2016					
(ILHZ) MNCHN Referral guideline	(non-sites) workshop	Health Facility Development Cluster / DOH Repts / PHOs		Q3 2014	No. of ILHZ-MNCHN Referral Guideline developed: <u>1</u> by Dec. 2014	[non-site] MNCHN MOP [non-site] meals and accommodation (P 200,000.00)				Scheduled on Q3-Q4 2014. Activity will be designed on revisiting the existing referral guideline of the provinces
	(non-sites) reproduction and distribution notes: number of RHUs and hospitals Iligan - 17 RHUs and hospitals Kallaga - 11 RHUs and hospitals Mt. Prov. - 15 RHUs and hospitals Bagoio - 16 health centers and hospitals TOTAL: 59 health centers and hospitals	Health Facility & System Development Cluster / DOH Repts / PHOs		Q2 2014	No. of MNCHN Referral Guideline reproduced and distributed: <u>59</u> by Dec. 2014	[non-site] Development workshop result [non-site] reproduction cost				Scheduled on Q3-Q4 2014. Activity will be designed on revisiting the existing referral guideline of the provinces
	(non-sites) orientation Note: 5 persons per health facility	Health Facility & System Development		Q3 2014	No. of Personnel trained on ILHZ-MNCHN Referral Guideline:	[non-site] ILHZ MNCHN Referral Guideline				Scheduled on Q3-Q4 2014. Activity will be designed on revisiting the existing referral guideline of the provinces

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			
							QTY	%	Amount	REMARKS
			Cluster / DOH Reps / PHOs		292 by Dec. 2014	(non-site) meals and accommodation (P= 300,000.00)				
		[all] monitoring functionality of referral system (Minimum targets set since this shall be done by LGUs. Close monitoring to date)	Health Facility & System Development Cluster / DOH Reps / PHOs	Q1-Q4 2014	% of referred MNCHN cases whose outcomes followed by sending facility: 60% by Dec. 2014					To be done after the scheduled workshop on Q3-Q4 2014.
				Q1-Q4 2015	70% by Dec. 2015					
				Q1-Q4 2016	80% by Dec. 2016					
	Barragey MNCHN Health Emergency Plan (BHEP)	[non-site] orientation to MHO / PHO (Iligan - 11 MHOs & 2 PHOs Kalinga - 10 MHOs & 2 PHOs Mt. Prov - 10 MHOs & 2 PHOs Baguio - 3 CHOs Abra - 21 MHOs Total: 61 MHOs and CHOs, PHOs	MDRRMC / HEMS	Q2 2014	No. of PHOs and MHOs oriented on MNCHN BHEP: 61 by Dec. 2014	[non-site] BRRMC Plan [non-site] MNCHN BHEP Guide	13	21%		Only given to Baguio City (3) and Mt. Province (10). All other targets are scheduled on Q3-Q4 2014
		[all] monitoring of development/implementation status Note: Total number of Barragey in CAR: 1,114 barangays	DOH Reps / PHOs	Q3 2014	No. of barangays with MNCHN BHEP at BDRRMC and implemented: 1,114 by Dec. 2014	[all] monitoring form				Monitoring and follow-up is on-going to Baguio City and Mt. Province. All other provinces will be done after the orientation in Q3-Q4 2014
				Q3 2015	1,114 by Dec. 2015					
				Q3 2016	1,114 by Dec. 2016					
Output 3	Re-assessment of BEmONC facility mapping	[non-site] re-assessment of BEmONC facility mapping at MNCHN MOP roll out training (when SDN discussed) Finalized SDN is an output during the MNDR. MNCHN MOP rollout training	Family Health Cluster / DOH Reps / PHO	Q2-Q4 2013	No. of Rationalization Plan of health care delivery system based on health needs done: SDN finalized and adopted by province with a legal document 10 by Dec. 2013	[non-site] Rationalization Plan of health care delivery system SDN structure	14	140%		No. per province reviewed: Apayao - 3, Abra - 3, Benguet - 4, Iligan - 1, Kalinga - 1, Mt. Province - 1, Baguio City - 1  Updating will be done annually.
	BEmONC training	[non-site + all hospitals] needs assessment for BEmONC trainings	Family Health Cluster / DOH Reps / PHO	Q1-Q4 2013	No. of teams (doctors, nurses and midwives) identified for training: 8 by Dec. 2013	[non-site] BEmONC Training Needs Assessment Result	8	100%		
				Q1-Q4 2014	8 by Dec. 2014					Training need assessment on-going
				Q1-Q4 2015	8 by Dec. 2015					Updating will be done annually.
		[non-site] conduct BEmONC trainings for RHU and hospitals	BGHMC BEmONC Training Team	Q2-Q4 2014	No. of teams (doctors, nurses and midwives) trained on BEmONC: 8 by Dec. 2014	[non-site] BEmONC Training Enrollment Cost (P600,000.00) [non-site] Per Diem and transportation (c/o LGU)	8	100%	562,169.30	Teams trained (7 teams) per IICA sites on Jan. 21-31, 2014: Abra - 6, Baguio - 1 & Mt. Province - 1
				Q2-Q4 2015	8 by Dec. 2015	[non-site] BEmONC Training Enrollment Cost (P600,000.00)				Updating will be done annually.
				Q2-Q4 2016	8 by Dec. 2016	[non-site] BEmONC Training Enrollment Cost (P600,000.00)				Updating will be done annually.
		[non-site + all] needs assessment for harmonized BEmONC trainings for midwives in RHU and BHSs and Hospital Nurses	Family Health Cluster / DOH Reps / PHO	Q1 2013	No. of Midwives identified for training: 30 by Dec. 2013	[non-site] Harmonized BEmONC Training Needs Assessment Result	30	100%		
				Q4 2013	32 by Dec. 2014		32	100%		

Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS			REMARKS
							QTY	%	Amount	
				Q4 2014	32 by Dec. 2015					Updating will be done annually.
				Q4 2015	16 by Dec. 2016					Updating will be done annually.
		[non-sites]conduct harmonized BEmONC trainings for midwives in RHU and BHSs and Hospital Nurses	BGHMC BEmONC Training Team	Q4 2013	No. of midwives trained on Harmonized BEmONC: 30 by Dec. 2013	[non-site] BEmONC Training Enrolment Cost (P312,000.00) [non-site] Per Diems and transportation				No trainings conducted on Harmonized BEmONC for RHUs in 2013 due to no available slot at BGHMC
				Q2-Q4 2014	32 by Dec. 2014	[non-site] BEmONC Training Enrolment Cost (P312,000.00)	32	100%	485,840.00	Conducted training at BGHMC on April 2014 and June 2014
				Q2-Q4 2015	32 by Dec. 2015					Updating will be done annually.
				Q2-Q4 2016	16 by Dec. 2016					Updating will be done annually.
	Equipment / Facility	[non-sites + Benguet] needs assessment for equipment and facility	PHOs / DOH Reps	Q4 2013	No. of Re-assessment Result for structural requirements for BEmONC Facility: 1 by Dec. 2013	[non-site] MNCHN MOP	1	100%		Updating will be done annually.
		[non-sites + Benguet] equipment provision, facility improvement for hospital, RHU and BHS	Health facility & Systems development Cluster	Q1-Q4 2013	No. of BEmONC-Hospitals provided infrastructure support through HFEP: 16 by Dec. 2013	[all] Construction/renovation cost P25,800,000	14	88%	155,707,000.00	Abra - 1 Apayao - 4 Benguet - 6 Kalinga - 3
				Q1-Q4 2014	15 by Dec. 2014	P 36,249,700	12	80%	56,250,000	Abra - 4 Ifugao - 5 Kalinga - 2 Mt. Province - 1
				Q1-Q4 2015	4 by Dec. 2015	P72,286,300				
				Q1-Q4 2016	4 by Dec. 2016	P72,286,300				
				Q1-Q4 2013	No. of BEmONC-RHUs provided infrastructure support through HFEP: 9 by Dec. 2013	[all] Construction/renovation cost P7,150,000	38	422%	69,250,000	Abra - 13 Apayao - 5 Benguet - 4 Banguio City - 4 Ifugao - 2 Kalinga - 7 Mt. Province - 3
				Q1-Q4 2014	6 by Dec. 2014	P7,500,000	8	133%	8,416,300.00	Abra - 4 Benguet - 1 Kalinga - 2 Mt. Province - 1
				Q1-Q4 2015	1 by Dec. 2015	P1,500,000				
				Q1-Q4 2016	1 by Dec. 2016	P1,500,000				
				Q 2013	No. of BHS-Birthing Centers provided infrastructure support through HFEP: 0 by Dec. 2013	[all] Construction/renovation cost 0	11		14,100,000.00	Abra - 2 Benguet - 3 Ifugao - 3 Mt. Province - 3
				Q1-Q4 2014	9 by Dec. 2014	P 10,800,000	51	567%	50,496,600.00	Abra - 16 Apayao - 5 Benguet - 8 Kalinga - 6 Mt. Province - 8
				Q1-Q4 2015	17 by Dec. 2015	P14,800,000				

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS																															
							QTY	%	Amount	REMARKS																												
				Q1-Q4 2016	17 by Dec. 2016	P14,800,000																																
			Health facility & Systems development Cluster	Q1-Q4 2013	No. of BEM-ONC-Hospitals provided with Equipment support through HFEP: 16 by Dec. 2013	(non-site) Equipment cost P24,000,000	10	63%	235,400,000.00	Abra - 2 Apayao - 4 Baguio City - 1 Ifugao - 1 Kalinga - 1 Mt. Province - 1																												
				Q1-Q4 2014	15 by Dec. 2014	P34,304,500	16	107%	51,999,800.00	Abra - 4 Apayao - 1 Ifugao - 6 Kalinga - 3 Mt. Province - 2																												
				Q1-Q4 2015	4 by Dec. 2015	P31,380,200																																
				Q1-Q4 2016	4 by Dec. 2016	P31,380,200																																
				Q1-Q4 2013	No. of BEM-ONC-RHUs provided with Equipment support through HFEP: 9 by Dec. 2013	(non-site) Equipment cost P9,000,000	55	611%	46,341,000.00	Abra - 18 Apayao - 6 Baguio City - 11 Benguet - 4 Ifugao - 2 Kalinga - 5 Mt. Province - 9																												
				Q1-Q4 2014	6 by Dec. 2014	P2,583,900	10	167%	6,366,450.00	Abra - 3 Benguet - 4 Kalinga - 1 Mt. Province - 2																												
				Q1-Q4 2015	2 by Dec. 2015	P1,582,000																																
				Q1-Q4 2016	2 by Dec. 2016	P1,582,000																																
				0-20 13	No. of BHS-Birthing Centers provided with Equipment support through HFEP: 0 by Dec. 2013	(non-site) Equipment cost 0	7		1,400,000.00	Ifugao - 5 Mt. Province - 2																												
				Q1-Q4 2014	9 by Dec. 2014	3,669,300	41	456%	15,244,350.00	Abra - 13 Apayao - 4 Benguet - 6 Ifugao - 8 Kalinga - 4 Mt. Province - 6																												
				Q1-Q4 2015	17 by Dec. 2015	6,523,200																																
				2016	0 by Dec. 2016																																	
Human Resource complement		[all] deployment of doctors (DITB), nurses (RN heals) and midwives (RHMPP).  <i>Baseline (as of August 2013):</i>	Agustina Noces	Q1-Q4 2014	No. of RHUs received DITBs support: 10 by Dec. 2014	[all] Salary (amount varies - Depend on the downloaded amount from DOH-CO)	11	110%		All assigned in Abra																												
		<table border="1"> <thead> <tr> <th>Province</th> <th>No. of RHUs with no doctor</th> <th>No. of RHUs to be provided with RNHeals</th> <th>No. of RHUs to be provided with RHMPP</th> </tr> </thead> <tbody> <tr> <td>Apayao</td> <td>0</td> <td>7</td> <td>7</td> </tr> <tr> <td>Abra</td> <td>10</td> <td>27</td> <td>27</td> </tr> <tr> <td>Benguet</td> <td>0</td> <td>13</td> <td>13</td> </tr> <tr> <td>Ifugao</td> <td>0</td> <td>11</td> <td>11</td> </tr> <tr> <td>Kalinga</td> <td>0</td> <td>10</td> <td>10</td> </tr> <tr> <td>Mt. Prov.</td> <td>0</td> <td>11</td> <td>11</td> </tr> </tbody> </table>	Province	No. of RHUs with no doctor	No. of RHUs to be provided with RNHeals	No. of RHUs to be provided with RHMPP	Apayao	0	7	7	Abra	10	27	27	Benguet	0	13	13	Ifugao	0	11	11	Kalinga	0	10	10	Mt. Prov.	0	11	11		Q1-Q4 2015	12 by Dec. 2015					
Province	No. of RHUs with no doctor	No. of RHUs to be provided with RNHeals	No. of RHUs to be provided with RHMPP																																			
Apayao	0	7	7																																			
Abra	10	27	27																																			
Benguet	0	13	13																																			
Ifugao	0	11	11																																			
Kalinga	0	10	10																																			
Mt. Prov.	0	11	11																																			
				Q1-Q4 2016	12 by Dec. 2016																																	
				Q1-Q4 2014	No. of RHUs received RNHeals support: 25 by Dec. 2014	[all] Salary (amount varies - Depend on the downloaded amount from DOH-CO)	92	97%	9,903,166.00	Deployment as follows: Abra - 27 Apayao - 7 Baguio City - 16 Benguet - 13 Ifugao - 11 Kalinga - 8 Mt. Province - 10																												
				Q1-Q4 2015	25 by Dec. 2015																																	

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Output	Theme	Activities	person in charge	Time frame	Target (goal)	Input	ACCOMPLISHMENTS																																						
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Baguio City	0	16	16																																										
<b>Total</b>	<b>10</b>	<b>95</b>	<b>95</b>																																										
				Q1- Q4 2014	No. of RHUs received RHMPP support: 21_by Dec. 2014	[all] Salary (amount varies - Depend on the downloaded amount from DOH-CO)	125	132%	3,600,900.00	Deployment as follows: Abra - 22 Apayao - 6 Baguio City - 9 Benguet - 23 Ifugao - 25 Kalinga - 20 Mt. Province - 20																																			
				Q1- Q4 2015	22_by Dec. 2015																																								
				Q1- Q4 2016	23_by Dec. 2016																																								
BEmONC certification		[all] establish BEmONC certification system (hospital, RHU and BHS) SOP on BEmONC certification version 0 already available as per ISO Apayao - 3 Abra - 5 Benguet - 4 Ifugao - 4 Kalinga - 5 Mt. Province - 4	Family Health Cluster	Q1_2013	No. of Regional Standard Operating Guideline on Certifying BEmONC Facility: 1_by Dec. 2013	[all] Copy - SOP on BEmONC Certification	1	100%		For revision to make consistent with the License To Operate of Birthing Homes (DOH-AO 2012-0012)																																			
				Q3_2013	No. of DOH Rept trained on BEmONC Certification's Guideline and Processes: 21_by Dec. 2013	[all] Reproduction of SOP and Evaluation Tool [all] meals and accommodation (P 30,000.00) *Shall be done together with FBD Ordinance and MNCHN IEC Material	25	100%		Done to all DOH Repts in the region during the MNDR Clinic System Training funded by WHO																																			
		(non-site) orientation on BEmONC certification (for PHO and health facilities)	DOH Repts	Q3_2013	No. of PHOs and heads of health facilities oriented on the BEmONC Certification's Guideline and Processes: 104_by Dec. 2013	[all] Reproduction of SOP and Evaluation Tool [all] meals and accommodation (shall be done through PLHB/ALHB Meeting)	104	100%		Done during the Local Health Board meeting in all provinces																																			
		<table border="1"> <tr> <td>Province</td> <td>HF</td> <td>PHO</td> <td>Total</td> </tr> <tr> <td>Apayao</td> <td>10</td> <td>3</td> <td>13</td> </tr> <tr> <td>Abra</td> <td>14</td> <td>3</td> <td>17</td> </tr> <tr> <td>Benguet</td> <td>15</td> <td>3</td> <td>18</td> </tr> <tr> <td>Ifugao</td> <td>17</td> <td>3</td> <td>19</td> </tr> <tr> <td>Kalinga</td> <td>14</td> <td>3</td> <td>17</td> </tr> <tr> <td>Mt. Prov</td> <td>16</td> <td>3</td> <td>19</td> </tr> <tr> <td><b>Total</b></td> <td><b>86</b></td> <td><b>18</b></td> <td><b>104</b></td> </tr> </table>	Province	HF	PHO	Total	Apayao	10	3	13	Abra	14	3	17	Benguet	15	3	18	Ifugao	17	3	19	Kalinga	14	3	17	Mt. Prov	16	3	19	<b>Total</b>	<b>86</b>	<b>18</b>	<b>104</b>											
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Apayao	10	3	13																																										
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<b>Total</b>	<b>86</b>	<b>18</b>	<b>104</b>																																										
		[all] implement BEmONC certification (hospital, RHU, BHS)	Family Health Cluster/DOH Repts	Q4_2013	(Project purpose indicator) No. of BEmONC Certified hospitals: 16_by Dec. 2013	[all] Reproduction of evaluation tool [all] Per Diem and Transportation expenses of Evaluators (P100,000.00)	26	217%		Abra - 2 Apayao - 7 Benguet - 5 Ifugao - 4 Kalinga - 4 Mt. Province - 4																																			
		<table border="1"> <tr> <td>Province</td> <td>Hosp</td> <td>RHUs</td> <td>BHS</td> </tr> <tr> <td>Apayao</td> <td>7</td> <td>3</td> <td>17</td> </tr> <tr> <td>Abra</td> <td>4</td> <td>10</td> <td>5</td> </tr> <tr> <td>Benguet</td> <td>5</td> <td>10</td> <td>51</td> </tr> <tr> <td>Ifugao</td> <td>7</td> <td>10</td> <td>1</td> </tr> <tr> <td>Kalinga</td> <td>6</td> <td>8</td> <td>0</td> </tr> <tr> <td>Mt. Prov</td> <td>7</td> <td>9</td> <td>1</td> </tr> <tr> <td>Baguio</td> <td>0</td> <td></td> <td>1</td> </tr> <tr> <td><b>Total</b></td> <td><b>36</b></td> <td><b>50</b></td> <td><b>76</b></td> </tr> </table>	Province	Hosp	RHUs	BHS	Apayao	7	3	17	Abra	4	10	5	Benguet	5	10	51	Ifugao	7	10	1	Kalinga	6	8	0	Mt. Prov	7	9	1	Baguio	0		1	<b>Total</b>	<b>36</b>	<b>50</b>	<b>76</b>							
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				Q2_2014	36_by Dec. 2014	[all] Per Diem and Transportation expenses of Evaluators (P100,000.00)				In-process																																			
				Q2_2015	36_by Dec. 2015	[all] Per Diem and Transportation expenses of Evaluators (P100,000.00)																																							
				Q2_2016	36_by Dec. 2016	[all] Per Diem and Transportation expenses of Evaluators (P100,000.00)																																							
				Q2_2013	(Project purpose indicator) No. of BEmONC Certified RHUs: 23_by Dec. 2013	[all] Reproduction of evaluation tool [all] Transportation expenses	19	83%		Abra - 6 Apayao - 3 Benguet - 10																																			
				Q2_2014	29_by Dec. 2014	[non-sites] only 2 per province is targeted				In process																																			

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							QTY	%	Amount	REMARKS																																														
				Q2_2015	35 by Dec. 2015	[non-sites] only 2 per province is targeted																																																		
				Q2_2016	50 by Dec. 2016	[all] total target																																																		
				Q4_2013	[Project purpose indicator] No. of BEMONC Certified BHS-Birthing Centers: 47 by Dec. 2013	[all] Reproduction of evaluation tool [all] Transportation expenses [Benguet] only targeted 25 [Apayao and Abra] all				Not done since the BEMONC Training Post-Evaluation as required for Certification was conducted only on Jan-Feb. 2014																																														
				Q4_2014	47 by Dec. 2014					In process																																														
				Q4_2015	73 by Dec. 2015																																																			
				Q4_2016	76 by Dec. 2016																																																			
MCP accreditation		[all] monitoring of MCP accreditation status / reimbursement	PhilHealth (with assistance of DOH Reps)																																																					
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		<p><i>Baseline: (2013)</i>                      Benguet (4) – Bakun, Manayun, Kibungan &amp; Kobayran                      Abra (1) – Pansubida                      Apayao (2) – Flora &amp; Srta. Marcella                      Ifugao (11) – Loma, Asipulo, Hingyon, Hunduan, Kiangnan, Mayoyon, Agabaldo, Alfonso Lisa &amp; Tinoc, BHS Haliap, BHS Boliwong                      Kalinga (3) – Pinalpuk I &amp; II &amp; Tinglayan                      Mt. Province (4) – BHS Banao, BHS Masha, BHS Mainit &amp; BHS Madanga</p> <p><i>Total livebirths covered by MCP-PhilHealth as of 2012 is 272 (equivalent to Ph2,140,500.00)*. Target for 2014-2016 increases at 10% increment: (patient can avail the package if qualified, e.g. 1<sup>st</sup> to 4<sup>th</sup> pregnancy)</i></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Total livebirths</th> <th># of Livebirths availed MCP Reimbursement</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>38,777</td> <td>297</td> </tr> <tr> <td>2014</td> <td>42,655</td> <td>327</td> </tr> <tr> <td>2015</td> <td>46,920</td> <td>359</td> </tr> <tr> <td>2016</td> <td>51,612</td> <td>395</td> </tr> </tbody> </table> <p>*Source: PhilHealth-CAR</p>	Year	Total livebirths	# of Livebirths availed MCP Reimbursement	2013	38,777	297	2014	42,655	327	2015	46,920	359	2016	51,612	395																																							
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				Q4_2013	[Project purpose indicator] No. of RHUs accredited to MCP-PhilHealth: 19 by Dec. 2013	[all] application fee for accreditation	38	200%		Abra – 5 Apayao – 2 Benguet – 10 Ifugao – 11 Kalinga – 8 Mt. Province – 2																																														
				Q4_2014	25 by Dec. 2014		39	156%		Abra – 5 Apayao – 2 Benguet – 11 Ifugao – 11 Kalinga – 8 Mt. Province – 2																																														
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				Q4_2013	[Project purpose indicator] No. of BHS Birthing Centers accredited to MCP-PhilHealth: 6 by Dec. 2013	[all] application fee for accreditation	12	200%		Benguet – 2 Ifugao – 6 Mt. Province – 4																																														
				Q4_2014	47 by Dec. 2014		34	72%		Benguet – 14 Ifugao – 15 Kalinga – 7 Baguio City – 1 Mt. Province – 4																																														
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				Q4_2016	395 in 2016																																																			
NCP accreditation		[all] training for newborn screening	Family Health Cluster																																																					
		<table border="1"> <thead> <tr> <th rowspan="2">Province</th> <th colspan="2">Target personnel for training</th> <th colspan="2">No. of Trained Personnel</th> <th rowspan="2">TOTAL FOR TRAINING</th> </tr> <tr> <th>Hosp</th> <th>RHUs/BHSs</th> <th>Hosp</th> <th>RHUs/BHSs</th> </tr> </thead> <tbody> <tr> <td>Abra</td> <td>8</td> <td>59</td> <td>8</td> <td>17</td> <td>42</td> </tr> <tr> <td>Apayao</td> <td>14</td> <td>31</td> <td>10</td> <td>5</td> <td>30</td> </tr> <tr> <td>Benguet</td> <td>12</td> <td>64</td> <td>6</td> <td>35</td> <td>35</td> </tr> <tr> <td>Ifugao</td> <td>14</td> <td>15</td> <td>12</td> <td>15</td> <td>2</td> </tr> <tr> <td>Kalinga</td> <td>12</td> <td>20</td> <td>8</td> <td>18</td> <td>6</td> </tr> <tr> <td>Mt. Province</td> <td>14</td> <td>11</td> <td>12</td> <td>10</td> <td>3</td> </tr> </tbody> </table>	Province	Target personnel for training		No. of Trained Personnel		TOTAL FOR TRAINING	Hosp	RHUs/BHSs	Hosp	RHUs/BHSs	Abra	8	59	8	17	42	Apayao	14	31	10	5	30	Benguet	12	64	6	35	35	Ifugao	14	15	12	15	2	Kalinga	12	20	8	18	6	Mt. Province	14	11	12	10	3								
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Kalinga	12	20	8	18	6																																																			
Mt. Province	14	11	12	10	3																																																			
				Q1-Q4_2014	No. of health personnel trained on newborn screening: 40 by Dec. 2014	[all] meals and accommodation [all] training materials [all] traveling expenses (c/o LGU) (P 200,000.00)	41	103%	147,000.00	Facilities were provided with Newborn Screening kit: 4,800 kits in 2013 and 1,000 kits in 2014																																														
				Q1-Q4_2015	40 by Dec. 2015	[all] meals and accommodation [all] training materials [all] traveling expenses (c/o LGU) (P 200,000.00)																																																		
				Q1-Q4_2016	40 by Dec. 2016	[all] meals and accommodation																																																		

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ANNEX VI: List of Equipment (Japanese Side)

Date of Acquisition	Name of Item	Manufacturer	Model Number	R/P	# Units	Unit Price (PHP)	Sub Total	Facility	Place of Storage	Municipality	Province	Frequency of Use	Condition	Remarks
<i>Project Year 1 (February 2012 – March 2013)</i>														
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Pfor RHU	Pfor	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Penambila RHU	Penambila	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Dolores RHU	Dolores	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Lunganglang RHU	Lunganglang	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	San Juan RHU	San Juan	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Luna RHU	Luna	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Fibra District Hospital	Fibra	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Apayao District Hospital	Cafanasan	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Amna Jadsac District Hospital	Pudlat	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good	
Dec. 14, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Dolores RHU	Dolores	Abra	Always	Bad	Accidentally damaged by a patient on June 26, 2013. The Dolores LGU replaced the unit in November 2013.
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Lunganglang RHU	Lunganglang	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Penambila RHU	Penambila	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	RHU	San Juan RHU	San Juan	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good	

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Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobdo	Local	1	15180	15180	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobdo	Local	1	15180	15180	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Amra Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 14, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Penambula RHU	Penambula	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Langangilang RHU	Langangilang	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good
Dec. 14, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-funcional)	Local	1	120000	120000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good

*Handwritten signature or initials*

Dec. 12, 2012	Delivery Table with Four Steel	China made	KL2C Delivery Table (non-functional)	Local	1	120000	120000	Hospital	Anvra Jadsac District Hospital	Pudol	Apayao	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Anvra Jadsac District Hospital	Pudol	Apayao	Always	Good
Dec. 12, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Penarubla RHU	Penarubla	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good

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Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Araya Jadsac District Hospital	Pudlat	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	1	2800	2800	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	1	2800	2800	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	1	2800	2800	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	1	2800	2800	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	1	2800	2800	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Araya Jadsac District Hospital	Pudlat	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	3	2800	8400	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 14, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good

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Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Penarrubia RHU	Penarrubia	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good
Dec. 14, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Apayao District Hospital	Celanusan	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Penarrubia RHU	Penarrubia	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good
Dec. 14, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good

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Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Anna Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Penambia RHU	Penambia	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Anna Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Penambia RHU	Penambia	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Anna Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.O.	Local	1	10000	10000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Penambia RHU	Penambia	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good

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Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Dobros RHU	Dobros	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Langangilang RHU	Langangilang	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Dobros Medicare and Community Hospital	Dobros	Abra	Always	Good
Dec. 10, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Apayao District Hospital	Caranasan	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Amma Jedsac District Hospital	Pudol	Apayao	Always	Good
Dec. 12, 2012	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 14, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Amma Jedsac District Hospital	Pudol	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Penarubla RHU	Penarubla	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Dobros RHU	Dobros	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Langangilang RHU	Langangilang	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	Hospital	Dobros Medicare and Community Hospital	Dobros	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 12, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	Hospital	Amma Jedsac District Hospital	Pudol	Apayao	Always	Good
Dec. 10, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Dobros Medicare and Community Hospital	Dobros	Abra	Always	Good
Dec. 10, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good

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Dec. 12, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 14, 2012	Wheel Chair	China	EMC	Local	1	2500	2500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Wheel Chair	China	EMC	Local	1	2500	2500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Wheel Chair	China	EMC	Local	1	2500	2500	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 10, 2012	Wheeled Stretcher	Esphar Medical Center	EMC	Local	1	28000	28000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Wheeled Stretcher	Esphar Medical Center	EMC	Local	1	28000	28000	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Wheeled Stretcher	Esphar Medical Center	EMC	Local	1	28000	28000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Wheeled Stretcher	Esphar Medical Center	EMC	Local	1	28000	28000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Wheeled Stretcher	Esphar Medical Center	EMC	Local	1	28000	28000	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 10, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Neurological Hammer	China	-	Local	1	0	0	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 10, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Arma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Welch Allyn	95001	Local	1	9500	9500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Langanglang RHU	Langanglang	Abra	Always	Good

Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Villarica Medicare and Community Hospital	Villarica	Abra	Always	Good
Dec. 14, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Apayao Provincial Hospital	Kibugao	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Arma Jadsoc District Hospital	Pudal	Apayao	Always	Good
Dec. 12, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Villarica RHU	Villarica	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Villarica Medicare and Community Hospital	Villarica	Abra	Always	Good
Dec. 14, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Apayao Provincial Hospital	Kibugao	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Arma Jadsoc District Hospital	Pudal	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Tray	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Pilar RHU	Pilar	Abra	Always	Good

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Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Penambula RHU	Penambula	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good
Dec. 14, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Apayao District Hospital	Catausan	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Amna Jadsac District Hospital	Pudlat	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Penambula RHU	Penambula	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good
Dec. 14, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Apayao District Hospital	Catausan	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Amna Jadsac District Hospital	Pudlat	Apayao	Always	Good
Dec. 12, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good

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Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Penambila RHU	Penambila	Abra	Always	Good
Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Vilaviciosa Medicare and Community Hospital	Vilaviciosa	Abra	Always	Good
Dec. 14, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Amna Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Weighing scale for Infant	Tanita	1380	Local	1	5170	5170	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Penambila RHU	Penambila	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 7, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Apayao District Hospital	Cataganan	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Amna Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VPH	Local	1	22000	22000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Penambila RHU	Penambila	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Vilaviciosa RHU	Vilaviciosa	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 5, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 5, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good

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Dec. 7, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good	
Dec. 5, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Apayao District Hospital	Cañanan	Apayao	Always	Good	
Dec. 5, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Amra Jadsac District Hospital	Pudol	Apayao	Always	Bad	Still under repair at the service center in Abulug, Cagayan Province.
Dec. 5, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Bad	Still under repair at the service center in Abulug, Cagayan Province.
Dec. 3, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Pitar RHU	Pitar	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Penambala RHU	Penambala	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Vitaviciosa RHU	Vitaviciosa	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Dolores RHU	Dolores	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Langanglang RHU	Langanglang	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	San Juan RHU	San Juan	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	2	1300	2600	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Vitaviciosa Medicare and Community Hospital	Vitaviciosa	Abra	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Fibra RHU	Fibra	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Luna RHU	Luna	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Fibra District Hospital	Fibra	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Apayao District Hospital	Cañanan	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Amra Jadsac District Hospital	Pudol	Apayao	Always	Good	
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good	
Dec. 1, 2012	Air Conditioning Unit (Split type)	LG	Inverter HS241VP	Local	2	71500	143000	Training Center	CHD-CAR	Baguio City	Baguio City	Sometimes	Good	
Dec. 1, 2012	Video CD Player	Sony Corporation	DVP SR760 II	Local	1	3500	3500	Training Center	CHD-CAR	Baguio City	Baguio City	Often	Good	
Dec. 1, 2012	Video Camera	Sony Corporation	DCR PJ5	Local	1	23500	23500	Training Center	CHD-CAR	Baguio City	Baguio City	Often	Good	
Dec. 1, 2012	Camera with Zoom Lens	Sony Corporation	SLT A77VK	Local	1	73700	73700	Training Center	CHD-CAR	Baguio City	Baguio City	Often	Good	
Dec. 1, 2012	Storage Cabinet	Jenrey PNCables	EMC	Local	1	18000	18000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	Laptop	Sony	VAIO/S13116F GB	Local	4	58500	234000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	Laptop	Sony	VAIO/S13116F GB	Local	1	58500	58500	Training Center	CHD-BGHWAC Training	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	Computer Desktop	Hewlett Packard	Z3-d005d Touchsmart	Local	2	62500	125000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	LCD Projector	Acer	QSV1107	Local	2	21500	43000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	LCD Projector	Acer	QSV1107	Local	1	21500	21500	Training Center	CHD-BGHWAC Training	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	Motorized Projector Screen	Viewtech	VMW12096	Local	1	23400	23400	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	
Nov. 13, 2012	Audio-mixer with microphone	Yamaha	MG124CX	Local	1	57500	57500	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good	

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Nov. 13, 2012	Speaker	LG	HT 806PM	Local	4	10450	41600	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Printer	HP	M1536 dal	Local	1	18200	18200	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Printer	HP	M1536 dnl	Local	1	18200	18200	Training Center	CHD-BGHMC Training	Baguio City	Baguio City	Always	Good
Dec. 11, 2012	Intravenous Training Arm	China	GDHS2	Local	8	23000	184000	Training Center	CHD-BGHMC Training	Baguio City	Baguio City	Always	Good
<b>Project Year 2 (April 2011 – March 2014)</b>													
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Dali BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Tamoc BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Cayapa BHS	Lagangilang	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Nameraba BHS	Penarrubia	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4500	4500	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Adult Stethoscope	Utman USA	Classic II	Local	1	4820	4920	Birthng Center	Andras Spaguza BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Dali BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Tamoc BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Cayapa BHS	Lagangilang	Abra	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Nameraba BHS	Penarrubia	Abra	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Matagal BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	Espher Medical Center	EMC	Local	1	4500	4500	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Eva BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Cadaclan BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Andras Spaguza BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Tengloban BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Sta. Felovina BHS	Catnasan	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Melama BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthng Center	Butun BHS	Conner	Apayao	Always	Good

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Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Bassinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Lerneng BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Dait BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Coyapa BHS	Laganglang	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Namasaba BHS	Penamula	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Cocabagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	15160	15160	Birthing Center	Matagusi BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Andres Sipagura BHS	Cataganan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Tanglagan BHS	Cataganan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Cadocan BHS	Cataganan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Matana BHS	Cooner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Guinaong BHS	Cooner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Buluan BHS	Cooner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial, Mobile type)	Baumonometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Dait BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Coyapa BHS	Laganglang	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Namasaba BHS	Penamula	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Marcela BHS	Sis. Marcela	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Consuelo BHS	Sis. Marcela	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Cacabagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Matagusi BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good

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Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Cadacian BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Andros Sipagura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Tonglagon BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Malama BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Gunaang BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Bucosa BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthng Center	Lenneng BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Dala BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Tamac BHS	VEviciosa	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Tuqub BHS	Vitavlocia	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Cayapa BHS	Lagangfang	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Namaraba BHS	Penavola	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Cocotagas BHS	Pudol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Mataguai BHS	Pudol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good

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Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	12000	12000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Cadadian BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Andres Staegura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Matama BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Buza BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthing Center	Lenaang BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Tamoc BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Coyopa BHS	Lagangilang	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Namasaba BHS	Pensumbia	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Cacabagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Mataguisal BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Merag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good

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Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Cadacalan BHS	Calanatan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Andres Spagura BHS	Calanatan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Tanglagan BHS	Calanatan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Butan BHS	Conner	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	Birthing Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Dati BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Tamac BHS	Vitanidosa	Abra	Always	Good
Nov. 11, 2013	Electric Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Tuquib BHS	Vitanidosa	Abra	Always	Good
Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Cayapa BHS	Laganglang	Abra	Always	Good
Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Namaraba BHS	Penarubia	Abra	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Cacahagan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Malogulal BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Marag BHS	Lina	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2500	2500	Birthing Center	Dagupan BHS	Lusa	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2440	2440	Birthing Center	Eva BHS	Calanatan	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2440	2440	Birthing Center	Cadacalan BHS	Calanatan	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-3560	Local	1	2440	2440	Birthing Center	Andres Spagura BHS	Calanatan	Apayao	Always	Good

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Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Tanglagan BHS	Catnasan	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Sta. Felomina BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Matana BHS	Conner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Gulnaang BHS	Conner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Bibuen BHS	Conner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-3550	Local	1	2440	2440	Birthng Center	Lensang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Cacalagan BHS	Pudlol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Mataguial BHS	Pudlol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Swan BHS	Pudlol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Examination Table	Espher Medical Center	EMC	Local	1	15000	15000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Eva BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Cadacian BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Andres Sibagura BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Sta. Felomina BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Gulnaang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Bibuen BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	Birthng Center	Lensang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Dati BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Tamao BHS	Vitavillosa	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Tuqui BHS	Vitavillosa	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Cayapa BHS	Lagangiang	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Namaraba BHS	Penarabla	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Cacalagan BHS	Pudlol	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Mataguial BHS	Pudlol	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Swan BHS	Pudlol	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	10000	10000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	9700	9700	Birthng Center	Eva BHS	Colnasan	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	9700	9700	Birthng Center	Cadacian BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	9700	9700	Birthng Center	Andres Sibagura BHS	Catnasan	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Wilcare	CFD/20C	Local	1	9700	9700	Birthng Center	Tanglagan BHS	Catnasan	Apayao	Always	Good

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Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Sta. Felomina BHS	Cataganan	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Matana BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Buayan BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Medana BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	WDCare	CFD/20C	Local	1	9700	9700	Birthng Center	Lemeng BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Tamae BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Cayapa BHS	Leganglang	Abra	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Namataba BHS	Panamula	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Eva BHS	Cataganan	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Codacan BHS	Cataganan	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Andres Sipagura BHS	Cataganan	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Tangapan BHS	Cataganan	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Sta. Felomina BHS	Cataganan	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Matana BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Buayan BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Medana BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	Birthng Center	Lemeng BHS	Kabusao	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Dait BHS	Pilar	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Tamae BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Cayapa BHS	Leganglang	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Namataba BHS	Panamula	Abra	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Matagubi BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	5600	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Eva BHS	Cataganan	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Codacan BHS	Cataganan	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Andres Sipagura BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Tangapan BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Sta. Felomina BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Matana BHS	Conner	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Guinaang BHS	Conner	Apayao	Always	Good

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Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Bulan BHS	Conner	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	Birthng Center	Lenneng BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Datu BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Turqub BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Coyapa BHS	Loganglang	Abra	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Namaraba BHS	Penambela	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Mabugast BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Manog BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Cadapan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Andres Spenura BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Tanjagan BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Malena BHS	Conner	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Guzwang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Bulan BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25660	25660	Birthng Center	Lenneng BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Datu BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Turqub BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Coyapa BHS	Loganglang	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Namaraba BHS	Penambela	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Mabugast BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthng Center	Manog BHS	Luna	Apayao	Always	Good

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Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Era BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Cadacten BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Andres Staopura BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Tangbayan BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Malama BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Galaung BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Buluon BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Madatag BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthing Center	Lennang BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Dalit BHS	Pitar	Abra	Always	Good
Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Tarnac BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Cayapa BHS	Logangtang	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Namuraba BHS	Penamula	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Cocabagan BHS	Pudal	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Madatag BHS	Pudal	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Saren BHS	Pudal	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Era BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Cadacten BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Malama BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Guinasang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Buluon BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Madatag BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	Birthing Center	Lennang BHS	Kabusao	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	DaS BHS	Pitar	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Tarnac BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Cayapa BHS	Logangtang	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Namuraba BHS	Penamula	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good

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Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Cocalagan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Mataguai BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Cedeclan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Andres Sipagura BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Melina BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Gulnang BHS	Conner	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Buñan BHS	Conner	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Abadtag BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Lernang BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Dell BHS	Pilar	Abra	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Tamac BHS	Villarica	Abra	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Tuquib BHS	Villarica	Abra	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Cayapa BHS	Laganglang	Abra	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Namaraba BHS	Penambala	Abra	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Cocalagan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Mataguai BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good

*Handwritten marks*

Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Cadactan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Andres Spagura BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Tanglagas BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Matana BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Guinaang BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Buayan BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.O.	Local	1	10990	10990	Birthng Center	Lenneng BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Darl BHS	Pilar	Abra	Always	Good
Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Tugub BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Cayapa BHS	Lagangiang	Abra	Always	Good
Nov. 11, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Nananaba BHS	Penambula	Abra	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Comzelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Cocoban BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Maboguel BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1550	1550	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Cadactan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Sta. Felmina BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Malara BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Guinaang BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Buayan BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthng Center	Lenneng BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Tugub BHS	Vilaviciosa	Abra	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Cayapa BHS	Lagangiang	Abra	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Nananaba BHS	Penambula	Abra	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Comzelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Cocoban BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Maboguel BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Evo BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Cadactan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Andres Spagura BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Sta. Felmina BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Matana BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Guinaang BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Buayan BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthng Center	Madatag BHS	Kabugao	Apayao	Always	Good

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Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birth Center	Lennang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Tamao BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Manaba BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Corcueta BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birth Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Eva BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Cadactan BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Andres Siagura BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Malama BHS	Corner	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Guinsang BHS	Corner	Apayao	Always	Good
Nov. 13, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birth Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birth Center	Dadi BHS	Pikar	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birth Center	Tamao BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birth Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birth Center	Cayapa BHS	Leganglang	Abra	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birth Center	Namaraba BHS	Penambila	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Marocla BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Constrab BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Malaguai BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3500	3500	Birth Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Eva BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Cadactan BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Andres Siagura BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Tanglagan BHS	Cataganan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Sta. Felomina BHS	Cataganan	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Malama BHS	Corner	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Guinsang BHS	Corner	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Buuan BHS	Corner	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	LifeGuard	Local	1	3880	3880	Birth Center	Madatag BHS	Kabugao	Apayao	Always	Good

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Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Lenzang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Dañi BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Coyapa BHS	Laganglang	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Namaraba BHS	Penambita	Abra	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Matoguisi BHS	Pudol	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Swan BHS	Pudol	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pediatric (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Cadaclan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Andres Espogura BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Tanglogas BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Malama BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Guinaang BHS	Conner	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Bucuan BHS	Conner	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Madalag BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pediatric (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3890	3890	Birthing Center	Lenzang BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Television	Toshiba	50L2300, Full HD LED	Local	1	37990	37990	Training Center, IEC	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 11, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Dañi BHS	Pilar	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Tuquib BHS	Vilaviciosa	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Coyapa BHS	Laganglang	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Namaraba BHS	Penambita	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	339	Local	1	12500	12500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Weighting scale for Adult	Detecto	339	Local	1	17460	17460	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good

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Nov. 12, 2013	Weighting scale for Adult	Detecio	339	Local	1	17460	17460	Birthing Center	Andres Siagura BHS	Calanasen	Apayao	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Tamac BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Tugub BHS	Vilaviciosa	Abra	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Cayapa BHS	Loganglang	Abra	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Namaraba BHS	Penzubia	Abra	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Cacalagan BHS	Pudol	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5170	5170	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5820	5820	Birthing Center	Andres Siagura BHS	Calanasen	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5820	5820	Birthing Center	Sta. Felordina BHS	Calanasen	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Infant	Tanla	1380	Local	1	5820	5820	Birthing Center	Malama BHS	Conner	Apayao	Always	Good
Value Total (Php):						Year 1	7,778,930						
						Year 2	7,035,330						
						Total	14,815,260						

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**ANNEX VII: Activity Cost (Philippine Side)**

	Category	Activity	Expenditure Items	Amount Spent (PhP)		Total Expenditure (PhP)
				Project Year 1	Project Year 2	
1	ILHZ	ILHZ Training Module Development workshop	Meals	0	0	0
			TEV	45,300	68,000	113,300
		Orientation on ILHZ	Meals	7,500	0	7,500
			TEV	123,000	53,000	176,000
		Functionality of ILHZ	CHTF Contribution	1,672,539	2,126,788	3,799,327
		ILHZ (Board & TWG) Meetings	Meals	139,200	370,775	509,975
	TEV		89,000	87,400	176,400	
Monitoring	TEV	17,000	15,000	32,000		
	PhilHealth	Enrolment	Premium payment	14,509,380	102,864,933	117,374,313
2	MNCHN implementation	Development Workshop on Localized MNCHN Manual of Operation	Materials	0	0	0
			TEV	32,000	11,360	43,360
		Roll-out training on Localized MNCHN Manual of Operation	Meals and accommodation	0	551,335	551,335
			Materials	0	24,000	24,000
			TEV	16,400	72,800	89,200
		Roll-out training on MNDR	Meals and accommodation	0	150,076	150,076
			Materials	0	10,000	10,000
			TEV	5,000	56,040	61,040
		Development Workshop on Referral Manual	Meals and accommodation	0	0	0
			Materials	1,000	0	1,000
			TEV	34,660	22,200	56,860
		Orientation on Referral Manual	Meals and accommodation	0	100,000	100,000
			Materials	0	16,000	16,000
			TEV	5,000	38,400	43,400
		Family Health Diary	Production/Reproduction	0	649,980	649,980
		Orientation on Family Health Diary	Meals and accommodation	7,000	35,000	42,000
			Materials	0	2,000	2,000
			TEV	200	32,800	32,800
		Advocacy on MNCHN Emergency Preparedness	TEV	900	4,000	4,900
		CHT Convention	Meals and accommodation	107,870	10,194,100	10,301,970
Materials	0		1,854,000	1,854,000		
TEV	0		588,100	588,100		
Monitoring	TEV	34,500	66,486	100,986		
3	BEmONC Certification	Orientation on BEmONC Certification	Meals and accommodation	0	2,000	2,000
			materials	0	500	500
			TEV	4,600	48,130	52,730
		Reassessment of BEmONC Facility	TEV	2,000	13,800	15,800
		Facility Enhancement	Infrastructure	34,047,385	98,649,003	132,696,388
			Equipment	657,617	284,738,716	285,396,333
			Medicines	3,519,941	5,358,878	8,878,819
			Supplies	687,768	4,210,016	4,897,784
Facility Operation	Equipment Maintenance	374,705	389,600	764,305		
	Utility fees	280,512	475,934	756,446		
BEmONC Training	Enrolment fee	0	75,000	75,000		

			TEV	159,900	291,579	451,479
	MCP/NCP Accreditation	Processing of accreditation	Accreditation fee	110,400	42,000	152,400
4	Documentation	Training on Technical Writing	Meals and accommodation	102,000	3,500	105,500
			materials	0	0	0
			TEV	12,000	15,600	27,600
		Project Expansion Plan	Meals	0	0	0
			Materials	0	0	0
			TEV	0	0	0
		Distribution of Project Progress Report and Newsletter	Freight	0	0	0
5	TWG/EC/JCC	Official meeting	Meals	0	283,500	283,500
<b>Total</b>				<b>58,651,276</b>	<b>488,009,388</b>	<b>544,660,664</b>

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**Project Design Matrix (PDM)**

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

Target Area: Cordillera Administrative Region (CAR)<sup>1</sup>; Target Sites: Abra province (6 municipalities), Apayao province, Benguet Province; Target Group: People in CAR

Version 2 (revised in September 25, 2013 [4<sup>th</sup> JCC meeting])

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b>Overall Goal</b> Health status of people in the region is improved, particularly of women and children.</p>	<ul style="list-style-type: none"> <li>- Maternal Mortality Ratio (MMR) is decreased in CAR (baseline: 62 per 100,000 live births in 2011).</li> <li>- Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011).</li> <li>- 85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>- Field Health Service Information System (FHSIS)</li> <li>- CHD annual reports</li> </ul>	
<p><b>Project Purpose</b> Local health system<sup>3</sup> in the region is strengthened to deliver effective and efficient Maternal and Child Health (MCH) services.</p>	<p>[Indicators for the target sites]</p> <ul style="list-style-type: none"> <li>- 85% of deliveries of pregnant women in the target sites are conducted in health facilities. [Baseline (2012): 3 target sites total 79%. Provincial baseline (2012) / Target (2017): Abra (6 municipalities) 73% / 85%, Apayao 67% / 80%, Benguet 83% / 90%]<sup>4</sup></li> <li>- 80% of pregnant women in the target sites receive prenatal care at least 4 times<sup>5</sup> during pregnancy. [Baseline (2012): 3 target sites total 63%. Provincial baseline (2012) / target (2017): Abra 45% / 70%, Apayao 73% / 85%, Benguet 62% / 80%]<sup>6</sup></li> <li>- 90% of post-partum women in the target sites receive post-partum care at least 2 times<sup>7</sup>. [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012) / target (2017): Abra 66% / 80%, Apayao 89% / 90%, Benguet 93% / 95%]<sup>8</sup></li> </ul> <p>[Indicators for the entire CAR (the project area)]</p> <ul style="list-style-type: none"> <li>- Number of functioning inter-local health zones (ILHZs)<sup>9</sup> is increased in CAR (baseline 7 ILHZs in 2011).</li> <li>- Maternal / neonatal death review (MNDR) is conducted in all 6 provinces and Baguio City in CAR (baseline: No MNDR was conducted in CAR in 2011).<sup>10</sup></li> <li>- Number of health facilities [hospitals, rural health units (RHU) and barangay health stations (BHS)] with BEmONC certification is increased in CAR [baseline: 0 facility in 2011; target 150 facilities by 2017 (36 hospitals, 50 RHUs, and 64 BHSs)].</li> <li>- Number of RHU and BHS with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 114 facilities by 2017 (50 RHUs and 64 BHSs)].</li> </ul>	<ul style="list-style-type: none"> <li>- Target Client List (TCL) of FHSIS (re-analysis of TCL by the Project)</li> <li>- CHD Program Implementation Review report (ILHZ, MNDR, BEmONC).</li> <li>- PhilHealth report (MCP).</li> </ul>	<ul style="list-style-type: none"> <li>- National and local policy and system for health sector does not change.</li> <li>- Family planning coverage is maintained or improved.</li> <li>- Immunization coverage level is maintained or improved.</li> <li>- CEmONC facilities provide quality services.</li> <li>- No serious disease outbreak affecting maternal and child deaths occurs.</li> <li>- Local government units (LGUs) are committed to the Project.</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<b>Expected Outputs</b>			
<p><b>Output 1. Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites.</b> (Target sites: Dolasan and VPP ILHZs in Abra<sup>11</sup>, Apayao)</p>	<ul style="list-style-type: none"> <li>- Unified Local Health System training module is developed and training on the Local Health System is implemented in the target sites using the training modules.</li> <li>- All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF).</li> <li>- All ILHZs in the target sites implement MNCHN-related ILHZ activities according to ILHZ plan.</li> <li>- Proportion of provincial health budget to total provincial budget is increased in each target province (baseline 8% in Abra and 15% in Apayao in 2012).</li> <li>- Median of proportion of municipal health budget to total municipal budget is increased in the target sites (baseline: 9% in 2012 among 13 municipalities in the target sites).</li> <li>- Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: PHP 0 in 2012).</li> <li>- Number of municipalities with legal documents<sup>12</sup> to promote facility-based delivery and to support community health team (CHT) activities is increased in the target sites (baseline: 6 municipalities on facility-based delivery and 1 municipality on Community Health Team in 2011).</li> <li>- Proportion of PhilHealth sponsored enrollment is maintained to be 100% or more in the target sites<sup>13</sup> (baseline: 176% in 2 ILHZ of Abra, 167% in Apayao, as of December 2011).</li> <li>- Number of PhilHealth members is increased in the target sites (baseline: 16,366 in Abra (6 municipalities) and 29,466 in Apayao as of December 2011).</li> <li>- Amount of MCH related reimbursement from PhilHealth<sup>14</sup> is increased in the target sites. [Baseline (2012): target site total P28,770,437; Abra (6 municipalities) P19,500; Apayao P3,986,220; Benguet P24,764,717].</li> </ul>	<ul style="list-style-type: none"> <li>- Project report</li> <li>- ILHZ plan, CHTF work and financial plan</li> <li>- Budgetary report of municipalities and provinces (LGU score card)</li> <li>- LGU executive order / ordinance, ILHZ resolutions</li> <li>- PhilHealth reports (membership and benefit reimbursement)</li> </ul>	<ul style="list-style-type: none"> <li>- Health Information System of Department of Health, especially Field Health Service Information System (FHSIS) functions well to provide accurate data.</li> </ul>
<p><b>Output 2. Service delivery framework for MCH is strengthened in the target sites.</b> (Target sites: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> <li>- MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.<sup>15</sup></li> <li>- MNCHN referral manual/guideline is developed, and referral is implemented according to the manual/guideline in the target sites in Abra and Apayao provinces.<sup>16</sup></li> <li>- MNDR is conducted in the all target sites.<sup>17</sup></li> <li>- Monitoring system on BEmONC and CHT is developed and implemented.</li> <li>- Culturally appropriate MNCHN IEC material is developed and utilized in</li> </ul>	<ul style="list-style-type: none"> <li>- CHD-CAR report (MNCHN manual, MNDR, BEmONC, CHT)</li> <li>- Project progress report (referral, MNCHN IEC)</li> <li>- MNDR report</li> </ul>	

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
	the target sites. - Number of Barangays with MNCHN emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to CHD)	(province/ILHZ) - MHO annual report (Barangay MNCHN emergency preparedness plan)	
<b>Output 3. Hospitals, Rural Health Units (RHUs) and Barangay Health Stations (BHSs) become BEmONC certified by DOH and RHUs and BHSs become MCP accredited by PhilHealth in the target sites.</b> (Target sites: Dolasan and VPP ILHZs in Abra, Apayao, Benguet)	- Number of health facilities certified as BEmONC facility is increased [baseline: 0 in 2011; target by 2016: 94 facilities (14 hospitals, 19 RHUs and 61 BHSs)]. - All 15 public hospitals in the target sites maintain PhilHealth accreditation. - 19 RHUs and 61 BHSs are MCP accredited by PhilHealth in the target sites. (Baseline: 6 RHU and 0 BHS as of October 2011 according to CHD) - Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130] <sup>18</sup> - Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92] <sup>18</sup>	- CHD-CAR report (Facility mapping, BEmONC certification) - Project progress report (BEmONC trainings) - PhilHealth reports (hospital, MCP accreditation)	
<b>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.</b>	- Project fact sheet/newsletter is distributed at least twice a year. - Project expansion plan for the entire CAR region is established and implemented. <sup>19</sup> - CHD-CAR and other project counterparts disseminate lessons learnt and good practices of the project (baseline 0 in 2011). - Good practices and lesson learnt of the project is documented and disseminated at national and regional levels (baseline 0 in 2011). - Project national forum is conducted at least 2 times during the project period to disseminate the Project experience and good practices nationwide as well as region-wide.	- Volume of the project fact sheet / newsletter - Project expansion plan - Project progress report	
<b>Activities</b>  <b>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites.</b> (Dolasan and VPP ILHZs in Abra, and Apayao) 1.1. Develop unified Local Health System training module consistent with UHC framework and MNCHN strategy. 1.2. Conduct orientation workshop on re-organization/reconstitution of	<b>Inputs</b>  (Japanese Side) (1) Team of experts / local consultants (Health System, MCH, etc.) (2) Equipment and materials: - Medical equipment - Training equipment - Office equipment		- Political situation is stable in the region especially in the target sites. - Health workers who receive training continue their services in the target

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>non-functional ILHZs in the target sites.</p> <p>1.3. Establish mechanism on utilization of common health trust fund (CHTF) for ILHZ in the target sites.</p> <p>1.4. Develop ILHZ plan that includes MNCHN in the target sites.</p> <p>1.5. Advocate PHIC enrollment, support for MNCHN program and Community Health Team (CHT) to local government units in the target sites.</p> <p><b>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, and Benguet)</b></p> <p>2.1. Localize the MNCHN manual of operations for CAR.</p> <p>2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites.</p> <p>2.3. Conduct trainings on localized MNCHN manual of operations for the provincial/city health office in CAR.</p> <p>2.4. Conduct training on Maternal/Neonatal Death Review (MNDR) for the provincial/city health office in CAR.</p> <p>2.5. Conduct regular MNCHN monitoring including MNDR, BEmONC services and Community Health Team (CHT) in the target sites.</p> <p>2.6. Conduct situation analysis of CHT and establish support mechanism for CHT activities at LGU level in the target sites.</p> <p>2.7. Develop culturally appropriate IEC materials for MNCHN.</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><b>Output 3. Hospitals, RHUs and BHSs become BEmONC certified by DOH, and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Dolasan and VPP ILHZs in Abra, Apayao, and Benguet)</b></p> <p>3.1. Re-assess facility mapping result including equipment and training 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 and non-medical equipment for the identified health facilities and establish an equipment maintenance system in</p>	<ul style="list-style-type: none"> <li>- Other necessary equipment</li> </ul> <p>(3) Activity cost</p> <ul style="list-style-type: none"> <li>- Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees)</li> <li>- Production cost of training, educational and promotional materials</li> </ul> <p>(Philippine Side)</p> <p>(1) Human resources</p> <ul style="list-style-type: none"> <li>- Counterpart personnel at regional, provincial, and municipal levels</li> </ul> <p>(2) Facilities</p> <ul style="list-style-type: none"> <li>- Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet</li> <li>- Infrastructures improvement necessary for BEmONC services and MCP accreditation</li> </ul> <p>(3) Activity Cost</p> <ul style="list-style-type: none"> <li>- Utility cost of the project office (electricity, water, communication, etc.)</li> <li>- Essential equipment for BEmONC for other than the target sites</li> <li>- Maintenance and repair of equipment supplied</li> <li>- Expenses for monitoring and field visits to the project sites by DOH-CHD CAR personnel</li> <li>- Cost sharing for consultative workshops/conferences</li> <li>- Capacity building of the CHT members</li> <li>- Transportation cost of trainees within the country</li> <li>- Per diem of the local participants</li> <li>- Monetary incentives and other benefits for the CHT</li> <li>- Logistics and commodities necessary for service delivery</li> </ul>		<p>sites.</p> <ul style="list-style-type: none"> <li>- The amount of internal revenue allotment does not decrease.</li> <li>- Health facility enhancement program is implemented as planned.</li> <li>- CHD-CAR and LGUs (of non-target sites) have sufficient budget to expand the project to the entire region.</li> <li>- CHD-CAR and all LGU in CAR have sufficient number of staff to implement MNCHN program.</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>the target sites in Abra and Apayao provinces.</p> <p>3.5. Establish BEmONC certification procedure of CHD-CAR and start BEmONC certification in CAR.</p> <p>3.6. Assist the identified health facilities on PhilHealth accreditation and reimbursement process.</p> <p><b>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region wide.</b></p> <p>4.1. Conduct training on technical writing and project documentation for CHD-CAR and the target sites.</p> <p>4.2. Develop and distribute project fact sheet / newsletter.</p> <p>4.3. CHD-CAR develops and implements project expansion plan to the entire CAR including non-target-site provinces, municipalities and cities.</p> <p>4.4. Disseminate the lessons learned and good practices of the project.</p> <p>4.5. Conduct project national forum.</p>			
			<p><b>Preconditions</b></p> <ul style="list-style-type: none"> <li>- Updated ILHZ MOA is signed in the target sites.</li> <li>- MOA between CHD - CAR and the provincial government is signed for the project implementation in the target sites.</li> <li>- The target ILHZs prepare and approve their work and financial plan.</li> <li>- The target provinces prepare Work and Financial Plan for MNCHN.</li> <li>- The target provinces have Work and Financial Plan for Health Facility</li> </ul>

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
			Enhancement Program.

**Abbreviations:**

BEEmNC: Basic Emergency Obstetric and Newborn Care  
CEmNC: Comprehensive Emergency Obstetric and Newborn Care  
DHS: Demographic and Health Survey  
Dolasan: Name of ILHZ of Abra (Dolores, Lagangilang, San Juan)  
ILHZ: Inter Local Health Zone  
MCP: Maternal Care Package  
MNCHN: Maternal, Newborn, Child Health and Nutrition  
PHIC (PhilHealth): 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  
MNDR: Maternal and neonatal Death Review  
MOA: Memorandum of Agreement  
PHO: Provincial Health Office  
VPP: Name of ILHZ of Abra (Villaviciosa, Peñarrubia, Pilar)

CAR: Cordillera Administrative Region  
CHT: Community Health Team  
IEC: Information, Education, Communication  
MCH: Maternal and Child Health  
MHO: Municipal Health Office(er)  
TCL: Target Client List

- <sup>1</sup> CAR consists of Baguio City and six provinces (Abra, Apayao, Benguet, Ifugao, Kalinga, Mountain Province). Among them, Apayao province, Benguet province and 6 municipalities of Abra province are selected as Target Sites, for which Japanese side (JICA) provides direct assistance. Other areas in CAR (i.e. Baguio City, Ifugao province, Kalinga province, Mountain province and 21 municipalities of Abra province) are non-target sites, where project activities are expanded by Philippines side (mainly CHD-CAR and local government units).
- <sup>2</sup> As an indicator of the overall goal, facility-based delivery rate (reported by FHSIS) of CAR is monitored, since it is relatively accurate, though there are several limitations in FHSIS data. Completion rates of prenatal care and postpartum care of CAR based on FHSIS, however, will not be used as indicators of the overall goal, since the re-analysis on these figures (implemented by the Project) revealed that these completion rates are underestimated primarily due to overestimation of target populations.
- <sup>3</sup> Department of Health defines that in order to attain Universal Health Care (*Kalusugan Pangkalahatan: KP*), health system requires to be improved in terms of following six components: (1) leadership and good governance, (2) health information system, (3) health finance, (4) human resource for health, (5) medical products and technology and (6) health service delivery (DOH 2010). The Project aims to strengthen local health system in terms of these six components specified in KP through project activities, not only in the target sites but also in the entire CAR (i.e. the project area).
- <sup>4</sup> The project uses data of Target Client List (TCL) of FHSIS as a primary data source, and re-calculates facility-based delivery (FBD) rate of the target sites of the Project rather than using FHSIS figure, considering a serious limitation of FHSIS—it does not count deliveries of women living in target sites conducted in health facilities outside of target sites. Thus the FHSIS figure (FBD rate based on *place of occurrence*) is severely under-represented, when many pregnant women deliver at health facilities outside of the project sites. Especially in the 6 municipalities in Abra, nearly 70% of pregnant women delivered outside target sites, thus its FHSIS's FBD rate was very low (28% in 2011) despite the fact that many women in the 6 municipalities actually delivered at health facilities outside the target sites. Hence, the Project monitors FBD rate of all pregnant women living in target sites regardless of whether health facilities are located within/outside the target sites (FBD rate based on *place of residence*). The project, however, uses FHSIS as a complementary data source of FBD rate, as the place-of-residence-based FBD rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 target sites total 71%, Abra (6 municipalities) 28%, Apayao 59%, Benguet 77%]
- <sup>5</sup> Four (4) prenatal care visits consist of 1 visit each for the 1st and 2nd trimester and 2 visits in the 3rd trimester.
- <sup>6</sup> The project re-calculates prenatal care completion rate using *actual* number of pregnant women based on TCL of FHSIS. Prenatal care completion rate of FHSIS uses *estimated* number of pregnant women (3.5% of total population), and re-analysis of TCL of FHSIS implemented by the project revealed that in the project sites, only 1.8% of the total population was pregnant women in 2012. Thus the FHSIS rate underestimates the completion rate due to overestimation of the target population. The project, however, uses FHSIS as a complementary data source, as the actual-target-based prenatal care completion rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 target sites total 55%, Abra 38%, Apayao 38%, Benguet 63%]
- <sup>7</sup> Two post-partum care visits consist of 1 visit within 24 hours after delivery and another visit within 7 days after delivery.
- <sup>8</sup> The project re-calculates post-partum care completion rate using *actual* number of post-partum women based on TCL of FHSIS. Post-partum care completion rate of FHSIS uses *estimated* number of post-partum women (3.0% of total population) and re-analysis of TCL of FHSIS implemented by the project revealed that in the project sites, only 1.8% of total population was post-partum women in 2012. Thus the FHSIS rate underestimates the completion rate due to overestimation of the target population. The project, however, uses FHSIS as a complementary data source, as the actual-target-based post-partum care completion rate (computed by the project) may not be available after the end of the project. [FHSIS baseline (2011): 3 project sites 57%, Abra 37%, Apayao 46%, Benguet 63%]
- <sup>9</sup> ILHZ is considered to be functional when: 1) ILHZ technical working group (TWG) and board meetings are regularly held; 2) ILHZ develops annual work and financial plan; and 3) ILHZ implements activities according to the

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plan.

- <sup>10</sup> MNDR is considered to be conducted when: 1) maternal/neonatal death report form is filled out at community and/or health facility in all death cases; 2) review on selected death cases (including development of action plan for reduction of deaths) is conducted either at province or ILHZ level; and 3) MNDR report is submitted to CHD-CAR.
- <sup>11</sup> These two ILHZs have been selected as the target sites in Abra province, as preconditions (e.g. updating ILHZ MOA to revitalize ILHZ) were met.
- <sup>12</sup> Legal documents include: executive order, municipal resolution, and ordinance as well as ILHZ resolution which each component municipality belongs to.
- <sup>13</sup> Denominator is the target number of poor households to be covered by the Sponsored Program which are set by PhilHealth.
- <sup>14</sup> MCH related reimbursement includes: 1) MCP reimbursement to accredited RHUs and BHSs; 2) Newborn Care Package (NCP) reimbursement, and 3) reimbursement to hospitals on normal spontaneous delivery, Caesarian Section and dilation and curettage.
- <sup>15</sup> MNCHN manual of operations include planning and monitoring methods of MNCHN services. The project monitors how the planning and monitoring of MNCHN programs is implemented, especially those of facility-based delivery, prenatal care and post-partum care.
- <sup>16</sup> The project monitors functionality of referral system based on: 1) number of referred cases, 2) % of referred cases actually received treatment, 3) % of treated cases with information returned to the sending health facility, 4) regular monitoring meetings to analyze above mentioned figures as well as reasons of referral, problems identified and recommendation to improve the referral system.
- <sup>17</sup> MNDR is considered as "conducted" when: 1) maternal/neonatal death report form is filled out at community and/or health facility in all death cases; 2) review on selected death cases (including development of action plan for reduction of deaths) is conducted either province or ILHZ level; and 3) MNDR report is submitted to CHD-CAR.
- <sup>18</sup> The number includes only health professionals funded by Japanese side.
- <sup>19</sup> Implementation of the Project expansion plan to CAR will be monitored mainly by Annual Program Implementation Review of CHD-CAR.

## 評価グリッド

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
実績の 確認	プロジェクトの投入計画と実績の確認	日本側：専門家の派遣、プロジェクト業務費、機材供与、カウンターパート本邦研修 フィリピン側：カウンターパート配置、プロジェクト活動に必要な施設や設備の提供、その他ローカルコストの負担	関係資料レビュー、質問票、インタビュー、資機材の確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> <li>機材リスト</li> </ul>
	アウトプットの産出状況の確認	アウトプット1：プロジェクト対象サイトの保健のガバナンスと財政が、自治体間保健ゾーン（ILHZ）の機能を通じて強化される。	関係資料レビュー、質問票、インタビュー、サイト視察	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		アウトプット2：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る。	関係資料レビュー、質問票、インタビュー、サイト視察	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		アウトプット3：プロジェクト対象サイトの病院と保健所、助産所が保健省から基礎的緊急産科・新生児ケア（BEmONC）サービスが提供できる施設として認定される一方、保健所、助産所はフィリピン健康保険公社により母子保健ケアパッケージ（MCP）施設であると認証される。	関係資料レビュー、質問票、インタビュー、サイト視察	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		アウトプット4：プロジェクトの教訓と活動に係る普及活動がコーディレラ地域内及び国内に向けて行われる。	関係資料レビュー、質問票、インタビュー、サイト視察	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
実施プロセスの 検証	活動計画と実績の確認	活動計画（PO）と活動実績	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		技術移転の方法（会議内容、研修内容、成果物など）	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
	プロジェクトのマネジメント体制	モニタリングの仕組みや意思決定過程	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		JICA 本部・在外事務所の支援体制	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
		JICA 専門家とカウンターパートのコミュニケーションの仕組み	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
	実施機関やカウンターパートのプロジェクトへのかかわりやオーナーシップ	カウンターパートの配置状況	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		実施機関やカウンターパートのプロジェクトの活動への参加度合い	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		プロジェクト活動を継続するための措置（予算配分、人員配置、制度化など）	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
妥当性	プロジェクトの必要性	ミレニアム開発目標の指標で示されるニーズと合致しているか	関連するミレニアム開発目標の指標の水準を確認し、改善すべき指標とプロジェクトの支援内容が合致しているかを確認	フィリピンのミレニアム開発目標の統計データ
		保健医療サービスの公平な分配に資するか	保健医療サービスへのアクセスに関するデータを確認し、プロジェクトによってどのようにアクセスの偏りが是正されるかを判断	フィリピンの保健統計データ
	支援の優先度	フィリピンの政策と整合しているか	関連する資料を確認	<ul style="list-style-type: none"> <li>フィリピン国家保健政策 (KP)</li> <li>保健省の母子保健政策</li> </ul>
		日本の援助政策・JICA 国別事業実施計画と整合しているか	関連する資料を確認	<ul style="list-style-type: none"> <li>対フィリピン国別援助計画</li> <li>JICA 国別事業計画</li> </ul>
	手段の適切さ	技術協力プロジェクトを支援スキームとしたことは適切だったか	資金的な支援だけでなく、技術支援による仕組みづくりが必要だったかどうかを確認	<ul style="list-style-type: none"> <li>詳細計画策定調査報告書</li> <li>カウンターパートへの聞き取り</li> </ul>
		コーディレラ地域を対象としたことは適切だったか	コーディレラ地域の保健指標と地域的な特異性、関連資料の記載内容、関係者の見解を確認	<ul style="list-style-type: none"> <li>詳細計画策定調査報告書</li> <li>カウンターパートへの聞き取り</li> </ul>
		コーディレラ地域内での対象の選定は適切だったか	関連資料に記載されている対象地域選定の理由を確認	<ul style="list-style-type: none"> <li>詳細計画策定調査報告書</li> <li>カウンターパートへの聞き取り</li> </ul>

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
有効性	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」の達成見込み	対象3州を対象とした指標（施設分娩率、産前健診受診率、産後健診受診率）はプロジェクト終了時までに目標値に達するか	ベースラインと現在の水準を比較し、プロジェクト終了時の水準を推測	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>情報源となるデータや報告書</li> </ul>
		コーディレラ地域全体を対象とした指標（機能しているILHZ数、妊娠婦新生児死亡症例検討会の実施状況、BEmONC認証施設数、MCP認証施設数）は、プロジェクト終了時までに目標値に達するか	ベースラインと現在の水準を比較し、プロジェクト終了時の水準を推測	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>情報源となるデータや報告書</li> </ul>
	アウトプットとプロジェクト目標の因果関係	プロジェクト目標の指標の向上は、プロジェクトのアウトプット産出によるものか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		アウトプットからプロジェクト目標に至るまでに外部条件の影響はあったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		その他の阻害要因や貢献要因によるプロジェクト目標達成度への影響はあったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
効率性	アウトプットの産出	実績の検証結果に基づき、アウトプットの産出状況は適切か	現在のアウトプット指標の水準を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
	プロジェクト実施プロセスとコスト効率性	JICA 専門家の技術レベル、貼り付け、派遣のタイミングは適切だったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		カウンターパートの配置は、プロジェクトの活動を円滑に進めるうえで適切だったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		投入された機材の規模、質、タイミングは適切だったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>機材リスト</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		投入された機材は活用されているか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>機材リスト</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
		各種会議は効果的に実施されたか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書（会議議事録）</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		現地で実施された研修は効果的だったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書（研修実施記録）</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		本邦研修の内容と期間は適切だったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>本邦研修の報告書</li> <li>本邦研修参加者への聞き取り</li> </ul>
		投入からアウトプットに至るまでに外部条件の影響はあったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
		その他の阻害要因や貢献要因によるアウトプット達成度への影響はあったか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
インパクト	上位目標「コーディネラ地域における人々、特に女性と子どもたちの健康状況が改善する」の達成見込み	上位目標はプロジェクトの効果として発現が見込まれるか	上位目標の指標の現在の水準を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>フィリピンの保健統計データ</li> </ul>
		外部条件やその他の阻害要因、貢献要因による影響はあるか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
	波及効果	上位目標以外の正負のインパクトは生じたか、もしくは生じる可能性はあるか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
持続性	政策面・制度面	プロジェクトが導入した活動*を継続的にモニタリングすることが制度化（明文化）されているか	該当する文書の存在を確認	<ul style="list-style-type: none"> <li>関連する条例や決議書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>
	組織面・財政面	コーディネラ地域の人員配置や組織構造は、プロジェクトの成果を持続するために十分か	以下の情報を確認 - 現在の組織構造 - 現在の人員配置と空席状況 - 今後の人員配置の見込み - 関係者の見解	<ul style="list-style-type: none"> <li>組織図</li> <li>保健人材配置の統計データ</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>

評価設問		判断基準・方法	情報源・調査方法
大項目	小項目		
	各種活動*を実施する予算が継続的に確保できるか	以下の情報を確認 <ul style="list-style-type: none"> <li>- 現在の活動実施への保健省や自治体の予算割り当て状況</li> <li>- 今後の活動実施への保健省や自治体の予算割り当ての予定</li> <li>- プロジェクトによる活動費の負担額</li> </ul>	<ul style="list-style-type: none"> <li>• 保健省や自治体の予算書</li> <li>• 活動実施の支出に関連する文書</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>
技術面	コーディネラ地域保健局 (DOH-CARO) や Provincial Health Office (PHO) のカウンターパートが、継続的に活動*を改善することができるか	①DOH-CARO や PHO のカウンターパートが活動内容を十分に理解している、②継続的に実施し改善する意思をもっている、③活動の改善を提案する場があることについて確認	<ul style="list-style-type: none"> <li>• プロジェクト進捗報告書</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>
	プロジェクトにより導入された活動*は、施設（病院、保健所、助産所）の職員や保健ボランティアが継続的に実施することができるものか	施設の職員や保健ボランティアが新たに追加された仕事を実施する際に、①時間的な面、②能力面、③インセンティブの問題がないかを確認	<ul style="list-style-type: none"> <li>• プロジェクト進捗報告書</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>
	特定の職員の知識や記憶に依存せずに活動*を実施する仕組みが構築されているか（カウンターパートの人事異動により、仕組みが動かなくなるか）	①講師や指導的な役割を担うことができる人員、②技術移転や活動実施のためのマニュアルやツール、③モニタリング実施のためのツールとルールなどの存在を確認	<ul style="list-style-type: none"> <li>• プロジェクトの各種技術協力成果品</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>
対象地域外へのプロジェクト活動の展開	コーディネラ地域内の対象3州以外の州が、プロジェクトの活動*を取り入れる計画を立てている、もしくは既に開始しているか	該当する文書と関係者の意向を確認	<ul style="list-style-type: none"> <li>• プロジェクト進捗報告書</li> <li>• プロジェクトの活動の展開計画文書</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>
	プロジェクトが作成支援した各種文書やツール、活動実施*の仕組みは、対象州外でも適用できるものか	各種文書やツール、関係者の見解を確認	<ul style="list-style-type: none"> <li>• プロジェクトの各種技術協力成果品</li> <li>• JICA 専門家への聞き取り</li> <li>• カウンターパートへの聞き取り</li> </ul>

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
		保健省がコーディレラ地域以外にプロジェクトの活動*を取り入れる動きがあるか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>プロジェクト進捗報告書</li> <li>JICA 専門家への聞き取り</li> <li>カウンターパート（保健省）への聞き取り</li> </ul>
	社会・文化面	社会・文化面で持続性を妨げる可能性はないか	関連する資料と関係者の見解を確認	<ul style="list-style-type: none"> <li>JICA 専門家への聞き取り</li> <li>カウンターパート（保健省）への聞き取り</li> <li>カウンターパートへの聞き取り</li> </ul>

\* 持続性について評価する「活動」は、今後も地域の保健行政のなかで継続的に実施される必要があるものを対象とする。異なる活動それぞれについて評価する。

4. 面談者一覧

面談者一覧

	実施日	氏名	肩書	所属
1.	6/16	Mar Wynn Bello	Medical Officer II	DOH-Bureau of International Health Cooperation
2.	6/16	Maria Joyce Ducusin	Medical Specialist IV and OIC, Family Health Office	DOH-Family Health Office
3.	6/16	Rosalie P. Pase	Medical Officer V	DOH-Family Health Office
4.	6/17	Marlon L. Mejo	Program Officer	UNFPA
5.	6/17	Angelito Umali	Maternal Health Officer	UNFPA
6.	6/18	戸辺 誠	専門家（総括/保健システム）	システム科学コンサルタンツ株式会社
7.	6/18	高吉 肇	専門家（副総括/研修監理/IEC・広報）	システム科学コンサルタンツ株式会社
8.	6/18	MA. Luisa Paran	Medical Officer IV	DOH-CAR
9.	6/18	Virginia L. Narciso	Medical Officer IV	DOH-CAR
10.	6/18	Emily G. Quines	H-L	DOH-CAR
11.	6/18	Amelita M. Pangilinan	Medical Officer VII	DOH-CAR
12.	6/18	Clarita L. Marquez	Medical Officer III	NCIP-CAR
13.	6/18	Noland G. Sabling	Planning Officer III	PhilHealth-CAR
14.	6/18	Glenn Cornelio Lamsis	Medical Specialist IV	PhilHealth-CAR
15.	6/18	Fransisca Liclic	Planning Officer II	DOH-CAR
16.	6/19	Nestor Fongwan	Provincial Governor	Benguet Province
17.	6/19	Nora Ruiz	Provincial Health Officer I	Benguet Province
18.	6/19	Norma Pacalso	Provincial Health Officer II (retired)	Benguet Province
19.	6/19	Mercedes Calpito	Provincial DOH Officer	DOH-CAR-Benguet
20.	6/19	Joseph Cabinta	Chief of Hospital III	Benguet General Hospital
21.	6/19	Marilyn B. Dizon	Social Insurance Officer I	Benguet Local Health Insurance Office
22.	6/20	Gieta B. Almora	Sangunnian Bayan Member	LGU-Mankayan
23.	6/20	Benito C. Sido	Nurse	LGU-Mankayan (RHU)
24.	6/20	Rizalina N. Gaymen	Midwife	LGU-Mankayan (RHU)
25.	6/20	James Guanso Jr.	Barangay Captain	LGU-Barangay Guinaoang
26.	6/20	Benita B. Damoslog	Barangay Health Worker	LGU-Barangay Guinaoang
27.	6/20	Doris P. Cabinta	Barangay Health Worker	LGU-Barangay Guinaoang
28.	6/20	Eva Bas-Ilan	Barangay Health Worker	LGU-Barangay Guinaoang
29.	6/20	MA. Victoria Achaol	Barangay Health Worker	LGU-Barangay Guinaoang
30.	6/20	Analiza F. Dalmacio	Medical Officer III	Abatan Emergency Hospital
31.	6/20	Reneson Sipi-An	Nurse II	Abatan Emergency Hospital
32.	6/20	Materno P. Luspian	Municipal Mayor	Mankayan, Benguet Province
33.	6/20	Joseph C. Frias	Chief of Hospital	Atok District Hospital
34.	6/22	Thelma V. Dangao	Provincial Health Officer II	LGU-Apayao Province
35.	6/22	Cheryl V. Reyes	Provincial MNCHN Coordinator-Nurse II	LGU-Apayao Province
36.	6/22	Elias C. Bulut Jr.	Governor	Apayao Province
37.	6/23	Batara P. Laoat	Mayor	LGU-Pudtol, Apayao Province
38.	6/23	Kathy Myer Paculan	Provincial Health Nurse	MHO-Pudtol, Apayao Province
39.	6/23	Antonio Naglaylay	Barangay Kagawad	Mataguisi, Pudtol, Apayao Province
40.	6/23	Carmelita N. Corpuz	Midwife II	MHO-Pudtol, Apayao Province
41.	6/23	Reyma A. Garingan	Midwife II	MHO-Pudtol, Apayao Province
42.	6/23	Maryjane S. Caluez	Pregnant Woman	Mataguisi BHS
43.	6/23	Revelyn T. Balag	Post-Partum Woman	Mataguisi BHS

44.	6/23	Ferdinand Nicolas	Municipal Health Officer	Sta. Marcela RHU
45.	6/23	Eona M. Calban	Nurse	RHU-LGU
46.	6/23	Mency B. Palacay	Midwife	RHU-LGU
47.	6/23	Alona C. Estacio	CHT Volunteer	Sta. Marcela RHU
48.	6/23	Nermalyn Balinan	Pregnant Woman	Sta. Marcela RHU
49.	6/23	Gemmarose Sumagay	Post-Partum Woman	Sta. Marcela RHU
50.	6/23	Rolly U. Guiang	Local Chief Executive	LGU-Sta. Marcela
51.	6/23	Roy C. Julian	Chief of Hospital	LGU-Sta. Marcela
52.	6/23	Nelie G. Baclig	Nurse IV	Sta. Marcela District Hospital
53.	6/23	Ira Gay Managao	Nurse I	Sta. Marcela District Hospital
54.	6/23	Teofanes Ganac	Municipal Health Officer	Flora RHU
55.	6/23	Haidee M. Amine	Nurse III	Flora RHU
56.	6/23	Shirley Pepano	Midwife III	Flora RHU
57.	6/23	Nonito Vicente	Municipal Administrator	LGU-Flora
58.	6/23	Aida Ilde Fonso	Barangay Health Worker	Anninipan Flora
59.	6/23	Cynthia Fuzman	Patient (Pregnant Woman)	Anninipan Flora
60.	6/23	Marietta Antimano	Patient (Pregnant Woman)	Anninipan Flora
61.	6/23	Marlene Lubo	Medical Specialist III	Far North Luzon General Hospital
62.	6/23	Estela A, Nicolas	Medical Officer III/Provincial DOH Officer	Provincial DOH Office, Apayao
63.	6/23	Elnoria G.Bugnosen	District Medical Officer V	Provincial DOH Office, Apayao
64.	6/24	Melendrina A, Abagao	Provincial Health Nurse II	Calanasan RHU
65.	6/24	Florenda P. Aliga	Provincial Health Nurse	Calanasan RHU
66.	6/24	Marlyn Semana	Rural Health Midwife	Tanglagan BHS
67.	6/24	Rosemarie Siclangat	CHT	Tanglagan BHS
68.	6/24	Joveleyne Subia	Pregnant Woman	Tanglagan BHS
69.	6/24	Maria Ritchelle Corpuz	Post-Partum Woman	Tanglagan BHS
70.	6/25	Rosario Bersamin	Vice Governor	Provincial Government, Abra
71.	6/25	Hon. Ramon Nickson	Sanggunian Panlalawigan	Provincial Government, Abra
72.	6/25	Leona Berona	Provincial Health Officer	Province of Abra
73.	6/25	Cristete Turgueza	Provincial MNCHN Coordinator	Province of Abra
74.	6/25	Beth Lhad	Rural Health Midwife II	Lagangilang RHU
75.	6/25	Gisdle Casigag	Pregnant Woman	Lagangilang RHU
76.	6/25	Cristina Bringas	Pregnant Woman	Lagangilang RHU
77.	6/25	Roselyn Moratillo	Pregnant Woman	Lagangilang RHU
78.	6/25	Totcielyn Basiwa	Pregnant Woman	Lagangilang RHU
79.	6/25	Frindelyne A. Panste	Post-Partum Woman	Lagangilang RHU
80.	6/25	Roselyn V. Trongco	Post-Partum Woman	Lagangilang RHU
81.	6/25	Maryjane Martinez	Post-Partum Woman	Lagangilang RHU
82.	6/25	Amarte B. Escala	Social Insurance Officer	PhilHealth-Abra
83.	6/25	Noelle B. Bello	Social Insurance Officer I	PhilHealth-Abra
84.	6/25	Erickson B. Bersamin	Social Insurance Officer II	PhilHealth-Abra
85.	6/25	Godofredo L. Gasa	Medical Specialist IV	Provincial DOH Office, Abra
86.	6/25	Maricar A. Tuanquin	Pregnant Woman	Cayapa BHS
87.	6/25	Anselma Angeles	Pregnant Woman	Cayapa BHS
88.	6/25	Marites B. Bringas	Community Health Team	Cayapa BHS
89.	6/25	Jirlyn Villacampo	Community Health Team	Cayapa BHS
90.	6/25	Rosalia Diwayan	Community Health Team	Cayapa BHS
91.	6/25	Marilou A. Lu	Community Health Team/BNS/BHW	Lagangilang RHU

92.	6/25	Purita B.Hermoso	Community Health Team	Lagangilang RHU
93.	6/25	Juadita S.Badalao	Community Health Team	Lagangilang RHU
94.	6/25	Irene Abella	Community Health Team	Lagangilang RHU
95.	6/25	Ruby Rose Orosco	Municipal Health Officer	Lagangilang RHU
96.	6/25	Esmeralda Benas	Provincial Health Nurse	Lagangilang RHU
97.	6/25	Dexter Plurad	Medical Officer III	Dolasan Medical and Community Hospital
98.	6/25	Jason Ryan Celene	ILHZ Secretary	Dolasan ILHZ
99.	6/25	Cynthia Viado	Medical Specialist II, OB-Gyne	Abra Provincial Hospital, Department of OB-Gyne
100.	6/27	Valeriano Lopez	OIC-Regional Director	DOH-CAR
101.	6/27	Ferdinand Ganegangan	Pediatrician	Baguio General Hospital
102.	7/1	Dax Edward B.Nofuente	Chief Health Program Officer	DOH-Bureau of Local Health System Development
103.	7/1	Joel V.Cantero	Computer Programmer II	DOH-Epidemiology Bureau, Public Health and Surveillance and Informatics Division
104.	7/1	Yolanda E.Oliveros	Development Assistance Specialist	Office of Health, USAID Philippines

5. 投入リスト

投入リスト

<日本側>

専門家派遣

	氏名	担当業務	派遣期間	派遣人月(MM)		
				1年次(実績)	2年次(実績)	3年次(計画)
1	戸辺 誠	総括/保健システム(1)	2012年2月～現在	10.56	8.70	8.87
2	高吉 肇	副総括/研修監理/IEC・広報	2012年2月～現在	8.40	6.16	8.87
3	ローランド・エリック・マカナス	母子保健	2012年2月～現在	13.23	10.33	7.16
4	野口 修司	保健システム(2)	2012年2月～8月	2.51	-	-
5	西野 真理	機材計画/業務調整	2012年2月～5月	3.83	-	-
			合計	38.53	25.19	24.90

カウンターパートの本邦研修

	カウンターパート氏名	肩書き	所属	研修内容	期間
1	Manuela Fontanilla	Chief of Hospital	Villaviciosa District hospital, Abra	病院管理	2012年8月30日～10月6日
2	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao	妊産婦の健康改善(MDG5)	2013年1月23日～2月16日
3	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra	母子保健福祉行政	2013年1月27日～2月23日
4	Zenaida Patal-e	Regional MNCHN Coordinator	DOH-CARO	保健人材育成-地方村落における地域保健	2013年2月11日～3月15日
5	Alex Bayubay	Municipal Health Officer	Municipality of San Juan, Abra	妊産婦の健康改善(MDG5)	2013年10月2日～26日
6	Emily Quines	Nurse IV/ILHZ	DOH-CARO	へき地での保健医療体制の向上	2014年1月15日～2月12日
7	Teresita Pasiwen	Municipal Health Officer	Municipality of Conner, Apayao	保健人材育成-地方村落における地域保健	2014年2月11日～3月15日

## ローカルコスト

	費目	金額(日本円)			合計
		1年次(実績)	2年次(実績)	3年次(計画)	
1	現地傭人費	8,276,744	6,939,635	6,932,220	22,148,599
2	研修/会議等運営費	7,320,701	11,516,439	4,904,723	23,741,863
3	研修教材/報告書作成費	1,829,741	2,048,732	1,174,853	5,053,326
4	その他の費用(ガソリン、通信費、事務用品購入、レンタカーなど)	5,088,920	5,760,875	5,692,211	16,542,006
	合計	22,516,106	26,265,681	18,704,007	67,485,794

## &lt;フィリピン側&gt;

## カウンターパート配置

	氏名	肩書き	所属	プロジェクトでの役割(R/Dの記載)	雇用形態	カウンターパートとしての配置期間	
						開始	終了
1.	Madeleine De Rosas-Valera	Undersecretary of Health	Sector Finance and Policy Technical Cluster, DOH Manila	Project Director	正規	2012年2月	2013年9月
2.	Lilibeth C. David	OIC-Undersecretary of Health	Sector Finance and Policy Technical Cluster, DOH Manila	Project Director	正規	2013年10月	現在
3.	Gerardo V. Bayugo	Assistant Secretary of Health	Northern and Central Luzon Cluster, DOH Manila	Representative of the Project Director	正規	2012年2月	現在
4.	Maylene M. Beltran	Director IV	Bureau of International Health Cooperation (BIHC), DOH Manila	Project Manager	正規	2012年2月	現在
5.	JP Perez	Director IV	Bureau of Local Health Development (BLHD), DOH Manila	Technical Coordinator for Local Health System	正規	2012年2月	2013年7月
6.	Nestor F. Santiago	Director IV	BLHD, DOH Manila	Technical Coordinator for Local Health System	正規	2013年8月	現在
7.	Irma L. Asuncion	Director IV	National Center for Disease Prevention and Control (NCDPC), DOH Manila	Technical Coordinator for MCH	正規	2012年2月	現在
8.	Honorata Catibog	Director III	Family Health Office (FHO), DOH Manila	Technical Coordinator for MCH	正規	2012年2月	2013年9月
9.	Maria Joyce U. Ducusin	OIC-Director III	FHO, DOH Manila	Technical Coordinator for MCH	正規	2013年10月	現在
10.	Mar Wynn Bello	Division Chief	Bureau of International Health Cooperation (BIHC), DOH Manila		正規	2012年2月 2014年1月	2013年9月 現在
11.	Soledad Antonio	Division Chief	BIHC, DOH Manila		正規	2013年10月	2013年12月
12.	Jimmy Recilla	SPDO	BIHC, DOH Manila		正規	2012年2月	2013年9月
13.	Jocelyn Sosito	SPDO	BIHC, DOH Manila		正規	2013年10月	現在

14.	Myrna Cabotaje	Director IV	Cordillera Administrative Regional Office-DOH (DOH-CARO)	Project Coordinator	正規	2012年2月	2012年3月
15.	Judith Allaga	Director IV	DOH-CARO	Project Coordinator	正規	2012年3月	2012年8月
16.	Valeriano Jesus V. Lopez	OIC- Director IV	DOH-CARO	Project Coordinator	正規	2012年9月	現在
17.	Amelita M. Pangilinan	OIC-Director III	DOH-CARO		正規	2012年2月	現在
18.	Nicolas Gordo	Chief, Local Health Support Div.	DOH-CARO		正規	2012年2月	2013年10月
19.	Maria Luisa Paran	Chief, Local Health Support Div.	DOH-CARO		正規	2013年11月	現在
20.	Virginia Narciso	Family Health Cluster Chief	DOH-CARO		正規	2012年2月	現在
21.	Zenaida Patal-e	Reg'l MNCHN Coordinator	DOH-CARO		正規	2012年2月	2013年10月
22.	Mary Jane Munoz	Reg'l MNCHN Coordinator	DOH-CARO		正規	2014年1月	現在
23.	Rey Segandoy	MNCHN Staff	DOH-CARO		契約	2012年2月	2012年12月
24.	Joyce Pojas	MNCHN Staff	DOH-CARO		契約	2013年1月	2013年11月
25.	Mark Duran	MNCHN Staff	DOH-CARO		契約	2013年12月	2014年4月
26.	Melanie June Caleno	MNCHN Staff	DOH-CARO		契約	2014年4月	現在
27.	Francisca Liclic	Planning Officer I	DOH-CARO		正規	2012年2月	現在
28.	Emily Quines	Nurse IV/ILHZ	DOH-CARO		正規	2012年2月	現在
29.	Erwin Baclig	LRED Chief	DOH-CARO		正規	2012年2月	現在
30.	Clark Dizon	Licensing Officer	DOH-CARO		正規	2012年2月	現在
31.	Janice Bugtong	Admin Chief	DOH-CARO		正規	2012年2月	現在
32.	Mercedes Calpito	Prov. DOH Officer (areas: Bokod, Kabayan, Tublay, La Trinidad)	Provincial DOH Office-Benguet	LGU Coordinator	正規	2012年2月	現在
33.	Florence Tabur	Prov. DOH-Rep (Areas: Atok, Kibungan, Itogon, Sablan)	Provincial DOH Office-Benguet		正規	2012年2月	現在
34.	Jocelyn Bestre	Prov. DOH-REP (Areas: Bakun, Buguias, Mankayan, Kibungan)	Provincial DOH Office-Benguet		正規	2012年2月	現在
35.	Tony Baigen	Prov. DOHREP (Area: Tuba)	Provincial DOH Office-Benguet		正規	2012年2月	現在
36.	Godofredo L. Gasas	Prov. Provincial DOH Officer	Provincial DOH Office, Abra	LGU Coordinator	正規	2012年2月	現在
37.	Marlene A. Rosete	Prov. DOH-Rep (San Juan)	Provincial DOH Office, Abra		正規	2012年2月	現在

38.	Agnes P. Casia	Prov. DOH-Rep (Pilar, Penarrubia, Villaviciosa)	Provincial DOH Office, Abra		正規	2012年2月	現在
39.	Victoria A. Palos	Prov. DOH-Rep (Dolores, Lagangilang)	Provincial DOH Office, Abra		正規	2012年2月	現在
40.	Andrew D. Martin	Prov. DOH Officer	Provincial DOH Office, Apayao	LGU Coordinator	正規	2012年2月	現在
41.	Estella A. Nicolas	Prov. DOH Representative	Provincial DOH Office, Apayao		正規	2012年2月	現在
42.	Charlyn B. Tagabing	Prov. DOH Representative	Provincial DOH Office, Apayao		正規	2012年2月	現在
43.	Esteban Piok	Provincial Health Officer II	Provincial Health Office, Benguet		正規	2012年2月	2013年3月
44.	Norma Pacalso	Provincial Health Officer II	Provincial Health Office, Benguet		正規	2012年2月	2014年3月
45.	Nora Ruiz	Provincial Health Officer I	Provincial Health Office, Benguet		正規	2014年4月	現在
46.	Antonette Agpas	Prov. MNCHN Coordinator	Provincial Health Office, Benguet		正規	2013年3月	現在
47.	Imelda Ulep	Provincial FHSIS Coordinator	Provincial Health Office, Benguet		正規	2012年2月	現在
48.	Rosanna Tabangcura	Provincial MCH Coordinator	Provincial Health Office, Benguet		正規	2012年2月	現在
49.	Leona G. Berona	Provincial Health Officer II	Provincial Health Office, Abra		正規	2013年10月	現在
50.	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra		正規	2012年2月	現在
51.	Marijune Algarne	Provincial FHSIS Coordinator	Provincial Health Office, Abra		正規	2012年2月	現在
52.	Thelma Dangao	Provincial Health Officer II	Provincial Health Office, Apayao		正規	2012年2月	現在
53.	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao		正規	2012年2月	現在
54.	Glenn Lamsis	Accreditation Chief	PhilHealth Regional Office		正規	2012年2月	現在
55.	Annabel David	Social Insurance Officer II	PhilHealth Benguet		正規	2012年2月	現在
56.	Leonora Sobrevilla	Social Insurance Officer II	PhilHealth Abra		正規	2012年2月	現在
57.	Nestor Goyagoy	Social Insurance Officer II	PhilHealth Apayao		正規	2012年2月	現在
58.	Claire Marquez	Medical Officer	National Commission of Indigenous Peoples (NCIP) Regional Office		正規	2012年2月	現在

ローカルコスト

	分類	活動	支出費目	支出額 (フィリピンペソ)		合計
				1年次	2年次	
1	ILHZ	ILHZ Training Module Development workshop	Meals	0	0	0
			TEV	45,300	68,000	113,300
		Orientation on ILHZ	Meals	7,500	0	7,500
			TEV	123,000	53,000	176,000
		Functionality of ILHZ	CHTF Contribution	1,672,539	2,126,788	3,799,327
		ILHZ (Board & TWG) Meetings	Meals	139,200	370,775	509,975
TEV	89,000		87,400	176,400		

		Monitoring	TEV	17,000	15,000	32,000
	PhilHealth	Enrolment	Premium payment	14,509,380	102,864,933	117,374,313
2	MNCHN implementation	Development Workshop on Localized MNCHN Manual of Operation	Materials	0	0	0
			TEV	32,000	11,360	43,360
		Roll-out training on Localized MNCHN Manual of Operation	Meals and accommodation	0	551,335	551,335
			Materials	0	24,000	24,000
			TEV	16,400	72,800	89,200
		Roll-out training on MNDR	Meals and accommodation	0	150,075	150,075
			Materials	0	10,000	10,000
			TEV	5,000	56,040	61,040
		Development Workshop on Referral Manual	Meals and accommodation	0	0	0
			Materials	1,000	0	1,000
			TEV	34,660	22,200	56,860
		Orientation on Referral Manual	Meals and accommodation	0	100,000	100,000
			Materials	0	16,000	16,000
			TEV	5,000	38,400	43,400
		Family Health Diary	Production/Reproduction	0	649,980	649,980
		Orientation on Family Health Diary	Meals and accommodation	7,000	35,000	42,000
			Materials	0	2,000	2,000
			TEV	200	32,600	32,800
		Advocacy on MNCHN Emergency Preparedness	TEV	900	4,000	4,900
		CHT Convention	Meals and accommodation	107,870	10,194,100	10,301,970
Materials	0		1,854,000	1,854,000		
TEV	0		568,100	568,100		
Monitoring	TEV	34,500	66,486	100,986		
3	BEmONC Certification	Orientation on BEmONC Certification	Meals and accommodation	0	2,000	2,000
			materials	0	500	500
			TEV	4,600	48,130	52,730
		Reassessment of BEmONC Facility	TEV	2,000	13,800	15,800
		Facility Enhancement	Infrastructure	34,047,385	98,649,003	132,696,388
			Equipment	657,617	284,738,716	285,396,333
			Medicines	3,519,941	5,358,878	8,878,819
			Supplies	687,768	4,210,016	4,897,784
		Facility Operation	Equipment Maintenance	374,705	389,600	764,305
			Utility fees	280,512	475,934	756,446
BEmONC Training	Enrolment fee	0	75,000	75,000		
	TEV	159,900	291,579	451,479		
MCP/NCP Accreditation	Processing of accreditation	Accreditation fee	110,400	42,000	152,400	
4	Documentation	Training on Technical Writing	Meals and accommodation	102,000	3,500	105,500
			materials	0	0	0
			TEV	12,000	15,600	27,600
		Project Expansion Plan	Meals	0	0	0
			Materials	0	0	0
		Distribution of Project Progress Report and Newsletter	Freight	0	0	0
5	TWG/EC/JCC	Official meeting	Meals	0	283,500	283,500
合計				56,651,276	488,009,388	544,660,664

6. 活動計画/実績

活動計画/実績	年次 月 年 月	第1年次(実績)												第2年次(実績)												第3年次(計画)												第4年次(計画)												第5年次(計画)																							
		2012 (H24)												2013 (H25)												2014 (H26)												2015 (H27)												2016 (H28)												2017											
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
調査段階	国内準備作業	第1年次現地作業												第2年次現地作業												第3年次現地作業												第4年次現地作業												第5年次現地作業																							
PDM 活動	作業																																																																								
	<各年次に共通の業務>																																																																								
	合同調整委員会(■)・地域統一プロジェクトマネジメント運営委員会(△)・州運営委員会(●)/技術委員会(○)によるモニタリング																																																																								
	プロジェクト年次計画の策定																																																																								
	データの収集及び分析																																																																								
	本邦におけるカウンターパート研修																																																																								
	BEmONG/MNCHNサービス向上のためのアドボカシー																																																																								
	広報活動																																																																								
	終了時評価調査のフォローアップ																																																																								
	<プロジェクト計画・運営に関する活動>																																																																								
	0-1 業務実施計画の検討																																																																								
	0-2 着手報告書の作成																																																																								
	0-3 州運営委員会・技術委員会の設置支援																																																																								
	0-4 着手報告書(案)の説明・協議(第1回州運営委員会/技術委員会、地域統一プロジェクト運営委員会、JCC)																																																																								
	0-5 プロジェクト事務所の開設																																																																								
	0-6 CHD CAR研修センターの整備																																																																								
	コーディレラ地域全体への展開計画策定支援																																																																								
	PDM改訂																																																																								
	0-7 中間レビュー調査への協力・フォローアップ																																																																								
	0-8 終了時評価調査への協力																																																																								
	<成果1: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る>																																																																								
	1-1 KPの枠組みとMNCHN政策に沿った地域保健システムの研修モジュールの作成																																																																								
	1-2 地域保健システム研修モジュールを使ったILHZオリエンテーション・ワークショップの実施																																																																								
	1-3 ILHZ-CHTF制度構築・活用支援																																																																								
	1-4 MNCHN政策を反映したILHZ計画の策定																																																																								
	1-5 MNCHNサービス持続性確保のための自治体レベルの仕組みづくり																																																																								
	1-6 フィリピン健康保険公社の経済困難世帯向け「貧困者プログラム」加入への働きかけ																																																																								
	<成果2: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る>																																																																								
	2-1 MNCHNマニュアルをコーディレラ地域向けに改訂																																																																								
	2-2 リファラルマニュアル整備・リファラル強化																																																																								
	2-3 MNCHNマニュアル研修の実施																																																																								
	2-4 妊産婦新生児死亡症例検討会のための指導者研修の実施																																																																								
	2-5 妊産婦新生児死亡症例検討会を含めたMNCHN政策全般に係るモニタリングの定期的実施																																																																								
	BEmONGに係る継続的なモニタリング制度の設立・運用																																																																								
	2-6 MNCHNに係るOHT活動の現状分析・支援体制整備/OHT活動状況調査(5年次)																																																																								
	2-7 地域の文化に適したMNCHNのIEC教材作成・改訂																																																																								
	2-8 「バランガイの保健に関する緊急事態に備えるための計画」策定法・モニタリング法研修																																																																								
	<成果3:プロジェクト対象サイトの病院と保健所、助産所が保健省からBEmONGサービスが提供できる施設として認定される一方、保健所、助産所はフィリピン健康保険公社によりMCP施設であると認定される>																																																																								
	3-1 機材ニーズについて既存の施設マッピングの再評価																																																																								
	3-2 BEmONG研修実施、専門技術維持支援																																																																								
	3-3 助産師版BEmONG研修実施、専門技術維持支援																																																																								
	3-4 BEmONG施設への医療機材供与と機材保守管理体制整備																																																																								
	3-5 保健省BEmONG認証の取得・更新の促進																																																																								
	3-6 フィリピン健康保険公社MCP認証申請と保険金還付申請支援																																																																								
	<成果4:プロジェクトの教訓と活動に係る普及活動がコーディレラ地域及び国内に向けて行われる>																																																																								
	4-1 広報技術研修実施																																																																								
	4-2 広報資料の作成、配布																																																																								
	4-3 コーディレラ地域全体へのプロジェクトの展開支援																																																																								
	4-4 保健省の年次総会やドナー会議などの場を通じた広報活動																																																																								
	4-5 全国セミナーの開催																																																																								
	<報告書> IC/R:着手報告書、PR:プロジェクト事業進捗報告書、AR:業務完了報告書/プロジェクト業務完了報告書、PFR:プロジェクト事業完了報告書、(1)機材供与計画、(2)地域保健システムの研修モジュール、(3)MNCHNマニュアル、(4)リファラルマニュアル、(5)BEmONG研修に係る事後アセスメント報告書、(6)MNCHN IEC教材、(7)MNCHNサービス提供に係るグッドプラクティスのブックレット、(8)広報資料、(9)全国セミナーブックレット																																																																								
	<要員配置>																																																																								
	総括/保健システム(戸辺)																																																																								
	母子保健/機材計画(Macanas)																																																																								
	副総括/研修監理/IEC/広報(高吉)																																																																								
	機材計画/業務調整(西野)																																																																								
	保健システム(2)(野口)																																																																								
	各州ローカルコンサルタント(Mejia, Dulnuan, Munar)																																																																								

