

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
終了時評価調査報告書

2016年11月

独立行政法人
国際協力機構 (JICA)
フィリピン事務所

フピ事
JR
16-009

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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（MDGs）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2つの技術協力を実施してきました。

「コーディレラ地域保健システム強化プロジェクト」は、上記2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。

プロジェクト終了まで約半年という地点にさしかかり、JICAは活動の進捗状況、成果の達成状況を評価するとともに、プロジェクト終了後の持続可能な発展の可能性とその後の留意点等を検討する目的で、終了時評価調査を2016年9月19日から10月6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フィリピン保健省、アブラ、アパヤオ、ベンゲット、カリンガ州政府関係者なら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、プロジェクト終了までのより一層のご協力をお願いする次第です。

2016年11月

独立行政法人国際協力機構

フィリピン事務所長 伊藤 晋

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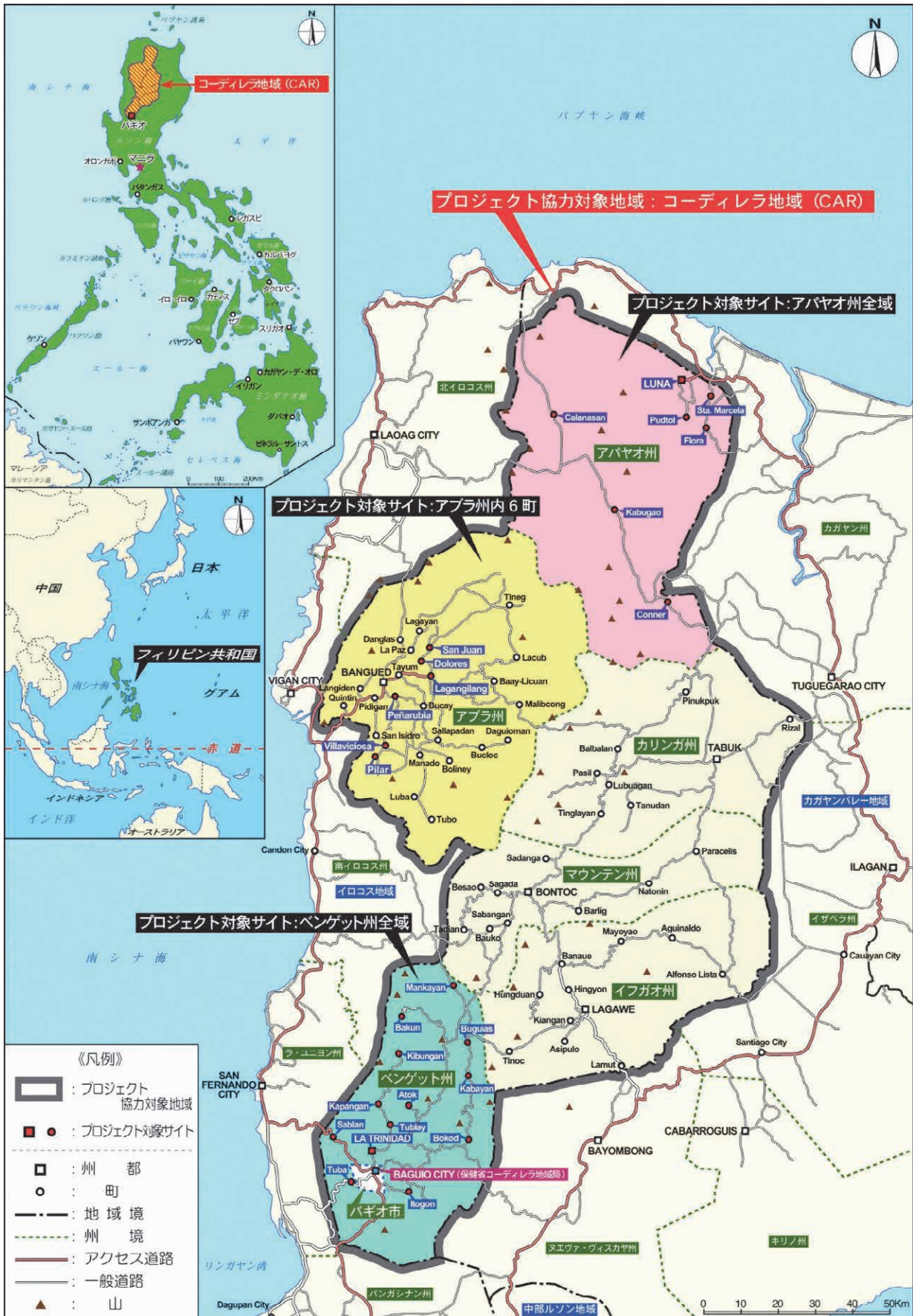
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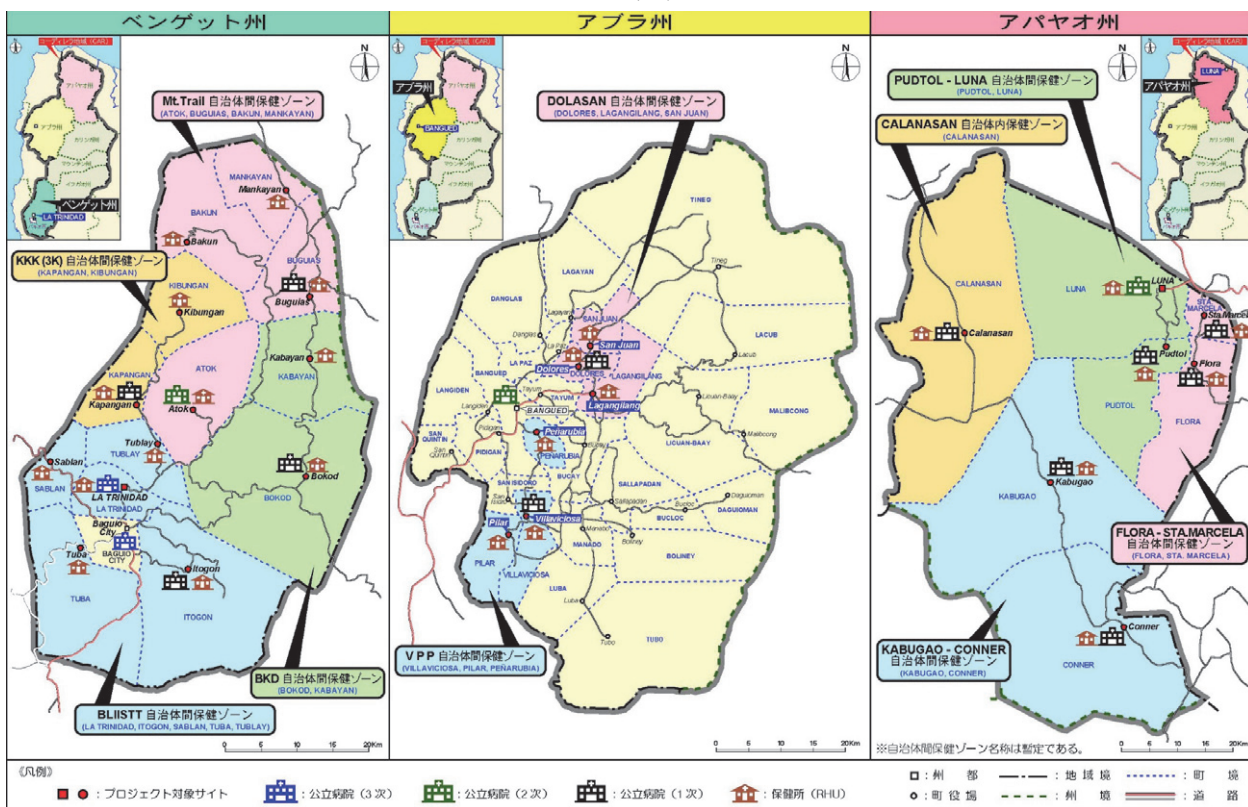
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プロジェクト協力対象地域地図



プロジェクト対象サイト地図



写 真



コミュニティヘルスチーム（CHT）から聞き取りを行う調査団（アパヤオ州）



コーディレラ地域版母子手帳と母子保健 IEC 教材（フリップチャート）



コーディレラ地域版母子手帳を持つ妊産婦



妊産婦からヒアリングを行う調査団



手作りの分娩追跡チャート (Delivery Tracking Chart) (コナ市)



合同調整委員会（JCC）にて署名を行った調査団とバユーゴ保健省次官

略 語 表

略 語	正式名称	日本語表記
ANC	Antenatal Care	産前ケア
BEmONC	Basic Emergency Obstetric and Newborn Care	基礎的緊急産科・新生児ケア
BHS	Barangay Health Station	助産所
BHW	Barangay Health Worker	
CAR	Cordillera Administrative Region	コーディレラ地域
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
DHS	Demographic and Health Survey	国家人口保健調査
DOH	Department of Health	保健省
DOH-CAR	Department of Health - Cordillera Administrative Regional Office	保健省コーディレラ地域保健局
EC	Executive Committee	州運営委員会
FHSIS	Field Health Service Information System	保健情報システム
GIDA	Geographically Isolated and Disadvantaged Areas	地理的に孤立した不利な地域
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
IMR	Infant Mortality Rate	乳児死亡率
JCC	Joint Coordinating Committee	合同調整委員会
KP	Kalusugan Pangkalahatan	国家保健政策
LTO	License to Operate	分娩施設免許
MCH	Maternal and Child Health	母子保健
MCP	Maternity Care Package	母子保健ケアパッケージ
MDGs	Millennium Development Goals	ミレニアム開発目標
MNCHN	Maternal, Newborn, Child Health and Nutrition	保健省母子保健政策
MMR	Maternal Mortality Ratio	妊産婦死亡率
MNDR	Maternal/Neonatal Death Review	妊産婦新生児死亡症例検討会
PDM	Project Design Matrix	プロジェクト・デザイン・マトリックス
PO	Plan of Operation	活動計画
R/D	Record of Discussion	討議議事録
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
SDGs	Sustainable Development Goals	持続可能な開発目標
SDN	Service Delivery Network	サービス・デリバリー・ネットワーク
TWG	Technical Working Group	技術委員会
USAID	United States Agency for International Development	米国国際開発庁

プロジェクトに関連する基礎情報

(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=0.47 フィリピンペソ (PhP) (2016年10月現在)

終了時評価調査結果要約表

1. 案件の概要	
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：5億6,599万円（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-CAR）
	日本側協力機関：システム科学コンサルタンツ株式会社
1-1 協力の背景と概要	
<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（Demographic and Health Survey：DHS）の172と比較して若干減少していたものの、今後、減少が大幅に加速されないかぎり2015年までのMillennium Development Goals：MDGs 目標の達成（出生十万人当たり52）は困難であるとの見解が強かった。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（1992～1998年）から34（2003～2007年）へと、また乳児死亡率は同34～25へと減少傾向が認められ（NDHS：2008）、保健省（Department of Health：DOH）では今後、新生児の死亡を抑えることで、MDGs 目標である5歳未満児死亡率21が達成可能であると見ていた。</p> <p>こうしたなかでDOH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, Child Health and Nutrition：MNCHN）“AO 0029, series of 2008”を発表し、活動の強化を図っていた。</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アパヤオ州は全国最貧困10州の中に位置づけられている。こうしたことから、DOH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。</p> <p>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った。</p> <p>一方では、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な実施が難しい状態にあった。</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2つの技術協力を実施してきた。</p> <p>「コーディレラ地域保健システム強化プロジェクト」（以下、「本プロジェクト」と記す）は、上記2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</p>	

のフィリピン国家保健政策（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。

(2) プロジェクト目標

コーディネラ地域において、母子保健サービスが効果的・効率的に提供されるための保健システムが強化される。

(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 DOH 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（Maternity Care Package：MCP）施設として認証される〔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かかる普及活動がコーディネ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 127.66 人/月（1～4 年次の実績と 5 年次計画分を含む）

ローカルコスト負担：約 153 百万円（1～4 年次の実績と 5 年次計画分を含む）

研修員受入：16 名（2016 年内に他 1 名予定）

供与機材：約 3.2 百万円

<フィリピン側>

カウンターパート配置：約 89 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：8 億 5,995 万フィリピンペソ（1～4 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	吉田 友哉	JICA 人間開発部保健第二グループ第三チーム課長
	技術参与	金森 将吾	フィリピン DOH アドバイザー
	評価計画	川口 美咲	JICA フィリピン事務所
	評価計画	伊藤 亜紀子	JICA 人間開発部保健第二グループ第三チーム主任調査役
	評価分析	藪田 元	(株) グローバルグループ 21 ジャパン
	<フィリピン側>		
		Maylene M. Beltran	フィリピン DOH 国際協力局
		Jocelyn T. Sosito	フィリピン DOH 国際協力局
		Grace R. Buquiran	フィリピン DOH 国際協力局
調査日程：2016年9月19日～10月6日		評価種類：終了時評価	
3. 評価結果の概要			
3-1 実績の確認			
(1) アウトプットの達成状況			
<p>アウトプット2はすべての指標が達成され、大きく達成されたと判断される。アウトプット1、3、4についてはほとんどの指標が達成され、おおむね達成されたと判断される。</p> <p>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 ILHZ の機能を通じて強化される。</p> <ul style="list-style-type: none"> ・アブラ州の2ゾーンとアパヤオ州の4ゾーンを対象に研修が行われ、6つのILHZが組織された。これらすべてのILHZは年間活動計画を策定・実施し、2015年3月までに共同保健信託基金(Common Health Trust Fund: CHTF)を設置した。3つのILHZはCHTFを利用し、残りの3つのILHZは将来に向けて基金を積み立てている。 ・2015年の各州予算に占める保健予算の割合は、アブラ州は7.7%(2012年時点)から27.2%に増加したが、アパヤオ州が14.8%と、事業開始と変わらない。ただし、アパヤオ州の保健予算額は2012～2015年に20%増加した。よって、2012年のアブラ州81,419,587ペソ(州全体の予算1,056,159,889ペソ)、アパヤオ州79,601,633ペソ(520,608,446ペソ)保健予算と比べると、2015年時点でアブラ州221,855,676ペソ(816,626,322ペソ)、アパヤオ州96,007,693ペソ(649,461,156ペソ)といずれも増加した。2015年の対象地域内13町の保健予算割合の中央値は7.9%と、2012年の基準値より若干減少したが、フィリピン健康保険公社からの保険還付金を含めると増加したと推測される。 ・2013年までに対象サイト内の全26町で施設分娩促進に関する条例や決議書が制定された。25町ではコミュニティヘルsteam(Community Health Team: CHT)支援の条例や決議書が制定された。2011～2015年までの期間に、対象サイト内のフィリピン健康保険公社の国民健康保険加入者数は3倍以上に、保険還付金は22倍に増加した。 			

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。

- ・地域の伝統的分娩方法に配慮した「コーディネラ地域版母子保健マニュアル」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。
- ・ILHZ ごとに「母子保健リファラルガイドライン」が作成され、各 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。
- ・コーディネラ地域全 6 州とバギオ市は妊産婦新生児死亡症例検討会 (Maternal/Neonatal Death Review : MNDR) を 2013 年から毎年 10 症例以上開催している。コーディネラ地域レベルの検討会も継続的に実施されている。
- ・BEmONC サービスを提供する施設に対する支援的監督・モニタリング (Supportive Supervision and Monitoring、以下、「BEmONC モニタリング」という) のためのマニュアル (ツール) が作成され、研修により各州にモニタリングチームが編成され、2015 年にモニタリングが開始された。
- ・CHT 向けフリップチャートとバナーが作成され、改訂版母子手帳と併せて、CHT 集会で配布された。母子手帳は増刷され、その活用に向けて CHT へのオリエンテーションが実施された。
- ・対象サイトの全 360 バランガイのうち 356 バランガイが「母子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。

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 DOH から BEmONC サービスが提供できる施設となる一方、保健所・助産所はフィリピン健康保険公社により MCP 対象施設として認証される。

- ・2015 年 3 月までに医療従事者 129 名が BEmONC 研修を、182 名が短期 BEmONC 研修を受講した。
- ・2016 年 1 月までに、108 施設 (15 病院、19 保健所、74 助産所) が BEmONC サービス提供可能となった。2015 年 12 月現在、97 施設 (15 病院、19 保健所、63 助産所) が MCP 施設として認証されている。

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

- ・2016 年 3 月までに、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 8 回、プレスリリースが 6 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 67 回掲載され、テレビ・ラジオ報道が 25 回あった。グッドプラクティス・ブックレットが発行された。
- ・2013 年に「プロジェクト展開計画 (Project Expansion Plan)」がコーディネラ地域保健局 (Department of Health - Cordillera Administrative Regional Office : DOH-CAR) 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 24 回実施された。プロジェクト第 3 年次に国家フォーラムが開催され 277 名が参加した。

(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

指標*	2011	2012	2013	2014	2015	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 (%)	-	79 (基準値)	86	89	93	85
2) 産前ケア受診率 (%)	-	63 (基準値)	74	81	84	80
3) 産後ケア受診率 (%)	-	90 (基準値)	96	97	98	90
＜コーディレラ地域全体の指標＞						
4) 機能している ILHZ の数	7 (基準値)	11	12	14	17	増加
5) MNDR を実施している自治体数	0 (基準値)	0	7	7	7	7
6) BEmONC サービス提供可能施設数	0 (基準値)	0	32	166	188	177*
7) フィリピン健康保険公社・MCP 認証施設数	12 (基準値)	23	53	88	144	131*

注：太字の数字は目標値を達成した実績。

(*) の数字は 2015 年に上方修正された目標値。産後ケア受診率は、プロジェクト開始前に 70%であったところ、開始 1 年目で 90%に上昇した。国の目標である 80%を 1 年目（2012 年時点）で既に超えているため、その成果を維持するために 90%を目標値とした。

3-2 評価結果の要約

(1) 妥当性

本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）、ならびに施設分娩を進める同国の MNCHN 政策との整合性が高い。これらの政策は終了時評価の時点でも維持され、ドゥテルテ政権による「フィリピン保健アジェンダ」（2016～2022 年）が示す重点分野とも整合する。

コーディレラ地域は、DOH 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ことは妥当だった。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。

さらに、本プロジェクトの内容は、日本政府の 2012 年「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 の保健分野の協力ー現在と未来ー」の枠組みに合致する。

(2) 有効性

「プロジェクト目標の達成状況」に示したように、本プロジェクトの目標は、2015年に上方修正された目標も含め、目標年の2年前に達成されている。よって、本プロジェクトの有効性は高い。有効性を高めた主な要因は以下のとおり。

- ・母子保健サービスの組織制度、技術、施設機材、財務等について包括的・総合的な取り組みがパッケージとして計画され、専門家とカウンターパートの協働努力により、着実に実施された。
- ・地方自治体（州・町）首長への継続的な働きかけにより母子保健分野への理解とコミットメントを得た。その結果、地方自治体は母子保健に関する各種の条例・決議書の制定、ILHZの再活性化、保健所・助産所の施設・機材整備、CHT支援等に積極的に取り組んだ。
- ・フィリピン健康保険公社のMCPを活用したことにより、その還付金を利用して母子保健サービスの質が確保されるとともに、地方自治体・医療従事者への追加的なインセンティブが与えられた。
- ・BEmONCモニタリングやMNDRなど、母子保健サービスの質を確保するための仕組みを導入した。

(3) 効率性

アウトプットはいずれも達成、もしくはほぼ達成された。日本・フィリピン国側双方の投入は適切で、活動は計画どおり実施された。プロジェクト内のコミュニケーションに問題はなく、合同調整委員会（Joint Coordinating Committee：JCC）や地域統一プロジェクト運営委員会（Regional Unified Project Management Committee：RUPMC）等によるモニタリング・意思決定の仕組みは適切であった。効率性への主な影響要因として以下3点を挙げる。

- ・自治体首長の継続的なコミットメントを得るために、首長交代時にはアドボカシーを繰り返し行った。
- ・プロジェクト開始後、プロジェクト・デザイン・マトリックス（Project Design Matrix：PDM）は二度修正され、指標の変更（情報入手の制約から）、到達目標の上方修正のほか、関連制度の変更に合わせた細かな調整が行われた。このように、プロジェクト運営には十分な柔軟性があった。
- ・対象3州には、州別に計3名のフィールド・コンサルタントがそれぞれ配置された。いずれもフィリピン人の医師あるいは看護師で、対象州及び近隣州の公的保健部門での勤務経験を持つ。対象州のうちアパヤオ州・アブラ州はプロジェクト事務所のあるバギオから車両で1日かかる遠隔地であるが、このようなフィールド・コンサルタントが常駐したことは活動の円滑な実施に貢献した。

(4) インパクト

本プロジェクトの上位目標の指標の中で、コーディレラ地域全体の施設分娩率と妊産婦死亡率は2010年以降改善しているが、乳児死亡率はMDGs目標値19（出生千当たり）をプロジェクト開始当初から下回っているものの顕著な改善傾向が見られない。3つの指標

はいずれも本プロジェクトの目標値あるいは MDGs 目標値を達成しており、指標を見る限り、上位目標は達成されている。

上位目標の指標達成状況

(単位：%)

	2010	2011	2012	2013	2014	2015	目標値
施設分娩率	68	73	78	83	90	92	85
妊産婦死亡率	65	62	71	66	50	45	52
乳児死亡率	9	11	10	10	8	11	19

注：太字の数字は目標値を達成した実績。

施設分娩率の改善は、本プロジェクトの直接的なインパクトと見なせるが、妊産婦死亡率・乳児死亡率へのインパクトは間接的である。本プロジェクトの妊産婦死亡率・乳児死亡率への貢献は更に詳細な分析が必要である。

その他のインパクトとして以下の2点を指摘できる。

- ・本プロジェクトは、施設分娩率・産前産後ケア受診率を正確に評価するため、既存の施設別の対象者リスト (Target Client List) を居住地別に再編成した「居住地別対象者リスト」を導入した。居住地別対象者リストからは町別・バランガイ別に施設分娩率・産前産後ケア受診率を正確に算出できるため、地方自治体の母子保健分野のモニタリング・計画に非常に有用であることが判明した。DOH-CAR は予防接種率についてもこの手法を導入することを決めた。さらに、隣接するイロコス地域パンガシナン州がこれを導入するため、本プロジェクトの支援を要請している。
- ・本プロジェクトは、母子保健を対象に実施されたが、ILHZ によるリファラルの改善、保健所・助産所の能力強化は、母子保健以外の緊急時の患者紹介や搬送等に係る医療保健サービスの改善にも寄与している。

(5) 持続性

DOH-CAR 及び対象サイトの州・町の医療従事者が、本プロジェクトの活動を継続するための十分な技術力を持つこと、母子保健サービス提供の組織制度の枠組みは、今後も維持されると見込まれること、DOH-CAR と現地で面会した州・町の首長全員が活動の継続に明確なコミットメントを表明したことから、本プロジェクトの持続性はおおむね高いと判断される。他方、以下の課題は本プロジェクトの持続性に影響を及ぼす可能性があり、注意が必要である。

- ・地方自治体の首長交代に伴う母子保健へのプライオリティの低下：本プロジェクトでは首長の交代の影響を最小限にとどめるために、条例・決議書の制定を進めてきたが、今後もすべての地方自治体が関連する条例・決議書を制定できるように、DOH-CAR は継続的に働きかける必要がある。
- ・研修を受けた医療従事者の異動・交代：DOH-CAR は継続的な研修をバギオ総合病院と引き続き協同で実施する必要がある。
- ・プロジェクト展開計画の段階的な実施：DOH による機材調達の遅れ、研修実施への制約 (講師や参加者の時間的制約) があった。プロジェクト展開計画の着実な実施が必

要である。

- ・フィリピン健康保険公社の制度変更：フィリピン健康保険公社は、将来、十分な財源が確保されなくなった場合に MCP の保険料、還付金額などが変更され、そのメリットが減少する可能性がある。

3-3 効果発現に貢献した要因

(1) 計画内容に関すること

- ・母子保健サービスについて包括的・総合的な取り組みがパッケージとして計画された。なお、これらの取り組みは、いずれもフィリピンの MNCHN に沿ったものであり、フィリピン側の積極的な取り組みを引き出すとともに、プロジェクト終了後の継続性にもつながると考えられる。

(2) 実施プロセスに関すること

- ・指標評価の必要性や関連制度の変更に応じ、柔軟に PDM の修正が行われるなど、プロジェクト運営に柔軟性があった。
- ・十分な専門性と経験を持った 3 名のフィールド・コンサルタントが各州に常駐した。

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

本プロジェクトは、フィリピン政府の保健政策 (KP)・母子保健政策 (MNCHN)、コーディレラ地域の開発ニーズと整合している。プロジェクト目標の指標は、プロジェクト完了の 2 年前に目標を達成した。さまざまな取り組みが、包括的・総合的に計画され、専門家とカウンターパートの努力により着実に実施されたことが良い結果に結びついた。カウンターパートの能力強化が完了し、自治体が活動継続に強いコミットメントを示していることから、持続性はおおむね高いと判断される。上位目標の一部の指標は改善しているが、本プロジェクトの寄与については更なる分析が必要である。以上を総合し、本プロジェクトは非常に満足できる結果を残して完了すると見込まれる。

3-6 提言

(1) ILHZ を通じたサービス・デリバリー・ネットワーク (SDN) 強化

DOH への提言：本プロジェクトが十分に機能しうる ILHZ を確立した経験は、DOH が SDN の強化を進めるうえで参考になる。本プロジェクトでは ILHZ が機能できるための条件として①自治体間の協定締結、②医療施設のプロファイリング、③リファラルの基準・手順の確立、④重要な課題を話し合うための ILHZ 単位の定例会議などが明らかとなった。

これらは SDN の強化を進める際にも考慮されるべきである。

(2) サービスの質の持続的な確保を目指した BEmONC モニタリングの制度化

DOH への提言：プロジェクト対象サイトでは、BEmONC 施設が提供するサービスの質を確保するために、州による決議書・命令書により BEmONC モニタリングが制度化された。さらに、DOH-CAR は BEmONC モニタリングで良好なパフォーマンスが確認されることを分娩施設免許（License to Operate：LTO）発行の必要条件にすることを検討している。以上を参考に、DOH の関連部門は BEmONC モニタリングの国家政策としての制度化の可能性を検討するとともに、州が BEmONC モニタリングを支援する法令を定めることを奨励することが示唆される。

DOH-CAR への提言：質の良い BEmONC サービスを継続的に提供するために、DOH-CAR は新たに赴任した医療従事者にもバギオ総合病院と協同で研修を提供するとともに、既存の医療従事者にも継続研修を提供する必要がある。また、BEmONC サービス提供について対応が必要な問題を見過ごさないように、州による BEmONC モニタリングを確実に継続させる必要がある。

(3) 地域レベルの MNDR の制度化

DOH への提言：本プロジェクトでは、州レベルの MNDR が導入され良い結果をもたらしたため、DOH-CAR は地域レベルの定期的な MNDR を開始した。地域レベルの MNDR では、バギオ総合病院の専門医の参加を得て州レベルでは技術的に難しかった死亡例の検討を行うとともに、地域内の医療関係者が相互に学びあう機会が提供されている。このような経験を参考に、DOH の関連部門は地域レベルの MNDR を全国に広げる可能性を検討すべきである。

(4) 居住地別の母子保健指標

DOH への提言：本プロジェクトにより居住地別の対象者リストに基づいた母子保健指標（施設分娩率、産前産後ケア受診率、予防接種完了率）は、地方自治体によるバランガイ単位のモニタリングと計画策定に有用であることが示された。DOH は、地方自治体がユニバーサルヘルスケアの実現に向けて資源を有効活用できるように、居住地別の指標の活用を認めるべきである。既存の保健情報システム（Field Health Service Information System：FHSIS）や妊婦リストの定義を見直すという方法もあるが、分娩施設において新たに「居住地別対象者リスト」を導入することも可能であろう。DOH の関連部門は地方自治体の必要性に応える適切な方法を検討すべきである。

プロジェクトへの提言：本プロジェクトは居住地別の母子保健指標の導入を行ったが、データの取り扱いはこれまで日本人専門家の指導の下で行われてきた。よって、プロジェクト完了までに、データの収集、整理、分析、提示などの手順をマニュアル化し、DOH-CAR が独自でこれを実施し、地方自治体等にデータの分析と活用方法を指導できるように技術移転を行う必要がある。さらに、プロジェクトはイロコス地域の要請に応じ、居住地別の指標について技術移転を行うことが期待される。また、対象サイトで居住地別対象者リストに合わせて活用されている「分娩追跡チャート（Delivery Tracking Chart）」を他州・他地

域に併せて普及することも考えられる。

(5) 地方自治体による法令化とその執行の促進

プロジェクト/DOH-CAR/DOH への提言：地方自治体首長によるプライオリティ変更が母子保健サービスへの財政支出の減少をもたらすことを防ぐため、本プロジェクトと DOH-CAR は自治体に関連する条例と決議書の制定を促進する必要がある。そのような法令の執行を確実なものとするため、DOH-CAR は地方自治体首長の意識を高めるために継続的に働きかける必要がある。また、町当局はバラングアイによる同様の法令化を働きかけるべきである。また、地方の医療従事者は、本プロジェクトの活動の重要性を十分に認識したうえで、自治体首長を説得できるだけの結果を示すことが重要である。さらに、DOH は自治体業績カード (LGU Scorecard) の指標の中に関連する法令の有無を含めることが考えられる。

(6) コーディレラ地域におけるグッドプラクティスの普及

DOH-CAR への提言：本プロジェクトを通じて作成された「プロジェクト展開計画」は 2014～2016 年に実施されつつある。DOH-CAR は同計画の着実な実施のために十分な資源を配分するとともに、記者会見や地域フォーラム等の機会を通じ、本プロジェクトのグッドプラクティスを地域全体に普及する必要がある。

3-7 教訓

(1) 居住地別の母子保健指標の有用性

本プロジェクトで導入した居住地別対象者リストは、コミュニティに密着して業務を行っている Barangay Health Worker (BHW) 及び CHT メンバーが担当地域の妊娠した女性をすべて把握するために作成しているリストである。すべての妊産婦ケアがたとえ異なった場所で行われたとしても居住地をベースに把握でき、必要なサービスをすべて妊産婦一人一人が受けられるようフォローできる点で優れていた。さらに、推計値ではなく実数で各地域における保健サービスのパフォーマンスを正確にモニタリングすることができ、保健サービス提供者の努力も正確に測定することができる。このことは、実際にサービスを提供する人々のモチベーションを高めることにもつながっている。住民登録制度の脆弱な途上国にて、広く活用していく可能性を有している。

(2) 遠隔地における総合的な取り組みの必要性

本プロジェクトは、山岳地帯で地理的に孤立した地域に対して母子保健サービスへのアクセス改善を計画し、それぞれの目標を達成することができた。ただし、保健分野の取り組みだけでなく母子保健サービスへの総合的なアプローチの必要性も顕現した。プロジェクト対象地のある自治体からは、妊産婦や新生児の死亡を更に減らすためには道路網の整備が必要だとの意見が出された。母子保健サービスを改善することは、保健セクターとしての介入だけでなく、そのサービスを受けに行くことのできる道路整備等、セクターを超えた総合的な取り組みを行うことを検討すべきである。

(3) 対象地域別のローカル・コンサルタントの配置

本プロジェクトでは、対象となった3州（アブラ、アパヤオ、ベンゲット）のそれぞれにローカル・コンサルタントが配置された。いずれのローカル・コンサルタントも医師、看護師としてコーディレラ地域の公的医療部門で勤務した経験があり、バギオに拠点を置く日本人専門家の指導と監督の下で各州のカウンターパートに対して技術移転の一翼を担うことができた。この人員配置は、日本人専門家が各州への短期の訪問を繰り返すのに比べ、カウンターのパートと密な連携体制が取れ、強固な信頼関係を構築することができる。それに加えて、日本人専門家と連絡を取りつつ必要な時にいつでも対応できるなどのメリットがあったと考えられる。このように、複数の地域を同時に対象とする技術協力事業では、適切な資質と経験を備えたローカル・コンサルタントを継続的に配置することを検討すべきである。

Summary of the Evaluation Study

1. Outline of the Project	
Country: Republic of the Philippines	Project title: Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services
Sector: Health	Cooperation scheme: Technical Cooperation Project
Division in charge: JICA Philippines Office	Total cost: 566 million yen
Period of Cooperation: February, 2012 – February, 2017 (5 years)	Partner country's Implementing Organization: Department of Health (DOH), Department of Health Cordillera Regional Office (DOH-CAR)
	Supporting Organization in Japan: System Science Consultants Inc.

1-1 Background of the Project

The Maternal Mortality Rate (MMR) in the Philippines in 2006 was 162 per 100,000 live births. Although this figure was slightly lower than the 172 recorded by the Demographic and Health Survey (DHS) in 1998, there was a prevailing view that achievement of the relevant Millennium Development Goals (MDG) by 2015 (i.e. 62 per 100,000 live births) would be difficult unless the rate of decrease was considerably accelerated. Meanwhile, both the mortality rate of children under five years of age and the Infant Mortality Rate (IMR) showed a declining trend in a period of 15 years from 55 per 1,000 live births (1998 – 1992) to 34 (2003 – 2007) for the former and from 34 per 1,000 live births to 25 for the latter (DHS: 2008). The Department of Health (DOH) believed that the MDG of reducing the mortality rate of children under five years of age to 21 per 1,000 live births by 2015 would be achieved by reducing the infant mortality rate. To ensure the successful reduction of these mortality rates, the DOH announced the Maternal, Neonatal and Child Health and Nutrition (MNCHN) (AO 0029 Series of 2008), an ambitious mother and child health policy focusing on the qualitative improvement of parturient care, illustrating its emphasis on the mother and child health program as a highest priority issue.

In the Cordillera Administrative Region (CAR) located in the northern part of Luzon Island of the Philippines, ethnic groups with different languages and cultures account for 70% of the local inhabitants. As many of these people live in the Cordillera mountain range, they are geographically isolated, resulting in poor access to health services. The ratio of poor people is higher than the national average and Abra and Apayao Provinces are counted among the 10 poorest provinces in the Philippines. Against this background, the DOH has designated the region a “Geographically Isolated and Disadvantaged Area (GIDA)”, making it a priority area for the implementation of the MNCHN. Health service providers in CAR faced a number of problems, including (i) insufficient training of health personnel in addition to a shortage of the absolute number of such personnel, (ii) lack of the minimum equipment required to provide adequate health services at many health care facilities, (iii) shortage of medicines, (iv) lack of effective as well as efficient functioning of the referral system and (v) lack of a sufficient health budget required to provide adequate health services. At the same time, there were problems regarding local inhabitants receiving health services, including (i) an unwillingness to access suitable medical care for cultural reasons, (ii) financial inability to pay the facility usage fee and cost of medicines and (iii) lack of appropriate knowledge of available health services. These problems on both the providing and

receiving sides of health services made the effective implementation of the health program difficult.

Under these circumstances, JICA implemented two technical cooperation projects in CAR: “the Project of Strengthening of Local Health System in the Province of Benguet” (2006 – 2011) and “Mother and Child Health Project” (2006 – 2010 in Biliran and Ifugao Provinces). The present Project aims at developing a framework capable of providing efficient and effective mother and child health services by means of strengthening local health services in the Cordillera Region in line with the current national health policy, making the best use of the outcomes of and lessons learned from the two preceding technical cooperation projects.

1-2 Project Overview

(1) Overall Goal

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

(2) Project Purpose

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

(3) Outputs

- 1) Health governance and financing are strengthened through functional Inter-Local Health Zones (ILHZs) in the target sites.
- 2) Service delivery framework for MCH is strengthened in the target sites.
- 3) Hospitals, Rural Health Units (RHUs), and Barangay Health Stations (BHSs) become Basic Emergency Obstetric and Newborn Care (BEmONC) capable and RHUs and BHSs become Maternity Care Package (MCP) accredited by Philippine Health Insurance Corporation (PhilHealth) in the target sites.
- 4) Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.

(4) Input (at the time of Terminal Evaluation)

< Japanese side >

Experts: Total: 127.66MM (actual results for 1st – 4th year and plan for 5th year)

Local cost: Approximately 153 million yen (actual results for 1st – 4th year and plan for 5th year)

Counterpart training: 16 persons (1 more person planned for 2016)

Procured equipment: Approximately 3.2 million yen

< Philippines side >

Assignment of C/P: Approximately 89 persons

Facilities necessary for the Project: office space, utilities, meeting space, etc.

Activity cost for the Project: 859.95 million PhP (actual results of 1st – 4th year)

2. Evaluation Team			
Members of Evaluation Team:		Name	Title and Affiliation
	< Japanese side >		
	Team Leader	Tomoya Yoshida	Director, Health Team 3, Health Group 2, Human Development Department, JICA
	Technical Advisor (Maternal and Child Health)	Shogo Kanamori	Health Adviser to DOH
	Cooperation Planning	Misaki Kawaguchi	Representative JICA Philippines Office
	Cooperation Planning	Akiko Ito	Deputy Director Health Team 3, Health Group2, Human Development Department, JICA
	Evaluation Analysis	Hajime Sonoda	Senior Consultant Global Group 21, Japan
	< Philippines side >		
		Maylene M. Beltran	Director IV, Bureau of International Health Cooperation, Department of Health
		Jocelyn T. Sosito	Senior Health Program Officer, Bureau of International Health Cooperation Department of Health
	Grace R. Buquiran	Chief Health Program Officer, Project Monitoring Division Bureau of International Health Cooperation, DOH	
Period of Evaluation:	September 19 – October 6, 2016		Type of Evaluation: Terminal Evaluation
3. Results of Evaluation			
3-1 Achievement			
(1) Achievement of Outputs			
On the whole, output 2 was thought to be achieved as with the achievement of all indicators of output 2. Output 1 and 3 were largely thought to be achieved as almost all the indicators have been achieved in both outputs.			
Output 1: Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites. (Target sites: Dolasan and VPP ILHZs in Abra, ILHZs in Apayao)			
- Training was conducted in 2 Zones in Abra and 4 Zones in Apayao. In total 6 ILHZs were formulated. All the ILHZs prepared and implemented ILHZ annual plan, and established			

Common Health Trust Fund (CHTF) by March 2015. 3 ILHZ has utilized the CHTF and other 3 ILHZ is accumulating fund for future utilization.

- The proportion of health budget in each provincial budget in 2015 increased from 7.7 % (as of 2012) to 27.2 % in Abra, while that in Apayao was 14.8%, unchanged from the inception of the project. However, the health budget in Apayao has increased by 20 % between 2012 and 2015. Therefore, compared with the health budget 2012 in both provinces, the both budget 2015 have been increased respectively (Abra: 81,419,587→1,056,159,889PHP, Apayao: 79,601,633→221,855,676PHP).
- The proportion of provincial health budget in 2015 increased to 27.2% in Abra, but remained almost same at 14.8% in Apayao. While, the amounts in Apayao increased by 20% from 2012 to 2015. The median of proportion among the 13 cities / municipalities in 2015 was 7.9%, which is slightly less than 8.6% in 2012. However, including the reimbursement gained by the municipalities, it is inferred that the median of proportion would be higher.
- All the 26 municipalities in the target area enacted promotion of Facility Based Delivery (FBD) by December 2013. In total 25 municipalities (out of total 26 municipalities) in the target area have enacted support of Community Health Team (CHT) activities
- During the period between 2011 – 2015, number of PhilHealth members in the target sites increased by three times, and the amount of reimbursement increased by 22 times.

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

- A MNCHN manual which incorporate local traditions related to delivery was prepared. Training on the manual was conducted to the medical personnel in the target sites in cascade.
- Referral is practiced based on the referral guidelines for MNCHN prepared in each ILHZ.
- Maternal / Neonatal Death Review (MNDR) has been held with more than 10 cases since 2013 by all the 6 provinces in CAR and Baguio City. MNDR at regional level in CAR is also held repeatedly
- Manual and tools for Supportive Supervision and Monitoring for BEmONC capable facility (hereinafter referred to as “BEmONC Monitoring”) were prepared. After the training on them, each province formulated BEmONC Monitoring Team and started BEmONC Monitoring since 2015.
- Flipcharts and banners for CHT were developed and distributed together with family health diaries during the CHT meetings. Family health diaries were reproduced and orientations were given to CHT for their utilization.
- 356 Barangays out of the total 360 Barangays in the target sites integrated the MNCHN emergency and preparedness plan into the Barangay Disaster Risk Reduction and Management Plan.

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.

- By March 2014, all the 129 health professionals available for training were trained on BEmONC, and 182 health professionals were trained on harmonized BEmONC.
- As of January 2016, total 108 facilities (15 hospitals, 19 RHUs and 74 BHSs) in the target are

capable to provide BEmONC. As of December 2015, total 97 facilities (15 hospitals, 19 RHUs and 63 BHSs in the target area were entitled MCP accreditation by PhilHealth.

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

- By March 2016, the project issued one (1) fact sheet, eight (8) newsletters, and six (6) press releases. There have been 67 newspaper articles issued, 25 TV / radio broadcasts on the project. A Good Practice Booklet was issued.
- In 2013 “Project Expansion Plan” was prepared by DOH-CAR, and being implemented.
- Taking opportunities when stakeholders from in and out of the region get together, 24 presentations have been given on the experience and good practice of the Project. National forum was conducted in the 3rd year with 277 participants.

(2) Achievement of the Project Purpose

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

Indicators for the target sites (6 municipalities in Abra, Apayao and Benguet)		Baseline 2012	2013	2014	2015	Target 2017
FBD Rate		79%	<u>86%</u>	<u>89%</u>	<u>93%</u>	85%
Pre-Natal Care Completion Ratio		63%	75%	<u>81%</u>	<u>84%</u>	80%
Post-partum Care Completion Ratio		90%	<u>96%</u>	<u>97%</u>	<u>98%</u>	90%
Indicators for entire CAR	Baseline 2011	2012	2013	2014	2015	Target 2017
Number of active ILHZ	7	<u>11</u>	<u>12</u>	<u>14</u>	<u>17</u>	increase
Number of Province/City conducting MNDR	0	0	<u>7</u>	<u>7</u>	<u>7</u>	7
Number of BEmONC capable health facilities	0	0	32	166	<u>188</u>	177*
Number of RHU / BHS with MCP accreditation	12	23	53	88	<u>144</u>	131*

Notes: Figures with underline are those figures equal or more than the target level.

Target figures with (*) are elevated targets through the revision of PDM in June 2015.

The post-partum care completion ratio rose to 90 % in the first year of the project, from 70 % before the inception of this Project, which has already been exceeded the national target at 80 %. Therefore, the target was set at 90 % to maintain the outcome of the Project.

3-2 Summary of Evaluation results by Five Evaluation Criteria

(1) Relevance

The framework and purposes of the Project is consistent with the Philippines national policy on health (*Kalusugan Pangkalahatan*) and its MNCHN policy to facilitate facility-based deliveries. These policies have been maintained till the time of terminal evaluation. While, the Project is also relevant to the priority areas of the Philippine Health Agenda (2016 – 2022) adopted by the Duterte administration.

As DOH defines CAR as a GIDA, it was appropriate that the Project targeted CAR. The selection of the Project’s target provinces in CAR is also deemed relevant because Apayao and Abra are among the poorest provinces with most needs of assistance, and JICA had another project in CAR which

experiences could be well utilized.

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 in 2012 and Japan's Strategy on Global Health Diplomacy as well as the framework of "JICA's Operation in Health Sector – Present and Future –".

(2) Effectiveness

As shown in "3-1 (2) Achievement of the Project Purpose", pre-defined targets for the Project Purpose, including those targets revised up in 2015, have been already achieved by the end of 2015, two-year ahead of the original target year. Therefore, effectiveness of the Project is high. There are following reasons for the high effectiveness of the Project.

- Project activities covering various aspects of MNCHN services, namely institutional, technical, infrastructural and financial aspects were planned as a package in a comprehensive and integrated manner, and implemented steadily as planned through concerted efforts by the JICA Experts and counterpart personnel.
- Commitment of provincial and municipal local governments to MCH has been attained through repeated advocacy to the governments and Local Chief Executives (LCEs). As a result, Local Government Units (LGUs) in the target sites have been taking such important actions for MNCHN services; prohibiting home based delivery, improvement of infrastructure for RHUs and BHSs, providing additional cash incentive for CHT members as well as pregnant women, sponsoring the insurance premiums for PhilHealth, etc.
- Utilization of MCP of PhilHealth has been enhanced to secure quality MNCHN services and create additional motivation of LGUs and medical personnel at municipal and barangay levels by availing the reimbursement.
- BEmONC Monitoring and MNDR were introduced to assure the quality of MNCHN services

(3) Efficiency

The Outputs of the Project have been fully or mostly achieved. Inputs from both Japanese and Philippine sides have been adequate, and the activities have been conducted as planned. There have been no problems in communication within the Project, and mechanism for monitoring and decision making through Joint Coordination Committee (JCC) and Regional United Project Management Committee (RUPMC) and other meetings was adequate. Following factors are identified which affected the implementation of project activities and production of the Outputs.

- In order to uphold commitment of LCEs, the Project continuously advocated the issue especial when new LCEs became in position.
- PDM has been revised twice in order to accommodate newly recognized needs and deal with limited availability of information; uplift some targets based on the results of early project years. Various minor adjustments have been made in the approach of the Project to cope with the changes in relevant policies and regulations. Thus, the Project has been managed with flexibility and readiness to adjust itself to the changes of its context.
- Three Filipino field consultants employed by the Project have technical background in Medicine or public health and experiences in governmental health services in CAR and other regions in Philippines. Especially in Apayao and Abra provinces which are far from the project office in Baguio, continuous presence of such field consultants has been very helpful for the efficient implementation

of the Project.

(4) Impact

Among the indicators for the overall goal, FDB Rate and MMR in CAR have been improving since 2010, while no such improvement is confirmed for IMR although the IMR has been below the MDGs target of 19 (per 1,000 live births) since the inception of the Project. all the three (3) indicators have been attaining the MDG targets or the Project's target set for overall goal. As far as these indicators are concerned, the Overall Goal had been achieved.

	2010	2011	2012	2013	2014	2015	Target
FDB Rate	68%	73%	78%	83%	<u>90%</u>	<u>92%</u>	85%
MMR	65	62	71	66	<u>50</u>	<u>45</u>	52
IMR	<u>9</u>	<u>11</u>	<u>10</u>	<u>10</u>	<u>8</u>	<u>11</u>	19

Note: Figures with underline are those figures equal or more than the target level.

While the improvement of FDB Rate can be regarded as direct impact of the Project, impact on MMR and IMR would be indirect. Project's contribution to MMR and IMR needs further examinations.

Followings are pointed out as other impacts of the Project.

- In order to assess FDB Rate and Pre-Natal / Post-Partum Care completion rates more accurately, the Project developed RB-TCL (Residence Based TCL) by re-compiling the occurrence based TCL which is a part of regular (Field Health Service Information System) FHSIS practice. It was proved that residence based obstetric indicators compiled for each municipality and barangay population are very useful for LGUs in conducting monitoring and evidence based planning, as they are more accurate. Considering its usefulness, DOH-CAR decided to take the same approach in compiling indicators on immunization. In addition, DOH-Region I has requested to the Project to extend technical assistance for introducing Residence Based-TCL in the Region.
- The Project will have some positive impacts which are not limited to MCH but an improvement of medical and health services related to patient referral and transport in emergencies , for example, the effective referral system and improved infrastructure, equipment and enhanced capacity at RHU / BHS.

(5) Sustainability

In view of the followings, sustainability of the Project is considered to be fairly high; DOH-CAR and health workers at provincial and municipal governments in the target sites have acquired sufficient technical capacity to continue the activities initiated by the Project; it is expected that its approaches and basic institutional framework will be maintained in general; DOH-CAR and all the LCEs interviewed by the evaluation team expressed their firm commitment to the continuation of the project activities.

However, there are following issues which may affect the sustainability of the Project's effects and require attention;

- Lowering of priority by the changes of LCEs after elections; While the Project has been promoting enactment of ordinances and resolutions in order to minimize negative influence of the changes of LCEs, it would be necessary for DOH-CAR to continue advocacy so that all the LGUs have relevant

ordinances and resolutions.

- Changes of trained local health workers; DOH-CAR would need to continue training in cooperation with Baguio General Hospital.
- Gradual implementation of the Project Expansion Plan; There was a delay in procurement of equipment by DOH and restriction on training due to limited availability of trainer and some trainees. Steady implementation of the Project Expansion Plan would be necessary.
- Changes in PhilHealth policies; There is a risk that PhilHealth might modify insurance fee and premium of the MCH care package, in future when sufficient funds are no longer available for PhilHealth.

3-3 Promoting Factors of Project

(1) Planning aspect

- Interventions on MNCHN service were planned as a package in a comprehensive and integrated manner. These interventions, which are in line with the Philippine's policy on MNCHN, pulled out active efforts of the Philippine side and would lead to sustainability after the completion of the Project.

(2) Implementation aspect

- Implementation had flexibility allowing modifications of PDM in response to the necessity related to indicator and changes in relevant policies.
- Three field consultants with sufficient technical background and experiences were assigned in each province.

3-4 Hindering Factor of the Project

(1) Planning aspect

- No major problem was identified.

(2) Implementation aspect

- No major problem was identified.

3-5 Conclusion

The Project is high relevant to the Philippines' policies on universal health care, MNCHN service delivery, and the development needs of CAR. Its efficient implementation led to full achievement of the indicators of Project Purpose by the end of 2015, two-year ahead of the original target year. Fruitful results of the Project are attributed to the fact that the interventions were planned in a comprehensive and integrated manner as a package, and were steadily implemented through the concerted efforts of the counterpart personnel and the JICA Expert team. Considering the completion of technical capacity building for the counterpart personnel and the commitment of local authorities regarding the continuation of activities, sustainability of the Project is fairly high. Part of the indicators defined for the Overall Goal has shown improving trend, while the Project's contribution to these indicators needs further examination. In view of the above, the Project is expected to be completed highly satisfactory.

3-6 Recommendations

1. ILHZ as a functional platform for strengthening SDNs

【DOH】 The Project's successful experiences in establishing functional ILHZs shall be referred to by the ongoing initiative of DOH in strengthening Service Delivery Networks (SDNs). Essential

components to make ILHZs functioning, as identified through the project's experiences, include establishment of governing framework supported by MOA among participating LCEs, profiling of facilities within ILHZs, development of referral rules and protocols, and regular meetings at ILHZs to discuss key operational issues such as maternal referrals. These components could also be considered as key elements to strengthen SDNs.

2. Institutionalizing supportive supervision for sustainable quality assurance of BEmONC capable facilities

【DOH】 To ensure the service quality of BEmONC capable facilities in the project target areas, regular conduct of the supportive supervision has been institutionalized by means of executive orders or Resolutions at the provincial level. In addition, DOH-CAR is in the process of making a satisfactory performance demonstrated by BEmONC-trained staff during the supportive supervision as a pre-requisite for Licence To Operate (LTO). It is suggested that the concerned offices of DOH explore the possibility to institutionalize the BEmONC supportive supervision requirement at the national policy level as well as to encourage provincial governments to legislate the support to conducting supervision of BEmONC capable facilities.

【DOH-CAR】 In order to keep providing quality BEmONC services, DOH-CAR should continuously provide complete BEmONC training for newly positioned health workers and refresher training for existing health workers. Moreover, DOH-CAR should ensure continuous practicing of BEmONC supportive supervision by provincial governments in order to identify any gaps in health service delivery to be filled.

3. Institutionalizing regional MNDR for improving the management at the hospital level

【DOH】 Based on the successful introduction of the MNDR mechanism to the Project's target provinces, DOH-CAR initiated regular sessions of MNDRs at the regional level. With the participation of specialist doctors at Baguio General Hospital, the regional MNDRs aimed to review death cases that required technical knowledge above provincial review teams' capacity and to provide mutual learning opportunities within the region. Taking lessons learned from CAR Region, the concerned offices of DOH may also look into the possibility for countrywide application of the regional MNDRs.

4. Application of residence-based definitions of key maternal and infant care indicators

【DOH】 The Project demonstrated the usefulness of the residence-based definitions of the key maternal and infant care indicators, such as FBD Rate, Pre-Natal / Post-Partum Care Completion Rate and Fully Immunized Children Rate, particularly in effective performance monitoring down to the barangay level and evidence-based decision making at each LGU level. DOH is advised to explore the possibility of endorsing the residence-based definitions of the indicators to enable LGUs to effectively mobilize resources toward achievement of Universal Health Care. Revisiting FHSIS's definitions and the existing pre-natal TCL could be one way, whereas, introducing a residence-based TCL at birthing homes to facilitate data aggregation may be another option. Suitable modalities to meet local needs shall be identified among concerned offices of DOH.

【The Project】 While the Project has successfully introduced the residence-based definitions of the key maternal and infant care indicators to the project target sites, data aggregation and analysis are still performed under the guidance of the Japanese experts. It is therefore recommended that, by the

end of the project period, the Project conduct activities to institutionalize the data management process involving data collection, aggregation, analyses and presentation by producing a manual/guiding note, and to capacitate DOH-CAR to provide guidance to LGUs in data analysis and their utilization for better decision making. The Project is also expected to extend its assistance in building capacity of DOH Region I in adopting the residence-based definitions in response to its official request. In addition, “Delivery Tracking Chart” used as a companion tool of the residence-based TCL in the target sites of the Project may also be disseminated to other provinces/regions.

5. Promotion of local legislation and its enforcement

【The Project / DOH-CAR / DOH】 Considering that the major challenge for sustainability is possible shift of priorities by LCEs and decline of funding for MNCHN services, the Project and DOH-CAR need to promote relevant local legislation by Ordinance and Resolutions. To secure enforcement of such legislation, DOH-CAR also need to make persistent efforts to convince the LCEs. Municipal governments are also advised to facilitate legislation of corresponding municipal ordinances / resolutions at barangay level. Meanwhile, it is also important that local health workers fully understand the importance of the activities initiated by the Project and are able to convince their LCE by demonstrating the results. In addition, DOH may consider to incorporate the status of the availability of concerned local ordinance and resolutions as part of the LGU scorecard indicators.

6. Disseminating the good practices in entire CAR

【DOH-CAR】 The Project Expansion Plan prepared by the Project is being implemented since 2014 through 2016. DOH-CAR would need to provide sufficient resources to disseminate the Project’s good practices to the entire CAR through its steady implementation and on occasions of Kapihans (press conference) and regional forums.

3-7 Lessons learned

1. Usefulness of Residence Based Definitions of Maternal and Child Health Indicators

The target client list introduced in this Project to identify all pregnant women in the target area, has been created by BHW and CHT members, who are working closely with the community. The list was excellent in that even if all the services were provided in different places, it can be grasped based on the place of residence and can be followed to provide the services. Moreover, the performance of health services in each area can be accurately monitored in actual number rather than estimates, and also it can accurately monitor the efforts of health service providers, which has contributed to increasing the motivation of the health service providers. It has the potential to be widely utilized in developing countries where the resident registration system has not been established.

2. Necessity for an Integrated Approach in Remote Areas

The Project planned to improve access to MCH services in geographically isolated areas of mountainous area, and was achieved the target goal. However, not only the need in health sector but for a comprehensive approach to MCH services has emerged. The municipality in the target area of the Project said that improvement of road network was needed to further reduce maternal and neonatal deaths. Improving MCH services should consider not only health interventions but comprehensive efforts across sectors, such as development of roads to access to the health services.

3. Deployment of Field Consultants by Target Area

Under the Project, field consultants were deployed in each of the three target provinces. Each field consultant had experience of working as a doctor or nurse in the public health sector in CAR and was able to play a part in the technology transfer to the counterparts in each province under the guidance and supervision of the Japanese experts stationed in Baguio. This type of personnel deployment is believed to be more advantageous than the repetition of short visits by a Japanese expert to each province because of the facts that (i) a close alignment and strong relationship of trust was fully established between the counterparts and the Japanese side and (ii) the field consultants were always ready to provide a quick response when required while maintaining good communication with the Japanese experts. For a technical cooperation project which simultaneously target multiple areas, JICA should consider the continued deployment of field consultants with adequate qualifications and experience.

第1章 終了時評価調査の概要

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、2016年9月現在、4年8カ月が経過した。本調査団は、プロジェクト協力期間の終了を控え、以下の目的で終了時評価を実施した。

- ・プロジェクト活動の実績、成果を確認し、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、フィリピン側と合同で評価を行った。
- ・プロジェクトの残り期間の課題及び今後の方向性について確認し、同結果を終了時評価報告書として取りまとめたうえで、合同調整委員会（Joint Coordinating Committee : JCC）において内容を合意した。

1-2 調査団の構成

調査団	担当分野	氏名	所属
	<日本側>		
	団長/総括	吉田 友哉	JICA 人間開発部保健第二グループ 保健第三チーム 課長
	技術参与	金森 将吾	フィリピン DOH アドバイザー
	評価計画	川口 美咲	JICA フィリピン事務所
	評価計画	伊藤 亜紀子	JICA 人間開発部保健第二グループ 保健第三チーム 主任調査役
	評価分析	菌田 元	(株) グローバルグループ 21 ジャパン
	<フィリピン側>		
		Maylene M. Beltran	フィリピン DOH 国際協力局
		Jocelyn T. Sosito	フィリピン DOH 国際協力局
		Grace R. Buquiran	フィリピン DOH 国際協力局

1-3 調査日程

本終了時評価調査は、2016年9月19日から10月6日の日程で実施しました。

日付	活動
9月20日 火	<ul style="list-style-type: none"> ◇ DOH との面談 ◇ マニラ～バギオに移動
9月21日 水	<ul style="list-style-type: none"> ◇ 保健省コーディネラ地域保健局（DOH-CAR）と面談 ◇ プロジェクト専門家と面談
9月22日 木	<ul style="list-style-type: none"> ◇ バギオ～アブラ州に移動 ◇ 州の医療関係者と面談 ◇ ペニャルビア町の町長・医療従事者と面談、保健所・助産所訪問 ◇ フィリピン健康保険公社アブラ州事務所と面談

9月23日	金	<ul style="list-style-type: none"> ◇ ピラール町の町長・医療従事者と面談、保健所・助産所訪問 ◇ ラガンギラン町の医療従事者と面談 ◇ サンファン町の医療従事者と面談 ◇ ドローレス町の町長・ILHZ 事務局長と面談
9月24日	土	◇ アブラ州～バギオに移動
9月25日	日	◇ 評価報告書案準備
9月26日	月	<ul style="list-style-type: none"> ◇ マンカヤン町、町長・医療従事者と面談、保健所・助産所訪問 ◇ アバタン緊急病院を訪問 ◇ アトック地区病院を訪問
9月27日	火	◇ バギオ～カリंगा州に移動
9月28日	水	<ul style="list-style-type: none"> ◇ カリंगा州の医療関係者と面談 ◇ ピヌブック市で医療関係者と面談、地区病院を訪問 ◇ ウェスタン・カリंगा地区病院を訪問 ◇ カリंगा州～アパヤオ州に移動 ◇ 極東ルソン総合病院と面談、視察 — フィリピン健康保険公社ベンゲット州事務所と面談
9月29日	木	<ul style="list-style-type: none"> ◇ ルナ町、町長・医療関係者と面談、保健所、助産所訪問 ◇ サンタマルセラ町、町長・医療関係者と面談、保健所・助産所・地区病院訪問 ● アパヤオ州医療関係者と面談
9月30日	金	<ul style="list-style-type: none"> ● カブガオ町の医療関係者と面談、助産所訪問 ● ナガバラヤン村の村長、医療関係者と面談 ● コナー町の医療関係者と面談、助産所訪問 ● アパヤオ州副州知事と面談
10月1日	土	● アパヤオ～バギオに移動
10月2日	日	● 評価報告書案準備、合意文書の作成
10月3日	月	● 専門家、カウンターパート〔保健省コーディネータ地域保健局 (DOH-CAR)〕と協議
10月4日	火	● 地域統合プロジェクト管理委員会
10月5日	水	<ul style="list-style-type: none"> ● JCC 会合 ● 評価報告書合意文書の署名

注：◇ 評価分析団員の行程 — その他の日本側団員の行程 ● 日本側全団員の行程

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年の妊産婦死亡比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(Demographic and Health Survey: DHS)の172と比較して若干減少したものの、その後、減少が大幅に加速されないかぎり2015年までのMillennium Development Goals: MDGs 目標の達成(出生十万人当たり52)は困難であるとの見解が強かった。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(1992~1998年)から34(2003~2007年)へと、また乳児死亡率は、同34~25へと減少傾向が認められ(DHS: 2008)、保健省(Department of Health: DOH)では今後、新生児の死亡を抑えることで、MDGs 目標である5歳未満児死亡率21が達成可能であると見ていた。

こうしたなかでDOH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, Child Health and Nutrition: MNCHN)“AO 0029, series of 2008”を発表し、活動の強化を図っていた。

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州の中に位置づけられている。こうしたことから、DOH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った。

一方では、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った。

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2つの技術協力を実施した。「コーディレラ地域保健システム強化プロジェクト」(以下、「本プロジェクト」と記す)は、上記2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フィリピン国家保健政策(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果的・効果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（**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 DOH 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（**Maternity Care Package : MCP**）施設として認証される〔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かか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 終了時評価調査の方法

3-1 終了時評価調査のデザイン

本調査では、「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を用いたインタビュー調査
- ・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9月20日～30日の期間に実施し、JICA 専門家や DOH、自治体の行政官、医療従事者、保健ボランティア（Community Health Team : CHT 等）、妊産婦など、106人を対象とした。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100カ所以上に上るが¹、今回の調査で訪問した18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。

¹ プロジェクトが BEmONC サービスの支援対象とする、3州（アブラ、アパヤオ、ベンゲット）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	合計 127.66 人/月 (1~4 年次の実績と 5 年次計画分を含む) 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	16 名 (2016 年内に他 1 名予定) 詳細は「付属資料 5. 投入リスト」に記載。
3) ローカルコスト	約 153 百万円 (1~4 年次の実績と 5 年次計画分を含む。供与機材の費用を除く。) 詳細は「付属資料 5. 投入リスト」に記載。
4) 供与機材	約 3.2 百万円。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 89 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	コーディレラ地域保健局 (Department of Health - Cordillera Administrative Regional Office : DOH-CAR) 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	8 億 5,995 万フィリピンペソ (1~4 年次の実績)。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 2 はすべての指標が達成され、完全に達成されたと判断される。アウトプット 1、3、4 についてはほとんどの指標が達成され、おおむね達成されたと判断される。

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
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]	
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。	アブラ州の 2 ゾーンとアパヤオ州の 4 ゾーンを対象に研修が行われ、6 つの ILHZ が組織された。 <達成>

指 標	指標の推移・モニタリング結果
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。	すべての ILHZ は年間活動計画を策定・実施し、2015 年 3 月までに CHTF を設置した。3 つの ILHZ は CHTF を利用し、残りの 3 つの ILHZ は将来に向けて基金を積み立てている。＜達成＞
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 6 ILHZ が 2013～2015 年について年間活動計画を策定し、計画に沿った活動が実施されている。＜達成＞
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%〕	2015 年の州予算に占める保健予算の割合は、アブラ州は 27.2%に増加した。アパヤオ州は 14.8%と、プロジェクト開始と変わらないが、絶対額は 2012～2015 年の期間に約 2 割増加した。＜おおむね達成＞
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の割合 (13 町の中央値)が増加する。 〔基準値 (2012 年) : 8.6%〕	2015 年の対象地域内 13 町の保健予算割合の中央値は 7.9%と、2012 年の基準値より若干減少した。ただし、フィリピン健康保険公社からの保険還付金を考慮すると、増加したと推測される。＜未達成＞
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〕	対象サイト内の 6 ILHZ による 2015 年度の州・町拠出による積み立て金額は 160 万ペソであり、2015 年 2 月現在、その 63%が支出された。2016 年度についても同額の積み立てが行われた。＜達成＞
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。25 町で CHT 支援の条例や決議書が制定された。＜達成＞
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 2015 年の加入者数の目標に対して、アブラ州が 267%、アパヤオ州が 254%と、100%以上を維持している。＜達成＞
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 16,366 人、アパヤオ州 29,466 人〕	2015 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 21,504 人、アパヤオ州 44,997 人と、2011 年の約 3 倍に増加した。＜達成＞
1-j. フィリピン健康保険公社からの分娩にかかる保険還付金 (診療報酬)が増加する。 〔基準値 (2012 年) : アブラ州 19,500 ペソ、アパヤオ州 3,986,220 ペソ、ベンゲット州 24,764,717 ペソ、3 サイト計 28,770,437 ペソ〕	2015 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 1,774,650 ペソ、アパヤオ州 14,443,100 ペソ、ベンゲット州 47,448,900 ペソと、いずれの州も 2012 年の基準値から増加した。＜達成＞

指 標	指標の推移・モニタリング結果
<p>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。 〔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〕</p>	
<p>2-a. 母子保健政策（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。</p>	<p>プロジェクト1年次に地域の伝統的分娩方法に配慮した「コーディネラ地域版母子保健マニュアル」が作成され、2年次に各州で同マニュアルの普及のための研修が実施された。＜達成＞</p>
<p>2-b. アブラ州・アパヤオ州においてMNCHNにかか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。</p>	<p>プロジェクト1年次にILHZごとに「母子保健リファラルガイドライン」が作成され、2年次から各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。＜達成＞</p>
<p>2-c. 妊産婦新生児死亡症例検討会（Maternal/Neonatal Death Review：MNDR）がプロジェクト対象サイト3州において実施される。</p>	<p>コーディネラ地域全6州とバギオ市はMNDRを2013年から定期的開催している。コーディネラ地域レベルの検討会も4半期ごとに実施されている。＜達成＞</p>
<p>2-d. BEmONC及びCHTにかか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。</p>	<p>BEmONCサービスを提供する施設に対する支援的監督・モニタリング（以下、「BEmONCモニタリング」）のためのマニュアル（ツール）がプロジェクト3年目に作成されて研修により各州にモニタリングチームが編成され、2015年にモニタリングが開始された。CHTのモニタリングはDOHが定期的実施している。＜達成＞</p>
<p>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。</p>	<p>プロジェクト2年次にCHT向けフリップチャートとパンナーが作成され、改訂版母子手帳と併せて、CHT集会で配布された。その後、母子手帳は増刷され、その活用に向けてCHTへのオリエンテーションが実施された。＜達成＞</p>
<p>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〕</p>	<p>2016年3月までに、対象サイトの全360バランガイのうち356バランガイが「母子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。＜達成＞</p>
<p>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DOHからBEmONCサービスが提供できる施設として認定される一方、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）施設として認証される。 〔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〕</p>	
<p>3-a. BEmONCサービスを提供できる施設数が増加する。 〔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）〕</p>	<p>2016年1月までに、108施設（15病院、19保健所、74助産所）がBEmONCサービスが提供可能となった。＜達成＞</p>
<p>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。</p>	<p>2015年12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。＜達成＞</p>
<p>3-c. 19保健所及び74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、</p>	<p>2015年12月現在、97施設（15病院、19保健所、63助産所）がMCP施設として認証されている。対象とした11助産所では認証に向けて施設・機材の整備が進められ</p>

指 標	指標の推移・モニタリング結果
助産所の目標値は 61～74 に上方修正]	しており、プロジェクト終了までに更に認証が進む見込みである。<おおむね達成>
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 人、目標値（2014 年）：130 人〕	2015 年 3 月までに 129 人（99%*）の医療従事者が BEmONC 研修を受講した。<達成> （*）1 名はポストが空席のため、研修対象者全員 129 人が受講した。
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 人、目標値（2015 年）：92 人〕	2015 年 3 月までに 182 人の医療従事者が助産師版（短期）BEmONC 研修を受講した。助産所の助産師 92 人を対象とした研修に、保健所や病院の助産師も参加した。 <達成>
アウトプット 4：プロジェクトの教訓と活動にかかる普及活動がコーディネラ地域内及び国内に向けて行われる。	
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 8 回、プレスリリースが 6 回発行された。<達成>
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・実施される。	2013 年にプロジェクト展開計画（Project Expansion Plan）が DOH-CAR によって策定された。手続き上の理由で予算が執行できなかった 2015 年の機材整備を除き、おおむね計画どおりに実施されている。<おおむね達成>
4-c. DOH-CAR 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 24 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。<達成>
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ネラ地域内に発信する。	以下の活動が行われた。 ・優良事例のブックレット発行 ・施設分娩率と産前産後ケア受診率の居住地統計分析の文書作成 ・新聞記事による報道 67 回 ・テレビ・ラジオでの報道 25 回 <達成>
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 年次の国家フォーラムに 277 名が参加した。2 回目のフォーラムは 5 年次に開催予定。 <達成が見込まれる>

4-2 プロジェクト目標の達成状況

プロジェクト目標：コーディネラ地域において、母子保健サービスが効果的・効率的に提供されるための保健システムが強化される。

プロジェクト目標の達成状況を示す指標は 7 つ設定されており、そのうちの 3 つはプロジェクト対象サイトを、残りの 4 つはコーディネラ地域全体を対象としている。次表に示すように、7 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見られる。2015 年にはすべての指標で 2017 年の目標値が達成されている。よって、プロジェクト目標は達成されている。

表 プロジェクト目標の達成状況

指 標	2011	2012	2013	2014	2015	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 (%)	-	79 (基準値)	86	89	93	85
2) 産前ケア受診率 (%)	-	63 (基準値)	74	81	84	80
3) 産後ケア受診率 (%)	-	90 (基準値)	96	97	98	90
＜コーディネラ地域全体の指標＞						
4) 機能している ILHZ の数	7 (基準値)	11	12	14	17	増加
5) MNDR を実施している自治体数	0 (基準値)	0	7	7	7	7
6) BEmONC サービス提供可能施設数	0 (基準値)	0	32	166	188	177*
7) フィリピン健康保険公社・MCP 認証施設数	12 (基準値)	23	53	88	144	131*

(注) 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。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。産後ケア受診率は、プロジェクト開始前に70%であったところ、開始1年目で90%に上昇した。国の目標である80%を1年目（2012年時点）で既に超えているため、その成果を維持するために90%を目標値とした。

太字の値は、既に2017年目標値を達成していることを示す。

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。

本プロジェクトの上位目標の指標の中で、コーディネラ地域全体の施設分娩率と妊産婦死亡率は2010年以降改善しているが、乳児死亡率はMDGs目標値19（出生千当たり）をプロジェクト開始当初から下回っているものの顕著な改善傾向が見られない。3つの指標はいずれも本プロジェクトの目標値あるいはMDGs目標値を達成しており、指標を見る限り、上位目標は既に達成されている。

表 上位目標の指標達成状況

(単位：%)

	2010	2011	2012	2013	2014	2015	目標値
施設分娩率	68	73	78	83	90	92	85
妊産婦死亡率	65	62	71	66	50	45	52
乳児死亡率	9	11	10	10	8	11	19

出所：保健省保健情報システム（Field Health Service Information System：FHSIS）。

太字の数字は目標値を達成した実績。

4-4 実施プロセスの検証

4-4-1 プロジェクト実施体制

本プロジェクトは、DOH 次官をプロジェクトディレクター、DOH 国際保健協力局長をプロジェクトマネージャー、DOH 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。実質的な活動のほとんどはコーディネータ地域内で実施され、DOH 関係者のプロジェクトへの関わりは、JCC への参加のほか、関連する法令・規則に関する情報提供と助言等に限定されてきた。

JICA 専門家は、コーディネータ地域保健局（DOH-CAR）内の執務スペースを拠点として、DOH-CAR 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「フィールド・コンサルタント」が配置された。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。3名のフィールド・コンサルタントはいずれも医師・看護師であり、コーディネータ地域の公的保健部門に勤務した経験を持っている。

4-4-2 PDM と PO の改訂

現場のニーズに基づいて、討議議事録（Record of Discussion : R/D）締結時に策定されたプロジェクト・デザイン・マトリックス（Project Design Matrix : PDM）第1版に、(1) 助産所を分娩施設整備対象に追加、(2) コーディネータ地域プロジェクト展開計画の策定、(3) CHT 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たほか、プロジェクト目標の施設分娩率・産前産後ケア受診率指標のデータ出典の変更が行われた²。この変更は2013年9月に開催された第4回 JCC で PDM 第2版として承認された。さらに、2015年6月には、プロジェクト3年次までの実績を考慮してプロジェクト目標と成果3の一部指標について目標値の上方修正を行った。さらに、DOH による BEmONC 認証制度が廃止されたことを受けて、プロジェクト目標の「BEmONC 認証施設」が「BEmONC サービス提供可能施設」に変更された。

プロジェクトの活動は、以上の PDM 改訂をその都度反映して改訂された活動計画（Plan of Operation : PO）に沿って実施された。1～4年次の活動実績と、5年次の PO を、「付属資料 6. 活動計画/実績」として記載した。

4-4-3 プロジェクトの進捗モニタリング

プロジェクトの進捗状況は、R/D で定められたとおり、(1) 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。

² プロジェクト目標の指標データは保健情報システム（FHSIS）による「施設別対象者リスト」でなく、「居住地別対象者リスト」を作成して集計された。「5-4 (2) その他のインパクト」を参照。

プロジェクトの進捗モニタリング会合開催

モニタリング会合	開催地/対象	開催回数 (2012年2月～2016年9月)
1) JCC 会合	DOH-CAR	9 回
2) RUPMC 会合	コーディレラ地域保健局	12 回
3) EC 会合	各州	10 回
4) TWG 会合	各州	45 回

第5章 評価結果

5-1 妥当性

アキノ政権（2010年6月～2016年6月）は、国家保健政策（KP）によりすべての国民を対象とするユニバーサルヘルスケアの実現を進めていた。KPには①財務リスクからの防御、②適切な医療施設へのアクセスの確保、③MDGsにおける保健分野の目標達成という3つの戦略目標があるが、このうちMDGsの保健分野で最も重視された目標は妊産婦死亡率（MMR）と乳児死亡率（IMR）の低減であった。同政策ではILHZ、CHT、フィリピン健康保険公社の活用などの戦略が提示されており、これらは本プロジェクトにも採用された。よって、本プロジェクトはアキノ政権の保健分野の政策との整合性が高い。他方、フィリピン政府は、母子保健サービスの強化と訓練された医療従事者による施設分娩の促進を目指し、2008年に「妊産婦・新生児死亡の迅速な削減のための医療保健改革の実施」についての政令（No.2008-0029）を發布した。本プロジェクトはフィリピン政府のこのような母子保健政策（MNCHN）とも一致する。

以上の政策は終了時評価時にも維持されている。また、ドゥテルテ新政権が発表した保健分野の長期ビジョンである「フィリピン・ヘルス・アジェンダ」（2016～2022年）では3つの優先分野として①生涯にわたる3重疾病への対応、②医療保険サービス提供網の構築、③国民皆保険の実現が挙げられている³。本プロジェクトはこの各分野に関連が深いことから、同政権の政策と整合している。

本プロジェクトの対象であるコーディレラ地域はDOHにより「地理的に孤立し不利な地域：GIDE」と定められ、財政的・技術的支援が必要な地域とされている。同地域のなかでも本プロジェクトが直接対象としたアパヤオ州とアブラ州は最も貧しい地域であり、これまでにドナーによる保健分野の支援を一度も受けたことがない。よって、本プロジェクトは開発ニーズとの整合性が高い。

さらに、本プロジェクトは、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」、2013年に改訂されたポジションペーパー「JICAの保健分野の協力ー現在と未来ー」及び、ユニバーサル・ヘルス・カバレッジを柱の1つとして挙げる日本の国際保健外交戦略とも合致する。また、コーディレラ地域では、本プロジェクトに先立ち「ベンゲット州地域保健システム強化プロジェクト」が2006～2011年に実施されており、その経験を本プロジェクトに活用できた。

以上より、本プロジェクトの妥当性は高い。

5-2 有効性

本プロジェクトの目標「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7つの指標は、「4-2 プロジェクト目標の達成状況」の表に示すように、2015年に上方修正された目標も含めて目標年の2年前に達成されている。よって、本プロジェクトの有効性は非常に高い⁴。

プロジェクト目標達成を促進した要因及び特筆すべき成果として、以下の4点を挙げるができる。

³ ①all life stages and triple burden of disease、②service delivery network、③universal health insurance.

⁴ 本プロジェクトのILHZ再活性化を通じた母子保健サービス強化の優良事例は、フィリピン国家経済開発庁（NEDA）により2014年度のグッド・プラクティス・アワードを受賞した。

(1) 母子保健についての包括的・総合的な取り組みが着実に実施された

本プロジェクトは対象地域において施設分娩率・産前産後ケア受診率を高めるために、以下のようなさまざまな活動を行った。

- a. ILHZ の再活性化及び CHTF の設立
- b. 母子保健のための効果的なリファラルシステムの構築
- c. コーディレラ地域の文化・伝統に配慮した母子保健マニュアルの作成と普及
- d. 施設分娩の促進等のための地方自治体の条例・決議制定
- e. 地域・州・町・バラングイの幅広い医療従事者を対象とした研修
- f. BEmONC モニタリングを通じた母子保健サービスの質の確保
- g. MNDR による課題の確認と対応策の実施
- h. 研修とインセンティブ付与を通じた CHT の活性化
- i. 適切な建屋と機材を備えた新たな分娩施設の整備
- j. BEmONC 施設の認証と加入プロモーション活動を通じたフィリピン健康保険公社の MCP の活用
- k. バランガイ母子保健緊急計画の策定

以上は母子保健サービスについて、①地域における組織制度の整備 (a, b, d)、②施設で提供されるサービスの質の改善 (a, b, c, e, f, g, h, i)、③施設への地理的アクセスの改善 (i, j, k)、④コミュニティにおける妊婦のモニタリングと啓発 (h)、⑤財源の増強 (a, i) を図ったものであり、いずれも良い結果を残している。本プロジェクトでは、このような取り組みが包括的・総合的に計画され、着実に実施されたことが、非常に高い有効性に結びついたと考えられる。

(2) 地方自治体首長への継続的な働きかけにより母子保健への理解とコミットメントを得た

本プロジェクトの活動の多くは地方自治体 (州・町) の財政支出を必要とする。本プロジェクトでは自治体首長等に対して継続的なアドボカシーを行い、母子保健の重要性に対する理解とコミットメントを得た。3 年ごとの選挙により新たに選出された首長に対しても専門家チームと州・町の医療従事者が共に忍耐強く働きかけることによりコミットメントを引き出すことができた。

その結果、以下の重要な成果が得られた。

- 1) ILHZ を再活性化したことにより、自治体間の密接な連携により医療施設のプロファイリング、リファラルの基準と手続きの作成を通して効果的なリファラルシステムが確立した。さらに、医師や救急車、医薬品等をお互いに融通することが可能となった。CHTF を利用してイベントやメディカルミッションが行われるようになった。定期的に行われる TWG のミーティングではリファラルの課題や取り組みの必要性などが話し合われている⁵。
- 2) 対象地域の自治体は母子保健について、自宅分娩を禁止する条例・決議の制定、施設分娩を行った妊産婦への祝い金の支給、保健所や助産所の建屋の改善、CHT への追加的な金銭インセンティブの付与、フィリピン健康保険公社の保険料の肩代わりなどの重要な活動

⁵ この取り組みは優良事例として NEDA の表彰を受けた。

を行ってきた。首長の交代による影響を最小限にするため、多くの自治体で、このような活動を恒久的なものとするための条例・決議が制定されている。

(3) フィリピン健康保険公社の母子保健ケアパッケージ（MCP）を効果的に活用した

フィリピン健康保険公社の MCP は同公社が認定した分娩施設においてのみ適用される。終了時評価時、MCP の利用者は最低 2,400 ペソの保険料支払いにより最大 8,000 ペソの還付金を得ることができる。還付金は母子保健サービスを提供する自治体に支払われ、医療従事者の報酬、医薬品、機材などに使うことができる。還付金は自治体の母子保健サービスのための重要な補助的財源となっている。必要な資材や機材が確保されることでサービスの質が確保されるほか、医療従事者は施設分娩を促進するためのインセンティブを得ることになる⁶。出産間近の妊婦が 1 年分の保険料を遡って支払うことが認められるため、未加入の妊婦に対して自治体が保険料を肩代わりして加入を勧めることが広く行われている。

本プロジェクトは、保健所のみならず一部の助産所についても機材整備と研修によりこの認定を促進し、MCP の広範な利用を促進した。また、地方自治体は施設の建屋整備と保険料肩代わりを通じてこれを支援してきた。さらに、本プロジェクトはフィリピン健康保険公社とともに CHT への研修、妊婦と一般住民への情報普及などを行い、保険への加入を促進した。

(4) 母子保健サービスの質を継続的に確保する仕組みを導入した

本プロジェクトは、分娩施設で提供されるサービスの質を維持するために、各施設の建屋・機材の状況、各医療従事者の知識と技能、定められた手順に沿ったサービスの提供などを評価し、必要に応じて改善を指摘する BEmONC モニタリングを導入した。DOH-CAR は分娩施設営業許可の分娩施設免許（License to Operate : LTO）の発行と更新のための審査において BEmONC モニタリングの結果を参照することを検討している⁷。これが制度化されれば、BEmONC モニタリングは分娩施設のサービスの質の確保に更に役立つと期待される。

本プロジェクト開始前、病院では不定期に妊産婦のみを対象とした死亡症例検討が行われていたが、本プロジェクトにより定期的な MNDR が導入された。MNDR は州別に、専門医を招待して実施される。症例の検討とともに専門医による講義が行われることもあり、医療関係者にとって重要な学びの機会となっている⁸。MNDR では確認された課題への対応策が協議され、行動計画（OP）が作成される。その実施は DOH-CAR がモニタリングする。MNDR の結果は州知事、自治体首長や balan-gay・キャプテンにも周知される。

さらに、DOH-CAR は全国でも初めて地域レベルの MNDR を開始した。そこでは州レベルでは死因の解明が困難だった事例、合併症が多い事例などについて、バギオ総合病院や民間病院から経験豊富な専門医を招いて検討が行われる。地域内各州の医療従事者とともに稀な症例についての知見を共有する機会になっている。

それに加えて、本プロジェクトでは、北部ルソンで活動する米国国際開発庁（United States Agency for International Development : USAID）と本プロジェクト活動対象地域が重なってい

⁶ 分娩数の多い保健所では、還付金により救急車を購入した例もある。また、地方自治体は還付金を原資に、より少ない財政負担で CHT や妊婦にインセンティブを与えることができる。

⁷ LTO を得れば自動的にフィリピン健康保険公社による認定が得られる。

⁸ カウンターパートによると、以前の MNDR では、責任の追及を恐れて担当助産師が参加を躊躇することがあった。現在の MNDR は雰囲気の違い、担当助産師自身が学びたいとして積極的に参加しているようである。

るベンゲット州に対して協調を行っていた。具体的には、本プロジェクトで実施していた BEmONC 研修へのベンゲット州からの参加者の研修費及び交通費等は USAID がコスト負担するようあらかじめ会合の機会を持ち、USAID に支出を要請するなど、協調していた。

5-3 効率性

(1) アウトプット産出状況

「4-1-2 アウトプットの実績」で示したように、4つのアウトプットについて設定された26の指標のうち22は達成済みあるいはプロジェクト終了までに達成が見込まれており、3つがおおむね達成、1つが未達成である。4つのアウトプットのうちアウトプット2は達成済み、その他のアウトプットはほぼ達成されたと判断された。未達成の指標のうち地方自治体の予算に関するものは（指標 1-d, 1-e）、予算総額あるいは保険還付金を含めた額で見ると予算の増加が実現しており、実質的には達成されたと見ることも可能である。また、施設整備及びプロジェクト展開計画についての指標（指標 3-c、4-d）は、今後、プロジェクト終了までに達成度が向上する見込みにある。

以上から、本プロジェクトのアウトプットの産出状況は十分高いと考えられる。

(2) 投入・活動の適性度

本プロジェクト開始時から終了時評価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。

- 1) 2013年9月のPDM改訂で追加されたものも含み、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。
- 2) 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。
- 3) 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。
- 4) 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、発電機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。
- 5) 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。州レベルでの活動は、各州にフィールド・コンサルタントを配置して円滑に進められた。
- 6) 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、適切だった。
- 7) これまでに実施した本邦研修は、カウンターパートにとって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した要因

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主な要因を以下に示す。

- 1) 自治体のイニシアティブや財政支出が必要な活動は自治体首長のリーダーシップや興味の度合いに影響を受けた。特に、選挙により新たな自治体首長が選出された後は、自治体の母子保健へのコミットメントを得るための継続的な働きかけが必要とされた。

- 2) 本プロジェクトの PDM は二度改訂され、指標データの情報源の変更、進捗に応じた目標値の上方修正のほか、BEmONC 施設認証制度やフィリピン健康保険公社の制度変更などに対応した細かな計画変更が行われた。本プロジェクトの運営体制は、状況の変化に迅速に対応できる柔軟性を備えていた。
- 3) 対象 3 州には、州別に計 3 名のフィールド・コンサルタントがそれぞれ配置された。いずれもフィリピン人の医師あるいは看護師で、対象州及び近隣州の公的保健部門での勤務経験を持っている。対象州のうちアパヤオ州・アブラ州はプロジェクト事務所のあるバギオから車で 1 日かかる遠隔地であるが、このようなフィールド・コンサルタントが常駐したことは活動の円滑な実施に貢献した。
- 以上から、本プロジェクトの効率性は高いと判断される。

5-4 インパクト

(1) 上位目標の達成状況

本プロジェクトの上位目標「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」の指標の中で、施設分娩率と妊産婦死亡率は 2010 年以降改善しているが、乳児死亡率には顕著な改善傾向が見られない。ただし、3 つの指標はいずれも本プロジェクトの目標値あるいは MDGs 目標値を達成しており、指標を見る限り、上位目標は達成されている。

表 上位目標の指標達成状況

(単位：%)

	2010	2011	2012	2013	2014	2015	目標値
施設分娩率	68	73	78	83	90	92	85
妊産婦死亡率	65	62	71	66	50	45	52
乳児死亡率	9	11	10	10	8	11	19

注：太字の数字は目標値を達成した実績。

コーディネラ地域の施設分娩率の改善は、本プロジェクトの直接的なインパクトとみなせる。施設分娩率の改善は妊産婦死亡率・乳児死亡率の改善に貢献すると考えられる。コーディネラ地域では、施設分娩率の改善に合わせて妊産婦死亡率が改善する傾向が見られるものの、乳児死亡率にはそのような傾向は見られない⁹。妊産婦死亡率・乳児死亡率は施設分娩以外のさまざまな要因で変動すると考えられ、詳細は不明である。よって、指標に基づく上位目標達成度は高いものの、本プロジェクトの貢献を明らかにするためには更なる分析が必要である。なお、妊産婦死亡率・乳児死亡率を十分に改善するためには高位の医療機関の能力強化が必要とされるが、終了時評価時の現地視察によると、対象地域の病院において産婦人科の専門医の人材不足が大きな制約となっていることが判明した。

⁹ 2015 年から乳児死亡率の新しい定義が採用されるようになったことが背景にある可能性がある。

(2) その他のインパクト

その他のインパクトとして以下の2点を指摘できる。

- 1) 本プロジェクトは施設分娩率・産前産後ケア受診率を正確に評価するため、既存の施設別の対象者リストを居住地別に再編成した「居住地別対象者リスト」を導入した。居住地別対象者リストからは町別・バランガイ別に施設分娩率・産前産後ケア受診率を正確に算出できるため、地方自治体の母子保健分野のモニタリング・計画に非常に有用であることが判明した。この手法を用いれば保健情報システム（FHSIS）では得られない有用な情報が得られることから¹⁰、DOH-CARは、予防接種率についてもこの手法を導入することを決めた。

さらに、隣接するイロコス地域パンガシナン州が居住地別対象者リストを導入するため、本プロジェクトの支援を要請している。

- 2) 本プロジェクトは母子保健を対象に実施されたが、ILHZによるリファラルの改善、保健所・助産所の能力強化は、母子保健以外の緊急時の患者紹介や搬送等に係る医療保健サービスの改善にも寄与している。

5-5 持続性

DOH-CAR及び対象サイトの州・町の医療従事者が本プロジェクトの活動を継続するための十分な技術力を持つこと、母子保健サービス提供の組織制度の枠組みは、今後もおおむね維持されると見込まれること、DOH-CARと現地で面会した州・町の首長全員が活動の継続に明確なコミットメントを表明したことなどから、本プロジェクトの持続性はおおむね高いと判断される。

他方、以下の課題は本プロジェクトの持続性に影響を及ぼす可能性があり、注意が必要である。

(1) 地方自治体の首長交代に伴う母子保健のプライオリティの低下

3年ごとの選挙により自治体首長が交代した場合、母子保健のプライオリティが低下して十分な財政支出が行われなくなる恐れがある。本プロジェクトでは首長の交代の影響を最小限にとどめるために、施設分娩の奨励、ILHZとCHTF、MNDRの実施、BEmONCモニタリング、バランガイ母子保健緊急計画の制定、CHTへの支援などについて条例・決議書の制定を進めてきた。今後もすべての地方自治体・バランガイが関連する条例・決議書を制定できるように、DOH-CARは継続的に働きかけることが重要である。

(2) 研修を受けた医療従事者の異動・交代

終了時評価時までには多数のマニュアル、ツール、参考資料が作成され、研修をとおして対象地域の医療従事者への技術移転が行われた¹¹。技術移転を受けた医療従事者が現場にとどまる限り、技術面の持続性に心配はないと考えられる。しかし、医療従事者の異動や新任には研修が必要である。また、既に研修を受けた者に対する継続教育も必要である。DOH-CARは独力で研修を実施する能力を獲得しているが、継続的に研修を行うための予算措置が必要である。

¹⁰ 2つの手法の違いの詳細については、「中間レビュー調査報告書」14頁を参照。

¹¹ 「居住地別対象者リスト」の作成と居住地別の母子保健指標の算出手法についての技術移転は、終了時評価時点では終了しておらず、プロジェクト終了までに実施される予定である。

(3) プロジェクト展開計画の段階的な実施

本プロジェクトにより策定された「プロジェクト展開計画」は 2014～2016 年の 3 年間で実施される予定であった。これまで、おおむね計画どおりの活動が実施され、対象地域以外でも医療従事者に対する研修、分娩施設の整備等が進められてきた。しかし、2015 年は手続き上の問題により DOH の「保健医療施設強化プログラム (Health Facility Enhancement Program : HFEP)」の予算が執行できず、翌年以降に繰り越された。また、研修講師を務めるバギオ総合病院の専門医、研修対象者に含まれる地方自治体首長などが多忙なことが研修実施の制約になっている。プロジェクトの成果をコーディネラ地域全体に普及するために、今後もプロジェクト展開計画の着実な実施が必要である。

(4) フィリピン健康保険公社の制度変更

本プロジェクトは、フィリピン健康保険公社の MCP を活用することで母子保健サービスの質を高めるための財源を作り出した。地方自治体は妊婦の保険料を肩代わりすることで、妊婦 1 人当たり最大で 5,600 ペソの還付金を得ることができる¹²。しかし、将来、フィリピン健康保険公社が十分な財源が確保されなくなった場合には、保険料の値上げや還付金額の減額など、MCP のメリットが減少する可能性がある。このように、本プロジェクトの財務的持続性は一部、フィリピン健康保険公社の方針に依存している。

5-6 結論

本プロジェクトは、フィリピン政府の保健政策 (KP)・母子保健政策 (MNCHN)、コーディネラ地域の開発ニーズと整合している。プロジェクト目標の指標はプロジェクト完了の 2 年前に目標を達成した。さまざまな取り組みが、包括的・総合的に計画され、専門家とカウンターパートの努力により着実に実施されたことが良い結果に結びついた。上位目標の一部の指標は改善しているが、本プロジェクトの寄与については更なる分析が必要である。カウンターパートの能力強化が完了し、自治体が活動継続に強いコミットメントを示していることから、持続性はおおむね高いと判断される。以上を総合し、本プロジェクトは非常に満足できる結果を残して終了することが見込まれる。

¹² 最低 2,400 ペソの保険料を支払うことにより最大 8,000 ペソの還付金が受けられる。

第6章 提言と教訓

6-1 提言

終了時評価結果を受け、調査団は以下を提言した。

(1) ILHZ を通じた SDN 強化

DOH への提言：本プロジェクトが十分に機能しうる ILHZ を確立した経験は、DOH がサービス・デリバリー・ネットワーク（SDN）強化を進めるうえで参考になる。本プロジェクトでは ILHZ が機能できるための条件として①自治体間の協定締結、②医療施設のプロファイリング、③リファラルの基準・手順の確立、④重要な課題を話し合うための ILHZ 単位の定例会議などが明らかとなったが、これらは SDN の強化を進める際にも考慮されるべきである。

(2) サービスの質の持続的な確保を目指した BEmONC モニタリングの制度化

DOH への提言：プロジェクト対象サイトでは、BEmONC 施設が提供するサービスの質を確保するために、州による決議書・命令書により BEmONC モニタリングが制度化された。さらに、DOH-CAR は BEmONC モニタリングで良好なパフォーマンスが確認されることを分娩施設免許（LTO）発行の必要条件にすることを検討している。以上を参考に、DOH の関連部門は BEmONC モニタリングの国家政策としての制度化の可能性を検討するとともに、州が BEmONC モニタリングを支援する法令を定めることを奨励することが示唆される。

DOH-CAR への提言：質の良い BEmONC サービスを継続的に提供するために、DOH-CAR は新たに赴任した医療従事者にもバギオ総合病院と協同で研修を提供するとともに、既存の医療従事者にも継続教育を提供する必要がある。また、BEmONC サービス提供について対応が必要な問題を見過ごさないように、州による BEmONC モニタリングを確実に継続させる必要がある。

(3) 地域レベルの MNDR の制度化

DOH への提言：本プロジェクトでは、州レベルの MNDR が導入され良い結果をもたらしたため、DOH-CAR は地域レベルの定期的な MNDR を開始した。地域レベルの MNDR では、バギオ総合病院の専門医の参加を得て州レベルでは技術的に難しかった死亡例の検討を行うとともに、地域内の医療関係者が相互に学びあう機会が提供されている。このような経験を参考に、DOH の関連部門は地域レベルの MNDR を全国に広げる可能性を検討すべきである。

(4) 居住地別の母子保健指標

DOH への提言：本プロジェクトにより居住地別の対象者リストに基づいた居住地別の母子保健指標（施設分娩率、産前産後ケア受診率、予防接種完了率）は、地方自治体によるバランガイ単位のモニタリングと計画策定に有用であることが示された。DOH は、地方自治体がユニバーサルヘルスケアの実現に向けて資源を有効活用できるように、居住地別の指標の活用を認めるべきである。既存の FHSIS や妊婦リストの定義を見直すという方法もあるが、分娩施設において新たに居住地別対象者リストを導入することも可能であろう。DOH の関連部門は地方自治体の必要性に応える適切な方法を検討すべきである。

プロジェクトへの提言：本プロジェクトは、居住地別の母子保健指標の導入を行ったが、データの取り扱いはこれまで日本人専門家の指導の下で行われてきた。よって、プロジェクト完了までに、データの収集、整理、分析、提示などの手順をマニュアル化し、DOH-CARが独自でこれを実施し、地方自治体等にデータの分析と活用方法を指導できるように、技術移転を行う必要がある。さらに、プロジェクトはイロコス地域の要請に応じ、居住地別の指標について技術移転を行うことが期待される。また、対象サイトで居住地別対象者リストに合わせて活用されている「分娩追跡チャート (Delivery Tracking Chart)」を他州・他地域に併せて普及することも考えられる。

(5) 地方自治体による法令化とその執行の促進

プロジェクト/DOH-CAR/DOH への提言：地方自治体首長によるプライオリティ変更が母子保健サービスへの財政支出の減少をもたらすことを防ぐため、本プロジェクトと DOH-CAR は自治体に関連する条例と決議書の制定を促進する必要がある。そのような法令の執行を確実なものとするため、DOH-CAR は地方自治体首長の意識を高めるために継続的に働きかける必要がある。また、町当局はバラングアイによる同様の法令化を働きかけるべきである。また、地方の医療従事者は、本プロジェクトの活動の重要性を十分に認識したうえで、自治体首長を説得できるだけの結果を示すことが重要である。さらに、DOH は自治体業績カード (LGU Scorecard) の指標の中に関連する法令の有無を含めることが考えられる。

(6) コーディレラ地域におけるグッドプラクティスの普及

DOH-CAR への提言：本プロジェクトを通じて作成された「プロジェクト展開計画」は 2014～2016 年に実施されつつある。DOH-CAR は同計画の着実な実施のために十分な資源を配分するとともに、記者会見や地域フォーラム等の機会を通じ、本プロジェクトのグッドプラクティスを地域全体に普及する必要がある。

6-2 教訓

(1) 居住地別の母子保健指標の有用性

本プロジェクトで導入した居住地別対象者リストは、コミュニティに密着して業務を行っている Barangay Health Worker (BHW) 及び CHT メンバーが担当地域の妊娠した女性をすべて把握するために作成しているリストである。すべての妊産婦ケアがたとえ異なった場所で行われたとしても居住地をベースに把握でき、必要なサービスをすべて妊産婦一人一人が受けられるようフォローできる点で優れている。さらに、推計値ではなく実数で各地域における保健サービスのパフォーマンスを正確にモニタリングすることができ、保健サービス提供者の努力も正確に測定することができる。このことは、実際にサービスを提供する人々のモチベーションを高めることにもつながっていることから、住民登録制度の脆弱な途上国において、広く活用していく可能性を有している。

(2) 遠隔地における総合的な取り組みの必要性

本プロジェクトは、山岳地帯で地理的に孤立した地域に対して母子保健サービスへのアクセス改善を計画し、それぞれの目標を達成することができた。ただし、保健分野の取り組み

だけでなく母子保健サービスへの総合的なアプローチの必要性も顕現した。プロジェクト対象地のある自治体からは、妊産婦や新生児の死亡を更に減らすためには道路網の整備が必要だとの意見が出された。母子保健サービスを改善することは、保健セクターとしての介入だけでなく、そのサービスを受けに行くことのできる道路整備など、セクターを超えた総合的な取り組みを行うことを検討すべきである。

(3) 対象地域別のローカル・コンサルタントの配置

本プロジェクトでは対象となった3州のそれぞれにローカル・コンサルタントが配置された。いずれのローカル・コンサルタントも医師、看護師としてコーディネラ地域の公的医療部門で勤務した経験があり、バギオに拠点を置く日本人専門家の指導と監督の下で各州のカウンターパートに対して技術移転の一翼を担うことができた。この人員配置は、日本人専門家が各州への短期の訪問を繰り返すのに比べ、カウンターパートと密な連携体制が取れ、強固な信頼関係を構築することができる。それに加えて、日本人専門家と連絡を取りつつ必要な時にいつでも対応できるなどのメリットがあったと考えられる。このように、複数の地域を同時に対象とする技術協力事業では、適切な資質と経験を備えたローカル・コンサルタントを継続的に配置することを検討すべきである。

第7章 所感

7-1 団長所感

本プロジェクトは、その指標の多くを終了時評価の時点で達成されているなど、非常に順調に目標を達成しているプロジェクトといえる。

個々の評価内容については既に評価結果としてまとめられていることから、本プロジェクトの意義、学び及び今後の展開について所感を述べることとする。

(1) すべての妊産婦を把握する意義

Sustainable Development Goals (SDGs) においては、「誰も置き去りにしない」ことがキーワードとなっており、また、日本政府及び JICA が力を入れて進めようとしているユニバーサル・ヘルス・カバレッジ (UHC) においてもすべての人というキーワードが重要である。本プロジェクトは取り残されやすい地方部、特に山岳地帯でありアクセスの悪い地域を対象にしている点でそもそもの Equity に配慮した案件であるが、さらに、すべての人々、一人一人に焦点を当てている点において、学びの多いプロジェクトである。

一人一人を把握する、その 1 つの試みがプロジェクトが導入した「Resident-Based Target Client List」である。このリストは、コミュニティに密着して業務を行っている BHW 及び CHT メンバーが担当地域の妊娠した女性をすべて把握するために作成しているリストである。このリストを作成することですべての妊産婦のケアを、たとえ異なった場所で行われたとしても把握でき、必要なサービスすべてを受けられるようフォローできる点で優れた仕組みである。さらに、これらの実数を分母とすることで、各地域における保健サービスのパフォーマンスを正確にモニタリングすることができ、保健サービス提供者の努力も正確に測定することができる。このことは、実際にサービスを提供する人々のモチベーションを高めることにもつながっている。

BHW/CHT による住民把握は妊産婦にとどまらず、各担当地域の住民の把握も行われている。住民登録制度の脆弱なフィリピンにおいては、こうした仕組みを更に活用していける素地があり、また、他の途上国にも大きな学びとなる可能性を有している。

(2) UHC のエントリーポイントとしての母子保健

本プロジェクトは、UHC において重要な要素である人々の保健サービスへのアクセスに多面的に取り組んでいる。

母子保健サービスは、人々が暮らしを営む限り、どこでも普遍的に必要なサービスである。特定の保健課題が地域による必要性の違いに濃淡があるのとは対照的である。したがって、質の高い母子保健サービスを提供することは、人々の大きな需要に応えることとなり、ひいては保健医療施設への信頼の向上、そしてアクセスの向上になると考えられる。

本プロジェクト対象地域であるコーディレラ地域は山岳地帯であり、保健サービスへのアクセスもそもそも物理的に厳しい地域である。本プロジェクトでは、質の高い緊急産科ケアへのアクセスを向上するために、最前線の保健施設である助産所 (BHS) を BEmONC 施設とした。このことは物理的なサービスへのアクセスを向上させることに大いに貢献した。

また、アクセスには金銭的な面も含まれる。近くにサービスがあったとしても、受診する

ことが過大な金銭的な負担につながり、貧困に陥る可能性もある。フィリピンにおいては、医療保険である PhilHealth (Philippine Health Insurance Corporation) が整備されており、患者の負担の軽減、施設の維持のための制度は整っているといえる。これをきちんと運用する点で、保健システムの強化は不可欠であるが、プロジェクトでは保険加入促進、保険適用施設の増加などに取り組んできており、これもアクセスの向上に貢献しているといえる。

以上のとおり、本プロジェクトはすべての人々を把握するための仕組みづくりに貢献し、母子保健をエントリーポイントに UHC 達成に貢献した非常に学びの多いプロジェクトであると考えられる。

最後に、JICA 全体への教訓となった出来事について述べる。

本評価調査団の訪問地であったコーナ町において、現地の関係者からの発表があったが、そのなかで母子保健向上のためには道路整備が不可欠であるとの意見が出された。政府も JICA もセクターごとの組織体制となっており、セクターを越える視点については忘れがちである。母子保健の改善についても、純粋に保健セクターにおける介入で改善されることもあるが、他セクターによる影響も大きいことは各種の研究でも明らかである。現地に住む人々の率直なニーズとして、母子保健サービスに加え道路整備ニーズの高さに言及いただき、このことを強く感じさせられた。

SDGs においても、各目標単独で扱うのではなく目標間の関係に注目する視点が重視されている。他セクターによる母子保健への影響、母子保健が改善することによる他セクターへの影響について、更に知見を深め、最も効果的な介入についてセクターを越えて計画できる体制が将来的に必要とされることを痛感し、JICA 業務の改善に反映していきたいとの思いを新たにしたい。

7-2 技術参与所感

今回の終了時評価調査では、プロジェクトからフィリピン DOH へのフィードバックとして、4つの提言が挙げられた。それぞれの提言に関連するトピックの現状と、提言を実現する上での課題について、所感を交えて以下に記述する。

(1) サービス・デリバリー・ネットワーク (SDN) 強化

SDN 強化は、新政権の保健アジェンダの中の3つの重要な戦略の1つとされ、現在、DOH 内で SDN 強化の作業委員会が形成され、SDN 強化のための戦略策定が進められている。サービス向上のための SDN 形成は、これまで自治体の自発的な取り組みといった位置づけだったが、DOH が最近打ち出した方針によれば、今後は SDN 形成を必須とする制度づくりが進められるようである。他方で、ドナー間では、各ドナーがこれまでに支援してきた ILHZ 強化を含む SDN 強化の事例を取りまとめ、DOH に提示するといった取り組みが進められている。SDN 強化に関する提言の実現については、現段階では、大きな課題は見受けられない。

(2) BEmONC モニタリングの制度化

保健所などの助産施設は、2017年1月より、LTO 取得のために DOH 地域事務所の施設監査を受けることが必須となる。この施設監査は、あくまでも施設を対象とするものであり、医療従事者の技術・知識や実践に焦点を置く BEmONC モニタリングとは本質的には異なる。しかしながら、監督者が施設を訪れて状況を確認するといった点では類似しており、両者の

役割の重複する可能性も否めない。当方が以前にコーディネラ地域以外で実施した聞き取りでは、施設監査と BEmONC モニタリングを混同している人もいたようだった。BEmONC モニタリング実施を LTO 発行の条件とする取り組みは、DOH レベルで制度化されることが望ましいが、まずは施設監査との役割分担を明確にする必要があるといえる。

(3) 地域レベルの MNDR の制度化

MNDR を地域レベルで実施する構想については、当方が DOH の母子保健担当官に確認したところ、賛同するとのことだった。しかしながら、これを実施する際に解決すべき課題についても挙げられた。1 つ目の課題は、専門医の協力である。MNDR を地域レベルで実施する際には、産婦人科医や小児科医といった専門医の協力が不可欠であるが、民間医療サービスが発展している地域では、低い報酬で専門医の協力を得るのは難しい状況にある。2 つ目の課題は、死亡症例に関わった医師の参加についてである。地域レベルでの MNDR 実施には、死亡症例に関わった医師への指導といった目的もあるが、当事者となる医師に参加してもらうのは容易ではない。実際、コーディネラ地域でも、地域レベルの MNDR には死亡症例に関わった医師は参加してないとのことだった。地域レベルでの MNDR 実施を制度化する際には、これらの課題を解決する方策を検討しながら進める必要があるだろう。

(4) 居住地別の母子保健指標

居住地別の母子保健指標をコーディネラ地域以外に拡大するためには、①DOH 地域事務所や自治体が独自に導入、②DOH の FHSIS の改訂、③DOH のプログラムがモニタリング指標として導入といった 3 つの方法がある。これまでに、DOH イロコス地域事務所からプロジェクトに対して、居住地別の母子保健指標導入の支援が要請されており、DOH 予防接種プログラムからも、プロジェクトの経験共有が要請されている。他方、DOH でも、FHSIS を管轄する疫学局が居住地別指標の導入の妥当性を検討している。これら 3 つの取り組みが別々に進められることは必ずしも望ましいことではないものの、現段階では、居住地別の母子保健指標が他地域に実際に導入され、その有用性が広く認識されることが重要であるため、それぞれの取り組みについては容認されるべきだろう。全国で居住地別の母子保健指標が使われるようになった段階で、それぞれの取り組みの整合性が検討されるという形でよいのではないだろうか。

今後、DOH の主導でこれらの提言が実行されることが求められるが、より効果的・効率的にこれらを実現するためには、上述した状況や課題を踏まえたうえで、プロジェクト専門家や DOH アドバイザー専門家から部分的な技術的支援を行う必要があると考えられる。現在、DOH から JICA に対して、母子保健分野の新規案件が要請されているが、仮にこの案件が実施される場合には、上述したことを踏まえて、これらの提言の DOH レベルでの制度化支援と、地方での実施支援についても組み込むことを検討すべきだろう。

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 MEETING
BETWEEN
THE TERMINAL EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON
JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT
FOR
CORDILLERA-WIDE STRENGTHENING OF THE
LOCAL HEALTH SYSTEM FOR EFFECTIVE AND
EFFICIENT DELIVERY OF MATERNAL AND
CHILD HEALTH SERVICES

The Terminal Evaluation Team (hereinafter referred to as “the Team” organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Mr. Tomoya Yoshida visited the Republic of the Philippines (hereinafter referred to as “Philippines”) from 20th September to 5th October 2016 for the purpose of the Terminal Evaluation of “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 their stay in the Philippines, the Team reviewed the achievement of the Project and had a series of discussions with authorities concerned of the Government of the Philippines.

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

Manila, 5 October 2016



Mr. Tomoya Yoshida
Leader
Terminal Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Gerardo Bayugo
Undersecretary
Office for Technical Services
Department of Health
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 Team compiled the result of the Terminal Evaluation Report attached hereto. At the same time, both Philippine and Japanese sides agreed the contents of the Terminal Evaluation Report. The details of conclusions and recommendations for ensuring the achievement of the Project Purpose are as follows:

1. Conclusions:

The Project is high relevant to the Philippines' policies on universal health care, MNCHN service delivery, and the development needs of CAR. Its efficient implementation led to full achievement of the indicators of Project Purpose by the end of 2015, two-year ahead of the original target year. Fruitful results of the Project are attributed to the fact that the interventions were planned in a comprehensive and integrated manner as a package, and were steadily implemented through the concerted efforts of the counterpart personnel and the JICA Expert team. Considering the completion of technical capacity building for the counterpart personnel and the commitment of local authorities regarding the continuation of activities, sustainability of the Project is fairly high. Two among the three indicators defined for the Overall Goal has shown improving trend, while the Project's contribution to these indicators needs further examination. In view of the above, the Project is expected to be completed highly satisfactory.

2. Recommendations:

The Team makes the following recommendations in consideration of the results from the Terminal Evaluation:

1) ILHZ as a functional platform for strengthening SDNs

[DOH] Although ILHZ and Service Delivery Network (SDN) are not synonymous by definition, the project's successful experiences in establishing functional ILHZs shall be referred to by the ongoing initiative of DOH in strengthening SDNs under the Philippine Health Agenda.

Essential components to make ILHZs functioning, as identified through the project's experiences, include establishment of governing framework supported by MOA among participating LCEs, profiling of facilities within ILHZs, development of referral rules and protocols, and regular meetings at ILHZs to discuss key operational issues such as maternal referrals. These components could also be considered as key elements to strengthen SDNs.

2) Institutionalizing supportive supervision for sustainable quality assurance of BEmONC capable facilities

[DOH] To ensure the service quality of BEmONC capable facilities in the project target areas, regular conduct of the supportive supervision has been institutionalized by means of executive orders or Resolutions at the provincial level. In addition, DOH-CAR is in the process of making a satisfactory performance demonstrated by BEmONC-trained staff during the supportive supervision as a pre-requisite for LTO. It is suggested that the concerned offices of DOH explore the possibility to institutionalize the BEmONC supportive supervision requirement at the national policy level as well as to encourage provincial governments to legislate the support to conducting supervision of BEmONC capable facilities.

[DOH-CAR] In order to keep providing quality BEmONC services, DOH-CAR should continuously provide complete BEmONC training for newly positioned health workers and refresher training for existing health workers. Moreover, DOH-CAR should ensure continuous practicing of BEmONC supportive supervision by provincial governments in order to identify any gaps in health service delivery to be filled.

3) Institutionalizing regional MNDR for improving the management at the hospital level

[DOH] Based on the successful introduction of the MNDR mechanism to the Project's target provinces, DOH-CAR initiated regular sessions of MNDRs at the regional level. With the participation of specialist doctors at Baguio General Hospital, the regional MNDRs aimed to review death cases that required technical knowledge above provincial review teams' capacity and to provide mutual learning opportunities within the region. Taking lessons learned from CAR Region, the concerned offices of DOH may also look into the possibility for countrywide application of the regional MNDRs.

4) Application of residence-based definitions of key maternal and infant care indicators

【DOH】 The project demonstrated the usefulness of the residence-based definitions of the key maternal and infant care indicators (FBD rate, ANC / PPC completion rate, and FIC rate) particularly in effective performance monitoring down to the barangay level and evidence-based decision making at each LGU level. DOH is advised to explore the possibility of endorsing the residence-based definitions of the indicators to enable LGUs to effectively mobilize resources toward achievement of UHC. Revisiting FHSIS's definitions and the existing pre-natal TCL could be one way, whereas, introducing a residence-based TCL at birthing homes to facilitate data aggregation may be another option. Suitable modalities to meet local needs shall be identified among concerned offices of DOH.

【The Project】 While the Project has successfully introduced the residence-based definitions of the key maternal and infant care indicators to the project target sites, data aggregation and analysis are still performed under the guidance of the Japanese experts. It is therefore recommended that, by the end of the project period, the Project conduct activities to institutionalize the data management process involving data collection, aggregation, analyses and presentation by producing a manual/guiding note, and to capacitate DOH-CAR to provide guidance to LGUs in data analysis and their utilization for better decision making. The Project is also expected to extend its assistance in building capacity of DOH Region I in adopting the residence-based definitions in response to its official request. In addition, "Delivery Tracking Chart" used as a companion tool of the residence-based TCL in the target sites of the Project may also be disseminated to other provinces/regions.

5) Promotion of local legislation and its enforcement

【The Project / DOH-CAR / DOH】 Considering that the major challenge for sustainability is possible shift of priorities by LCEs and decline of funding for MNCHN services, the Project and DOH-CAR need to promote relevant local legislation by Ordinance and Resolutions. To secure enforcement of such legislation, DOH-CAR also need to make persistent efforts to convince the LCEs. Municipal governments are also advised to facilitate legislation of corresponding municipal ordinances / resolutions at barangay level. Meanwhile, it is also important that local health workers fully understand the importance of the activities initiated by the Project and are

able to convince their LCE by demonstrating the results. In addition, DOH may consider to incorporate the status of the availability of concerned local Ordinance and Resolutions as part of the LGU scorecard indicators.

6) Disseminating the good practices in entire CAR

【DOH-CAR】 The Project Expansion Plan prepared by the Project is being implemented since 2014 through 2016. DOH-CAR would need to provide sufficient resources to disseminate the Project's good practices to the entire CAR through its steady implementation and on occasions of Kapihans (press conference) and regional forums.

END

APPENDIX I: Terminal Evaluation Report

JOINT TERMINAL EVALUATION REPORT

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 Terminal Evaluation Team

Japan International Cooperation Agency (JICA)

Department of Health, Government of the Philippines

Manila
5 October, 2016



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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) 0.47

(Exchange Rate Effective October 2016)

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
BHS	Barangay Health Station
BHW	Barangay Health Worker
CAR	Cordillera Administrative Region
CHT	Community Health Team
CHTF	Common Health Trust Fund
DOH	Department of Health, Government of the Philippines
DOH-CAR	Department of Health - Cordillera Administrative Regional Office
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
MCH	Maternal and Child Health
MCP	Maternity Care Package
MDG	Millennium Development Goals
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
PhP	Philippine Peso
PhilHealth	Philippine Health Insurance Corporation
PPC	Post-Partum Care
RHU	Rural Health Unit
RUPMC	Regional Unified Project Management Committee
SDN	Service Delivery Network
TCL	Target Client List
TWG	Technical Working Group

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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 (BHSSs) become Basic Emergency Obstetric and Newborn Care (BEmONC) capable and RHUs and BHSSs become Maternity 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 Terminal Evaluation

1.1. Background and Objectives of the Terminal Evaluation

The Japan International Cooperation Agency (JICA) together with the Department of Health – Cordillera Area Regional Office (DOH-CAR), as the counterpart, 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 Terminal Evaluation 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 Terminal Evaluation are as follows:

- 1) To review the overall progress of the Project and evaluate the achievement to date based on the Project Design Matrix (hereinafter referred to as “PDM”) (ANNEX I) and identify those factors which promoted or inhibited the achievements;
- 2) To analyze the performance of the Project based on the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impacts and Sustainability);
- 3) To make recommendations to the Project for the remaining period and to the related parties regarding the actions to be taken after the termination of the Project.

1.2. Evaluation Team Members

Name	Designation in the Review Team	Title and Affiliation
<i>Japanese side</i>		
Tomoya Yoshida	Leader	Director Health Team 3, Health Group2, Human Development Department, JICA
Shogo Kanamori	Technical Advisor	Health Adviser to DOH
Misaki Kawaguchi	Cooperation Planning	Representative JICA Philippines Office
Akiko Ito	Cooperation Planning	Deputy Director Health Team 3, Health Group2, Human Development Department, JICA
Hajime Sonoda	Evaluation Analysis	Senior Consultant Global Group 21, Japan
<i>Philippine side</i>		
Maylene M. Beltran		Director IV, Office of the Director Bureau of International Health Cooperation, DOH
Jocelyn T. Sosito		Senior Health Program Officer, Project Management Division Bureau of International Health Cooperation, DOH
Grace R. Buquiran		Chief Health Program Officer, Project Monitoring Division Bureau of International Health Cooperation, DOH

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1.3. Mission Schedule

The Terminal Evaluation was conducted from 20 September to 5 October, 2016. 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 Terminal Evaluation 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; (e) clients of health facilities (a list of persons interviewed attached as ANNEX IV); and (f) PhilHealth provincial representatives.
- 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).

Evaluation criteria	Descriptions
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 September, 2016, the status of the Objectively Verifiable Indicators for Overall Goal, Project Purpose, and Outputs was identified as follows according to the framework of the PDM (Version 3, revised on June 18, 2015).

2.1.1. Overall Goal

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

Based on the following indicators, the Overall Goal is judged to be partially achieved.

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, 66 in 2013, 50 in 2014 and 45 in 2015 (source: FHSIS). <Achieved>
Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011).	IMRs in CAR has been fluctuating below the national target of 19, and there has been no clear tendency of decrease since 2011; IMRs were reduced to 10 in 2012, 2013, further to 8 in 2014, while it increased to 11 in 2015 which is still lower than the MDG target level of 19. (source: FHSIS) <Achieved till 2014, not achieved in 2015>
85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).	Facility Based Delivery (FBD) rates in CAR were 78% in 2012, 82% in 2013, 90% in 2014 and 92% in 2015 (source: FHSIS). <Achieved>

2.1.2. Project Purpose

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

Based on the following indicators, the Project Purpose is judged to be fully achieved.

Objectively Verifiable Indicator	Summary of Achievement
<i>Indicators for Target Sites</i>	
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 93% in 2015. <Achieved> It increased in all the three target provinces; Abra (6 municipalities.); 73% (2012) to 97% (2015) Apayao; 67% (2012) to 88% (2015) Benguet; 83% (2012) to 93% (2015)
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 Antenatal Care (ANC) completion rate in the target sites increased from 63% in 2012 to 84% in 2015. <Achieved> It increased in all the three target provinces; Abra (6 municipalities.); 45% (2012) to 84% (2015) Apayao; 73% (2012) to 85% (2015) Benguet; 62% (2012) to 84% (2015)

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 Post-Partum Care (PPC) completion rate in the target sites increased from 90% in 2012 to 98% in 2015. <Achieved> It increased in all the three target provinces; Abra (6 municipalities.); 66% (2012) to 99% (2015) Apayao; 89% (2012) to 97% (2015) Benguet; 93% (2012) to 98% (2015)
<i>Indicators for the entire CAR (the project area)</i>	
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 17 in September 2015. <Achieved>
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 since 2013. <Achieved>
Number of Basic Emergency Obstetric and Newborn Care (BEmONC) capable health facilities (hospitals, RHUs and BHSs) is increased in CAR [baseline: 0 facility in 2011; target 177 facilities by 2017 (37 hospitals, 50 RHUs, and 90 BHSs)].	The number of BEmONC capable health facilities increased to 188 as of 2015. (36 hospitals, 48 RHUs, and 104 BHS) as of September 2015. <Achieved>
Number of RHU and BHS with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 131 facilities by 2017 (53 RHUs and 78 BHSs)].	Number of RHU and BHS with MCP accreditation is increased to 144 (51 RHUs and 93 BHSs) by 2015. <Achieved>

2.1.3. Outputs

Output 1: Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites. (Target sites: Dolasan and VPP ILHZs in Abra, ILHZs in Apayao)

Based on the following indicators, the Output 1 is judged to be mostly achieved.

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-CAR 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. After 2013, utilizing the training modules, DOH-CAR conducted training seminars to those areas not targeted by the Project, which resulted to the increased number of active ILHZ in CAR from 7 (2011) to 17 (2016). <Achieved>
All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF).	All 6 target ILHZs enacted the establishment of CHTF by March 2015, among which 3 ILHZs have started utilizing the CHTF, except for the 3 ILHZ in Apayao which at the moment keeping it for future use. <Achieved>
All ILHZs in the target sites implement Maternal, Newborn, Child Health and Nutrition (MNCHN)-related ILHZ activities according to ILHZ plan.	All the 6 target ILHZs developed annual activity plans and implemented them in 2013, 2014 and 2015. <Achieved>
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 of provincial health budget in 2015 increased to 27.2% in Abra, but remained almost same at 14.8% in Apayao. While, the amounts in Apayao increased by 20% from 2012 to 2015. <Mostly Achieved>

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 median of proportion among the 13 cities / municipalities in 2015 was 7.9%, which is slightly less than 8.6% in 2012. While the amount in all the cities / municipalities increased from 2014 to 2015. While, including the reimbursement gained by the municipalities, it is inferred that the median of proportion would be higher. <Not Achieved>
Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: Php 0 in 2012).	Total budget allocation for the six (6) ILHZ amounted to 1,600 thousand Peso for the FY 2015, and 63% of this amount was disbursed by February 2015. For the FY 2016 same amount has been allocated as well. <Achieved>
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 26 municipalities in the target area enacted promotion of facility-based delivery by December 2013. In total 25 municipalities (out of total 26 municipalities) in the target area have enacted support of CHT activities as of March 2016. <Achieved>
Proportion of PhilHealth sponsored enrollment rate (actual enrollment / target) 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 267% in 2 ILHZ of Abra and 254% in Apayao as of December, 2015. <Achieved>
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 in all the target provinces in 2015; 21,504 in Abra province, 44,997 in Apayao province, and in total 66,501 which is more than 3 times of the number in 2011. <Achieved>
Amount of Maternal and Child Health (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 2015 from PhilHealth increased to Php 1,774,650 in Abra, Php 14,443,100 in Apayao, Php 47,448,900 in Benguet, and in total to Php 63,666,650 which is more than 22 times larger than the amount in 2012. <Achieved>

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

Based on the following indicators, the Output 2 is judged to be fully achieved.

Objectively Verifiable Indicators	Summary of Achievements
MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.	During the 1 st year of the Project, a MNCHN manual localized for CAR was developed and a training of trainers for the manual was conducted in March 2013, attended by 30 representatives from all 6 provinces and Baguio city in CAR. In the second year, training was conducted to disseminated the manual in each province. <Achieved>
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 ILHZ during the 1 st year of the Project. They were operationalized since the 2 nd year, enabling two-way referral and close monitoring of referred clients. <Achieved>
MNDR is conducted in the all target sites.	MNDR teams are organized and MNDR sessions are conducted in all the 6 provinces and Baguio City in CAR. Regional level MNDR sessions are also conducted on quarterly basis. <Achieved>
Monitoring system on BEMONC and CHT is developed and implemented.	Tools for continual BEMONC monitoring were drafted and provincial monitoring teams were created in the 3 rd year of the Project. Continuous monitoring was started based on the new arrangement since 2015. As for CHT, periodical monitoring is conducted by DOH. <Achieved>

Culturally appropriate MNCHN Information and Education Campaign (IEC) material is developed and utilized in the target sites.	In the 2 nd year of the Project, flipcharts and banners were developed and distributed together with family health diaries during the CHT meetings. CDs with MCH advocacy songs were also developed and distributed. In the subsequent years, these materials were reproduced and further distributed, and repeated orientations for CHT were conducted to promote an appropriate use of the family health diary. <Achieved>
Number of Barangays with MNCHN emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to CHD)	356 Barangays out of the total 360 Barangays integrated the MNCHN emergency and preparedness plan into the Barangay Disaster Risk Reduction and Management Plan by March 2016. <Achieved>

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)

Based on the following indicators, the Output 3 is judged to be mostly achieved.

Objectively Verifiable Indicators	Summary of Achievements
Number of BEmONC capable health facilities is increased [baseline: 0 in 2011; target by 2016: 108 facilities (15 hospitals, 19 RHUs and 74 BHSs)].	As of January 2016, total 108 facilities (15 hospitals, 19 RHUs and 74 BHSs) in the target area are capable to provide BEmONC. <Achieved>
All 15 public hospitals in the target sites maintain PhilHealth accreditation.	As of December 2015, all the 15 hospitals in the target area remain PhilHealth accredited. <Achieved>
19 RHUs and 74 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 December 2015, 19 RHUs and 63 BHSs (85% of the target) in the target area were entitled MCP accreditation by PhilHealth. <Mostly Achieved>
Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130]	By March 2014, all the 129 health professionals available for training were trained on BEmONC. (There was one vacant position among the targeted 130 positions.) <Achieved>
Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92]	By March 2015, 182 health professionals (198% of the target) were trained on harmonized BEmONC, including 92 BHS midwives who were not considered initially. <Achieved>

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

Based on the following indicators, the Output 4 is judged to be mostly achieved.

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, eight (8) newsletters, and six press releases. <Achieved>
Project expansion plan for the entire CAR region is established and implemented.	A project expansion plan was developed by DOH-CAR in 2013. It has been implemented mostly as planned till 2015 except for procurement of equipment for health facilities. <Mostly Achieved>
DOH-CAR and other project counterparts disseminate lessons learnt and good practices of the project (baseline 0 in 2011).	Lessons learned and good practices of the Project were disseminated through presentations in 24 occasions (meetings) and periodical update of the web-site. <Achieved>

<p>Good practices and lesson learnt of the project is documented and disseminated at national and regional levels (baseline 0 in 2011).</p>	<p>Documentation and dissemination of good practices and lessons learned have been made through;</p> <ul style="list-style-type: none"> - A Good Practice Booklet - Documentation on calculation of residence based statistics on delivery at health facilities and pre / post-natal care - 67 articles on newspaper and magazines - 25 times of broadcasting through TV and radio <p><Achieved></p>
<p>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.</p>	<p>National forum was conducted in the 3rd year with 277 participants. Another forum is planned 25 January, 2017. <Expected to be Achieved></p>

2.1.4. Inputs

(1) Japanese Side

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

(a) Assignments of Experts

Eight (8) Experts of 127.66 person-months were assigned. A list of the Experts with assigned field and person-months in each year are shown in ANNEX V

(b) Counterpart Training in Japan (as of June 1, 2016)

As of June 1, 2016, total 16 counterpart staff members received training in Japan. A list of counterpart staff members trained is shown as ANNEX VI.

(c) Local Cost

Total amount of local cost shouldered by Japanese side is estimated to be JPY 152,863,876. Its breakdown by year and items is shown as ANNEX VII.

(d) Equipment

A list of equipment procured by the Japanese Side in Project Year 1 and 2 amounted to PhP 14,815,260. Its breakdown by year and items is shown as ANNEX VIII. No equipment was procured after the Year 3.

(2) Philippine Side

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

(a) Counterpart Staff Members (key members only, as of June 1, 2016)

As of June 1, 2016, there have been in total 89 counterpart staff members assigned for the Project. (ANNEX IX)

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(b) Facilities

The Philippine Side provided project office space and facilities at DOH-CAR, 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 – 4 amounted to PhP 859,931,240 (ANNEX X). 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. Revision of PDM

The original PDM (Version 1) at the time of R/D was revised to PDM Version 2 in the second Project Year (September, 2013) with the following modifications.

- Addition of new activities.
 - Include selected BHS in the scope of new birthing facilities development.
 - Formulate an expansion plan for non-targeted areas of CAR, and
 - Review CHT activities in the target area and develop a supporting system for them.
- Refinement of the Objective Verifiable Indicators, reestablishment of baselines and target values.
- Re-definition of indicators for the Project Purpose:
 - Use of Residence-Based Target Client List (TCL) instead of Field Health Service Information System (FHSIS; occurrence-based TCL) in calculating facility based delivery rate, pre-natal and post-partum care completion rate.
 - Baselines and target values for the target area as a whole and for each province.

The second version of PDM was further revised in June, 2015, creating the PDM Version 3, with the following modifications.

- As DOH decided not to continue BEMONC certification after 2015, corresponding part of description of Output 3 "BEMONC certified" was modified as "BEMONC capable".
- Target values of BEMONC capable facilities and MCP accredited facilities, which had been defined for

the Project Purpose and Output 3, were increased based on the actual results obtained by the Project Year

2.2.2. Implementation of Activities

Project activities have been implemented according to the PDM. The actual timeframe of each activity component during the Project Year 1 – 4 is presented in ANNEX XI.

2.2.3. 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.

As of September, 2016, 9JCC meetings, 12 RUPMC meetings, 10 EC meetings and 45 TWG meetings (15 TWG meetings at each of Benguet, Abra and Apayao provinces) have been held. Records of JCC meetings and RUPMC meetings are shown in ANNEX XII.

3. Evaluation Results

3.1. Relevance

The Aquino administration had been pursuing the goals of *Kalusugan Pangkalahatan* (KP) which aims to achieve universal health care for all Filipinos. KP had three (3) strategic goals of the health sector; ensuring financial risk protection, access to quality health facilities and attainment of the health-related MDG of which most important are reduction of infant and maternal mortality rates. It also included such initiatives also employed in the Project as ILHZ, CHT, utilization of PhilHealth, etc. Therefore, the Project was highly relevant to the policies and plans of Aquino administration.

The Government of the Philippines issued Administrative Order No. 2008-0029 entitled “Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality” for strengthening MNCHN service delivery and facilitate facility-based deliveries assisted by skilled health professionals. The Project’s implementation components are also consistent with GOP’s policy directions on MNCHN.

These policies have been maintained till the time of terminal evaluation. While, Philippine Health Agenda (2016 – 2022) adopted by the Duterte administration priorities three (3) areas to be addressed; all life stages & triple burden of disease, service delivery network, and universal health insurance. The objectives of the Project are consistent with all the three areas, therefore, the Project is also relevant to the policy directions of the new administration.

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 Apayao and Abra are among the poorest provinces with most needs of assistance, and the both provinces have never received health-related project by other development partners.

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 –".

In view of the above, the relevancy of the Project is high.

3.2. Effectiveness

The Project was implemented in order to strengthen local health system in CAR so that it could deliver effective and efficient MCH services. As summarized in the table below, pre-defined targets for the Project Purpose, including those targets revised up in 2015, have been already achieved by the end of 2015, two-year ahead of the original target year. In addition, the "Strategy in enhancing inter-Local Government Unit (LGU) cooperation in improving Maternal and Child Health Services in the Cordilleras" of the Project won the Good Practice Award 2014 of National Economic and Development Agency (NEDA). In view of the above, it can be judged that effectiveness of the Project is very high.

Indicators for Project Purpose at the Target Area

	Baseline 2012	2013	2014	2015	Target 2017
FBD Rate					
Project Target Area	79%	<u>86%</u>	<u>89%</u>	<u>93%</u>	85%
Abra (6 municipalities)	73%	<u>86%</u>	<u>95%</u>	<u>97%</u>	85%
Apayao	67%	<u>80%</u>	<u>84%</u>	<u>88%</u>	80%
Benguet	83%	87%	90%	93%	90%
Pre-natal Care Completion Ratio (min. 4 times)					
Project Target Area	63%	75%	<u>81%</u>	<u>84%</u>	80%
Abra (6 municipalities)	45%	<u>80%</u>	<u>84%</u>	<u>84%</u>	70%
Apayao	73%	79%	77%	<u>85%</u>	85%
Benguet	62%	72%	81%	84%	80%
Post-partum Care Completion Ratio (min. 2 times)					
Project Target Area	90%	<u>96%</u>	<u>97%</u>	<u>98%</u>	90%
Abra (6 municipalities)	66%	<u>97%</u>	<u>100%</u>	<u>99%</u>	80%
Apayao	89%	<u>92%</u>	<u>92%</u>	<u>97%</u>	90%
Benguet	93%	97%	98%	98%	95%

Note: Figures with underline are those figures equal or more than the target level.

Source: Elaborated by the Project based on Residence-Based TCL

Indicators for Project Purpose at CAR

	Baseline 2011	2012	2013	2014	2015	Target 2017
Number of active ILHZ	7	<u>11</u>	<u>12</u>	<u>14</u>	<u>17</u>	increase
Number of Province/City conducting MNDR	0	0	<u>7</u>	<u>7</u>	<u>7</u>	7
Number of BEmONC capable health facilities	0	0	32	166	<u>188</u>	177*
Number of RHU / BHS with MCP accreditation	12	23	53	88	<u>144</u>	131*

Notes: Figures with underline are those figures equal or more than the target level.

Target figures with (*) are elevated targets through the revision of PDM in June 2015.

Source: Elaborated by the Project based on Residence-Based TCL

In the target sites of the Project, that are six (6) municipalities of Abra, all the seven (7) municipalities of Apayao and Benguet, the Project aimed at increasing FBD Rate, pre-natal and post-partum care completion ratios. In order to attain them, the Project initiated such activities as;

- Re-vitalization of ILHZ including resource sharing and creation of CHTF
- Establishment of effective referral system for MNCHN
- Development and dissemination of MNCHN manual that incorporate cultural sensitive practices of CAR
- Capacity building of health personnel at regional, provincial, municipal and barangay level through extensive trainings
- Quality assurance of MNCHN services through BEmONC Supportive Supervision
- Identification of gaps in health system and measures to be taken through MNDR
- Vitalization of CHT through training and enhanced cash incentives
- Establishment of new birthing facilities with appropriate infrastructure and equipment
- Utilization of MCP of PhilHealth through accreditation of BEmONC capable facilities and subscription promotion
- Preparation of barangay MNCHN emergency plans

All of these have contributed together to the successful attainment of the Project Purpose. These initiatives covered various aspects of MNCHN services, namely institutional, technical, infrastructural and financial aspects, and interventions have been made to address the needs of each aspect. The fruitful results of the Project in the target sites are attributed to the fact that the interventions were planned in a comprehensive and integrated manner as a package, and were steadily implemented through the harmonized efforts of the counterpart personnel of DOH-CAR, provincial / municipal governments and the JICA Expert team.

The successful experiences in the target sites are being duplicated region-wide based on the Project Expansion Plan through funding of DOH-CAR and technical assistance by the JICA Experts, which showed a substantial progress to date.

Following accomplishments are highlighted as the major promoting factors for the successful attainment of the Project.

- i) Commitment of provincial and municipal local governments to MCH has been attained through repeated advocacy to the governments and Local Chief Executives (LCEs). When a new LCE was not sufficiently sensitized after election, DOH-CAR, provincial and municipal health offices together with JICA team made persistent advocacy to convince him / her. Having their firm commitment, following important results have been obtained.
 - Through establishing functional ILHZs, an effective referral system based on close inter-LGUs collaboration based on profiling of facilities, development of referral rules and protocols has set up. In addition, sharing of medical personnel, supplies and ambulance as well as an establishment of Common Health Trust Fund has been realized in the framework of ILHZ. Regular TWG meeting is a good platform to share experiences, identify key referral challenges and make plans to tackle them together. The strategy taken by the Project for re-activating ILHZs won Good Practice Award in 2014 and also grabbed attention of other provinces out of CAR.
 - LGUs in the target sites have been taking such important actions for MNCHN services; prohibiting home based delivery, improvement of infrastructure for RHUs and BHSs, providing additional cash incentive for CHT members as well as pregnant women, sponsoring the insurance premiums for PhilHealth, etc. There are many LGUs that have enacted ordinances and/or made resolutions in order that their commitment could be maintained even after the changes of local administration.
 - Most of the LGUs in the target site highly appreciates the drastic reduction of home based delivery and provision of improved MCH services without much additional burden by availing the reimbursement by PhilHealth, and expressed commitment for continuation of such actions.
- ii) Utilization of MCP of PhilHealth has been enhanced to secure quality MNCHN services and create additional motivation of LGUs and medical personnel at municipal and barangay levels.

In order to improve geographical accessibility to birthing facilities accredited for MCP, the Project has established new MCP accredited birthing facilities not only at RHUs but also at selected BHSs through provision of essential equipment and BEMONC training. Advocacy to LCEs was also made to encourage their funding for infrastructure improvement and taking over of PhilHealth premium. Subscription to PhilHealth has been promoted through orientation and training to barangay captains and CHT, information dissemination to pregnant women and general population.

Based on the policies of MCP / PhilHealth as of October, 2016, one can receive reimbursement of PHP 8,000 per delivery while paying a premium of minimum PHP 2,400. As PhilHealth recently

started allow subscription to MCP with retroactive payment of premium, it is now a wide practice of LGUs to take over the payment for pregnant women without subscription but who are about to deliver, because LGUs can gain fund and save spending of its own resources for MCH. Following the rules of PhilHealth, part of the reimbursement can be utilized to purchase medical supplies, improve infrastructure, purchase equipment at RHU and BHS. There is an outstanding example of one RHU that had purchased an ambulance with an accumulate capitation of more than one hundred deliveries per year. Another part of the reimbursement can be used to rewarding the medical personnel including doctor, nurse, midwife and other personnel at RHU, BHS, as well as the community health workers who works on MCH, giving additional motivation to work for results.

- iii) The Project has introduced some measures for quality assurance of MNCHN services such as BEmONC Supportive Supervision and enhancement of MNDR, which will increase sustainability and impact of the Project.

Through BEmONC Supportive Supervision, each health worker who belongs to the BEmONC team of the birthing facility can obtain a certificate of performance, if his/her performance were judged satisfactory. DOH-CAR is considering to make it as a part of requirements for issuing or renewing the License To Operate (LTO) as birthing facility, with which the facility will automatically satisfy the requirement to be accredited for MCP by PhilHealth. If institutionalized, as currently envisaged by DOH-CAR, it would help a lot more in assuring quality MCNHN services at the birthing facilities in CAR.

The Project also initiated periodical MNDR, instead of MDR which used to be conducted in CAR occasionally in some hospitals, which is an important opportunity where the health workers can learn lessons, improve their operation and update their knowledge on BEmONC as well as CEmONC. MNDR is basically conducted at the levels of province and ILHZ. In the review sessions, usually, mini-lectures are given by the specialist doctors invited. Those midwives directly involved in the cases are now willing to come to learn, while in the past they rather hesitated to show up in order not to disclose their own handling of the case. Each MNDR session will come up with an action plan to fill the gap identified through the session, and its implementation is subject to monitoring by DOH-CAR. The findings of MNDR are fed back to the governor, LECs and barangay captains concerned.

DOH-CAR started MNDR at regional level at least on semiannual basis where they can review questionable cases and those cases with complications with participation of relevant specialist doctors with ample experiences from the Baguio General Hospital and other private medical institutions. It is also an opportunity to share rare cases among the health works participating provinces.

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3.3. Efficiency

Almost all the targets defined as indicators of the Outputs have been either satisfied or in the process toward their achievements. Only exception is the indicator related to the proportion of municipal health budget to total municipal budget (Output 1) which showed a slight decrease (from 8.6% in 2012 to 7.9% in 2015). While, the amount of municipal health budget themselves have been increased even in those municipalities with decreased proportion. Therefore, the decrease of proportion is due partly to increasing trend of the total municipal budget and would not be a threat to the achievement of Output 1.

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, including those activities added through the revision of PDM in September, 2013, have been 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.
- 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.
- The monitoring mechanism of the Project through the JCC, RUPMC, EC and TWG meetings has been appropriate.
- Subjects and contents of the counterpart trainings in Japan were all relevant in light of the Project scope.

In view of the above, the efficiency of the Project is high.

Following factors are identified which affected the implementation of Project activities and production of Outputs.

- The implementation of the activities, particularly those which required initiatives and/or financial inputs of LGUs, was affected by the leadership of LCEs and their interest in health issues. In order

to uphold their commitment for better MHC services, it was necessary to continuously advocate the issue especial when new LCEs became in position.

- PDM has been revised twice in order to; accommodate newly recognized needs; deal with limited availability of information; and uplift some targets based on the results of early Project Years. In addition, various minor adjustments have been made in the approach of the Project to cope with the discontinuation of BEmONC accreditation by DOH, changes in PhilHealth policies, fees and benefits on MCP, etc. Thus, the Project has been managed with flexibility and readiness to adjust itself to the changes of its context.
- Three Filipino field consultants employed by the Project have technical background in Medicine or public health and experiences in governmental health services in CAR and other regions in Philippines. Especially in Apayao and Abra which are far from the project office in Baguio, continuous presence of such field consultants have been very much appreciated by the counterparts as they are capable of providing technical guidance in close communication with the project experts stationed in Baguio. Continuous availability of such field consultants was one of the promoting factor for the efficient implementation of the Project.

3.4. Impact

Achievement of Overall Goal

The Overall Goal of the Project is; health status of people in CAR is improved, particularly of women and children, and its attainment is judged based on the three indicators; MMR, IMR and FBD Rate. As shown in the following table, MMR and FBD Rate have been showing constant improvement since 2010, but no such improvement is seen for IMR. Since 2014, all the three (3) indicators have been attaining the MDG targets or the Project's target set for overall goal. They, as far as these indicators are concerned, the Overall Goal had been achieved before the completion of the Project.

Indicators for Overall Goal (for entire CAR)

	2010	2011	2012	2013	2014	2015	Target
FBD Rate	68%	73%	78%	83%	90%	92%	85%
MMR	65	62	71	66	50	45	52
IMR	9	11	10	10	8	11	19

Note: Figures with underline are those figures equal or more than the target level.

Source: FBD Rate...elaborated by the Project based on Residence Based TCL

MMR / IMR ...FHSIS

The region-wide improvement of FBD Rate can be considered to be a direct impact of the Project and it is widely believed that an increase in FBD Rate will reduce MMR and IMR. The improving tendency of MMR looks consistent to the trend of FBD Rate which is also improving. However, the fluctuation of IMR is not consistent to other indicators. This might be associated with the fact that a modified definition of

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IMR was put into practice in CAR since 2015, but the actual reasons need further clarification. As there are other aspects that may influence MMR and IMR, such as quality of MCH services include those at higher tier medical facilities, availability of emergency transportation, mothers nursing practices, etc., in-depth analysis will be needed to establish the relationship among the three indicators. It means that, while the Overall Goal is attained based on the indicators, Project's contribution to its attainment needs further examinations.

It should be also pointed out that, in order to further improve MMR and IMR, capacity of higher tier medical facilities would need enhancement. One of the major constraint identified at some medical facilities through the terminal evaluation is a scarcity of health human resources, among other specialist doctors in Obstetrics and Gynecology.

Other Impacts

The Project developed RB-TCL (Residence Based TCL) by re-compiling the occurrence based TCL which is a part of regular FHSIS practice, principally because of the need to compute principal indicators for the Project Purpose such as FBD Rate, ANC / PPC completion rates more accurately. It was proved that residence based obstetric indicators compiled for each barangay population are very useful for LGUs in conducting monitoring and evidence based planning, as no such information could be obtained from FHSIS reporting. Because of its usefulness, compilation of RB-TCL is currently made quarterly in Apayao province, although the Project requested it only annually. Considering its usefulness, DOH-CAR decided to take the same approach in compiling indicators on immunization. In addition, DOH-Region I has requested to the Project to extend technical assistance for introducing RB-TCL in the Region.

It should be noted also that the Project will have some positive impacts which are not limited to MCH but related to an improvement of medical and health services in general. For example; effective referral system established by the Project would serve for medical treatment in general; improved facility, equipment and enhanced capacity at RHU / BHS would help implementing adolescent health service and family planning, etc.

3.5. Sustainability

Till the time of the terminal evaluation, DOH-CAR and health workers at provincial and municipal governments in the target sites have acquired sufficient technical capacity to continue the activities initiated by the Project. While the MNCHN policies are currently under review by DOH, it is expected that its approaches and basic institutional framework will be maintained in general. As for financial sustainability, DOH-CAR and all the LCEs interviewed by the evaluation team expressed their firm commitment to the continuation of the project activities. In view of the above, sustainability of the Project is considered to be fairly high.

However, there are following issues which may affect the sustainability of the Project's effects;

i) Shift of priorities of LGUs

Most of the activities performed at the local level require financial counterpart of provincial and municipal local governments. Possible changes of LCEs after elections may lead to a shift of local priorities and decline of funding level for MNCHN services. In order to minimize the risk of cutback in funding for MNCHN service delivery, the Project has been promoting local legislation to secure funding for such activities as: re-activation of ILHZs, promotion of PNC/PPC/FBD, MNDR, BEmONC supportive supervision, Barangay Emergency Plan for MNCHN, support to CHT/BHW, etc. It is important to keep promoting local legislation till all the municipalities and barangays have relevant ordinances or resolutions.

ii) Changes of trained local health workers

To date, except for the technical transfer on compilation of residence-based data, various manuals, tools and reference materials have been prepared and technical transfer to DOH and local health works has been completed. As far as those trained personnel remains in their current positions, there will be little concern on technical aspect of sustainability. However, as there are constant changes in personnel and appointments of new personnel, it is important to provide training to them. While DOH-CAR has already acquired capacity to give training adequate funding it to satisfy such training needs. At the same time, BEmONC supportive supervision should be continuously implemented to assure quality services provided by the local health workers.

iii) Gradual implementation of the Project Expansion Plan

The Project Expansion Plan has been implemented by DOH and its progress is for the most part as planned. However, the procurement of equipment was not realized in 2015, as the fund for Health Facilities Enhancement Program (HFEP) of DOH was not downloaded and carried over to 2016. In addition, training for local health workers has been given in an incremental manner due to restrictions in availability of trainers and those trainees who are not health workers. Thus, it would take some more years to complete the implementation of the Project Expansion Plan.

iv) Changes in PhilHealth Policies

MCP of PhilHealth has been well utilized in the Project in order to secure fund for quality services including cash incentives for local health workers. For provincial and municipal governments, it has become an important supplemental fund source for MNCHN services, as they can gain maximum Php 8,000 per delivery as reimbursement. However, depending on the financial position of PhilHealth, there is a possibility that the amounts of premium and capitation/reimbursement are changed by PhilHealth in such a manner that the possible coverage would shrink. Thus, part of the financial sustainability of the Project depends on the policies of PhilHealth on MCP.

3.6. Conclusions

The Project is highly relevant to the Philippines' policies on universal health care, MNCHN service delivery, and the development needs of CAR. Its efficient implementation led to full achievement of the indicators of Project Purpose by the end of 2015, two-year ahead of the original target year. Fruitful results of the Project are attributed to the fact that the interventions were planned in a comprehensive and integrated manner as a package, and were steadily implemented through the concerted efforts of the counterpart personnel and the JICA Expert team. Considering the completion of technical capacity building for the counterpart personnel and the commitment of local authorities regarding the continuation of activities, sustainability of the Project is fairly high. Two among the three indicators defined for the Overall Goal has shown improving trend, while the Project's contribution to these indicators needs further examination. In view of the above, the Project is expected to be completed highly satisfactory.

4. Recommendations

1) ILHZ as a functional platform for strengthening SDNs

[DOH] Although ILHZ and Service Delivery Network (SDN) are not synonymous by definition, the project's successful experiences in establishing functional ILHZs shall be referred to by the ongoing initiative of DOH in strengthening SDNs under the Philippine Health Agenda. Essential components to make ILHZs functioning, as identified through the project's experiences, include establishment of governing framework supported by MOA among participating LCEs, profiling of facilities within ILHZs, development of referral rules and protocols, and regular meetings at ILHZs to discuss key operational issues such as maternal referrals. These components could also be considered as key elements to strengthen SDNs.

2) Institutionalizing supportive supervision for sustainable quality assurance of BEmONC capable facilities

[DOH] To ensure the service quality of BEmONC capable facilities in the project target areas, regular conduct of the supportive supervision has been institutionalized by means of executive orders or Resolutions at the provincial level. In addition, DOH-CAR is in the process of making a satisfactory performance demonstrated by BEmONC-trained staff during the supportive supervision as a pre-requisite for LTO. It is suggested that the concerned offices of DOH explore the possibility to institutionalize the BEmONC supportive supervision requirement at the national policy level as well as to encourage provincial governments to legislate the support to conducting supervision of BEmONC capable facilities.

[DOH-CAR] In order to keep providing quality BEmONC services, DOH-CAR should continuously provide complete BEmONC training for newly positioned health workers and refresher training for existing health workers. Moreover, DOH-CAR should ensure continuous practicing of BEmONC supportive supervision by provincial governments in order to identify any gaps in health service delivery to be filled.

3) Institutionalizing regional MNDR for improving the management at the hospital level

[DOH] Based on the successful introduction of the MNDR mechanism to the Project's target provinces, DOH-CAR initiated regular sessions of MNDRs at the regional level. With the participation of specialist doctors at Baguio General Hospital, the regional MNDRs aimed to review death cases that required technical knowledge above provincial review teams' capacity and to provide mutual learning opportunities within the region. Taking lessons learned from CAR Region, the concerned offices of DOH may also look into the possibility for countrywide application of the regional MNDRs.

4) Application of residence-based definitions of key maternal and infant care indicators

[DOH] The project demonstrated the usefulness of the residence-based definitions of the key maternal and infant care indicators (FBD rate, ANC / PPC completion rate, and FIC rate) particularly in effective performance monitoring down to the barangay level and evidence-based decision making at each LGU level. DOH is advised to explore the possibility of endorsing the residence-based definitions of the indicators to enable LGUs to effectively mobilize resources toward achievement of UHC. Revisiting FHSIS's definitions and the existing pre-natal TCL could be one way, whereas, introducing a residence-based TCL at birthing homes to facilitate data aggregation may be another option. Suitable modalities to meet local needs shall be identified among concerned offices of DOH.

[The Project] While the Project has successfully introduced the residence-based definitions of the key maternal and infant care indicators to the project target sites, data aggregation and analysis are still performed under the guidance of the Japanese experts. It is therefore recommended that, by the end of the project period, the Project conduct activities to institutionalize the data management process involving data collection, aggregation, analyses and presentation by producing a manual/guiding note, and to capacitate DOH-CAR to provide guidance to LGUs in data analysis and their utilization for better decision making. The Project is also expected to extend its assistance in building capacity of DOH Region I in adopting the residence-based definitions in response to its official request. In addition, "Delivery Tracking Chart" used as a companion tool of the residence-based TCL in the target sites of the Project may also be disseminated to other provinces/regions.

5) Promotion of local legislation and its enforcement

[The Project / DOH-CAR / DOH] Considering that the major challenge for sustainability is possible shift of priorities by LCEs and decline of funding for MNCHN services, the Project and DOH-CAR

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need to promote relevant local legislation by Ordinance and Resolutions. To secure enforcement of such legislation, DOH-CAR also need to make persistent efforts to convince the LCEs. Municipal governments are also advised to facilitate legislation of corresponding municipal ordinances / resolutions at barangay level. Meanwhile, it is also important that local health workers fully understand the importance of the activities initiated by the Project and are able to convince their LCE by demonstrating the results. In addition, DOH may consider to incorporate the status of the availability of concerned local Ordinance and Resolutions as part of the LGU scorecard indicators.

6) Disseminating the good practices in entire CAR

[DOH-CAR] The Project Expansion Plan prepared by the Project is being implemented since 2014 through 2016. DOH-CAR would need to provide sufficient resources to disseminate the Project's good practices to the entire CAR through its steady implementation and on occasions of Kapihans (press conference) and regional forums.

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); Target Sites: Abra province (6 municipalities), Apayao province, Benguet Province, Target Group: People in CAR Version 3 (revised in June 18, 2015 [8th JCC meeting])

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Health status of people in the region is improved, particularly of women and children.</p>	<ul style="list-style-type: none"> - Maternal Mortality Ratio (MMR) is decreased in CAR (baseline: 62 per 100,000 live births in 2011). - Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011). - 85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).² <p>[Indicators for the target sites]</p> <ul style="list-style-type: none"> - 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%]⁴ - 80% of pregnant women in the target sites receive prenatal care at least 4 times⁵ during pregnancy. [Baseline (2012): 3 target sites total 63%. Provincial baseline (2012) / target (2017): Abra 45% / 70%, Apayao 73% / 85%, Benguet 62% / 80%]⁶ - 90% of post-partum women in the target sites receive post-partum care at least 2 times⁷. [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012) / target (2017): Abra 66% / 80%, Apayao 89% / 90%, Benguet 93% / 95%]⁸ 	<ul style="list-style-type: none"> - Field Health Service Information System (FHSIS) - CHD-CAR annual reports 	<ul style="list-style-type: none"> - National and local policy and system for health sector does not change. - Family planning coverage is maintained or improved. - Immunization coverage level is maintained or improved. - CEMONC facilities provide quality services. - No serious disease outbreak affecting maternal and child deaths occurs. - Local government units (LGUs) are committed to the Project.
<p>Project Purpose Local health systems³ in the region is strengthened to deliver effective and efficient Maternal and Child Health (MCH) services.</p>	<p>[Indicators for the entire CAR (the project area)]</p> <ul style="list-style-type: none"> - Number of functioning inter-local health zones (ILHZs)⁹ is increased in CAR (baseline 7 ILHZs in 2011). - Maternal / neonatal death review (MNR) is conducted in all 6 provinces and Baguio City in CAR (baseline: No MNR was conducted in CAR in 2011).¹⁰ - Number of BEMONC capable¹¹ health facilities [hospitals, rural health units (RHU) and barangay health stations (BHS)] is increased in CAR [baseline: 0 facility in 2011; target 177 facilities by 2017 (37 hospitals, 50 RHUs, and 90 BHSs)]. - Number of RHU and BHS with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 131 facilities by 2017 (53 RHUs and 78 BHSs)]. 	<ul style="list-style-type: none"> - Target Client List (TCL) of FHSIS (re-analysis of TCL by the Project) 	<ul style="list-style-type: none"> - CHD Program Implementation Review report (ILHZ, MNR, BEMONC). - PhilHealth report (MCP).

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Expected Outputs</p> <p>Output 1. Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites. (Target sites: Dolosan and VPP ILHZs in Abra¹², Apayao)</p>	<ul style="list-style-type: none"> - 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. - All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF). - All ILHZs in the target sites implement MNCHN-related ILHZ activities according to ILHZ plan. - 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). - 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). - Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: PHP 0 in 2012). - Number of municipalities with legal documents¹³ 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). - Proportion of PhilHealth sponsored enrollment is maintained to be 100% or more in the target sites¹⁴ (baseline: 176% in 2 ILHZ of Abra, 167% in Apayao, as of December 2011). - 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). - Amount of MCH related reimbursement from PhilHealth¹⁵ 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). - MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.¹⁶ - MNCHN referral manual/guideline is developed, and referral is implemented according to the manual/guideline in the target sites in Abra and Apayao provinces.¹⁷ - MANDR is conducted in the all target sites.¹⁸ - Monitoring system on BEmONC and CHT is developed and implemented. - Culturally appropriate MNCHN IEC material is developed and utilized in 	<ul style="list-style-type: none"> - Project report - ILHZ plan, CHTF work and financial plan - Budgetary report of municipalities and provinces (LGU score card) - LGU executive order / ordinance, ILHZ resolutions - PhilHealth reports (membership and benefit reimbursement) 	<ul style="list-style-type: none"> - Health Information System of Department of Health, especially Field Health Service Information System (FHSIS) functions well to provide accurate data.
<p>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Target sites: Dolosan and VPP ILHZ in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> - CHD-CAR report (MNCHN manual, MANDR, BEmONC, CHT) - Project progress report (referral, MNCHN IEC) - MANDR report 	<ul style="list-style-type: none"> - CHD-CAR report (MNCHN manual, MANDR, BEmONC, CHT) - Project progress report (referral, MNCHN IEC) - MANDR report 	<ul style="list-style-type: none"> - Health Information System of Department of Health, especially Field Health Service Information System (FHSIS) functions well to provide accurate data.

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>the target sites.</p> <ul style="list-style-type: none"> - Number of Barangays with MNCHN emergency and preparedness plan is increased in the target sites. (Baseline: 0 as of June 2011 according to CHD) 	<ul style="list-style-type: none"> - Number of BEmONC capable health facilities is increased [baseline: 0 in 2011; target by 2016: 108 facilities (15 hospitals, 19 RHUs and 74 BHSs)]. - All 15 public hospitals in the target sites maintain PhilHealth accreditation. - 19 RHUs and 74 BHSs are MCP accredited by PhilHealth in the target sites. (Baseline: 6 RHU and 0 BHS as of October 2011 according to CHD-CAR) - Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130]¹⁹ - Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92]¹⁹ 	<p>(province/ILHZ)</p> <ul style="list-style-type: none"> - MHO annual report (Barangay MNCHN emergency preparedness plan) - CHD-CAR report (Facility mapping) - Project progress report - BEmONC trainings - PhilHealth reports (hospital, MCP accreditation) 	
<p>Output 3. Hospitals, Rural Health Units (RHUs) and Barangay Health Stations (BHSs) become BEmONC capable facilities and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Target sites: Dolasan and VPP ILHZs in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> - Project fact sheet/newsletter is distributed at least twice a year. - Project expansion plan for the entire CAR region is established and implemented.²⁰ - 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. 	<ul style="list-style-type: none"> - Volume of the project fact sheet / newsletter - Project expansion plan - Project progress report 	
<p>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.</p>	<p>Inputs</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"> - Medical equipment - Training equipment - Office equipment 		
<p>Activities</p> <p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (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</p>			<ul style="list-style-type: none"> - 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>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, and Benguet)</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>Output 3. Hospitals, RHUs and BHSS become BEmONC capable, and RHUs and BHSS become MCP accredited by PhilHealth in the target sites. (Dolasan and VPP ILHZs in Abra, Apayao, and Benguet)</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</p>	<p>Other necessary equipment</p> <p>(3) Activity cost</p> <ul style="list-style-type: none"> - Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees) - Production cost of training, educational and promotional materials (Philippine Side) <p>(1) Human resources</p> <ul style="list-style-type: none"> - Counterpart personnel at regional, provincial, and municipal levels <p>(2) Facilities</p> <ul style="list-style-type: none"> - Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet Infrastructures improvement necessary for BEmONC services and MCP accreditation <p>(3) Activity Cost</p> <ul style="list-style-type: none"> - Utility cost of the project office (electricity, water, communication, etc.) - Essential equipment for BEmONC for other than the target sites - Maintenance and repair of equipment supplied - Expenses for monitoring and field visits to the project sites by DOH-CHD CAR personnel - Cost sharing for consultative workshops/conferences - Cost sharing during the conduct of meetings - Capacity building of the CHT members - Transportation cost of trainees within the country - Per diem of the local participants - Monetary incentives and other benefits for the CHT - Logistics and commodities necessary for service delivery 	<p>The amount of internal revenue allotment does not decrease.</p> <ul style="list-style-type: none"> - Health facility enhancement program is implemented as planned. - CHD-CAR and LGUs (of non-target sites) have sufficient budget to expand the project to the entire region. - CHD-CAR and all LGU in CAR have sufficient number of staff to implement MNCHN program. 	<p>Important Assumptions</p> <ul style="list-style-type: none"> - The amount of internal revenue allotment does not decrease. - Health facility enhancement program is implemented as planned. - CHD-CAR and LGUs (of non-target sites) have sufficient budget to expand the project to the entire region. - CHD-CAR and all LGU in CAR have sufficient number of staff to implement MNCHN program.

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>in the target sites in Abra and Apayao provinces.</p> <p>3.5.</p> <p>3.6. Assist the identified health facilities on Phil-Health 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"> - Updated LHZ MOA is signed in the target sites. - MOA between CHD-CAR and the provincial government is signed for the project implementation in the target sites. - The target LHZs prepare and approve their work and financial plan. - The target provinces prepare Work and Financial Plan for MNCHN. - The target provinces have Work and Financial Plan for Health Facility Enhancement Program.

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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
MNRD: Maternal and neonatal Death Review
MOA: Memorandum of Agreement
PHO: Provincial Health Office
VPP: Name of ILHZ of Abra (*Vilaviciosa, Panarrubia, 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

¹ 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).

² 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.

³ 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).

⁴ 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%]

⁵ Four (4) prenatal care visits consist of 1 visit each for the 1st and 2nd trimester and 2 visits in the 3rd trimester.

⁶ 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%]

⁷ Two post-partum care visits consist of 1 visit within 24 hours after delivery and another visit within 7 days after delivery.

⁸ 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%]

⁹ 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.

¹⁰ MNRD 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) MNRD report is submitted to CHD-CAR.

¹¹ BEmONC capable health facilities are defined by DOH-CAR with (1) available trained personnel on BEmONC, (2) available medicines and supplies, and (3) meet the infrastructure requirement. These facilities, specifically

the RUHs and BHSSs, are eligible to apply for Maternal Care Package (MCP) accreditation with PhilHealth.

12 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.

13 Legal documents include: executive order, municipal resolution, and ordinance as well as ILHZ resolution which each component municipality belongs to.

14 Denominator is the target number of poor households to be covered by the Sponsored Program which are set by PhilHealth.

15 MCH related reimbursement includes: 1) MCP reimbursement to accredited RHUs and BHSSs; 2) Newborn Care Package (NCP) reimbursement to hospitals on normal spontaneous delivery, Caesarian Section and dilation and curettage.

16 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.

17 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.

18 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) MANDR report is submitted to CHD-CAR.

19 The number includes only health professionals funded by Japanese side.

20 Implementation of the Project expansion plan to CAR will be monitored mainly by Annual Program Implementation Review of CHD-CAR.

ANNEX II: Schedule of the Terminal Evaluation Mission

Date	Evaluation Consultant (Mr. Sonoda)	JICA HQ, JICA Philippines
Sep 19, 2016 [Mon]	Arrival in Manila	
Sep 20, 2016 [TUE]	<ul style="list-style-type: none"> • Meeting at JICA Philippine Office • Interview at DOH Central Office Trip: Manila – Baguio City	
Sep 21, 2016 [WED]	<ul style="list-style-type: none"> • Interview with DOH-CAR • Interview with JICA Experts 	
Sep 22, 2016 [THU]	Trip: Baguio – Bangued, Abra <ul style="list-style-type: none"> • Interview with PHOs, DMOs of Provincial DOH of Abra, Provincial MNCHN Coordinator (at Abra Provincial Hospital) Trip: Bangued – Peñarubia LGU <ul style="list-style-type: none"> • Interview with LCE, MHO, PHN (at RHU) • Facility visit at BHS Namarabar Trip: Peñarubia LGU – Bangued <ul style="list-style-type: none"> • Interview with Abra PhilHealth Field Office 	
Sep 23, 2016 [FRI]	Trip: Bangued – Pilar LGU <ul style="list-style-type: none"> • Interview with LCE, RHM, Brgy. Captain (at Delit BHS) • Interview with MHO (at Pilar RHU) Trip: Pilar LGU – Lagangilan LGU <ul style="list-style-type: none"> • Interview with MHO (at RHU Lagangilan) Trip: Lagangilan LGU- San Juan LGU <ul style="list-style-type: none"> • Interview with the MHO, PHN Trip: San Juan LGU – Dolores LGU <ul style="list-style-type: none"> • Interview with LCE and ILHZ secretary Trip: Dolores LGU – Bangued	
Sep 24, 2016 [SAT]	Trip Bangued, Abra – Baguio	
Sep 25, 2016 [SUN]	Report Preparation	
Sep 26, 2016 [Mon]	Trip: Baguio – Mankayan LGU <ul style="list-style-type: none"> • Facility visit at Guinaoang BHS • Facility visit at Mankayan RHU • Interview with LCE • Facility visit at Abatan Emergency Hospital • Facility visit at Atok District Hospital Trip: Atok – Baguio	
Sep 27, 2016 [TUE]	Trip: Baguio – Tabuk, Kalinga	Arrival in Manila <ul style="list-style-type: none"> • Meeting at JICA Philippine Office
Sep 28, 2016 [WED]	<ul style="list-style-type: none"> • Interview with PHO, MNCHN Coordinator, Chief of District Hospital • Interview in Pinukupuk ILHZ with Pinukupuk MHO, Western Kalinga District Hospital, Balbalan MHO • Facility visit at Pinukupuk District Hospital • Facility visit at Western Kalinga District Hospital Trip: Kalinga – Luna LGU, Apayao <ul style="list-style-type: none"> • Interview with COH Far North Luzon General Hospital 	Trip: Manila – Baguio <ul style="list-style-type: none"> • Interview with PhilHealth, Benguet

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Date	Evaluation Consultant (Mr. Sonoda)	JICA HQ, JICA Philippines
Sep 29, 2016 [THU]	<ul style="list-style-type: none"> • Interview with CEO, MHO • Facility visit at Luna RHU • Interview with RHM, CHT, Brgy Captain (at Maraga BHS) Trip: Luna – Santa Marcela LGU <ul style="list-style-type: none"> • Interview with RHM, CHT (at Marcela BHS) • Interview with LCE, MHO, MNCHEn Coordinato, BHW • Santa Marcela RHU/hospital Trip: Santa Marcela – Sampaguita	Trip: Baguio - Sampaguita
Sep 30, 2016 [FRI]	Trip: Sampaguita – Kabugao LGU <ul style="list-style-type: none"> • Interview in Kabugao with MHO, LGU officials, Midwives • Interview in Brgy.Nagabalayan with Brgy. Captain, Midwife, CHT, clients • Facility visit to Lenneng Birthing Home • Facility visit to BHS Trip: Kabugao LGU – Conner LGU <ul style="list-style-type: none"> • Interview in Conner Municipality with LGU Officials, MHO, CHTs • Facility visit to BHS Trip: Conner LGU – Sampaguita <ul style="list-style-type: none"> • Dinner with Vice Governor of Apayao 	
Oct 1 2016 [SAT]	Trip: Apayao - Baguio	
Oct 2 2016 [SUN]	Report preparation	
Oct 3 2016 [MON]	<ul style="list-style-type: none"> • Interview and discussion on the report with DOH – CAR and JICA Experts 	
Oct 4 2016 [TUE]	<ul style="list-style-type: none"> • Regional Management Committee to report the results of Terminal Evaluation Trip: Baguio - Manila	
Oct 5 2016 [WED]	<ul style="list-style-type: none"> • Joint Coordination Committee at Manila 	
Oct 6 2016 [THU]	Back to Japan	

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 to the policies and plans.	How the health sector is positioned in the national policies and development plans of the Philippines? Is the project relevant to the objectives and the strategies of health sector of Philippines?
	Relevancy to the needs	Was it relevant that the project intended to strengthen local health system to deliver MCH services in the CAR?
	Relevancy to Japan's ODA policies	Is the Project relevant to the Japan's ODA policies to the Philippines?
	Relevancy of the project approach	Was the combination of the Outputs in the PDM appropriate to achieve the Project Purpose? Were there any missing or unnecessary outputs, or any logical failures in the PDM? Were the principal philosophies employed by the project explicitly shown in the PDM?
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 MNDR, 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"	Is the achievement level of the "Outputs" appropriate?
	Implementation process and cost measures	Were the inputs of JICA experts appropriate in terms of expertise, technical competency and assignment period?

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		Was the assignment of counterpart staff members to the project appropriate?
		Was the equipment appropriate in terms of types, specifications, quality and timeliness?
		Has the equipment provided by the Project been well utilized?
		Was a series of meeting and workshop events conducted effectively?
		Were training sessions organized by the Project effectively conducted?
		Were the counterpart training courses in Japan appropriate in terms of content and duration?
		Has there been any positive or negative influence of the "Important Assumptions" in the achievement process of the "Outputs"?
		Have there been any other contributing and obstructive factors that influenced the achievement of the "Outputs"?
Impact	Achievement of the "Overall Goal"	What will be degrees of achievement of the "Overall Goal" resulting from Project implementation?
		What are the effects and impacts in those provinces not directly targeted by the Project?
	Positive/negative and/or expected/unexpected impact	Have there been any contributing and obstructive factors that influence achievement process of the "Overall Goal"?
		Has there been any secondary / indirect positive or negative impacts resulting from the Project implementation?
Sustainability	Sustainability from institutional aspect	Is the HFEP being implemented to well satisfy the needs in CAR? (the concern pointed out by the mid-term review)
		How differences among the accreditation schemes (BEmONC, MCP, LTO) will influence continuation of the activities initiated by the Project? (the concern pointed out by the mid-term review)
		How the schemes of PhilHealth will influence continuation of the activities initiated by the Project? (the concern pointed out by the mid-term review)
		Are there any efforts underway to institutionalize the monitoring on BEmONC?
	Sustainability from organizational and financial aspects	Are the staff allocation and organizational structure in CAR sufficient to sustain project effect?
		Is allocation of government's budget sufficient to sustain project effect?
	Sustainability from technical aspect	Are counterpart staff members of DOH-CAR and PHO competent enough to continuously improve systems and activities introduced by the Project?
		Are health workers and health volunteers at health facilities (hospitals, RHU, BHS) capable of accommodating activities introduced by the Project?
		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? (in order to minimize negative influence of personnel changes)
		Is the project expansion plan for the entire CAR prepared for the period after the project completion with concrete action plans and institutional / financial supports and autonomous implementation?
Rollout of project effect to other provinces/regions	Are manuals, tools or implementation mechanism developed by the Project applicable in other areas than the target sites? (Residence-based TCL/FIC, etc.)	
	Were the results of the project have been recognized by the central government and measures necessary for the activity expansion in activity continued and other regions in the Cordillera region have been taken?	
	Are there any social or cultural factors that may influence the sustainability of the project effect?	
Social and cultural aspects		

ANNEX IV: List of Persons Interviewed

	Date of Interview	Name	Title	Department/Organization
1.	9/20/16	Gace Fe Pauquiran	Medical Officer IV	DOH
2.	9/20/16	Maria Joyce Ducusin	Medical Specialist IV and OIC	DOH
3.	9/20/16	Jocelyn T. Sosito	Senior HPO	DOH
4.	9/20/16	Zenaida Dy Recudoro	CHPO / DPCB	DOH
5.	9/20/16	Georgina Ramiro	CHPO / BIHC	DOH
6.	10/3/16	Amelita M. Pangilinan	Assistant Regional Director	DOH – CAR
7.	9/21/16	Janice Z. Bugtong	MO V / Chief, RLED	DOH – CAR
8.	9/21/16	Virginia Narciso	MO IV, ACHED Cluster	DOH – CAR
9.	9/21/16	Mary Jane Grace Muñoz	MO IV, WMHD Cluster	DOH – CAR
10.	9/26/16	Florence Tabur	DMO IV	DOH – CAR
11.	9/21/16	Valerie Baniwas	Stat. III	DOH – CAR
12.	9/21/16	Lilia Rose Say-awen	Planning Officer III	DOH – CAR
13.	9/21/16	Diana D. Palangchao	Planning Officer II	DOH – CAR
14.	9/21/16	Fude Takayoshi	JICA Expert (Chief Advisor/Training Supervision/IEC Public Relations)	JICA – SSC
15.	9/21/16	Roland Eric Macanas	JICA Expert (Maternal Child Health/Equipment Planning)	JICA – SSC
16.	9/21/16	Ayako Yoshimitsu	JICA Expert (Assistant Training Supervision)	JICA – SSC
17.	9/26/16	Nemesia Mejia	Field Consultant for Benguet	JICA – SSC
18.	9/28/16	Marcelyn M. Dulnuan-Bonhaon	Field Consultant for Apayao	JICA – SSC
19.	9/22/16	Manuela Munar	Field Consultant for Abra	JICA – SSC
20.	9/22/16	Antonio L. Valera	PHO I	Abra Province
21.	9/22/16	Rusaoro Vincent Seares	PHO I	Abra Province
22.	9/22/16	Mary June Algarre	Nutritionist & Dietitian II, MNCHN Coordinator	Abra Province
23.	9/22/16	Teresita D. Foman-EG	DMO V	DOH – Abra
24.	9/22/16	Agnes P. Casia	DMO IV	DOH – Abra
25.	9/22/16	Jane M. Cecilia	Mayor	LGU Peñarrubia
26.	9/22/16	Elsa D. Gonzalez	MHO	LGU Peñarrubia
27.	9/22/16	Yolanda P. Santiago	Sangunian Bayan Member	LGU Peñarrubia
28.	9/22/16	Antonio C. Japson	PHN	LGU Peñarrubia
29.	9/22/16	Delfin Bumogas	Municipal Administrator	LGU Peñarrubia
30.	9/22/16	Marifcor B. Piedad	RHM	LGU Peñarrubia
31.	9/22/16	Leonora A. Sobrevilla	Chief Social Insurance Officer	PhilHealth - Abra
32.	9/22/16	Ernes B. Basa	Social Insurance Officer	PhilHealth - Abra
33.	9/23/16	Jaja Josefina S. Disono	Mayor	LGU Pilar
34.	9/23/16	Ethel B. Jaquias	UHC Implementer	LGU Pilar
35.	9/23/16	Christopher N. Palmas	Nurse	LGU Pilar
36.	9/23/16	Tryll B. Susa	Nurse	LGU Pilar
37.	9/23/16	Consuelo R. Castilla	Midwife	LGU Pilar
38.	9/23/16	Marvic B. Someta	Nurse I	LGU Pilar
39.	9/23/16	Pamela S. Balleras	Midwife II	LGU Pilar
40.	9/23/16	Loreta C. Doral	Midwife II	LGU Pilar
41.	9/23/16	Walter Y. Dan	Barangay Captain	Barangay Delit, Pilar
42.	9/23/16	Ruby Rose L. Orosco	MHO	LGU Lagamilang
43.	9/23/16	Edgar Bernardino	MHO	LGU San Juan
44.	9/23/16	Adelmo B. Bragas	Municipal Administrator	LGU San Juan

45.	9/23/16	Elenifa B. Barbosa	Midwife III	LGU San Juan
46.	9/23/16	Reynante Claro	Nurse II	LGU San Juan
47.	9/23/16	Mary Jane Timbreza	RHM	LGU San Juan
48.	9/23/16	Jessica T. Pedona	RHM	LGU San Juan
49.	9/23/16	Ma Conchita Yahin	RSI	LGU San Juan
50.	9/23/16	Irena Nierves	CHT	LGU San Juan
51.	9/26/16	Rizalina N. Caymen	Midwife II	LGU Mankayan
52.	9/26/16	Aileen C. Bestan	Nurse Deployment Program	LGU Mankayan
53.	9/26/16	William B. Mendoza	Councilor	LGU Mankayan
54.	9/26/16	Julio Joey C. Culliao	Councilor	LGU Mankayan
55.	9/26/16	Materno Luspian	Mayor	LGU Mankayan
56.	9/26/16	Marjorie Ignacio	Nurse IV	Atoc District Hospital, Buenguet
57.	9/26/16	Prisilla B. Kibatay	Administration Officer IV	Atoc District Hospital, Buenguet
58.	9/28/16	Romulo B. Gaerlan	PHO II	Kalinga Province
59.	9/28/16	Rosario A. Alunday	Nurse IV	Kalinga Province
60.	9/28/16	Arnold P. Quindam	AD IV	Western Kalinga District Hospital
61.	9/28/16	Dolores D. Ande	Nurse IV	Western Kalinga District Hospital
62.	9/28/16	Regina D Munda Cruz	COH	Western Kalinga District Hospital
63.	9/28/16	Ester Roselle D. Calma	MHO	LGU Palbalan
64.	9/28/16	Rizal Leo Cala	MHO	LGU Pinukpuk
65.	9/29/16	Josephine M. Bangsil	Mayor	LGU Luna
66.	9/29/16	Jonah Grace Pinzon-Verzola	Municipal Health Officer	LGU Luna
67.	9/29/16	Ellarne B. Turingan	SBM	LGU Luna
68.	9/29/16	Marjorie A. Tugaoen	RHM	LGU Luna
69.	9/29/16	Joyce B. Alipay	PHMPP	LGU Luna
70.	9/29/16	Ma Lalaine P. Arellano	NDP	LGU Luna
71.	9/29/16	Rolly D. Udipa	PB	LGU Luna
72.	9/29/16	Edgar B. Pedronan	PB	LGU Luna
73.	9/29/16	Josephine Sungag	RHM	LGU Luna
74.	9/28/16	Janet M. Palaez	Chief social Insurance Officer	Philhealth - Benguet
75.	9/28/16	Annabelle B. Davis	Social Insurance Officer II	Philhealth - Benguet
76.	9/28/16	Marilyn B. Dizon	Social Insurance Officer I	Philhealth - Benguet
77.	9/29/16	Thelma Dangao	PHO	Apayao Province
78.	9/29/16	Cheryl V. Balts	MNCHN Coordinator	Apayao Province
79.	9/30/16	Bensmar Ligwang	Vice Mayor	LGU Kabugao
80.	9/30/16	James S. Amid	Administrator	LGU Kabugao
81.	9/30/16	Gregorio Ligwang	Councilor	LGU Kabugao
82.	9/30/16	PJ. B. Ukkong	MHO	LGU Kabugao
83.	9/30/16	Remedios L. Mangalan	RHM	LGU Kabugao
84.	9/30/16	Brenda D. Campo	RHM	LGU Kabugao
85.	9/30/16	Patrocinia A. Serut	RHM	LGU Kabugao
86.	9/30/16	Liberty T. Caulag	RHM	LGU Kabugao
87.	9/30/16	Loida Ayodioc	RHM	LGU Kabugao
88.	9/30/16	Divina S. Copaus	RHM	LGU Kabugao
89.	9/30/16	Nellie Bassan	RHM	LGU Kabugao
90.	9/30/16	Renalyn Taong	Med - Tech	LGU Kabugao
91.	9/30/16	Peter P. Manfalang Jr	Brgy. Captain	Brgy. Nagabablayan, Kabugao
92.	9/30/16	Frederick O. Balbal	CHT	Brgy. Nagabablayan, Kabugao
93.	9/30/16	Madian D. Uligan	CHT	Brgy. Nagabablayan, Kabugao

94.	9/30/16	Celsy M. Apilit	CHT/BNS	Brgy. Nagababalayan, Kabugao
95.	9/30/16	Catherine T. Balbal	CHT	Brgy. Nagababalayan, Kabugao
96.	9/30/16	Betty Pudoc	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
97.	9/30/16	Dimple E. Abuag	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
98.	9/30/16	Lea Marie Batoon	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
99.	9/30/16	Nicholas B. Arroyo	Municipality Administrator	LGU Conner
100.	9/30/16	John B. Angagan	S. B. Member	LGU Conner
101.	9/30/16	Rito T. Soriano	S. B. Member	LGU Conner
102.	9/30/16	John F. Fao-Anan	S. B. Member	LGU Conner
103.	9/30/16	Teresita B. Pasiwen	MHU	LGU Conner
104.	9/30/16	Roselia E. Bangon	Midwife	LGU Conner
105.	9/30/16	Mario D. Dognavoh	CHT/ Barangay Captain	Brgy. Buluan, Conner
106.	9/30/16	Maribel L. Tawagon	Community Health Team	Brgy. Buluan, Conner

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ANNEX V: List of Experts Assigned

	Name of Expert	Field	Period of Assignment	Assignment (MM)				
				Year 1	Year 2	Year 3	Year 4	Year 5 (plan)
1	Makoto Tobe	Chief Advisor / Health System	Feb 2012 – Mar 2015	10.56	8.70	8.87		
2	Fude Takayoshi	Chief Advisor (Year 4-5) / Deputy Chief Advisor (Year 1-3) / Training Supervision / IEC•Public Relations	Feb 2012 - Present	8.40	6.16	8.53	8.47	9.70
3	Roland Eric Macanas	Maternal Child Health / Equipment Planning	Feb 2012 - Present	7.50	9.90	9.00	9.13	5.00
4	Shuji Noguchi	Health System (2)	Feb - Aug 2012	2.51				
5	Mari Nishino	Equipment Planning / Coordinator	Feb - May 2012	1.00				
6	Daigo Sano	Maternal Child Health (2) / Monitoring	May – Dec 2015				2.37	
7	Sakiko Yamaguchi	Training Supervision	July 2015 - Present				1.50	1.50
8	Ayako Yoshimitsu	Assistant Training Supervision	Nov 2015 - Present				3.43	5.10
			Total	30.00	24.76	26.40	24.90	21.60

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ANNEX VI: Counterpart Training in Japan

	Name	Title	Institution	Training Course Title	Duration
1	Manuela Fontanilla	Chief of Hospital	Villaviciosa District hospital, Abra	Hospital Management Training	Sep, 2012
2	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao	Improvement of Maternal Health (MDG 5)	Feb – Mar, 2013
3	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra	Promotion of the Collaboration between Child Welfare and Maternal Child Health	Jan – Feb, 2013
4	Zenaida Patal-e	Regional MNCHN Coordinator	DOH-CARO	Human Resource Development for the Rural Community Health	Feb – Mar, 2013
5	Alex Bayubay	Municipal Health Officer	Municipality of San Juan, Abra	Improvement of Maternal Health (MDG 5)	Oct, 2013
6	Emily Quines	Nurse IV/ILHZ	DOH-CARO	Improvement of Local Health System in the Remote Areas	Jan – Feb, 2014
7	Teresita Pasiwen	Municipal Health Officer	Municipality of Conner, Apayao	Human Resource Development for the Rural Community Health	Feb – Mar, 2014
8	Teofanes Gañae	Municipal Health Officer	Municipality of Flora, Apayao	Strengthening of Health System for Maternal and Child Health	Nov – Dec, 2014
9	Antonette P Agpas	Medical Specialist I	Municipality of Benguet	Strengthening of Health System for Maternal and Child Health	Nov – Dec, 2014
10	Ruby Rose Orosco	Municipal Health Officer	Municipality of Lagangilan, Abra	Strengthening of Health System for Maternal and Child Health	July – Sep, 2015
11	Jason Ryan Celeste	Secretariat of ILHZ	ILHZ-DOLASA N, Abra	Reinforcement of Public Administration and Community Partnership for Reproductive Health	June – July, 2015
12	Rosario Alunday	Provincial MNCHN Coordinator	Municipal Health Office, Kalinga	Improvement of Maternal Health (MDG 5)	Sep – Oct, 2015
13	Amelia Abulencia	Municipal Health Officer	Municipality of Pudtol, Apayao	Human Resource Development for Rural Community Health	Jan, 2016
14	Amelita Pangilinan	Regional Director	DOH-CAR	Health Policy Development – An introduction to Japan's history, achievements and challenges	Jan, 2016
15	Mary Josephine Dulawan	Provincial Health Officer II	Provincial Health Office, Ifgao	Improvement of Maternal Health	May – June, 2016
16	Nenita Lizardo	Provincial Health Officer II	Provincial Health Office, Mountain Province	Improvement of Maternal Health	May – June, 2016
17	PJ B. Ukkong	Municipal Health Officer	Municipality of Kabugao	Strengthening Maternal and Child Health through Public Health Activities	Oct – Dec, 2016 (planned)

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ANNEX VII: Local Cost (Japanese Side)

Category	Amount (JPY)					Total
	Year 1	Year 2	Year 3	Year 4	Year 5 (estimate)	
Local personnel including drivers	8,276,744	6,939,635	9,702,800	11,198,000	9,368,000	45,485,179
Training / Workshops / Orientations	7,320,701	11,516,439	7,211,000	5,596,000	5,036,511	36,680,651
Training Materials / Reports	1,829,741	2,048,732	1,310,000	370,000	1,206,972	6,765,445
Equipment	15,889,000	16,388,000*	-	-	-	32,277,000
Other expenses (Gasoline, Telephone, Office supplies, Car rental etc.)	5,088,920	5,760,875	3,889,600	9,934,000	6,982,206	31,655,601
Total	38,405,106	42,653,681	22,113,400	27,098,000	22,593,689	152,863,876

* Including the cost of generators procured by JICA Philippine office.

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ANNEX VIII: List of Equipment (Japanese Side)

Date of Acquisition	Name of Item	Manufacturer	Model Number	POP	# Units	Unit Price (PHP)	Sub Total	Facility	Place of Storage	Municipality	Province	Frequency of Use	Condition	Remarks
Project Year 1 (February 2012 – March 2013)														
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Pilar RHU	Pilar	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Penarubia RHU	Penarubia	Abra	Always	Good	
Dec. 10, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	RHU	Villaviecosa RHU	Villaviecosa	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	Langanglang RHU	Langanglang	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	Villaviecosa Medicare and Community Hospital	Villaviecosa	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	Sia, Marcela RHU	Sia, Marcela	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Apayao District Hospital	Calanasan	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	Anna Jadsac District Hospital	Rudol	Apayao	Always	Good	
Dec. 12, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Sia, Marcela District Hospital	Sia, Marcela	Apayao	Always	Good	
Dec. 14, 2012	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Hospital	Apayao Provincial Hospital	Kabugabo	Apayao	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	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)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Langanglang RHU	Langanglang	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Penarubia RHU	Penarubia	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	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)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Villaviecosa RHU	Villaviecosa	Abra	Always	Good	
Dec. 10, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	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)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Hospital	Villaviecosa Medicare and Community Hospital	Villaviecosa	Abra	Always	Good	

Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	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	Calanusan	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	Amma Jidasec 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 Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Villaricos RHU	Villaricos	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Hospital	Dolores Mariano and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Hospital	Villaricos Medicare and Community Hospital	Villaricos	Abra	Always	Good
Dec. 14, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	RHU	Flora RHU	Flora	Apayao	Always	Good

Dec. 12, 2012	Delivery Table with Four Stool	China made	KLZC Delivery Table (multi-functiona)	Local	1	120000	120000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KLZC Delivery Table (multi-functiona)	Local	1	120000	120000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KLZC Delivery Table (multi-functiona)	Local	1	120000	120000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Delivery Table with Four Stool	China made	KLZC Delivery Table (multi-functiona)	Local	1	120000	120000	Hospital	Amma Jadsac District Hospital	Pudtol	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	Villaviciosa RHU	Villaviciosa	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	Villaviciosa Medicare and Community Hospital	Villaviciosa	Abra	Always	Good
Dec. 14, 2012	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	Hospital	Apayao Provincial Hospital	Kibugao	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	Amma Jadsac District Hospital	Pudtol	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	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Villaviciosa RHU	Villaviciosa	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

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Dec. 10, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Vilaviciosa 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	Kibugao	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	1	17000	17000	RHU	Fiera RHU	Fiera	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	Fiera District Hospital	Fiera	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Recovery Bed with railings	Esphar Medical Center	EMC	Local	2	17000	34000	Hospital	Amma Jabac District Hospital	Pudtol	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	Penarrubia RHU	Penarrubia	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	Kibugao	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	Fiera District Hospital	Fiera	Apayao	Always	Good
Dec. 12, 2012	Gooseneck Lamp	Esphar Medical Center	EMC	Local	4	2800	11200	Hospital	Apayao District Hospital	Calanasan	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	Amma Jabac District Hospital	Pudtol	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	Penarrubia RHU	Penarrubia	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	Dobres Medicare and Community Hospital	Dobres	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	Fiera District Hospital	Fiera	Apayao	Always	Good
Dec. 12, 2012	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
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	Anna-Jadac 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	Villaviciosa RHU	Villaviciosa	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	Dobres Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Villaviciosa Medicare and Community Hospital	Villaviciosa	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	Fiera District Hospital	Fiera	Apayao	Always	Good
Dec. 12, 2012	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Hospital	Apayao District Hospital	Calanasan	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	Anna-Jadac 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	Villaviciosa RHU	Villaviciosa	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

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Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	San Juan RHHU	San Juan	Abra	Always	Good
Dec. 10, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	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 RHHU	Luna	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	RHU	Sta. Marcela RHHU	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
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Apayao District Hospital	Calananan	Apayao	Always	Good
Dec. 12, 2012	IV Stand	Esphar Medical Center	EMC	Local	2	1500	3000	Hospital	Amra 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	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Penambua RHHU	Penambua	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Villavieosa RHHU	Villavieosa	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Dolores RHHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Langanglang RHHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	San Juan RHHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	Abra	Always	Good
Dec. 14, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Flora RHHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Luna RHHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	RHU	Sta. Marcela RHHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Apayao District Hospital	Calananan	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	Local	1	10000	10000	Hospital	Amra Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Fetal Doppler	Wilicare	CFD/ZOC	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.Q.	Local	1	10000	10000	RHU	Pilar RHHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	Penambua RHHU	Penambua	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	Villavieosa RHHU	Villavieosa	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	Dolores RHHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	Langanglang RHHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	San Juan RHHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	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.Q.	Local	1	10000	10000	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	Abra	Always	Good

Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	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.Q.	Local	1	10000	10000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Hospital	Amma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Oxygen tank with gauge/regulator	Esphar Medical Center/Local	I.Q.	Local	1	10000	10000	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Villaviciosa RHU	Villaviciosa	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Langangiang RHU	Langangiang	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Villaviciosa Medicare and Community Hospital	Villaviciosa	Abra	Always	Good
Dec. 14, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Amma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Adult Sliethoscope	Litmann USA	Classic II	Local	1	4500	4500	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 14, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for adult	Detecto	339	Local	1	12500	12500	Hospital	Amma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Weighting 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	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Villaviciosa RHU	Villaviciosa	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Langangiang RHU	Langangiang	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	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	Hospital	Villaviciosa Medicare and Community Hospital	Villaviciosa	Abra	Always	Good
Dec. 12, 2012	Autoclave	Taiwan (Portable)	HY230	Local	1	40000	40000	RHU	Luna RHU	Luna	Apayao	Always	Good

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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 Jadsac District Hospital	Pudlot	Apayao	Always	Good
Dec. 10, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Emergency Cart	Esphar Medical Center	EMC	Local	1	30000	30000	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	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
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	Amma Jadsac District Hospital	Pudlot	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	Amma Jadsac District Hospital	Pudlot	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	Villavieosa Medicare and Community Hospital	Villavieosa	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	Amma Jadsac District Hospital	Pudlot	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	Villavieosa Medicare and Community Hospital	Villavieosa	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	Amma Jadsac District Hospital	Pudlot	Apayao	Always	Good
Dec. 10, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Dolores Medicare and Community Hospital	Dolores	Abra	Always	Good
Dec. 10, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	Abra	Always	Good
Dec. 14, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Ophthalmoscope / Oscope	Weich Allyn	95001	Local	1	9500	9500	Hospital	Amma Jadsac District Hospital	Pudlot	Apayao	Always	Good

Dec. 12, 2012	Ophthalmoscope / Oscopes	Weich Allyn	95001	Local	1	9500	9600	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	Villavieosa RHU	Villavieosa	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	Langangilang RHU	Langangilang	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	Villavieosa Medicare and Community Hospital	Villavieosa	Abra	Always	Good
Dec. 14, 2012	Resuscitation bag for Newborn (Ambu Bag)	China	-	Local	1	3500	3500	Hospital	Apayao Provincial Hospital	Kabugao	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	Calamasan	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	Amma Jadaac District Hospital	Pudtol	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	Villavieosa RHU	Villavieosa	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	Langangilang RHU	Langangilang	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	Villavieosa Medicare and Community Hospital	Villavieosa	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	Kabugao	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	Calananan	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 Jadsac District Hospital	Pudtol	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 Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Pilar RHHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Penarrubia RHHU	Penarrubia	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Villavieosa RHHU	Villavieosa	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Dolores RHHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Langanglang RHHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	San Juan RHHU	San Juan	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	Villavieosa Medicare and Community Hospital	Villavieosa	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 RHHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	RHU	Sta. Marcela RHHU	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	Calananan	Apayao	Always	Good
Dec. 12, 2012	Bassinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	2	4500	9000	Hospital	Arma Jadsac District Hospital	Pudtol	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 RHHU	Pilar	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Penarrubia RHHU	Penarrubia	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Villavieosa RHHU	Villavieosa	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Dolores RHHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	Langanglang RHHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	RHU	San Juan RHHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	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 RHHU	Luna	Apayao	Always	Good

Dec. 12, 2012	Micus 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	Micus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Micus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Micus 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	Micus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Amma-Jatsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Micus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	Hospital	Sta. Marcela District Hospital	Sta. Marcela	Apayao	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Villavieosa RHU	Villavieosa	Abra	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 10, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Villavieosa Medicare and Community Hospital	Villavieosa	Abra	Always	Good
Dec. 14, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Far North Luzon General Hospital	Luna	Apayao	Always	Good
Dec. 12, 2012	Weighting scale for infant	Tanita	1380	Local	1	5170	5170	Hospital	Amma-Jatsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 12, 2012	Weighting 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-XC124VP H	Local	1	22000	22000	RHU	Pilar RHU	Pilar	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Penarubia RHU	Penarubia	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Villavieosa RHU	Villavieosa	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Dolores RHU	Dolores	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Langanglang RHU	Langanglang	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	San Juan RHU	San Juan	Abra	Always	Good
Dec. 3, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	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-XC124VP H	Local	1	22000	22000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Flora RHU	Flora	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Luna RHU	Luna	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	RHU	Sta. Marcela RHU	Sta. Marcela	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Panasonic Corporation	CW-XC124VP H	Local	1	22000	22000	Hospital	Flora District Hospital	Flora	Apayao	Always	Good

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Dec. 5, 2012	Air Conditioning Unit (window type)	Parasonic Corporation	CW-XC124VP	Local	1	22000	22000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Parasonic Corporation	CW-XG124VP	Local	1	22000	22000	Hospital	Amma Jadsac District Hospital	Pudtol	Apayao	Always	Good
Dec. 5, 2012	Air Conditioning Unit (window type)	Parasonic Corporation	CW-XC124VP	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 RRU	Pilar	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Pinarubia RRU	Pinarubia	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Villavieosa RRU	Villavieosa	Abra	Always	Good
Dec. 3, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Dolores RRU	Dolores	Abra	Always	Good
Dec. 5, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Flora RRU	Flora	Apayao	Always	Good
Dec. 5, 2012	Generator for Rural Health Unit	KIPOR	KDE 3500T	Local	1	51000	51000	RHU	Sta. Marcela RRU	Sta. Marcela	Apayao	Always	Good
Dec. 7, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Apayao Provincial Hospital	Kabugao	Apayao	Always	Bad
Dec. 5, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Bad
Dec. 5, 2012	Electric Generator set for Hospital	Powertech	Promate 13500ES	Local	1	289000	289000	Hospital	Amma Jadsac District Hospital	Pudtol	Apayao	Always	Bad
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
Dec. 3, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Pilar RRU	Pilar	Abra	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Pinarubia RRU	Pinarubia	Abra	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Villavieosa RRU	Villavieosa	Abra	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Dolores RRU	Dolores	Abra	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Langapang RRU	Langapang	Abra	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	San Juan RRU	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	Villavieosa Medicare and Community Hospital	Villavieosa	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	Flora RRU	Flora	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Luna RRU	Luna	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	RHU	Sta. Marcela RRU	Sta. Marcela	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Flora District Hospital	Flora	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Apayao District Hospital	Calanasan	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Far North Lupon General Hospital	Luna	Apayao	Always	Good
Dec. 11, 2012	Portable Emergency Light	Akari	AELG-LED2	Local	1	1300	1300	Hospital	Amma Jadsac District Hospital	Pudtol	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 SR780 H	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	Jarroy Philippines	EMC	Local	1	18000	18000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Laptop	Sony	VAIOS13116F 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-BGHMC Training	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Computer Desktop	Hewlett Packard	23-0095d Touchsmart	Local	2	62500	125000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	LCD Projector	Acer	GSV1107	Local	2	21500	43000	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	LCD Projector	Acer	GSV1107	Local	1	21500	21500	Training Center	CHD-BGHMC Training	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Motorized Projector Screen	Viontech	VMM12095	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
Nov. 13, 2012	Speaker	LG	HT-606PM	Local	4	10450	41800	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Printer	HP	M1536 (inf)	Local	1	18200	18200	Training Center	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 13, 2012	Printer	HP	M1536 (inf)	Local	1	18200	18200	Training Center	CHD-BGHMC Training	Baguio City	Baguio City	Always	Good
Dec. 11, 2012	Intravenous Training Arm	China	GDRHSZ	Local	8	23000	184000	Training Center	CHD-BGHMC Training	Baguio City	Baguio City	Always	Good
Project Year 2 (April 2013 – March 2014)													
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Tamao BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Tuquib BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Cayapa BHS	Laganglang	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Nanaraba BHS	Panaraba	Abra	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Caratagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Adult Stethoscope	Litmann USA	Classic II	Local	1	4500	4500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4920	4920	Birthing Center	Andres Siguara BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Tamao BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Tuquib BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Cayapa BHS	Laganglang	Abra	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Nanaraba BHS	Panaraba	Abra	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Caratagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Matagust BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	Esphar Medical Center	EMC	Local	1	4500	4500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	EMC	Local	1	6470	6470	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	EMC	Local	1	6470	6470	Birthing Center	Cadaclan BHS	Calanasan	Apayao	Always	Good

Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Andres Sipagura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Malama BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Gulaang BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Buluao BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Madiag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Basinet / newborn carrier with Trolley	ELMED	-	Local	1	6470	6470	Birthing Center	Lemeng BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Tamao BHS	Villaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Tuquib BHS	Villaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Cayapa BHS	Lagangilang	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Namaraba BHS	Pemarrubia	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	15180	15180	Birthing Center	Malagasi BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	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)	Baumanometer	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)	Baumanometer	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)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Andres Sipagura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Cadaclan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Malama BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Gulaang BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Buluao BHS	Comner	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Adult cuff set (non-mercurial)	Baumanometer	Aneroid/Mobile	Local	1	19400	19400	Birthing Center	Madiag 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	Dalit 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	Tamao BHS	Villaviciosa	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	Villaviciosa	Abra	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Cayapa BHS	Lagangilang	Abra	Always	Good

Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Namaraba BHS	Penarutubia	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	Sta. 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	Sta. Marcela	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Cacalagan 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	Malajuel 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
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing Center	Mareq BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	8000	8000	Birthing 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	Birthing 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	Birthing 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	Birthing Center	Andres Siagura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing 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	Birthing Center	Matama BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing Center	Guanasang BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing Center	Bullian BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing Center	Mading BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	Accusson	Desktop type	Local	1	9050	9050	Birthing Center	Lenong BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	BP Apparatus with Pediatric cuff set (non-mercurial)	China	KL2C Delivery Table (multi-functiona l)	Local	1	120000	120000	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functiona l)	Local	1	120000	120000	Birthing Center	Tamac BHS	Villaricoso	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functiona l)	Local	1	120000	120000	Birthing Center	Tuquib BHS	Villaricoso	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functiona l)	Local	1	120000	120000	Birthing Center	Cayapa BHS	Loganglang	Abra	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China	KL2C Delivery Table (multi-functiona l)	Local	1	120000	120000	Birthing Center	Namaraba BHS	Penarutubia	Abra	Always	Good

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Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Marsala BHS	Sta. Marcella	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Consuelo BHS	Sta. Marcella	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Cataagan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Maloguisi BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Miang BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	120000	120000	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Eva BHS	Calanassan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Cadaclan BHS	Calanassan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Andres Spagura BHS	Calanassan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Tanjagan BHS	Calanassan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Sta. Felomena BHS	Calanassan	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Malama BHS	Comot	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Floor Stool	China made	KL2C Delivery Table (multi-functional)	Local	1	109900	109900	Birthng Center	Guimaang BHS	Comot	Apayao	Always	Good

Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functiona I)	Local	1	109900	109900	109900	Birthing Center	Buluang BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functiona I)	Local	1	109900	109900	109900	Birthing Center	Matalag BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Delivery Table with Four Stool	China made	KL2C Delivery Table (multi-functiona I)	Local	1	109900	109900	109900	Birthing Center	Lenning BHS	Kabugao	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Tamao BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Tuquib BHS	Villarosa	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Cayapa BHS	Lagangilang	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Marcela BHS	Sia, Marcela	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Consuelo BHS	Sia, Marcela	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Cacalagan BHS	Pudlol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Malaguisi BHS	Pudlol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Swan BHS	Pudlol	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Cadacilan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Andres Spagura BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Taaglagan BHS	Calanasan	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Gumang BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Buluang BHS	Comer	Apayao	Always	Good
Nov. 15, 2013	Electric fan	Hanabishi	The Wind 16SF	Local	1	1320	1320	1320	Birthing Center	Matalag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Electric Store	China	Kitchen Ready/KW-35 60	Local	1	2500	2500	2500	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Electric Store	China	Kitchen Ready/KW-35 60	Local	1	2500	2500	2500	Birthing Center	Tamao BHS	Villarosa	Abra	Always	Good
Nov. 11, 2013	Electric Store	China	Kitchen Ready/KW-35 60	Local	1	2500	2500	2500	Birthing Center	Tuquib BHS	Villarosa	Abra	Always	Good

Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Cayapa BHS	Lagangiang	Abra	Always	Good
Nov. 12, 2013	Electric Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Namaraba BHS	Penarubia	Abra	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Malaguis BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2500	2500	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Eve BHS	Cabasaran	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Cadactan BHS	Cadactan	Apayao	Always	Good
Nov. 11, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Andres Spingura BHS	Cadactan	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Tanglayan BHS	Cadactan	Apayao	Always	Good
Nov. 12, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Sta. Felomina BHS	Cadactan	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Malama BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Guinsang BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Bullian BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Stove	China	Kitchen Beauty/KW-35 60	Local	1	2440	2440	Birthling Center	Lemeng BHS	Kabugao	Apayao	Always	Good

Nov. 12, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Malaguisi BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Mareg BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Examination Table	Esphar Medical Center	EMC	Local	1	15000	15000	15000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Eva BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Cadajan BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Andres Spaguira BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Sta. Felomina BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Guinaang BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Buluan BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Madatag BHS	Apayao	Apayao	Always	Good
Nov. 12, 2013	Examination Table	ELMED	-	Local	1	16160	16160	16160	Birthing Center	Lennang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Tamac BHS	Vilavilosa	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Tunub BHS	Vilavilosa	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Cayapa BHS	Laganlang	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Namaraba BHS	Penantuba	Abra	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Mareg BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	10000	10000	10000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Eva BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Cadajan BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Andres Spaguira BHS	Calanassan	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Tanglagan BHS	Calanassan	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Sta. Felomina BHS	Calanassan	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Guinaang BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Buluan BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Lennang BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Madatag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Fetal Doppler	Willcare	CFD/20C	Local	1	9700	9700	9700	Birthing Center	Tamac BHS	Vilavilosa	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Tunub BHS	Vilavilosa	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Cayapa BHS	Vilavilosa	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Namaraba BHS	Laganlang	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Marcela BHS	Penantuba	Abra	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Cacalagan BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Mareg BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Eva BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Cadajan BHS	Calanassan	Apayao	Always	Good
Nov. 13, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Andres Spaguira BHS	Calanassan	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	58000	58000	58000	Birthing Center	Tanglagan BHS	Calanassan	Apayao	Always	Good

Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	59000	59000	59000	59000	Birthng Center	Sta. Felmina BHS	Calamasan	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3560T	Local	1	59000	59000	59000	59000	Birthng Center	Malama BHS	Comar	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	59000	59000	59000	59000	Birthng Center	Gumang BHS	Comar	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	59000	59000	59000	59000	Birthng Center	Buluan BHS	Comar	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	59000	59000	59000	59000	Birthng Center	Madalag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Generator	Kipor	KDE 3500T	Local	1	59000	59000	59000	59000	Birthng Center	Lemang BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Dali BHS	Pilar	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Tarnas BHS	Villavieosa	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Tuquib BHS	Villavieosa	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Cayapa BHS	Laganilang	Abra	Always	Good
Nov. 11, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Mataguisi BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	Esphar Medical Center	EMC	Local	2	2800	2800	2800	2800	Birthng Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Eva BHS	Calamasan	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Candiao BHS	Calamasan	Apayao	Always	Good
Nov. 12, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Andres Sipagara BHS	Calamasan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Tanglagan BHS	Calamasan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Sta. Felmina BHS	Calamasan	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Malama BHS	Comar	Apayao	Always	Good
Nov. 11, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Guinaang BHS	Comar	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Buluan BHS	Comar	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Madalag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Gooseneck Lamp	ELMED	-	Local	2	1940	3880	3880	3880	Birthng Center	Lemang BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Dali BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Tarnas BHS	Villavieosa	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Tuquib BHS	Villavieosa	Abra	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Cayapa BHS	Laganilang	Abra	Always	Good
Nov. 13, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	25000	25000	Birthng Center	Cacalagan BHS	Pudtol	Apayao	Always	Good

Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthling Center	Mataguais BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthling Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthling Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	Esphar Medical Center	EMC	Local	1	25000	25000	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Eva BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Cadacian BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Andres Spapura BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Tanglagan BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Sia, Felomina BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Cunauing BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Bulkan BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Maratag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Instrument Cabinet	ELMED	-	Local	1	25860	25860	Birthling Center	Leneng BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Dait BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Tamac BHS	Villavieosa	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Tuquib BHS	Villavieosa	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Cayapa BHS	Lagangiang	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Namaraba BHS	Panarabla	Abra	Always	Good
Nov. 12, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Consueo BHS	Sia, Marcella	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Cabalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Mataguais BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Instrument Table	Esphar Medical Center	EMC	Local	1	5500	5500	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Eva BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Cadacian BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Andres Spapura BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Tanglagan BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Sia, Felomina BHS	Calansan	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Cunauing BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Bulkan BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Maratag BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Instrument Table	ELMED	-	Local	1	4530	4530	Birthling Center	Leneng BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthling Center	Dait BHS	Pilar	Abra	Always	Good
Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthling Center	Tamac BHS	Villavieosa	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	Birthling Center	Tuquib BHS	Villavieosa	Abra	Always	Good

Nov. 12, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Cayapa BHS	Luganglang	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Namaraba BHS	Penarutba	Abra	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Malaguasi BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	IV Stand	Esphar Medical Center	EMC	Local	1	1500	1500	1500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Catalagan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Sta. Felornina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Gumang BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Buduan BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Madang BHS	Kabayao	Apayao	Always	Good
Nov. 12, 2013	IV Stand	ELMED	-	Local	1	2070	2070	2070	Birthing Center	Lenang BHS	Kabujao	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Tamac BHS	Villaribosa	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Tuquib BHS	Villaribosa	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Cayapa BHS	Luganglang	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Namaraba BHS	Penarutba	Abra	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	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	4400	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	4400	4400	Birthing Center	Malaguasi BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4400	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	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	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	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	4530	Birthing Center	Catalagan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	4530	Birthing Center	Adress Spagura BHS	Calanasan	Apayao	Always	Good

Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Tanggalan 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. Felamina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Malamia BHS	Comner	Apayao	Always	Good
Nov. 12, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Gumapang BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Buluan BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Madilag BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Mucus Extractor with suction tube (Portable)	Green Trust	7E-A	Local	1	4530	4530	Birthing Center	Lembing BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Dalit BHS	Plar	Abra	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Tamac BHS	Villaricos	Abra	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Tuquib BHS	Villaricos	Abra	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	Espinar 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	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Espinar 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	Espinar 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	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Cacagan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	Espinar Medical Center/Local	I.Q.	Local	1	10000	10000	Birthing Center	Malaquili BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	Espinar 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	Espinar 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	Espinar 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
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Cadactan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Andres Sapagura BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Tanggalan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Malamia BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Gumapang BHS	Comner	Apayao	Always	Good
Nov. 11, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Buluan BHS	Comner	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Madilag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Oxygen tank with gauge/regulator	ELMED/Local	I.Q.	Local	1	10990	10990	Birthing Center	Lembing BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Dalit BHS	Plar	Abra	Always	Good
Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Tamac BHS	Villaricos	Abra	Always	Good

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Nov. 13, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Tuñib BHS	Villaricos	Abra	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Cayapa BHS	Lagatlang	Abra	Always	Good
Nov. 11, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Namraba BHS	Panamraba	Abra	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Maray BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Magay BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Portable Emergency Light	Akari	AELG-001	Local	1	1560	1560	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Eva BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Cadalan BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Tanapagan BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Sta. Felomina BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Malaria BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Guinaing BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Bulan BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Madaza BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Portable Emergency Light	Firefly Electric	FEL2001L	Local	1	1030	1030	Birthing Center	Lening BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Tamaic BHS	Villaricos	Abra	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Tuñib BHS	Villaricos	Abra	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Cayapa BHS	Lagatlang	Abra	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Namraba BHS	Panamraba	Abra	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Magay BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Maray BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	17000	17000	Birthing Center	Eva BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Cadalan BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Andres Stigaura BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Sta. Felomina BHS	Calansan	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Malaria BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Guinaing BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Bulan BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Madaza BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Recovery Bed with railings	China made	-	Local	1	23920	23920	Birthing Center	Lening BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Tamaic BHS	Villaricos	Abra	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Tuñib BHS	Villaricos	Abra	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Consuelo BHS	Sta. Marcela	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Maray BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8512	Local	1	22000	22000	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Eva BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Cadalan BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Andres Stigaura BHS	Calansan	Apayao	Always	Good
Nov. 11, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Malaria BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Guinaing BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Refrigerator	Panasonic	NRB-8513E	Local	1	15500	15500	Birthing Center	Madaza BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Dalt BHS	Pilar	Abra	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tamaic BHS	Villaricos	Abra	Always	Good

Nov. 10, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tuquib BHS	Vilavicosa	Atira	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Cayapa BHS	Laganglang	Atira	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Namaraba BHS	Penarubia	Atira	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Marcela BHS	Sia, Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Consuelo BHS	Sia, Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Malajuit BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Swan BHS	Pudtol	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3500	3500	Birthing Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Era BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Cadacjan BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Annes Sinajura BHS	Calanasan	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Sia, Felmina BHS	Calanasan	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Guinaang BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Bulan BHS	Comer	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Matarag BHS	Kabugao	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Adult (Ambu Bag)	Taiwan made	Lifeguard	Local	1	3880	3880	Birthing Center	Lemeng BHS	Kabugao	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Dait BHS	Pilar	Atira	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tamac BHS	Vilavicosa	Atira	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Tuquib BHS	Vilavicosa	Atira	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Cayapa BHS	Laganglang	Atira	Always	Good
Nov. 13, 2013	Resuscitation bag for Pedic (Ambu Bag)	China made	-	Local	1	3500	3500	Birthing Center	Namaraba BHS	Penarubia	Atira	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Marcela BHS	Sia, Marcela	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedic (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Consuelo BHS	Sia, Marcela	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pedic (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pedic (Ambu Bag)	China	-	Local	1	3500	3500	Birthing Center	Malajuit BHS	Pudtol	Apayao	Always	Good

Nov. 11, 2013	Resuscitation bag for Pedia (Ambu Bag)	China	Local	1	3500	3500	Birthling Center	Swan BHS	Pudbok	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pedia (Ambu Bag)	China	Local	1	3500	3500	Birthling Center	Marag BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pedia (Ambu Bag)	China	Local	1	3500	3500	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Cadadian BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Andres Spigara BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Tanglagan BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Sta. Felomina BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Malama BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Guinaang BHS	Comer	Apayao	Always	Good
Nov. 12, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Buluat BHS	Comer	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Madilag BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Resuscitation bag for Pedia (Ambu Bag)	Taiwan made	Local	1	3890	3890	Birthling Center	Lemning BHS	Kabugao	Apayao	Always	Good
Nov. 11, 2013	Television	Tohiba	Local	1	31990	31990	Training Center, IEC	CHD-CAR	Baguio City	Baguio City	Always	Good
Nov. 11, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Dalit BHS	Pilar	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Tamas BHS	Villavieja	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Tuguh BHS	Villavieja	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Cayapa BHS	Lagangiling	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Marza BHS	Luna	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Adult	Detecto	Local	1	12500	12500	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 12, 2013	Weighting scale for Adult	Detecto	Local	1	17460	17460	Birthling Center	Eva BHS	Calanasan	Apayao	Always	Good
Nov. 12, 2013	Weighting scale for Adult	Detecto	Local	1	17460	17460	Birthling Center	Andres Spigara BHS	Calamasan	Apayao	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Tamas BHS	Villavieja	Abra	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Tuguh BHS	Villavieja	Abra	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Cayapa BHS	Lagangiling	Abra	Always	Good
Nov. 12, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Namaraba BHS	Penarrubia	Abra	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Marcela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Consuela BHS	Sta. Marcela	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Cacalagan BHS	Pudtol	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tantia	Local	1	5170	5170	Birthling Center	Dagupan BHS	Luna	Apayao	Always	Good
Nov. 11, 2013	Weighting scale for Infant	Tantia	Local	1	5820	5820	Birthling Center	Andres Spigara BHS	Calamasan	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Infant	Tantia	Local	1	5820	5820	Birthling Center	Sta. Felomina BHS	Calamasan	Apayao	Always	Good
Nov. 13, 2013	Weighting scale for Infant	Tantia	Local	1	1360	1360	Birthling Center	Malama BHS	Comer	Apayao	Always	Good
					Value Total (Php):							
					Year 1	7,779,930						
					Year 2	7,035,330						
					Total	14,815,260						

ANNEX IX: Counterpart Staff Members

No.	Name of Counterpart	Institution	Title (Designation to the Project)	Employment status*	Period of Assignment as a Counterpart	
					From	To
1	Dr. Madeleine De Rosas-Valera	Sector Finance and Policy Technical Cluster, DOH Manila	Undersecretary of Health (Project Director)	P	Feb-2010	Sep-2013
2	Dr. Lilibeth C. David	Office for Health Policy and System	Undersecretary of Health (Project Director)	P	Oct-2013	Present
3	Dr. Gerardo V. Bayugo	Office of Health Operations	Assistant Secretary of Health (Representative of the Project)	P	Feb-2012	Present
4	Dr. Paulyn Jean B. Rosell-Ubial	Office for Health Regulations	Assistant Secretary of Health (Representative of the Project)	P	Mar-2016	Present
5	Ms. Maylene M. Beltran	Bureau of International Health Cooperation (BIHC), DOH Manila	Director IV (Project Manager)	P	Feb-2012	Present
6	Dr. JP Perez	Bureau of Local Health Development (BLHD), DOH Manila	Director IV (Technical Coordinator for Local Health System)	P	Feb-2012	Jul-2013
7	Dr. Nestor F. Santiago	BLHD, DOH Manila	Director IV (Technical Coordinator for Local Health System)	P	Aug-2013	Mar-2015
8	Dr. Enrique Tayag	BLHD, DOH Manila	Director IV (Technical Coordinator for Local Health System)	P	Apr-2015	Present
9	Dr. Irma L. Asuncion	National Center for Disease Prevention and Control (NCDPC), DOH Manila	Director IV (Technical Coordinator for MCH)	P	Feb-2012	Dec-2014
10	Dr. Mario Baguilod	Disease Prevention and Control Bureau	OIC-Director IV (Technical Coordinator for MCH)	P	Jan.-2015	Present
11	Dr. Honorata Catibog	Family Health Office (FHO), DOH Manila	Director III (Technical Coordinator for MCH)	P	Feb-2012	Sep-2013
12	Dr. Maria Joyce U. Ducusin	FHO, DOH Manila	OIC-Director III (Technical Coordinator for MCH)	P	Oct-2013	Oct-2015
13	Dr. John Ferchito L. Avelino	FHO, DOH Manila	OIC-Director III (Technical Coordinator for MCH)	P	Nov. 2015	Feb 2016
14	Dr. Junice L. Demetrio-Melgar	FHO, DOH Manila	Director IV (Technical Coordinator for MCH)	P	Mar. 2016	Present
15	Dr. Mar Wynn Bello	Bureau of International Health Cooperation (BIHC), DOH Manila	Division Chief	P	Feb-2012	Sep-2013
		Health Promo, Manila	OIC-Director IV	P	Jan. 2016	Present
16	Dr. Soledad Antonio	BIHC, DOH Manila	Division Chief	P	Oct-2013	Dec-2013
17	Dr. Grace Buquiran	BIHC, DOH Manila	Monitoring Cluster Chief	P	Oct. 2015	Present
18	Mr. Jimmy Recilla	BIHC, DOH Manila	SPDO	P	Feb-2012	Sep-2013
19	Ms. Jocelyn Sosito	BIHC, DOH Manila	SPDO	P	Oct-2013	Present
20	Dr. Myrna Cabotaje	Cordillera	Director IV (Project	P	Feb-2012	Mar-2012

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		Administrative Regional Office-DOH (CARO-DOH)	Coordinator)			
21	Dr. Judith Allaga	DOH-CAR	Director IV (Project Coordinator)	P	Mar-2012	Aug-2012
22	Dr. Valeriano Jesus V. Lopez	DOH-CAR	Director IV (Project Coordinator)	P	Sep-2012	Mar-2015
23	Dr. Lakshmi I. Legaspi	DOH-CAR	Director IV (Project Coordinator)	P	Jan. 2016	Present
24	Dr. Amelita M. Pangilinan	DOH-CAR	Chief, Local Health Support Div.	P	Feb-2012	Aug. 2012
			Director III		Sep-2012	Mar-2015
			OIC-Director IV		Apr-2015	Dec. 2015
			Director III		Jan.2016	Present
25	Dr. Nicolas Gordo	DOH-CAR	Chief, Local Health Support Div.	P	Feb-2012	Oct-2013
26	Dr. Maria Luisa Paran	DOH-CAR	Chief, Local Health Support Div.	P	Nov-2013	Present
27	Dr. Virginia Narciso	DOH-CAR	Family Health Cluster Chief	P	Feb-2012	Dec. 2013
			Child Health Development Cluster		Jun-2014	Present
28	Zenaida Patal-e	DOH-CAR	Reg'l MNCHN Coordinator	P	Feb-2012	Oct-2013
29	Dr. Mary Jane Munoz	DOH-CAR	Reg'l MNCHN Coordinator	P	Jan-2014	Present
			Women's Health Development Cluster		Jun-2014	Present
30	Rey Segandoy	DOH-CAR	MNCHN Staff	T	Feb-2012	Dec-2012
31	Joyce Pojas	DOH-CAR	MNCHN Staff	T	Jan-2013	Nov-2013
32	Mark Duran	DOH-CAR	MNCHN Staff	T	Dec-2013	Apr-2014
33	Melanie June Caleno	DOH-CAR	MNCHN Staff	P	Apr-2014	Present
			Reg'l MNCHN Coordinator		Jun-2014	Present
34	Francisca Liclic	DOH-CAR	Planning Officer II	P	Feb-2012	May 2014
35	Lilia Rose Say-awen	DOH-CAR	Planning Officer III	P	Jun-2014	Present
36	Diana Palangchao	DOH-CAR	Planning Officer II	P	Jun-2014	Present
37	Emily Quines	DOH-CAR	Nurse IV (ILHZ)	P	Feb-2012	Present
38	Dr. Erwin Baclig	DOH-CAR	LRED Chief	P	Feb-2012	Present
39	Clark Dizon	DOH-CAR	Licensing Officer	P	Feb-2012	Jun 2014
40	Dr. Eduardo Calpito	DOH-CAR	Licensing Officer	P	Jun 2014	Present
41	Dr. Clarita Marquez	National Commission of Indigenous Peoples (NCIP) Regional Office	Medical Officer	P	Feb-2012	May 2014
		DOH-CAR	Licensing Officer			
42	Dr. Janice Bugtong	DOH-CAR	Admin Chief	P	Feb-2012	Present
43	Ms. Valerie Baniwas	DOH-CAR	Statistician III (FHSIS Coordinator)	P	Jun-2014	Present
44	Atty. Jerry Ibay	PhilHealth CAR	Regional Vice President	P	Feb-2012	Dec. 2014
45	Dr. Elizabeth Fernandez	PhilHealth CAR	Regional Vice President	P	Jan. 2015	Present
46	Dr. Dominga A. Gadgad	PhilHealth CAR	Division Chief	P	Feb. 2012	Present
47	Dr. Glenn Lamsis	PhilHealth CAR	Accreditation Section Chief	P	Feb. 2012	Present
48	Mr. Noland Sabling	PhilHealth CAR	Planning Officer	P	Feb. 2012	Present
49	Ms. Janet M. Pelaez	PhilHealth CAR	Chief Health Insurance Officer - Benguet	P	Feb. 2012	Present
50	Ms. Leonora A. Sobrevilla	PhilHealth CAR	Chief Health Insurance Officer - Abra	P	Feb. 2012	Present
51	Mr. Nestor Goyagoy	PhilHealth CAR	Social Insurance Officer II - Apayao	P	Feb. 2012	Present

52	Mr. Reynald B. Bimuyag	PhilHealth CAR	Chief Health Insurance Officer - Ifugao	P	May-2014	Present
53	Mr. Rommel A. Aranca	PhilHealth CAR	Chief Health Insurance Officer - Kalinga	P	May-2014	Present
54	Mr. Jose P. Safawil	PhilHealth CAR	Chief Health Insurance Officer - Mountain Province	P	May-2014	Present
55	Mr. Gregorio P. Ariz III	NEDA CAR	Chief Monitoring and Evaluation	P	Feb. 2012	Present
56	Ms. Jocelyn Rojo	DILG CAR	LGOO V	P	Feb. 2012	Present
57	Dr. Mary Josephine Dulawan	Ifugao Provincial Health Office	Provincial Health Officer II	P	May-2014	Present
58	Dr. Pricilla Pagada	Ifugao Provincial Health Office	Technical Chief	P	Jun-2014	Present
59	Ms. Yvonne Indunan	Ifugao Provincial Health Office	Provinciai MNCHN Coordinator	P	Jul-2014	Present
60	Dr. Romulo Gaerlan	Kalinga Provincial Health Office	Provincial Health Officer II	P	May-2014	Present
61	Ms. Rosario Alunday	Kalinga Provincial Health Office	Provinciai MNCHN Coordinator	P	Jul-2014	Present
62	Dr. Nenita Lizardo	Mountain Province-Provincial Health Office	Provincial Health Officer II	P	May-2014	Present
63	Ms. Mary Lee Piluden	Mountain Province-Provincial Health Office	Provinciai MNCHN Coordinator	P	Jul-2014	Present
64	Dr. Mercedes Calpito	Provincial DOH Office-Benguet	Prov. DOH Officer (areas: Bokod, Kabayan, Tublay, La Trinidad) (Provincial Project Coordinator)	P	Feb-2012	Present
65	Dr. Florence Tabur	Provincial DOH Office-Benguet	Prov. DOH-Rep (Areas: Atok, Kibungan, Itogon, Sablan)	P	Feb-2012	Present
66	Jocelyn Bestre	Provincial DOH Office-Benguet	Prov. DOH-REP (Areas: Bakun, Buguias, Mankayan, Kibungan)	P	Feb-2012	Present
67	Tony Baigen	Provincial DOH Office-Benguet	Prov. DOHREP (Area: Tuba)	P	Feb-2012	Jun 2014
68	Dr. Godofredo L. Gasa	Provincial DOH Office, Abra	Prov. Provincial DOH Officer (Provincial Coordinator)	P	Feb-2012	Present
69	Marlene A. Rosete	Provincial DOH Office, Abra	Prov. DOH-Rep (San Juan)	P	Feb-2012	Present
70	Agnes P. Casia	Provincial DOH Office, Abra	Prov. DOH-Rep (Pilar, Penarrubia, Villaviciosa)	P	Feb-2012	Present
71	Victoria A. Palos	Provincial DOH Office, Abra	Prov. DOH-Rep (Dolores, Lagangilang)	P	Feb-2012	May 2014
		DOH-CAR	Senior Health Program Officer (ILHZ)	P	Jun-2014	Present
72	Dr. Alex Bayubay	San Juan Municipal Health Office (Abra)	Municipal Health Officer	P	Feb. 2012	Jun 2014
		Provincial DOH Office - Abra	Development Management Officer IV	P	Jun-2014	Present
73	Dr. Ruby Rose Orosco	Lagangilang Municipal Health Office (Abra)	Municipal Health Officer	P	Feb-2012	Present
74	Mr. Jason Ryan Celeste	DOLASAN ILHZ (Abra)	ILHZ Secretariat	P	Feb-2012	Present
75	Dr. Andrew D. Martin	Provincial DOH Office, Apayao	Prov. DOH Officer (Provincial Project Coordinator)	P	Feb-2012	Present
76	Dr. Estella A. Nicolas	Provincial DOH Office, Apayao	Prov. DOH Representative	P	Feb-2012	Present

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77	Ms. Charlyn B. Tagabing	Provincial DOH Office, Apayao	Prov. DOH Representative	P	Feb-2012	May 2014
		DOH-CAR	Senior Health Program Officer	P	Jun-2014	Present
78	Dr. Esteban Piok	Provincial Health Office, Benguet	Provincial Health Officer II	P	Feb-2012	Mar-2013
79	Dr. Norma Pacalso	Provincial Health Office, Benguet	Provincial Health Officer II	P	Feb-2012	Mar-2014
80	Dr. Nora Ruiz	Provincial Health Office, Benguet	Provincial Health Officer I	P	Apr-2014	Present
81	Dr. Antonette Agpas	Provincial Health Office, Benguet	Prov. MNCHN Coordinator	P	Mar-2013	Present
82	Dr. Imelda Ulep	Provincial Health Office, Benguet	Provincial FHSIS Coordinator	P	Feb-2012	Present
83	Rosanna Tabangcura	Provincial Health Office, Benguet	Provincial MCH Coordinator	P	Feb-2012	Present
84	Dr. Leona G. Berona	Provincial Health Office, Abra	Provincial Health Officer II	P	Oct-2013	Present
85	Cristeta Turqueza	Provincial Health Office, Abra	Provincial MNCHN Coordinator	P	Feb-2012	December 2014
86	Marijune Algarne	Provincial Health Office, Abra	Provincial FHSIS Coordinator	P	Feb-2012	Present
87	Dr. Thelma Dangao	Provincial Health Office, Apayao	Provincial Health Officer II	P	Feb-2012	Present
88	Ms. Cheryl V. Reyes	Provincial Health Office, Apayao	Provincial MNCHN Coordinator	P	Feb-2012	Present
89	Dr. Amelia Abulencia	Pudtol Municipal Health Office (Apayao)	Municipal Health Office	P	Feb-2012	Present

* Permanent (P) or Temporary (T)

ANNEX X: Activity Cost (Philippine Side)

Category	Amount (PhP)				Total of Year 1 - 4
	Year 1	Year 2	Year 3	Year 4	
ILHZ	2,093,539	2,720,963	3,576,000	3,576,000	11,966,502
PhilHealth enrolment sponsoring	14,509,380	102,864,933	117,564,000	107,144,400	342,082,713
MNCHN implementation	244,530	14,458,476	3,517,276	1,238,000	19,458,282
BEmONC capable facilities	39,734,427	394,253,156	19,670,100	4,631,500	458,289,183
MCP Accreditation	110,400	42,000	58,500	248,100	459,000
Documentation	114,000	19,100			133,100
Impl. of Project Expansion Plan			41,354,333	12,692,367	54,046,700
Meetings for project monitoring	0	283,500	358,500	370,500	1,012,500
Total	56,651,276	488,009,388	185,740,209	129,530,367	859,931,240

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ANNEX XII: List of JCC Meetings and RUPMC Meetings (as of September, 2016)

Committee Meeting	Date	Venue	No. of participants
1 st JCC meeting	April 21, 2012	DOH compound, Sta. Cruz, Manila	25
2 nd JCC meeting	September 13, 2012	DOH, Manila	20
3 rd JCC meeting	February 27, 2013	DOH, Manila	25
4 th JCC meeting	September 25, 2013	DOH, Manila	25
5 th JCC meeting	February 21, 2014	DOH, Manila	25
6 th JCC meeting	July 2, 2014	DOH, Manila	25
7 th JCC meeting	January 23, 2015	Crown Legacy Hotel, Baguio City	179*
8 th JCC meeting	June 18, 2015	DOH, Manila	22
9 th JCC meeting	March 3, 2016	DOH, Manila	26
1 st RUPMC	March 13, 2012	CHD – CAR Training Center	32
2 nd RUPMC meeting	May 14, 2012	CHD – CAR Training Center	24
3 rd RUPMC meeting	August 29, 2012	CHD – CAR Training Center	19
4 th RUPMC meeting	February 22, 2013	CHD-CAR Training Center	25
5 th RUPMC meeting	September 20, 2013	CHD-CAR Training Center	30
6 th RUPMC meeting	February 18, 2014	CHD-CAR Training Center	20
7 th RUPMC meeting	June 30, 2014	CHD-CAR Training Center	25
8 th RUPMC meeting	January 23, 2015	Crown Legacy Hotel, Baguio City	179*
9 th RUPMC meeting	May 28, 2015	CHD-CAR Training Center	28

Note: (*) Number of participants is for entire Joint Project Committee Meeting (7th JCC, 8th RUPMC, 6th EC for Abra / Benguet, 7th EC for Apayao, 11 the TWG meeting)

2. プロジェクト・デザイン・マトリックス (PDM)

付属資料②プロジェクト・デザイン・マトリックス (PDM)

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); Target Sites: Abra province (6 municipalities), Apayao province, Benguet Province; Target Group: People in CAR

Version 3 (revised in June 18, 2015 [8th JCC meeting])

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Health status of people in the region is improved, particularly of women and children.</p>	<ul style="list-style-type: none"> - Maternal Mortality Ratio (MMR) is decreased in CAR (baseline: 62 per 100,000 live births in 2011). - Infant Mortality Rate (IMR) is decreased in CAR (baseline: 11 per 1,000 live births in 2011). - 85% of deliveries occurred in CAR are attended at health facilities (baseline: 74% in 2011).² 	<ul style="list-style-type: none"> - Field Health Service Information System (FHSIS) - CHD-CAR annual reports 	
<p>Project Purpose Local health system³ 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"> - 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%]⁴ - 80% of pregnant women in the target sites receive prenatal care at least 4 times⁵ during pregnancy. [Baseline (2012): 3 target sites total 63%. Provincial baseline (2012) / target (2017): Abra 45% / 70%, Apayao 73% / 85%, Benguet 62% / 80%]⁶ - 90% of post-partum women in the target sites receive post-partum care at least 2 times⁷. [Baseline (2012): 3 target sites total 90%. Provincial baseline (2012) / target (2017): Abra 66% / 80%, Apayao 89% / 90%, Benguet 93% / 95%]⁸ 	<ul style="list-style-type: none"> - Target Client List (TCL) of FHSIS (re-analysis of TCL by the Project) 	<ul style="list-style-type: none"> - National and local policy and system for health sector does not change. - Family planning coverage is maintained or improved. - Immunization coverage level is maintained or improved. - CEmONC facilities provide quality

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
	<p>[Indicators for the entire CAR (the project area)]</p> <ul style="list-style-type: none"> - Number of functioning inter-local health zones (ILHZs)⁹ is increased in CAR (baseline 7 ILHZs in 2011). - 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).¹⁰ - Number of BEmONC capable¹¹ health facilities [hospitals, rural health units (RHU) and barangay health stations (BHS)] is increased in CAR [baseline: 0 facility in 2011; target 177 facilities by 2017 (37 hospitals, 50 RHUs, and 90 BHSs)]. - Number of RHU and BHS with MCP accreditation is increased in CAR [baseline: 12 facilities in 2010; target 131 facilities by 2017 (53 RHUs and 78 BHSs)]. 	<ul style="list-style-type: none"> - CHD Program Implementation Review report (ILHZ, MNDR, BEmONC). - PhilHealth report (MCP). 	<ul style="list-style-type: none"> - No serious disease outbreak affecting maternal and child deaths occurs. - Local government units (LGUs) are committed to the Project.
<p>Expected Outputs</p> <p>Output 1. Health governance and financing are strengthened through functional Inter Local Health Zones (ILHZs) in the target sites. (Target sites: Dolasan and VPP ILHZs in Abra¹², Apayao)</p>	<ul style="list-style-type: none"> - 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. - All ILHZs in the target sites establish and utilize Common Health Trust Fund (CHTF). - All ILHZs in the target sites implement MNCHN-related ILHZ activities according to ILHZ plan. - 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). - 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). - Amount of funding contribution to ILHZ from both province and municipality is increased in the target sites (baseline: PHP 0 in 2012). - Number of municipalities with legal documents¹³ 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). - Proportion of PhilHealth sponsored enrollment is maintained to be 100% or more in the target sites¹⁴ (baseline: 176% in 2 ILHZ of Abra, 167% in Apayao, as of December 2011). - Number of PhilHealth members is increased in the target sites (baseline: 16,366 in Abra (6 municipalities) and 29,466 in Apayao as of 	<ul style="list-style-type: none"> - Project report - ILHZ plan, CHTF work and financial plan - Budgetary report of municipalities and provinces (LGU score card) - LGU executive order / ordinance, ILHZ resolutions - PhilHealth reports (membership and benefit reimbursement) 	<ul style="list-style-type: none"> - Health Information System of Department of Health, especially Field Health Service Information System (FHSIS) functions well to provide accurate data.

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Target sites: Dolasan and VPP ILHZ in Abra, Apayao, Benguet)</p>	<p>December 2011).</p> <ul style="list-style-type: none"> - Amount of MCH related reimbursement from PhilHealth¹⁵ 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]. - MNCHN manual of operations is localized for CAR and training of the manual is conducted in CAR.¹⁶ - MNCHN referral manual/guideline is developed, and referral is implemented according to the manual/guideline in the target sites in Abra and Apayao provinces.¹⁷ - MMDR is conducted in the all target sites.¹⁸ - Monitoring system on BEmONC and CHT is developed and implemented. - Culturally appropriate MNCHN IEC material is developed and utilized in 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) 	<ul style="list-style-type: none"> - CHD-CAR report (MNCHN manual, MMDR, BEmONC, CHT) - Project progress report (referral, MNCHN IEC) - MMDR report (province/ILHZ) - MHO annual report (Barangay MNCHN emergency preparedness plan) 	
<p>Output 3. Hospitals, Rural Health Units (RHUs) and Barangay Health Stations (BHSs) become BEmONC capable facilities and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Target sites: Dolasan and VPP ILHZs in Abra, Apayao, Benguet)</p>	<ul style="list-style-type: none"> - Number of BEmONC capable health facilities is increased [baseline: 0 in 2011; target by 2016: 108 facilities (15 hospitals, 19 RHUs and 74 BHSs)]. - All 15 public hospitals in the target sites maintain PhilHealth accreditation. - 19 RHUs and 74 BHSs are MCP accredited by PhilHealth in the target sites. (Baseline: 6 RHU and 0 BHS as of October 2011 according to CHD-CAR) - Number of health professionals trained on BEmONC is increased in the target sites. [Baseline (2011) / target (2014): 0 / 130]¹⁹ - Number of health professionals trained on the harmonized BEmONC module is increased in the target sites. [Baseline (2011) / target (2015): 0 / 92]¹⁹ 	<ul style="list-style-type: none"> - CHD-CAR report (Facility mapping) - Project progress report (BEmONC trainings) - PhilHealth reports (hospital, MCP accreditation) 	
<p>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region-wide.</p>	<ul style="list-style-type: none"> - Project fact sheet/newsletter is distributed at least twice a year. - Project expansion plan for the entire CAR region is established and implemented.²⁰ - CHD-CAR and other project counterparts disseminate lessons learnt and good practices of the project (baseline 0 in 2011). 	<ul style="list-style-type: none"> - Volume of the project fact sheet / newsletter - Project 	

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Activities</p> <p>Output 1. Health governance and financing are strengthened through functional ILHZs in the target sites. (Dolasan and VPP ILHZs in Abra, and Apayao)</p> <ol style="list-style-type: none"> 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 non-functional ILHZs in the target sites. 1.3. Establish mechanism on utilization of common health trust fund (CHTF) for ILHZ in the target sites. 1.4. Develop ILHZ plan that includes MNCHN in the target sites. 1.5. Advocate PHIC enrollment, support for MNCHN program and Community Health Team (CHT) to local government units in the target sites. <p>Output 2. Service delivery framework for MCH is strengthened in the target sites. (Dolasan and VPP ILHZ in Abra, Apayao, and Benguet)</p> <ol style="list-style-type: none"> 2.1. Localize the MNCHN manual of operations for CAR. 2.2. Adapt the referral manual of Benguet province to strengthen a two-way referral system in the target sites. 2.3. Conduct trainings on localized MNCHN manual of operations for the provincial/city health office in CAR. 2.4. Conduct training on Maternal/Neonatal Death Review (MNDR) for the provincial/city health office in CAR. 2.5. Conduct regular MNCHN monitoring including MNDR, BEmONC services and Community Health Team (CHT) in the target sites. 2.6. Conduct situation analysis of CHT and establish support mechanism for CHT activities at LGU level in the target sites. 2.7. Develop culturally appropriate IEC materials for MNCHN. 2.8. Conduct training on setting up and monitoring barangay health emergency and preparedness for PHOs and MHOs in the target sites. 	<p>- Good practices and lesson learnt of the project is documented and disseminated at national and regional levels (baseline 0 in 2011).</p> <p>- 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.</p> <p>Inputs</p> <p>(Japanese Side)</p> <ol style="list-style-type: none"> (1) Team of experts / local consultants (Health System, MCH, etc.) (2) Equipment and materials: <ul style="list-style-type: none"> - Medical equipment - Training equipment - Office equipment - Other necessary equipment (3) Activity cost <ul style="list-style-type: none"> - Cost of training in Japan and the Philippines (except for domestic transportation cost of trainees) - Production cost of training, educational and promotional materials <p>(Philippine Side)</p> <ol style="list-style-type: none"> (1) Human resources <ul style="list-style-type: none"> - Counterpart personnel at regional, provincial, and municipal levels (2) Facilities <ul style="list-style-type: none"> - Project office space and facilities at DOH-CHD CAR, Abra and Apayao, and Benguet - Infrastructures improvement necessary for BEmONC services and MCP accreditation (3) Activity Cost <ul style="list-style-type: none"> - Utility cost of the project office (electricity, water, communication, etc.) - Essential equipment for BEmONC for other than the target sites - Maintenance and repair of equipment supplied - Expenses for monitoring and field visits to the project sites by DOH-CHD CAR personnel - Cost sharing for consultative workshops/conferences - Cost sharing during the conduct of meetings - Capacity building of the CHT members - Transportation cost of trainees within the country - Per diem of the local participants - Monetary incentives and other benefits for the CHT - Logistics and commodities necessary for service delivery 	<p>expansion plan</p> <ul style="list-style-type: none"> - Project progress report 	<ul style="list-style-type: none"> - Political situation is stable in the region especially in the target sites. - Health workers who receive training continue their services in the target sites. - The amount of internal revenue allotment does not decrease. - Health facility enhancement program is implemented as planned. - CHD-CAR and LGUs (of non-target sites) have sufficient budget to expand the project to the entire region. - CHD-CAR and all LGU in CAR have sufficient number of staff to implement MNCHN program.

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Output 3. Hospitals, RHUs and BHSs become BEmONC capable, and RHUs and BHSs become MCP accredited by PhilHealth in the target sites. (Dolasan and VPP ILHZs in Abra, Apayao, and Benguet)</p> <ul style="list-style-type: none"> 3.1. Re-assess facility mapping result including equipment and training needs of identified target facilities. 3.2. Conduct training for BEmONC team of identified facilities in the target sites. 3.3. Conduct harmonized BEmONC training for midwife in the target sites. 3.4. Provide medical and non-medical equipment for the identified health facilities and establish an equipment maintenance system in the target sites in Abra and Apayao provinces. 3.5. 3.6. Assist the identified health facilities on PhilHealth accreditation and reimbursement process. <p>Output 4. Lessons learned and good practices of the project are disseminated nationwide as well as region wide.</p> <ul style="list-style-type: none"> 4.1. Conduct training on technical writing and project documentation for CHD-CAR and the target sites. 4.2. Develop and distribute project fact sheet / newsletter. 4.3. CHD-CAR develops and implements project expansion plan to the entire CAR including non-target-site provinces, municipalities and cities. 4.4. Disseminate the lessons learned and good practices of the project. 4.5. Conduct project national forum. 			
			<p>Preconditions</p> <ul style="list-style-type: none"> - Updated ILHZ MOA is signed in the target sites. - MOA between CHD-CAR and the provincial government is signed for the project implementation in the target sites.

Narrative Summary of Project	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>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</p>	<p>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 (<i>Villaviciosa, Peñarubia, Pilar</i>)</p>	<p>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</p>	<p>The target ILHZs prepare and approve their work and financial plan. The target provinces prepare Work and Financial Plan for MNCHN. The target provinces have Work and Financial Plan for Health Facility Enhancement Program.</p>

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

¹ 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).

² 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.

³ 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).

⁴ 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%]

⁵ Four (4) prenatal care visits consist of 1 visit each for the 1st and 2nd trimester and 2 visits in the 3rd trimester.

⁶ 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%]

⁷ Two post-partum care visits consist of 1 visit within 24 hours after delivery and another visit within 7 days after delivery.

⁸ 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%]

⁹ 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.

¹⁰ 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.

¹¹ BEmONC capable health facilities are defined by DOH-CAR with (1) available trained personnel on BEmONC, (2) available medicines and supplies, and (3) meet the infrastructure requirement. These facilities, specifically the RUIs and BHSs, are eligible to apply for Maternal Care Package (MCP) accreditation with PhilHealth.

¹² 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.

¹³ Legal documents include: executive order, municipal resolution, and ordinance as well as ILHZ resolution which each component municipality belongs to.

¹⁴ Denominator is the target number of poor households to be covered by the Sponsored Program which are set by PhilHealth.

¹⁵ MCH related reimbursement includes: 1) MCP reimbursement to accredited RHUs and BHSs; 2) Newborn Care Package (NCP) reimbursement to hospitals on normal spontaneous delivery, Caesarian Section and dilation and curettage.

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.

¹⁹ The number includes only health professionals funded by Japanese side.

²⁰ Implementation of the Project expansion plan to CAR will be monitored mainly by Annual Program Implementation Review of CHD-CAR.

3. 評価グリッド

付属資料③評価グリッド

実績の確認	評価設問		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、カウンタートパート本邦研修 フィリピン側：カウンタートパート配置、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 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、インタビュー、資機材の確認 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り
	アウトプットの産出状況の確認	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 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り ・フィリピン側関係者への聞き取り
		アウトプット3：プロジェクト対象サイトの病院と町保健所、村落保健支所 (バランカイヘルスステーション) が保健省 (DOH) 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、町保健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 プロジェクト作成資料作成資料 ・JICA 専門家への聞き取り ・カウンタートパートへの聞き取り ・フィリピン側関係者への聞き取り
		アウトプット4：プロジェクトの教訓と活動にかかる普及活動がコーディレイ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 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り ・フィリピン側関係者への聞き取り
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 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り
	プロジェクトのマネジメント体制	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 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り
		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 プロジェクト作成資料作成資料 ・専門家、カウンタートパートへの聞き取り

評価設問		判断基準・方法	情報源・調査方法
大項目	小項目		
	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	<ul style="list-style-type: none"> プロジェクト作成資料作成資料 専門家、カウンタートへの聞き取り
	JICA 専門家とカウンタ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	<ul style="list-style-type: none"> プロジェクト作成資料作成資料 専門家、カウンタートへの聞き取り
実施機関やカウンタートへの関わりやオナーシップ	カウンタートの配置状況	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料作成資料 専門家、カウンタートへの聞き取り
	実施機関やカウンタートのプロジェクトの活動への参加度合	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料作成資料 専門家、カウンタートへの聞き取り
	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	<ul style="list-style-type: none"> プロジェクト作成資料作成資料 専門家、カウンタートへの聞き取り
妥当性	政策との整合性	関連する資料を確認、新政権誕生後の政策の変化	<ul style="list-style-type: none"> フィリピンの国家開発政策・計画において保健分野はどのように位置づけられているか フィリピンの現在の保健分野の政策が掲げる目標・戦略と整合しているか
	ニーズとの整合性	保健分野について全国におけるローデイレラ地域の位置づけ	<ul style="list-style-type: none"> フィリピン国家保健政策 (KP) DOH の母子保健部門
有効性	日本の援助政策との整合性	関連する資料を確認	<ul style="list-style-type: none"> 対フィリピン国別援助計画 JICA 国別事業計画
	手際の適切さ	PDM のロジック、外部条件・リスクの評価の適切さ	<ul style="list-style-type: none"> 詳細計画策定調査報告書 専門家、カウンタートへの聞き取り
	プロジェクト目標「ローデイレラ地域において、母子保	選定基準及びその適用についての関係者の見解	<ul style="list-style-type: none"> 詳細計画策定調査報告書 専門家、カウンタート、医療機関関係者への聞き取り
	対象3州を対象とした指標（施設分娩率、産前健診受信率、産後健診受診率）はプロジェクト終了時点で目標値に達するか	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"> プロジェクト作成資料 情報源となるデータや報告書

評価設問		判断基準・方法	情報源・調査方法	
大項目	小項目			
効 率 性	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	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、妊産婦新生児死亡症例検討会（MNDP）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	プロジェクト作成資料 ・情報源となるデータや報告書	
	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 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 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	プロジェクト作成資料 ・専門家、カウンタートへの聞き取り プロジェクト作成資料 ・専門家、カウンタート、医療機関関係者への聞き取り	
	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	プロジェクト作成資料 ・専門家、カウンタートへの聞き取り	
	プロジェクト実施プロセスとコスト効率性	JICA 専門家の専門性・能力・派遣のタイミグは適切だったか カウンタートの配置数・職責・能力は適切だったか 投入された機材の種類・数量・タイミグは適切だったか 投入された機材は活用されているか 各種会議は効果的に実施されたか	プロジェクト作成資料 ・専門家、カウンタートへの聞き取り プロジェクト作成資料 ・専門家、カウンタートへの聞き取り 機材リスト ・専門家、カウンタートへの聞き取り 機材リスト ・専門家、カウンタートへの聞き取り プロジェクト作成資料（会議議事録） ・専門家、カウンタートへの聞き取り	
		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	関連する資料と関係者の見解を確認	
		関連する資料と関係者の見解を確認	関連する資料と関係者の見解を確認	
		関連する資料と関係者の見解を確認	関連する資料と関係者の見解を確認	
		現在のアウトプット指標の水準を確認	関連する資料と関係者の見解を確認	
		関連する資料と関係者の見解を確認	関連する資料と関係者の見解を確認	
		関連する資料と関係者の見解、現地視察	関連する資料と関係者の見解	

	評価設問		判断基準・方法	情報源・調査方法
	大項目	小項目		
インパクト	上位目標「コーデイレ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	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	<ul style="list-style-type: none"> プロジェクト作成資料（研修実施記録） 専門家、カウンタート、医療機関関係者への聞き取り
		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	<ul style="list-style-type: none"> 本邦研修の報告書 本邦研修参加者への聞き取り
		投入からアウトプットに至るまでに外部条件の正負の影響はあったか	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料 専門家、カウンタート、医療機関関係者への聞き取り
		活動及び成果達成の促進要因、阻害要因は何か	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料 専門家、カウンタート、医療機関関係者への聞き取り
波及効果	上位目標「コーデイレ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	<ul style="list-style-type: none"> プロジェクト作成資料 ファイリビンの保健統計データ
		対象3州以外への事業効果・インパクトの波及はあるか	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料 専門家、カウンタート、医療機関関係者への聞き取り
持続性	政策面・制度面	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	<ul style="list-style-type: none"> プロジェクト作成資料 専門家、カウンタート、医療機関関係者への聞き取り
		上位目標以外の正負のインパクトは生じた、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	<ul style="list-style-type: none"> プロジェクト作成資料 専門家、カウンタート、医療機関関係者への聞き取り
		保健医療施設強化プログラムはコーデイレラ地域のニーズを満たすように進められているか（中間レビュー時の指摘事項）	関連する資料と関係者の見解	<ul style="list-style-type: none"> 専門家、カウンタートへの聞き取り
		異なる認定制度（BEmONC、MCP、LJO）の整合性は改善されているか（中間レビュー時の指摘事項）	関連する資料と関係者の見解	<ul style="list-style-type: none"> 専門家、カウンタートへの聞き取り
		ファイリピン健康保険公社の制度は活動継続にどのような影響を与えているか（中間レビュー時の指摘事項）	関連する資料と関係者の見解	<ul style="list-style-type: none"> 専門家、カウンタートへの聞き取り
		BEmONC モニタリング継続のための制度化などの努力が行われているか	関連する資料と関係者の見解	<ul style="list-style-type: none"> 専門家、カウンタートへの聞き取り

評価設問		判断基準・方法	情報源・調査方法
大項目	小項目		
組織面・財政面	コーデレイラ地域の人材配置や組織構造は、プロジェクトの成果を持続するために十分か	以下を確認 ・DOH-CAR、PHOの組織図及び部門別の人員配置数・空席数、今後の見込み ・病院・保健所の人材配置状況 ・関係者の見解	・DOH-CAR、PHOの組織図及び部門別の人員配置数・空席数 ・保健人材配置の統計データ ・専門家、カウンタートパートナー、医療機関関係者への聞き取り
	各種活動を実施する予算が継続的に確保できるか	以下を確認 ・現在の活動実施へのDOHや自治体の予算割り当て状況 ・今後の活動実施へのDOHや自治体の予算割り当ての予定	・DOHや自治体の予算書 ・活動実施の支出に関連する文書 ・専門家、カウンタートパートナー、医療機関関係者への聞き取り
技術面	DOH-CARやPHOのカウンタートが、継続的に活動を改善することができるか	(1)DOH-CARやPHOのカウンタートパートナー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持っている、(3)活動の改善を提案する場がある等のことについて確認	・プロジェクト作成資料 ・専門家、カウンタートパートナーへの聞き取り
	プロジェクトにより導入された活動は、施設(病院、RHU、BHS)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)インセンティブ等の問題がないかを確認	・プロジェクト作成資料 ・専門家、カウンタートパートナーへの聞き取り
対象地域外へのプロジェクト活動の展開	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(カウンタートパートナーの人事異動により、仕組みが動かなくならないか)	(1)講師や指導的な役割を担うことができている人員、(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等の存在を確認	・プロジェクトの各種技術協力成果品 ・専門家、カウンタートパートナーへの聞き取り
	プロジェクト展開計画はプロジェクト終了後に具体的に作成され組織制度的、財政的な裏づけのもとで自立的に実施される見込みがあるか 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(居住地主義データの取得、その他)	関連する資料と関係者の見解 各種文書やツール、関係者の見解を確認	・プロジェクト作成資料 ・専門家、カウンタートパートナーへの聞き取り ・プロジェクトの各種技術協力成果品 ・専門家、カウンタートパートナーへの聞き取り

評価設問		判断基準・方法	情報源・調査方法
大項目	小項目		
	プロジェクトの結果が中央政府に認識され、コーディネート地域の活動継続及びそれ以外の地域での活動展開のために必要な措置がとられているか	関連する資料と関係者の見解	<ul style="list-style-type: none"> プロジェクト作成資料 JICA 専門家への聞き取り カウンタートパート (DOH) への聞き取り
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"> 専門家、カウンタートパート、医療関係者への聞き取り

4. 面談者一覽

付屬資料④面談者一覽

	面談日	氏名	肩書	所屬組織
1.	9/20/16	Gace Fe Pauquiran	Medical Officer IV	DOH
2.	9/20/16	Maria Joyce Ducusin	Medical Specialist IV and OIC	DOH
3.	9/20/16	Jocelyn T. Sosito	Senior HPO	DOH
4.	9/20/16	Zenaida Dy Recudoro	CHPO / DPCB	DOH
5.	9/20/16	Georgina Ramiro	CHPO / BIHC	DOH
6.	10/3/16	Amelita M. Pangilinan	Assistant Regional Director	DOH – CAR
7.	9/21/16	Janice Z. Bugtong	MO V / Chief, RLED	DOH – CAR
8.	9/21/16	Virginia Narciso	MO IV, ACHED Cluster	DOH – CAR
9.	9/21/16	Mary Jane Grace Muñoz	MO IV, WMHD Cluster	DOH – CAR
10.	9/26/16	Florence Tabur	DMO IV	DOH – CAR
11.	9/21/16	Valerie Baniwas	Stat. III	DOH – CAR
12.	9/21/16	Lilia Rose Say-awen	Planning Officer III	DOH – CAR
13.	9/21/16	Diana D. Palangchao	Planning Officer II	DOH – CAR
14.	9/21/16	Fude Takayoshi	JICA Expert (Chief Advisor/Training Supervision/IEC Public Relations)	JICA – SSC
15.	9/21/16	Roland Eric Macanas	JICA Expert (Maternal Child Health/Equipment Planning)	JICA – SSC
16.	9/21/16	Ayako Yoshimitsu	JICA Expert (Assistant Training Supervision)	JICA – SSC
17.	9/26/16	Nemesia Mejia	Field Consultant for Benguet	JICA – SSC
18.	9/28/16	Marcelyn M. Dulnuan-Bonhaon	Field Consultant for Apayao	JICA – SSC
19.	9/22/16	Manuela Munar	Field Consultant for Abra	JICA – SSC
20.	9/22/16	Antonio L. Valera	PHO I	Abra Province
21.	9/22/16	Rusaoro Vincent Seares	PHO I	Abra Province
22.	9/22/16	Mary June Algarre	Nutritionist & Dietitian II, MNCHN Coordinator	Abra Province
23.	9/22/16	Teresita D. Foman-EG	DMO V	DOH – Abra
24.	9/22/16	Agnes P. Casia	DMO IV	DOH – Abra
25.	9/22/16	Jane M. Cecilia	Mayor	LGU Peñarrubia
26.	9/22/16	Elsa D. Gonzalez	MHO	LGU Peñarrubia
27.	9/22/16	Yolanda P. Santiago	Sangunnian Bayan Member	LGU Peñarrubia
28.	9/22/16	Antonio C. Japson	PHN	LGU Peñarrubia
29.	9/22/16	Delfin Bumogas	Municipal Administrator	LGU Peñarrubia
30.	9/22/16	Marifcor B. Piedad	RHM	LGU Peñarrubia
31.	9/22/16	Leonora A. Sobrevilla	Chief Social Insurance Officer	PhilHealth - Abra
32.	9/22/16	Ernes B. Basa	Social Insurance Officer	PhilHealth - Abra
33.	9/23/16	Jaja Josefina S. Disono	Mayor	LGU Pilar
34.	9/23/16	Ethel B. Jaquias	UHC Implementer	LGU Pilar
35.	9/23/16	Christopher N. Palmas	Nurse	LGU Pilar
36.	9/23/16	Tryll B. Susa	Nurse	LGU Pilar
37.	9/23/16	Consuelo R. Castilla	Midwife	LGU Pilar
38.	9/23/16	Marvic B. Someta	Nurse I	LGU Pilar
39.	9/23/16	Pamela S. Balleras	Midwife II	LGU Pilar
40.	9/23/16	Loreta C. Doral	Midwife II	LGU Pilar
41.	9/23/16	Walter Y. Dan	Barangay Captain	Barangay Delit, Pilar
42.	9/23/16	Ruby Rose L. Oroasco	MHO	LGU Lagamilang
43.	9/23/16	Edgar Bernardino	MHO	LGU San Juan
44.	9/23/16	Adelmo B. Bragas	Municipal Administrator	LGU San Juan

45.	9/23/16	Elenifa B. Barbosa	Midwife III	LGU San Juan
46.	9/23/16	Reynante Claro	Nurse II	LGU San Juan
47.	9/23/16	Mary Jane Timbreza	RHM	LGU San Juan
48.	9/23/16	Jessica T. Pedona	RHM	LGU San Juan
49.	9/23/16	Ma Conchita Yahin	RSI	LGU San Juan
50.	9/23/16	Irena Nierves	CHT	LGU San Juan
51.	9/26/16	Rizalina N. Caymen	Midfiwe II	LGU Mankayan
52.	9/26/16	Aileen C. Bestan	Nurse Deployment Program	LGU Mankayan
53.	9/26/16	William B. Mendoza	Councilor	LGU Mankayan
54.	9/26/16	Julio Joey C. Culliao	Councilor	LGU Mankayan
55.	9/26/16	Materno Luspian	Mayor	LGU Mankayan
56.	9/26/16	Marjorie Ignacio	Nurse IV	Atoc District Hospital, Buenguet
57.	9/26/16	Prisilla B. Kibatay	Administration Officer IV	Atoc District Hospital, Buenguet
58.	9/28/16	Romulo B. Gaerlan	PHO II	Kalinga Province
59.	9/28/16	Rosario A. Alunday	Nurse IV	Kalinga Province
60.	9/28/16	Arnold P. Quindam	AD IV	Western Kalinga District Hospital
61.	9/28/16	Dolores D. Ande	Nurse IV	Western Kalinga District Hospital
62.	9/28/16	Regina D Munda Cruz	COH	Western Kalinga District Hospital
63.	9/28/16	Ester Roselle D. Calma	MHO	LGU Palbalan
64.	9/28/16	Rizal Leo Cala	MHO	LGU Pinukpuk
65.	9/29/16	Josephine M. Bangsil	Mayor	LGU Luna
66.	9/29/16	Jonah Grace Pinzon-Verzola	Municipal Health Officer	LGU Luna
67.	9/29/16	Ellarne B. Turingan	SBM	LGU Luna
68.	9/29/16	Marjorie A. Tugaoen	RHM	LGU Luna
69.	9/29/16	Joyce B. Alipay	PHMPP	LGU Luna
70.	9/29/16	Ma Lalaine P. Arellano	NDP	LGU Luna
71.	9/29/16	Rolly D. Udipa	PB	LGU Luna
72.	9/29/16	Edgar B. Pedronan	PB	LGU Luna
73.	9/29/16	Josephine Sungag	RHM	LGU Luna
74.	9/28/16	Janet M. Palaez	Chief social Insurance Officer	Philhealth - Benguet
75.	9/28/16	Annabelle B. Davis	Social Insurance Officer II	Philhealth - Benguet
76.	9/28/16	Marilyn B. Dizon	Social Insurance Officer I	Philhealth - Benguet
77.	9/29/16	Thelma Dangao	PHO	Apayao Province
78.	9/29/16	Cheryl V. Balts	MNCHN Coordinator	Apayao Province
79.	9/30/16	Bensmar Ligwang	Vice Mayor	LGU Kabugao
80.	9/30/16	James S. Amid	Administrator	LGU Kabugao
81.	9/30/16	Gregorio Ligwang	Councilor	LGU Kabugao
82.	9/30/16	P.J. B. Ukkong	MHO	LGU Kabugao
83.	9/30/16	Remedios L. Mangalan	RHM	LGU Kabugao
84.	9/30/16	Brenda D. Campo	RHM	LGU Kabugao
85.	9/30/16	Patrocinia A. Serut	RHM	LGU Kabugao
86.	9/30/16	Liberty T. Caulag	RHM	LGU Kabugao
87.	9/30/16	Loida Ayodioc	RHM	LGU Kabugao
88.	9/30/16	Divina S. Copaus	RHM	LGU Kabugao
89.	9/30/16	Nellie Bassan	RHM	LGU Kabugao
90.	9/30/16	Renalyn Taong	Med - Tech	LGU Kabugao
91.	9/30/16	Peter P. Manfalang Jr	Brgy. Captain	Brgy. Nagababalayan, Kabugao
92.	9/30/16	Frederick O. Balbal	CHT	Brgy. Nagababalayan, Kabugao
93.	9/30/16	Madian D. Uligan	CHT	Brgy. Nagababalayan, Kabugao

94.	9/30/16	Celsy M. Apilit	CHT/BNS	Brgy. Nagababalayan, Kabugao
95.	9/30/16	Catherine T. Balbal	CHT	Brgy. Nagababalayan, Kabugao
96.	9/30/16	Betty Pudoc	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
97.	9/30/16	Dimple E. Abuag	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
98.	9/30/16	Lea Marie Batoon	Woman who gave birth in the facility	Brgy. Nagababalayan, Kabugao
99.	9/30/16	Nicholas B. Arroyo	Municipality Administrator	LGU Conner
100.	9/30/16	John B. Angagan	S. B. Member	LGU Conner
101.	9/30/16	Rito T. Soriano	S. B. Member	LGU Conner
102.	9/30/16	John F. Fao-Anan	S. B. Member	LGU Conner
103.	9/30/16	Teresita B. Pasiwen	MHU	LGU Conner
104.	9/30/16	Roselia E. Bangon	Midwife	LGU Conner
105.	9/30/16	Mario D. Dognavoh	CHT/ Barangay Captain	Brgy. Buluan, Conner
106.	9/30/16	Maribel L. Tawagon	Community Health Team	Brgy. Buluan, Conner

5. 投入リスト

付属資料⑤投入リスト

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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)	4年次 (実績)	5年次 (計画)
1	戸辺 誠	総括/保健システム(1)	2012年2月 ～2015年3月	10.56	8.70	8.87		
2	高吉 筆	総括(4-5年次) 副総括(1-3年次) / 研修監理 / IEC・広報	2012年2月 ～現在	8.40	6.16	8.53	8.47	9.70
3	ローランド・エリック・マカナス	母子保健	2012年2月 ～現在	7.50	9.90	9.00	9.13	5.00
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	1.00				
6	佐野 太悟	母子保健(2) / モニタリング	2015年5月 ～12月				2.37	
7	山口 沙樹子	研修管理	2015年6月 ～現在				1.50	1.50
8	吉満 彩子	研修管理補助	2015年11月 ～現在				3.43	5.10
			合計	30.00	24.76	26.40	24.90	21.60

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	Sep, 2012
2	Cheryl V. Reyes	Provincial MNCHN Coordinator	Provincial Health Office, Apayao	妊産婦の健康改善 (MDG5)	Feb – Mar, 2013
3	Cristeta Turqueza	Provincial MNCHN Coordinator	Provincial Health Office, Abra	母子保健福祉行政	Jan – Feb, 2013
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	Feb – Mar, 2013
5	Alex Bayubay	Municipal Health Officer	Municipality of San Juan, Abra	妊産婦の健康改善 (MDG5)	Oct, 2013
6	Emily Quines	Nurse IV/ILHZ	DOH-CARO	へき地での保健医療体制の向上	Jan – Feb, 2014
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	Feb – Mar, 2014
8	Teofanes Gañae	Municipal Health Officer	Municipality of Flora, Apayao	母子保健のための保健医療体制の強化 (Strengthening of Health System for Maternal and Child Health)	Nov – Dec, 2014
9	Antonette P Agpas	Medical Specialist I	Municipality of Benguet	母子保健のための保健医療体制の強化	Nov – Dec, 2014
10	Ruby Rose Orosco	Municipal Health Officer	Municipality of Lagangilan, Abra	母子保健のための保健医療体制の強化	July – Sep, 2015
11	Jason Ryan Celeste	Secretariat of ILHZ	ILHZ-DOLASAN, Abra	リプロダクティブ・ヘルスのための行政とコミュニティーの連携強化 (Reinforcement of Public Administration and Community Partnership for Reproductive Health)	June – July, 2015
12	Rosario Alunday	Provincial MNCHN Coordinator	Municipal Health Office, Kalinga	妊産婦の健康改善 (MDG5)	Sep – Oct, 2015
13	Amelia Abulencia	Municipal Health Officer	Municipality of Pudtol, Apayao	保健人材育成-地方村落における地域保健	Jan, 2016
14	Amelita Pangilinan	Regional Director	DOH-CAR	医療保健政策開発—日本の歴史・成果と課題 (Health Policy Development – An introduction to Japan’s history, achievements and challenges)	Jan, 2016
15	Mary Josephine Dulawan	Provincial Health Officer II	Provincial Health Office, Ifgao	妊産婦の健康改善	May – June, 2016

16	Nenita Lizardo	Provincial Health Officer II	Provincial Health Office, Mountain Province	妊産婦の健康改善	May – June, 2016
17	PJ B. Ukkong	Municipal Health Officer	Municipality of Kabugao	公衆衛生活動を通じた母子保健の強化 (Strengthening Maternal and Child Health through Public Health Activities)	Oct – Dec, 2016 (予定)

ローカルコスト

	費目	金額(日本円)					合計
		1年次	2年次	3年次	4年次	5年次(計画)	
1	現地傭人費	8,276,744	6,939,635	9,702,800	11,198,000	9,368,000	45,485,179
2	研修/会議等運営費	7,320,701	11,516,439	7,211,000	5,596,000	5,036,511	36,680,651
3	研修教材/報告書作成費	1,829,741	2,048,732	1,310,000	370,000	1,206,972	6,765,445
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	3,889,600	9,934,000	6,982,206	31,655,601
	合計	22516106	26,265,681	22,113,400	27,098,000	22,593,689	120,586,876

<フィリピン側>

カウンターパート配置

	氏名	所属	肩書き (プロジェクトでの役割)	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	Dr. Madeleine De Rosas-Valera	Sector Finance and Policy Technical Cluster, DOH Manila	Undersecretary of Health (Project Director)	正規	Feb-2010	Sep-2013
2	Dr. Lilibeth C. David	Office for Health Policy and System	Undersecretary of Health (Project Director)	正規	Oct-2013	Present
3	Dr. Gerardo V. Bayugo	Office of Health Operations	Assistant Secretary of Health (Representative of the Project)	正規	Feb-2012	Present
4	Dr. Paulyn Jean B. Rosell-Ubial	Office for Health Regulations	Assistant Secretary of Health (Representative of the Project)	正規	Mar-2016	Present
5	Ms. Maylene M. Beltran	Bureau of International Health Cooperation (BIHC), DOH Manila	Director IV (Project Manager)	正規	Feb-2012	Present
6	Dr. JP Perez	Bureau of Local Health Development (BLHD), DOH Manila	Director IV (Technical Coordinator for Local Health System)	正規	Feb-2012	Jul-2013
7	Dr. Nestor F. Santiago	BLHD, DOH Manila	Director IV (Technical Coordinator for Local Health System)	正規	Aug-2013	Mar-2015
8	Dr. Enrique Tayag	BLHD, DOH Manila	Director IV (Technical Coordinator for Local Health System)	正規	Apr-2015	Present
9	Dr. Irma L. Asuncion	National Center for Disease Prevention and Control (NCDPC), DOH Manila	Director IV (Technical Coordinator for MCH)	正規	Feb-2012	Dec-2014
10	Dr. Mario Baguilod	Disease Prevention and Control Bureau	OIC-Director IV (Technical Coordinator for MCH)	正規	Jan.-2015	Present

11	Dr. Honorata Catibog	Family Health Office (FHO), DOH Manila	Director III (Technical Coordinator for MCH)	正規	Feb-2012	Sep-2013
12	Dr. Maria Joyce U. Ducusin	FHO, DOH Manila	OIC-Director III (Technical Coordinator for MCH)	正規	Oct-2013	Oct-2015
13	Dr. John Ferchito L. Avelino	FHO, DOH Manila	OIC-Director III (Technical Coordinator for MCH)	正規	Nov. 2015	Feb 2016
14	Dr. Junice L. Demetrio-Melgar	FHO, DOH Manila	Director IV (Technical Coordinator for MCH)	正規	Mar. 2016	Present
15	Dr. Mar Wynn Bello	Bureau of International Health Cooperation (BIHC), DOH Manila	Division Chief	正規	Feb-2012	Sep-2013
		Health Promo, Manila	OIC-Director IV		Jan-2014	Dec. 2015
				正規	Jan. 2016	Present
16	Dr. Soledad Antonio	BIHC, DOH Manila	Division Chief	正規	Oct-2013	Dec-2013
17	Dr. Grace Buquiran	BIHC, DOH Manila	Monitoring Cluster Chief	正規	Oct. 2015	Present
18	Mr. Jimmy Recilla	BIHC, DOH Manila	SPDO	正規	Feb-2012	Sep-2013
19	Ms. Jocelyn Sosito	BIHC, DOH Manila	SPDO	正規	Oct-2013	Present
20	Dr. Myrna Cabotaje	Cordillera Administrative Regional Office-DOH (CARO-DOH)	Director IV (Project Coordinator)	正規	Feb-2012	Mar-2012
21	Dr. Judith Allaga	DOH-CAR	Director IV (Project Coordinator)	正規	Mar-2012	Aug-2012
22	Dr. Valeriano Jesus V. Lopez	DOH-CAR	Director IV (Project Coordinator)	正規	Sep-2012	Mar-2015
23	Dr. Lakshmi I. Legaspi	DOH-CAR	Director IV (Project Coordinator)	正規	Jan. 2016	Present
24	Dr. Amelita M. Pangilinan	DOH-CAR	Chief, Local Health Support Div.	正規	Feb-2012	Aug. 2012
			Director III		Sep-2012	Mar-2015
			OIC-Director IV		Apr-2015	Dec. 2015
			Director III		Jan.2016	Present
25	Dr. Nicolas Gordo	DOH-CAR	Chief, Local Health Support Div.	正規	Feb-2012	Oct-2013
26	Dr. Maria Luisa Paran	DOH-CAR	Chief, Local Health Support Div.	正規	Nov-2013	Present
27	Dr. Virginia Narciso	DOH-CAR	Family Health Cluster Chief	正規	Feb-2012	Dec. 2013
			Child Health Development Cluster		Jun-2014	Present
28	Zenaida Patal-e	DOH-CAR	Reg'l MNCHN Coordinator	正規	Feb-2012	Oct-2013
29	Dr. Mary Jane Munoz	DOH-CAR	Reg'l MNCHN Coordinator	正規	Jan-2014	Present
			Women's Health Development Cluster		Jun-2014	Present
30	Rey Segandoy	DOH-CAR	MNCHN Staff	契約	Feb-2012	Dec-2012
31	Joyce Pojas	DOH-CAR	MNCHN Staff	契約	Jan-2013	Nov-2013
32	Mark Duran	DOH-CAR	MNCHN Staff	契約	Dec-2013	Apr-2014
33	Melanie June Caleno	DOH-CAR	MNCHN Staff	契約	Apr-2014	Present
			Reg'l MNCHN Coordinator		正規	Jun-2014
34	Francisca Liclic	DOH-CAR	Planning Officer II	正規	Feb-2012	May 2014
35	Lilia Rose Say-awen	DOH-CAR	Planning Officer III	正規	Jun-2014	Present
36	Diana Palangchao	DOH-CAR	Planning Officer II	正規	Jun-2014	Present
37	Emily Quines	DOH-CAR	Nurse IV (ILHZ)	正規	Feb-2012	Present
38	Dr. Erwin Baclig	DOH-CAR	LRED Chief	正規	Feb-2012	Present
39	Clark Dizon	DOH-CAR	Licensing Officer	正規	Feb-2012	Jun 2014
40	Dr. Eduardo Calpito	DOH-CAR	Licensing Officer	正規	Jun 2014	Present
41	Dr. Clarita Marquez	National Commission of Indigenous Peoples (NCIP) Regional Office	Medical Officer	正規	Feb-2012	May 2014
		DOH-CAR	Licensing Officer	正規	Jun 2014	Present

42	Dr. Janice Bugtong	DOH-CAR	Admin Chief	正規	Feb-2012	Present
43	Ms. Valerie Baniwas	DOH-CAR	Statistician III (FHSIS Coordinator)	正規	Jun-2014	Present
44	Atty. Jerry Ibay	PhilHealth CAR	Regional Vice President	正規	Feb-2012	Dec. 2014
45	Dr. Elizabeth Fernandez	PhilHealth CAR	Regional Vice President	正規	Jan. 2015	Present
46	Dr. Dominga A. Gadgad	PhilHealth CAR	Division Chief	正規	Feb. 2012	Present
47	Dr. Glenn Lamsis	PhilHealth CAR	Accreditation Section Chief	正規	Feb. 2012	Present
48	Mr. Noland Sabling	PhilHealth CAR	Planning Officer	正規	Feb. 2012	Present
49	Ms. Janet M. Pelaez	PhilHealth CAR	Chief Health Insurance Officer - Benguet	正規	Feb. 2012	Present
50	Ms. Leonora A. Sobrevilla	PhilHealth CAR	Chief Health Insurance Officer - Abra	正規	Feb. 2012	Present
51	Mr. Nestor Goyagoy	PhilHealth CAR	Social Insurance Officer II - Apayao	正規	Feb. 2012	Present
52	Mr. Reynald B. Bimuyag	PhilHealth CAR	Chief Health Insurance Officer - Ifugao	正規	May-2014	Present
53	Mr. Rommel A. Aranca	PhilHealth CAR	Chief Health Insurance Officer - Kalinga	正規	May-2014	Present
54	Mr. Jose P. Safawil	PhilHealth CAR	Chief Health Insurance Officer - Mountain Province	正規	May-2014	Present
55	Mr. Gregorio P. Ariz III	NEDA CAR	Chief Monitoring and Evaluation	正規	Feb. 2012	Present
56	Ms. Jocelyn Rojo	DILG CAR	LGOO V	正規	Feb. 2012	Present
57	Dr. Mary Josephine Dulawan	Ifugao Provincial Health Office	Provincial Health Officer II	正規	May-2014	Present
58	Dr. Pricilla Pagada	Ifugao Provincial Health Office	Technical Chief	正規	Jun-2014	Present
59	Ms. Yvonne Indunan	Ifugao Provincial Health Office	Provinciai MNCHN Coordinator	正規	Jul-2014	Present
60	Dr. Romulo Gaerlan	Kalinga Provincial Health Office	Provincial Health Officer II	正規	May-2014	Present
61	Ms. Rosario Alunday	Kalinga Provincial Health Office	Provinciai MNCHN Coordinator	正規	Jul-2014	Present
62	Dr. Nenita Lizardo	Mountain Province-Provincial Health Office	Provincial Health Officer II	正規	May-2014	Present
63	Ms. Mary Lee Piluden	Mountain Province-Provincial Health Office	Provinciai MNCHN Coordinator	正規	Jul-2014	Present
64	Dr. Mercedes Calpito	Provincial DOH Office-Benguet	Prov. DOH Officer (areas: Bokod, Kabayan, Tublay, La Trinidad) (Provincial Project Coordinator)	正規	Feb-2012	Present
65	Dr. Florence Tabur	Provincial DOH Office-Benguet	Prov. DOH-Rep (Areas: Atok, Kibungan, Itogon, Sablan)	正規	Feb-2012	Present
66	Jocelyn Bestre	Provincial DOH Office-Benguet	Prov. DOH-REP (Areas: Bakun, Buguias, Mankayan, Kibungan)	正規	Feb-2012	Present
67	Tony Baigen	Provincial DOH Office-Benguet	Prov. DOHREP (Area: Tuba)	正規	Feb-2012	Jun 2014
68	Dr. Godofredo L. Gasa	Provincial DOH Office, Abra	Prov. Provincial DOH Officer (Provincial Coordinator)	正規	Feb-2012	Present
69	Marlene A. Rosete	Provincial DOH Office, Abra	Prov. DOH-Rep (San Juan)	正規	Feb-2012	Present
70	Agnes P. Casia	Provincial DOH Office, Abra	Prov. DOH-Rep (Pilar, Penarrubia, Villaviciosa)	正規	Feb-2012	Present
71	Victoria A. Palos	Provincial DOH Office, Abra	Prov. DOH-Rep (Dolores, Lagangilang)	正規	Feb-2012	May 2014
		DOH-CAR	Senior Health Program Officer (ILHZ)	正規	Jun-2014	Present

72	Dr. Alex Bayubay	San Juan Municipal Health Office (Abra)	Municipal Health Officer	正規	Feb. 2012	Jun 2014
		Provincial DOH Office - Abra	Development Management Officer IV	正規	Jun-2014	Present
73	Dr. Ruby Rose Orosco	Lagangilang Municipal Health Office (Abra)	Municipal Health Office	正規	Feb-2012	Present
74	Mr. Jason Ryan Celeste	DOLASAN ILHZ (Abra)	ILHZ Secretariat	正規	Feb-2012	Present
75	Dr. Andrew D. Martin	Provincial DOH Office, Apayao	Prov. DOH Officer (Provincial Project Coordinator)	正規	Feb-2012	Present
76	Dr. Estella A. Nicolas	Provincial DOH Office, Apayao	Prov. DOH Representative	正規	Feb-2012	Present
77	Ms. Charlyn B. Tagabing	Provincial DOH Office, Apayao	Prov. DOH Representative	正規	Feb-2012	May 2014
		DOH-CAR	Senior Health Program Officer	正規	Jun-2014	Present
78	Dr. Esteban Piok	Provincial Health Office, Benguet	Provincial Health Officer II	正規	Feb-2012	Mar-2013
79	Dr. Norma Pacalso	Provincial Health Office, Benguet	Provincial Health Officer II	正規	Feb-2012	Mar-2014
80	Dr. Nora Ruiz	Provincial Health Office, Benguet	Provincial Health Officer I	正規	Apr-2014	Present
81	Dr. Antonette Agpas	Provincial Health Office, Benguet	Prov. MNCHN Coordinator	正規	Mar-2013	Present
82	Dr. Imelda Ulep	Provincial Health Office, Benguet	Provincial FHSIS Coordinator	正規	Feb-2012	Present
83	Rosanna Tabangcura	Provincial Health Office, Benguet	Provincial MCH Coordinator	正規	Feb-2012	Present
84	Dr. Leona G. Berona	Provincial Health Office, Abra	Provincial Health Officer II	正規	Oct-2013	Present
85	Cristeta Turqueza	Provincial Health Office, Abra	Provincial MNCHN Coordinator	正規	Feb-2012	December 2014
86	Marijune Algarne	Provincial Health Office, Abra	Provincial FHSIS Coordinator	正規	Feb-2012	Present
87	Dr. Thelma Dangao	Provincial Health Office, Apayao	Provincial Health Officer II	正規	Feb-2012	Present
88	Ms. Cheryl V. Reyes	Provincial Health Office, Apayao	Provincial MNCHN Coordinator	正規	Feb-2012	Present
89	Dr. Amelia Abulencia	Pudtol Municipal Health Office (Apayao)	Municipal Health Office	正規	Feb-2012	Present

ローカルコスト

Category	Amount (PhP)				Total of Year 1 - 4
	Year 1	Year 2	Year 3	Year 4	
ILHZ	2,093,539	2,720,963	3,576,000	3,576,000	11,966,502
PhilHealth enrolment sponsoring	14,509,380	102,864,933	117,564,000	107,144,400	342,082,713
MNCHN implementation	244,530	14,458,476	3,517,276	1,238,000	19,458,282
BEmONC capable facilities	39,734,427	394,253,156	19,670,100	4,631,500	458,289,183
MCP Accreditation	110,400	42,000	58,500	248,100	459,000
Documentation	114,000	19,100			133,100
Impl. of Project Expansion Plan			41,354,333	12,692,367	54,046,700
Meetings for project monitoring	0	283,500	358,500	370,500	1,012,500
Total	56,651,276	488,009,388	185,740,209	129,530,367	859,931,240

