PHILIPPINE

HEALTH DEVELOPMEN PROJECT

LN. 3099-PH
PH-PA-4569

ALTHEA HILL

Book II

EA1HR

A L L - I N - 1 N O T E

DATE: 05-Dec-1995 04:16am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: faxes -- message for richard

Dear Althea,

PCU received the letter on the multimedia project that you faxed last week and requested me to transmit the attached response.

Regards,

Dodong

---

5 December 1995

Mr. SVEN BURMESTER
Chief, Human Resources Operations Division
Country Department 1
East Asia and Pacific Region
World Bank
Washington, D.C.

Attention: Ms. Althea Hill

Dear Mr. Burmester:

In response to your letter of November 30, 1995 we wish to inform you that following consultations with our Office of Legal Affairs, we have decided to delete the requirement for performance security under the Multimedia Center Project contract, and therefore assume that you no longer have any objection to the said contract.

Considering the above and to facilitate the processing of the contract, we will now request Mr. Joseph Flaherty, EDC Vice-President who is presently in Manila, to sign the contract.

Very truly yours,

ANTONIO N. ACOSTA, M.D.,M.P.H.
Project Coordinating Unit and
Officer-in-Charge, PHDP/CSP

CC: NIRA SINGH (NIRA SINGH@A1@DELHI)
CC: Gbangi Kimboko (GBANGI KIMBOKO@A1@WBHQB)

CC: ROSENDO CAPUL (ROSENDO CAPUL@A1@MANILA)

ALL-IN-1 NOTE

DATE: 05-Dec-1995 03:47am

TO: DESIREE JESSIMY (DESIREE JESSIMY@A1@WBHQB)

FROM: LOIDA FAUSTINO, EA1PL (LOIDA FAUSTINO@A1@MANILA)

EXTENSION:

SUBJECT: **Fax for Dr. Manuel M. Dayrit (CSP/PHDP Coordinator).**

Desiree,

Warm greetings from Manila! Please inform Mr. Burmester that we have already forwarded his fax of 30 November to Dr. Manuel Dayrit re: Phils.: Health Development Project (Ln. No. 3099-PH) draft consultancy contract agreement for multimedia center project, today December 5. Dr. Dayrit's fax no. is (632) 741-7048.

Thanks and Merry Christmas.

Loida

VIA RESIDENT MISSION RESEND 12/4/95

AH

THE WORLD BANK GROUP
Headquarters: Washington, D.C. 20433 U.S.A.
Tel. No. (202) 477-1234 • Fax (202) 477-6391 • Telex No. RCA 248423

FACSIMILE COVER SHEET AND MESSAGE

DATE: November 30, 1995 NO. OF PAGES: 1 (including cover sheet) MESSAGE NO.:

TO:	Dr. Manuel M. Dayrit	DESTINATION FAX NO.:	(63-2) 711-9573
Title:	Assistant Secretary of Health and CSP/PHDP Coordinator		
Organization:	Department of Health		
City/Country:	Sta. Cruz, Manila, Philippines		
FROM:	Sven Burmester	DIVISIONAL FAX NO.:	(202) 477-1792
Title:	Chief	Dept./Div. No.:	254/50
Dept/Div:	Human Resources Operations Division		
Room No.:	E - 8 047	Telephone:	(202) 458-0509

SUBJECT: **PHILIPPINES: Health Development Project (Loan 3099-PH)**
Draft Consultancy Contract Agreement for Multimedia Center Project

MESSAGE:

Dear Dr. Dayrit:

We acknowledge receipt of your letter dated November 22, 1995 enclosing the revised contract for the above consultancy services. We have reviewed the same and have the following comments:

1. We have no objection to your proposal of prime consultant/sub-consultant relationship between EDC and SEAMEO INNOTECH. EDC will be fully liable for the performance of the contract.

2. Regarding the contract, we find that it generally follows the Bank's Standard Contract for time-based consultancy assignment. However, we note that you have included a requirement for performance security. Generally, performance guarantees are not used in consultancy contracts. If performance guarantees are required: (a) the cost of such guarantees should be included as an item in the total cost of the Consultant's Contract; and (b) the guarantees should not be of the unilateral "on call" variety, and access to them should be subject to adjudication or arbitration. In our view, this requirement should be deleted; if this is done, we have no objection to the contract as presented. If you insist on the performance security, we would like to review the format and contents and our 'no objection' to the contract will follow after this review.

Please let us know as to how you wish to proceed.

Sincerely,

Sven Burmester
Chief, Human Resources Operations Division
Country Department 1
East Asia & Pacific Region

Transmission authorized by: Sven Burmester, Chief (EA1HR)

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

Cleared with and cc: Mr. Fritzger (ASTTP), Ms. Hill (EA1HR)

cc: Asia Information Center

RGopalkrishnan:rh
L3099FAX.602
Log 602/Disk C

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

22 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Operations Division
The World Bank
Washington, D.C.

Philippines Health Dev't
LN 3099-PH

ATTENTION: MS. ALTHEA HILL
Senior Population Specialist
Fax No. 001-202-477-1792

Dear Mr. Burmester:

We are submitting the revised contract on Multimedia Center Project based on the Bank's Standard Contract Form consisting of :

a.	Main Contract	-	33 pages
b.	Appendix 1	-	16 pages
c.	Annex A	-	1 page
d.	Annex B	-	2 page
e.	Annex C	-	2 page

We have revised the contract so that it is now based on prime contractor-subcontractor relationship between EDC and some local firm such as SEAMEO INNOTECH. We have earlier communicated this intention in our 13 November 1995. We are seeking the Bank's concurrence on this proposed particular contractual relationship and approval of the revised contract.

We are hoping for your favorable reply and we would appreciate it very much if we could receive your approval within November.

Sincerely yours,

MANUEL M. DAYRIT MD, MSc
Assistant Secretary of Health
CSP/PHDP Coordinator

A L L - I N - 1 N O T E

DATE: 22-Nov-1995 10:41am

TO: Mohammad Farhandi (MOHAMMAD FARHANDI)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: comment on Ohene's EM

I'm TM for the Philippines Health Development Project. Re its extension, we already agreed informally but in writing, in principle, to such an extension (Aug 21, 1995 letter from Shiva to the Secretary of Health, cleared with Legal, cc to Tom Allen and written after consultation with the Department). They needed some kind of informal assurance before committing themselves to an impending US$ 2 million contract for 2 years' duration which they couldn't afford to finance themselves if they didn't get an extension. And they couldn't make a formal request till end-1995 because the project is sorting out a previous problem with overclaiming in SOEs and hasn't yet final figures to give a full precise current balance sheet for the project.

Given our existing semi-commitment to an extension, I'd be very unhappy if we were to tell them this is still open to any serious question, as seems implied in Ohene's EM para. 4 (a). Can we be careful to clarify in any dialogue with Govt on extensions in general that the position with respect to PHDP is unaffected?

thanks

Althea

CC: Sven Burmester (SVEN BURMESTER)

THE WORLD BANK

EA1DR ROUTING SLIP	DATE: November 21, 1995

NAME	ROOM. NO.
Sanjay Dhar	
Vinay Bhargava	
Sven Burmester (Francoise Delanoy)	
Pamela Cox	
Jeffrey Gutman	
J. Shivakumar	
Walter Schwermer	
cc: Callisto Madavo	

X	**U R G E N T**		PER YOUR REQUEST
	FOR COMMENT		PER OUR CONVERSATION
	FOR ACTION		NOTE AND FILE
	FOR APPROVAL/CLEARANCE		FOR INFORMATION
	FOR SIGNATURE		PREPARE REPLY
	NOTE AND CIRCULATE		NOTE AND RETURN

RE: Phl: NEDA ODA Portfolio Review

REMARKS:

You have seen Ohene's EM yesterday (copied to you), and attached is the copy of the fax he was referring to (NEDA's Review of the Portfolio). Please let me have your comments and those of the key Task Managers involved so that we can respond to Ohene by c.o.b. tomorrow.

FROM:	ROOM NO.:	EXTENSION:
Mohammad Farhandi	D8-051	80478

RE TIMING SPRING'S SANITATION MUST BE KEPT

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 20, 1995 09:39am

TO: MOHAMMAD FARHANDI (MOHAMMAD FARHANDI@A1@
TO: SANJAY DHAR (SANJAY DHAR@A1@WBHQB

FROM: OHENE NYANIN, EA1PL (OHENE NYANIN@A1@MANIL

EXT.:

SUBJECT: Philippines: COUNTRY PORTFOLIO REVIEW EXERCISE

Mohammad/Sanjay,

1. We have started our Fall Country Portfolio Review Exercise (CPRE) with an initial meeting last Wednesday (11/15) with NEDA, who had just completed their Fourth Annual ODA Portfolio Review. We have sent you, under separate cover (by fax), a copy of NEDA's review findings which set the initial agenda for our discussions on the portfolio performance with them. Representatives from other oversight agencies [DOF, DBM and CCPAP] also attended the meeting.

2. While NEDA asked for the Bank's reaction to their findings to facilitate their finalization of their report to the NEDA Board (Chaired by the President), we requested that they give us time to check our files and consult with colleagues at HQ, especially task managers with affected projects, before presenting them with the Bank's comments; and agreed to November 28 for the follow on meeting. We reminded them that, while we recognize NEDA's own reporting needs, this meeting is: (i) actually the beginning of our iterative portfolio review exercise which usually culminates in specific GOP actions taken on, and identification of further actions required to address, identified issues/problems by the following Spring (for the Programming Mission portfolio discussions); and (ii) intended to review the progress made on the implementation issues raised during the last Programming Discussions, and to identify new areas which would require further actions.

3. We informed NEDA and the other oversight agencies that, as suggested by Mr. Wolfensohn during the Annual Meetings and agreed by Sec. de Ocampo, we will do an in-depth review, next Spring, to "sanitize" the portfolio. We see the current CPRE as a prelude to, and an integral part of the, Spring "Sanitation" exercise.

4. The major issues which surfaced during the meeting included: loan closing date extensions, imminent 1996 budget shortfall, and an apparent "headroom" or borrowing ceiling problem.

a) On the Bank's views on the proposed loan closing date extensions for four projects (Rural Electrification, Municipal Dev. II, Second Elem. Education, Health Development -- para. 25 of the NEDA report), we indicated that the Bank does not normally give blanket approval for extension requests, that extensions are normally dealt

9 agree

with in the year the project is scheduled to close, and that, perhaps, it may be prudent to wait for a final Bank view after the Spring '96 Sanitization exercise. [Please note that NEDA agreed to drop the extension request for the Angat Water project, after hearing our position that the Bank does not grant extensions just to allow use of loan savings, particularly if the items to be procured are not in the project description. As a result, NEDA's recommendation in para. 25 was revised during the meeting down to the four projects mentioned above, instead of the five. Following the meeting, we also saw a letter from Shiva to Dr. Lazaro denying the extension request for the same reason.]

b) With regard to the 1996 budget, while noting that the Senate deliberations and the usual bicameral reconciliation of the budget are yet to be completed, we were shocked to see, at first brush, that the problem (funding) that we thought was largely behind us is lingering. NEDA reiterated that the problem might not be as severe as it appears, since some of the affected projects do have untilized (capital budget) funds from the '95 budget and the others could be lined up against the Foreign Assisted Projects (FAPs) Lump sum Fund for additional funding. DBM suggested that the latter might not be that easy, as they already have Pesos 3.8 billion worth of projects lined up against the allocated Pesos 1.0 billion FAPs Lump sum Fund.

c) GOP has, apparently, exceeded its legal borrowing limit. We picked this up in an earlier meeting with NEDA's ADG Tito Santos, during Mr. Sven Burmester's visit. This has, reportedly, already affected the effectiveness of some of OECF's loans . The problem could be resolved either by: (i) passage of legislation to increase the borrowing ceiling; or (ii) payments of debt to bring down the outstanding balance, to create "headroom." This was reconfirmed during our discussions and the DOF representative indicated that, in fact, it is a problem which the Finance Secretary is working on.

5. With a CG meeting on the horizon, the headroom problem and the funding issue (should that prove to be real), could lead to a discordant tone in Tokyo. To check this before the CG meeting, among other reasons, we suggested, and NEDA/other oversight agencies agreed to, a meeting with GOP/ADB/OECF/World Bank on November 29 (after need's review with all donors) to discuss any systemic/generic issues emanating out of the NEDA review and discussions with the various donors.

6. While we are reviewing current supervision reports and doing some cross-checking with relevant implementing agencies, we would appreciate it if you could please distribute the faxed NEDA findings/report to the Philippine Country Team and relevant Task Managers and solicit their comments/reactions, to reach us no later than November 24, on the issues that you/they may wish for us to take up during our November 28 meeting with NEDA and the other oversight agencies.

Best regards,

Ohene

CC:	VINAY K. BHARGAVA	(VINAY K. BHARGAVA@A1@
CC:	SVEN BURMESTER	(SVEN BURMESTER@A1@WBH
CC:	PAMELA COX	(PAMELA COX@A1@WBHQB)
CC:	JEFFREY GUTMAN	(JEFFREY GUTMAN@A1@WBH
CC:	J. SHIVAKUMAR	(J. SHIVAKUMAR@A1@WBHQ
CC:	WALTER SCHWERMER	(WALTER SCHWERMER@A1@W
CC:	MARIBEL BELIZARIO	(MARIBEL BELIZARIO@A1@
CC:	CECILIA VALES	(CECILIA VALES@A1@MANI
CC:	LANI AZARCON	(LANI AZARCON@A1@MANIL
CC:	RM PHILIPPINES	(RM PHILIPPINES@A1@MAN

THE WORLD BANK GROUP

RESIDENT MISSION PHILIPPINES: World Bank, Central Bank of the Philippines
Multi-Storey Building, Room 200 Roxas Boulevard, Manila, Philippines
Tel. No. (63-2) 521-2726/7 • Fax No. (63-2) 521-1317 • Telex No. 27337 WBANK PH

FACSIMILE COVER SHEET AND MESSAGE

DATE: November 20, 1995 **NO. OF PAGES:** {#} 8 (including cover sheet) **MESSAGE NO.:** {#} 2802-1

TO: Mr. Mohammad Farhandi
Title: EA1IN
Organization: Room No. D-8051

DESTINATION FAX NO.: (202) 477-8094

Please copy Sanjay Dhar, EA1CO, Room No. D8-009

FROM: Ohene O. Nyanin
Title: EA1PL

DIVISIONAL FAX NO.: (632) 521-1317
Dept./Div. No.: {Div-#}

SUBJECT: **Phi: NEDA ODA Portfolio Review**

MESSAGE:

Mohammad/Sanjay,

Please find, attached the NEDA ODA Portfolio Review document mentioned in my EM of today.

Best regards,

Ohene

Transmission authorized by: authorization

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no listed above.

AB

2802-2

For Discussion
(15 November 1995)

OUTCOME OF THE FOURTH ANNUAL ODA PORTFOLIO REVIEW WORLD BANK

A. *BACKGROUND*

1. The current World Bank (WB) portfolio in the Philippines involves 33 active[1] loans consisting of 31 project loans and two program loans, with a total net commitment (original amount less cancellations) of $3.1 billion. Project loans account for $2.7 billion (88 percent), while $0.4 billion (12 percent) is for program loans.

2. WB's assistance ranks second to the Government of Japan (through its Overseas Economic Cooperation Fund) in terms of magnitude of Official Development Assistance (ODA) accounting for 26 percent of our ODA portfolio of $12.2 billion. OECF accounts for more than half (55 percent), ADB with 17 percent and other sources with 2 percent. (Table 1)

3. By sector, WB assistance continues to focus on the Energy, Power and Electrification (EPE) sector which received more than one third of total assistance at $1.1 billion, followed by the social infrastructure sector at $308 million (10 percent). The WB-EPE sector accounts for 34 percent of the total ODA-EPE sector. (Table 2A and 2B)

4. Of the 30 ongoing projects, implementation of half of the projects will be completed by 1996 while the rest are scheduled for completion between 1997 and the year 2001.

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1 *includes 3 loans closed during the year and 30 ongoing loans*

5. Total investment cost for these ongoing loans at appraisal inclusive of funding from other donors and local counterpart amount to ₱131.6 billion. (Table 3 and 3A)

? Disbursement ?

B. *ODA PERFORMANCE*

6. The performance of the WB portfolio as of September 1995 in terms of availment rate[2] was 85 percent, five percentage points lower over that recorded in the previous year but 10 percentage points higher than the overall ODA availment rate of 75 percent. Cumulative backlog[3] was reported at $306 million, an increase of $115 million over the backlog of $191 million registered last year.

7. The availment rate would have been sustained (slightly higher than that recorded in 1994) or the backlog reduced by $6 million had the government and the WB agreed early on to extend the loan closing dates (and thus, spread loan disbursement schedule over a longer time frame) of four loans, namely: Second Communal Irrigation Development Project, Small Coconut Farms Development Project, First Water Supply Sewerage and Sanitation Sector Project and Engineering and Science Education Project. (Table 4)

C. *FINDINGS OF THE REVIEW*

Coverage

8. Twenty-two projects were reviewed through individual consultations with the respective project managers. Desks reviews were undertaken for eight projects which are scheduled for completion late this year or early next year.

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2 actual availment as a percentage of scheduled availment

3 scheduled availment less actual availment

Incidence of Cost Increase/Decrease

9. The review uncovered the incidence of cost increases (appraisal cost vs. current cost) in seven projects amounting to some ₱3.5 billion ranging from 5 percent to 38 percent. The increases were attributed mainly to price escalation in five projects (Small Coconut Farms Development Project, Second Communal Irrigation Development Project, Manila Power Distribution Project, Second Municipal Development Project and Environment and Natural Resources Sector Adjustment Program). In the case of the Second Vocational Training Project, cost increase was due to the inclusion of taxes in the local counterpart for the consultancy component which was overlooked during appraisal, while the increase in the Leyte-Cebu Geothermal Project was attributed to the underestimation of the cost of submarine cables.

7 up
5 down
10 no chng

10. Reduction in costs were noted in five projects worth ₱6.9 billion due to reduction in scope as a result of alternative financing packages (Power Transmission Rehabilitation Project and Engineering and Science Education Project), higher cost estimates at appraisal relative to current costs (Urban Health and Nutrition Project), and exchange rate adjustments (Third Municipal Development Project and Highway Management Project). Meanwhile, ten projects continue to maintain costs as appraised. (Table 3)

11. In the case of regular line agencies, cost increases are being/would have to be shouldered by the government by providing more local counterpart funds. For some entities like the NAPOCOR and MERALCO, other sources were tapped to fill in the financial shortfall, i.e., the Nordic Development Bank for the Leyte-Cebu Geothermal Project and MERALCO's internal fund generation for the Manila Power Distribution Project.

Incidence of Possible Extension of Loan Closing Dates

12. The incidence of possible extension of loan closing dates and implementation periods for five projects were noted. The Philippine Health Development Project would be requiring a year's extension (from December 1996 to December 1997) to

2802-5

complete the setting up of the multi-media center to house the development and production of video, audio and inter-active modules for health training and communication materials at the DOH-Central Office. Contract for said center will be awarded late this year. Despite the proposed extension, no additional budget will be required by said project in 1997.

13. Also, the Angat Water Supply Optimization Project is requesting an extension of the loan closing date from December 1995 to December 1996 to fully utilize the loan balance for the purchase of project vehicles, while the Second Municipal Development Project would require a six-month extension from its original closing date of December 1996 to complete some contracts that will be awarded in the same year.

14. Similarly, the Second Elementary Education Project will need extension of the loan closing date by six months to complete remaining works including the construction of schoolbuildings, printing of textbooks, reimbursements of GOP-advanced expenditures eligible for loan financing, and documentation.

15. The Rural Electrification and Revitalization Project, likewise, would be requiring an extension of the loan closing date by two years from December 1996, as a result of the procurement problems it had encountered in the early years of implementation. An action plan based on the revised closing date was prepared by NEA with detailed project activities and corresponding target dates.

Incidence of Slow-Moving/Variations between Utilization Rate and Time Elapsed

16. Ideally, utilization rate and percent time elapsed of individual loans should be within the same range. A comparison of utilization rate and time elapsed for ongoing loans reveals that two-thirds (20 loans) have differences of less than 50 percent and one project, Second Elementary Education Project, had a utilization rate of 61 percent and an elapsed time of 153 percent or a 92 percent difference. (Table 5)

17. Five loans have utilization rates greater than their elapsed time, with Subic Bay Freeport Project leading the pack with a utilization rate of 53 percent against the elapsed time of 22 percent followed by ENR SECAL, Power Transmission and Rehabilitation Project and Philippine Health Development Project.

18. Four loans were identified as slow moving (loans with less than $3 million disbursements for the first three quarters of 1995). These are the Small Coconut Farms Development Project, Urban Health and Nutrition Project, Rural Electrification Revitalization Project and the Tax Computerization Project. (Table 6)

Budget Requirements for 1996 Onwards

19. The 1996 Net Expenditure Program for WB-assisted projects amount to ₱ 7.2 billion which is 20 percent lower than the agency proposal of P8.9 billion. Said figure is three percent lower than the 1995 figure of P7.4 billion. Substantial reductions were noted in seven projects, namely: Second Communal Irrigation Development Project, ENR SECAL, Third Municipal Development Project, Urban Health and Nutrition Project, Women's Health and Safe Motherhood Project, Second Vocational Training Project and Highway Management Project. As verified with the implementing agencies, the cut would not impair implementation of activities scheduled in 1996 for Women's Health and Safe Motherhood Project, Second Vocational Training Project, Highway Management Project and ENR SECAL because of the availability of 1995 carry-over funds. (Table 7)

7 - 4 = 3

20. There are, however, some projects which may require additional funding from the 1996 Foreign-Assisted Projects Support Fund, particularly where major contracts could be awarded within 1996, as in the case of the Second and Third Municipal Development Projects.

21. For 1997, the budget-dependent projects will require a total of ₱ 5.8 billion. (Table 8)

Special Concerns

22. The Leyte-Cebu Project of NPC encountered problems in right-of-way acquisition due to the landowner's non-agreement on the appraised values of their properties resulting in some delays. NPC hired the services of a private appraiser to conduct lot appraisal and came up with the fair market value of lands to be acquired. NPC was able to secure special consideration from the Commission on Audit for the payment of compensation for said properties. In the case of adamant landowners, NPC will resort to eminent domain proceedings.

23. Implementation of the logistics component of the Women's Health and Safe Motherhood Project is held in abeyance pending the resolution of the issue of privatization of drugs and supplies deliveries. DOH is currently reviewing the privatization options and would submit to the NEDA-Board its proposal within November 1995.

24. Extension of the loan closing date of the First Water Supply, Sewerage and Sanitation Sector Project is being withheld by the World Bank pending submission By DPWH of the audit reports for 1992-1994. DPWH had committed to submit said report within November 1995. Similarly, extension of the loan closing date for the Small Coconut Farms Development Project is put on hold subject to resolution of a number of issues such as disagreement over the interpretation of eligible use of funds for training and findings of COA FY 1994 audit of the project.

D. *RECOMMENDATIONS*

PROJECTS WITH RECONFIGURATION

25. Five projects reviewed are recommended for reconfiguration, in terms of extension of loan closing dates, i.e., the RERP (from December 1996 to December 1998), the Second Municipal Development Project (from December 1996 to June 1997), the Second Elementary Education Project (from December 1995 to

June 1996), Angat Water Supply Optimization Project (from December 1995 to December 1996) and the Philippine Health Development Project (from December 1996 to December 1997.

BUDGET RELATED

26. All budget-dependent projects are recommended for inclusion in the list of priority projects for 1996, i.e., the projects should be issued the necessary GARO/SARO and Notice of Cash Allocation (NCA) in accordance with the approved work and financial plan for 1996.

27. For NEDA and DBM to reassess in January 1996, projects to be lined-up under the FAPSF for 1996.

28. With the reduction of ₱1.7 billion in the 1996 budget requirements of the projects mentioned in para. 19, it is recommended that the implementing agencies affected include said shortfall in the 1997 budget of said projects, unless post-ODA review events would render shortfall estimates irrelevant. It is also recommended that the 1997 requirements of these projects be considered by DBM in the 1997 budget preparation.

OTHERS

29. Implementing agencies of identified slow-moving loans shall submit to NEDA Secretariat detailed action plans for review and appropriate dispositive action.

30. Regular line agencies to review right-of way acquisition similar to the NPC innovation to expedite acquisition of right-of way.

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

NOV 29 1995

EA/HR - DOC 274
Routed to: Mr Gopalkrishnan / AH (S/E) (ASTTB)
Action

22 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Operations Division
The World Bank
Washington, D.C.

Philippines Health Dev. Project
LN 3099-PH

ATTENTION: MS. ALTHEA HILL
Senior Population Specialist
Fax No. 001-202-477-1792

Dear Mr. Burmester:

We are submitting the revised contract on Multimedia Center Project based on the Bank's Standard Contract Form consisting of :

a.	Main Contract	-	33 pages
b.	Appendix 1	-	16 pages
c.	Annex A	-	1 page
d.	Annex B	-	2 page
e.	Annex C	-	2 page

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We are hoping for your favorable reply and we would appreciate it very much if we could receive your approval within November.

Sincerely yours,

MANUEL M. DAYRIT MD, MSc
Assistant Secretary of Health
CSP/PHDP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 22, 1995 02:50am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: TB Prevalence Survey TOR

Thanks for giving the TB Survey TOR some thought even though you're up to your eyeballs with Vietnam. I thought that was terrific guidance you provided and shared it with PCU. They are very appreciative and are proceeding to revise the TOR along the lines you suggested. PCU should be re-sending the TOR to you soon.

Happy thanksgiving and don't work too hard.

Dodong

VIA FAX RESIDENT (2 pages) MISSION

A.H

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

November 17, 1995

Manuel M. Dayrit, M.D. M.Sc.
Assistant Secretary of Health
PHDP/CSP Coordinator
Department of Health
Manila, Philippines

Dear Dr. Dayrit:

Philippines Health Development Project (Ln. 3099-PH):
End of Project Evaluation -Terms of Reference

I am writing in reference to your letter of November 5, 1995, enclosing revised Terms of Reference for the above evaluation. I attach a memorandum from the procurement unit in the Asia Technical Department containing comments on the revised TORs. Please revise them further to incorporate the suggested modifications. As you know, we have already commented on the technical substance of the TORs, which is excellent, and have no further revisions to suggest in that regard.

Following on my electronic message of yesterday, I will let you know as soon as I receive any useful advice on how to locate suitable international consultant firms.

With best regards,

Sincerely,

Althea Hill

Althea Hill
Senior Population Specialist
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region

Attachment

cc: Dr. Rosendo Capul (DOH)

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: November 15, 1995

TO: Ms. Althea Hill, EA1PH

FROM: Manju Sharma, Procurement Analyst, ASTTP

EXTENSION: 82911

SUBJECT: **PHILIPPINES: Health Development Project (Ln. 3099-PH)**
End of Project Evaluation - Terms of Reference

As requested, I have reviewed the revised TOR for the above assignment transmitted with PHDP/CSP fax dated November 8, 1995, and provide the following comments:

1. As the previous Terms of Reference (TOR) contained a combination of information peculiar to TOR as well as Letter of Invitation (LOI) and needed extensive modifications, my earlier memo contained broad comments and referred to some TOR sections as examples only.

2. While effort has been made to improve the document, Sections IV and V need to be revised further. The information under Inputs to be Provided by DOH (IV) should specify the material assistance (office space, equipment, other facilities, and counterpart personnel to assist the consultant) to be provided, if any. It seems that some of the items listed under Section V 'Expected Outputs' are out of place. This should be reviewed for adequacy. The section should provide clear information on the consultancy assignment's reporting requirements. Sub-para. 2 requiring "a draft and final report" should provide information on the timing of the reports.

3. The TOR Section VII on the Evaluation Criteria which is peculiar to LOIs should not be part of the TOR.

4. I presume the TORs have been or will be reviewed for the technical content.

5. In regard to PHDP/CSP request for suggestions and recommendations on the selection process, we presume that you will or have commented on the firms to be invited, and have provided a sample of the LOI to be used. Provided the short-list of firms is acceptable and the sample LOI is used, PHDP/CPS should be advised that the Bank would have no objection to the selection procedure being used.

Cleared with and cc: Mr. Fringer (ASTTP)
cc: Asia Information Center

MSHARMA:ms/mg
L3099MEM.523
LOG 523/DISK: PHILIPPINES B

cc. Messrs./Mmes. Fringer, Sharma (ASTTP); Abraham (LOAAS); Scheyer (ASTHR); Asia Files, Division Black Book.

AHILL
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November 13, 1995 2:08 PM

TERMS OF REFERENCE
PHILIPPINE HEALTH DEVELOPMENT PROJECT
End - of - Project Evaluation

I. THE PHILIPPINE HEALTH DEVELOPMENT PROJECT (PHDP)

The PHDP is a six-year (February 1989 - December 1996) $70.1M project from the World Bank to the Philippine Government. The project is intended to support the Government's priorities to expand and improve public and primary health care specially for high-risk group; strengthen the efficiency and effectiveness of the DOH; promote collaboration among the government, local communities and NGOs in meeting community health needs; and establish improved mechanism for future policy development.

Specific objectives of the project are:

1. to achieve improvements in the control of major communicable and endemic diseases.

2. to reduce infant and child deaths as well as maternal mortality and fertility.

3. to upgrade institutional capacities of the DOH at all levels to improve program effectiveness and managerial efficiency

4. to promote health equity by targeting services to under-served areas and high-risk groups according to degrees of risk and/or disease prevalence

5. to strengthen partnerships among the DOH, local governments and NGO to improve the health conditions of local capabilities for participatory planning and self reliance in undertaking community health projects.

6. to establish improved planning and consultation mechanisms for longer - term improvements in health policies and programs.

The project consists of the following (4) components:

1. Component 1: Four DOH Impact Programs

   a. Malaria Control Program
   b. Tuberculosis Control Program
   c. Schistosomiasis Control Program
   d. Maternal and Child Health Program

2. Component 2: Strengthening the DOH's Institutional Capacity

10. the degree to which specific policy recommendations made during the mid term evaluation of the disease control programs were implemented or if project assistance were adjusted to new directions as a result of said recommendations, and if not, why not?.

These selected areas will be assessed in terms of the following:

1. the extent to which the burden of disease, disability and death was prevented, mitigated, and/or eliminated;

2. the promotion of access to health services and equity in the distribution of these services;

3. quality and sustainability

4. the contributions made to the alleviation of poverty and increased income and productivity;

5. efficiency and cost-effectiveness;

For more details, see Appendices A and B.

The evaluation covers a period of six (6) years, from January 1990, the start of the project implementation, to June 1995, the cut-off date for the evaluation. It is anticipated that some elements of the process and impact evaluation will be done per year.

Substantively, the evaluation covers the four (4) major components of the project, taken individually and taken as a whole, in the latter as a prototype and holistic approach and strategy towards health development.

In geographic terms, the evaluation covers 15 regions, 76 provinces, and 1,580 municipalities, as well as 15 Regional and 12 Central Offices of the Department of Health.

As the evaluation is technical in scope,. it will include all elements and components of the program, including aspects related to the DOH and LGUs.

IV. INPUTS TO BE PROVIDED BY DOH

DOH will provide relevant data that will be useful to the consultant in undertaking the evaluation. It will also make available from among its staff subject matter specialist and/or staff involved with the project to provide insights as to the working and accomplishment of the project.

The DOH will provide financing for the evaluation.

V. EXPECTED OUTPUTS

The consultant will have the following outputs:

1. A research protocol on the conduct of the evaluation which will include:
   a) methodologies to be used in undertaking the task.
   b) sampling design and methods of data collection
   c) data processing an data analysis procedures.
2. A draft and final report on the results of the evaluation including his findings and recommendations.

VI. TIME FRAME

The evaluation will be for six months, starting in December 1995 to May 1996.

VII. EVALUATION CRITERIA

Quality shall be the principal selection criteria and the DOH does not bind itself in any way to select the consultant offering the lowest price.

The points given to evaluation criteria are:

	Points
The firms experience in evaluation and research of health and related projects	50%
The qualification and experience of the assigned personnel in their areas of specialization	30%
Adequacy of the proposed Work plan and Methodology in responding to the TOR	20%
	100%

(264) SB/PM/AH/Chapter/BB/Files

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

YLS

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

PSU. 523

8 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Division
East Asia and Pacific Region
World Bank, Washington, D.C.

Attention: Althea Hill
Senior Population Specialist

Dear Mr. Burmester:

This refers to World Bank letter of 20 October 1995 forwarding the comments and recommendations on the terms of reference (TOR) for the end-of-project evaluation for the Philippine Health Development Project .

In this connection, we are enclosing herewith the revised TOR incorporating your comments and recommendations. We wish to point out however that we need to receive your recommendation and suggestion on the selection process as requested in our letter of 6 September 1995 (copy attached) to serve as inputs in the preparation of the draft the letter of invitation particularly with regard to the firms to be invited.

We would appreciate your preferential attention on this matter.

Very truly yours,

Manuel M. Dayrit

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

6 September 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
World Bank
Washington, D.C.

Attention: Althea Hill
Task Manager

Dear **Mr. Shivakumar:**

We are forwarding the revised terms-of-reference for the proposed end of project evaluation for the Philippine Health Development Project (PHDP). The revision incorporates the recommendations of the supervision mission which visited the country last July.

We wish to draw your attention to the selection criteria which recommends the conduct of an international competitive bidding to select the contractor which will undertake the evaluation. Said recommendation was arrived at after assessing the magnitude of the work to be done vis-à-vis the availability of local firms that could undertake the required task.

In this connection, we would highly appreciate receiving your approval of the TOR as well as your comments on the said recommendation and any suggestion on the best alternative in going about selecting a suitable contractor.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

THE WORLD BANK GROUP
Headquarters: Washington, D.C. 20433 U.S.A.
Tel. No. (202) 477-1234 • Fax (202) 477-6391 • Telex No. RCA 248423

FACSIMILE COVER SHEET AND MESSAGE

DATE: October 20, 1995 **NO. OF PAGES:** 12 (including cover sheet) **MESSAGE NO.:** {#}

TO: Dr. Manuel M. Dayrit **FAX NO.:** 632-711-9573
Title: Assistant Secretary and PHDP/CSP Coordinator
Organization: Department of Health
City/Country: Manila, Philippines

FROM: Althea Hill **FAX NO.:**
Title: Sr. Population Specialist Dept./Div. No.: 202-477-1792
Dept/Div: Human Resources Operations
Room No.: E8037 Telephone: (202) 458-4474

SUBJECT: **PHILIPPINES - Health Development Project (Ln. 3099-PH): End-of- Project Evaluation Terms of Reference**

MESSAGE:

Dear Dr. Dayrit,

I am replying to your letter of September 6 to Mr. Shivakumar, then Chief, EA1HR, on the above topic. Please be advised that Mr. Shivakumar is no longer in the Division and the new Chief is Mr. Sven Burmester. I apologize sincerely for the delay in responding to your letter.

I attach a memo from the regional procurement unit with comments on the Terms of Reference for the Evaluation. Please prepare a revised set of TORs and also a draft Letter of Invitation along the lines indicated in the memo. Sample LOIs from our Consultancy Services Handbook, currently under preparation, are being pouched to you via the Resident Mission to assist you in drafting the LOI. I will send the full Handbook for your use and reference whenever it is published.

With best regards,

Sincerely yours,

Althea Hill

Althea Hill
Senior Population Specialist

Enclosure (via pouch)

Transmission authorized by: S. Burmester, Chief, EA1HR

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: September 26, 1995

TO: Ms. Althea Hill, Sr. Population Specialist, EA1HR

FROM: Manju Sharma, Procurement Analyst, ASTTP

EXTENSION: 82911

SUBJECT: **PHILIPPINES: Health Development Project (Ln. 3099-PH), End of Project Evaluation - Terms of Reference**

This refers to the Assistant Secretary and PHDP/CSP Coordinator, Manuel Dayrit's letter, dated September 6, 1995, forwarding the terms of reference (TORs) and requesting Bank suggestions on the proposed method for selection of consultants for the End-of-Project Evaluation assignment. As requested, I have reviewed the document and have the following comments:

1. The document seems to be a hybrid of TORs and Letters of Invitation (LOIs) and contains incomplete and confusing information. For example, contrary to the titles, the TOR para. V on Scope of Work and sub-para. V.A on Expected Outputs, do not describe the consulting work required under the assignment, nor the particulars of the outputs (i.e., the assignment's reporting requirements). The paras. describe what the consultant's technical proposal should consist of. This information is usually covered under the LOI.

2. Sub-para. V.A.1.5 refers to Appendix C which is not attached.

3. The information in Sub-paras. V.A.2 and V.A.3 containing information on the reporting requirements of the assignment should be covered under the appropriate title (also ref. comments in para. 1 above).

4. Para. VI briefly describes the selection method. This information is incomplete and unacceptable. Moreover, this should be covered separately in the LOI.

In view of the above, the TORs should be revised and a draft LOI should be prepared for Bank comments. The DOH should refer to the Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency in preparing the documents, particularly paras.2.04-2.08 and Appendix 1.

OPR is in the process of preparing the Consultancy Services Handbook which contains sample LOIs. You may wish to obtain a copy of the appropriate latest sample which would facilitate DOH in expediting the preparation of the LOI.

TERMS OF REFERENCE
PHILIPPINE HEALTH DEVELOPMENT PROJECT
End - of - Project Evaluation

I. THE PHILIPPINE HEALTH DEVELOPMENT PROJECT (PHDP)

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The project consists of the following (4) components:

1. Component 1: Four DOH Impact Programs

   a. Malaria Control Program
   b. Tuberculosis Control Program
   c. Schistosomiasis Control Program
   d. Maternal and Child Health Program

2. Component 2: Strengthening the DOH's Institutional Capacity

Same as page 5

3. Component 3: Community Health Development

4. Component 4: Policy Development

II. PURPOSE OF EVALUATION

The end-of-project evaluation shall include process, impact and strategic analysis at the levels of the beneficiaries, the community and the Department of Health.

The general objectives of the evaluation are:

1. **to assess the process of implementation, its accomplishment as a project and how it assisted the DOH programs accomplish its objectives;**

2. **to make recommendations to enhance the value of future health development projects and guide GOP investments in the health sector.**

3. **to assess whether the Philippine Government got the value of its investment in the PHDP as a health development project;**

The specific objectives of the evaluation are:

1. to determine the level of inputs achieved by the project;

2. to document the process that transformed the project inputs to outputs;

3. to determine which of the accomplishment of the project were for the beneficiaries, the community and the Department of Health;

4. to determine the relationships between project inputs, processes and impact;

5. to analyze the project and non-project factors associated with the accomplishments of the project; and

6. to perform a strategic analysis of the PHDP;

7. to synthesize the lessons learned from the investment on and implementation of the project and on the basis of these findings, make recommendations on future GOP investments in the health sector and the management of health development projects; and

8. to determine the specific policy reforms that the DOH either initiated or implemented during the life of the project.

III. SCOPE OF WORK

A. Evaluation Requirements

The Consultant will work with the DOH to develop the conceptual framework for the evaluation and come up with methodologies that will be be most effective in undertaking the proposed task. This will include the following: sampling design which will have to take into consideration the geographic and beneficiary coverage of the project; evaluation design, variables and indicators, methods of data collection identifying the data sources and the tools and instruments that will be used in specifying the target sample.

B. Conduct of Evaluation

The evaluation will include data collection, processing and analyses procedures juxtaposed with the project objectives and/or areas of investigation. The process will also include a discussion on ensuring the validity of the findings. Specifically the evaluation will focus on the following:

1. the type and level of financial, technical, technological and human resource inputs provided and achieved by the project;

2. the program management that characterized the project in the aspects of managerial processes used; the policies; strategies and mechanisms of implementation developed, adopted and institutionalized;

3. the type and level of interventions that were given;

4. the type and level of accomplishments made by the project in the short (output) terms

5. the extent to which the DOH capability for assessing, planning, communicating, intervening and evaluating has been strengthened at all levels;

6. the extent of mobilization and participation of the partners in the community of the DOH in health development activities;

7. the relationships between the various project components and non-project factors on the accomplishments of the project;

8. the distinct areas of differences in the way the project assisted the DOH carry out its mandate during the pre-devolution and post-devolution period.

9. the significant problems, issues and concerns encountered and the responses made throughout the lifetime of the project;

10. the degree to which specific policy recommendations made during the mid term evaluation of the disease control programs were implemented or if project assistance were adjusted to new directions as a result of said recommendations, and if not, why not?.

These selected areas will be assessed in terms of the following:

1. the extent to which the burden of disease, disability and death was prevented, mitigated, and/or eliminated;

2. the promotion of access to health services and equity in the distribution of these services;

3. quality and sustainability

4. the contributions made to the alleviation of poverty and increased income and productivity;

5. efficiency and cost-effectiveness;

For more details, see Appendices A and B.

The evaluation covers a period of six (6) years, from January 1990, the start of the project implementation, to June 1995, the cut-off date for the evaluation. It is anticipated that some elements of the process and impact evaluation will be done per year.

Substantively, the evaluation covers the four (4) major components of the project, taken individually and taken as a whole, in the latter as a prototype and holistic approach and strategy towards health development.

In geographic terms, the evaluation covers 15 regions, 76 provinces, and 1,580 municipalities, as well as 15 Regional and 12 Central Offices of the Department of Health.

As the evaluation is technical in scope,. it will include all elements and components of the program, including aspects related to the DOH and LGUs.

IV. INPUTS TO BE PROVIDED BY DOH

DOH will provide relevant data that will be useful to the consultant in undertaking the evaluation. It will also make available from among its staff subject matter specialist and/or staff involved with the project to provide insights as to the working and accomplishment of the project. ?

The DOH will provide financing for the evaluation.

Same as pg 6

V. EXPECTED OUTPUTS

The consultant will have the following outputs:

1. A research protocol on the conduct of the evaluation which will include:

   a) methodologies to be used in undertaking the task.

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   c) data processing an data analysis procedures.

2. A draft and final report on the results of the evaluation including his findings and recommendations.

VI. TIME FRAME

The evaluation will be for six months, starting in December 1995 to May 1996.

VII. EVALUATION CRITERIA

Quality shall be the principal selection criteria and the DOH does not bind itself in any way to select the consultant offering the lowest price.

The points given to evaluation criteria are:

	Points
The firms experience in evaluation and research of health and related projects	50%
The qualification and experience of the assigned personnel in their areas of specialization	30%
Adequacy of the proposed Work plan and Methodology in responding to the TOR	20%
	100%

PHDP Project

APPENDIX A: The Project Input, Process, Output, Purpose and Goal (PIPOPUG) Matrix

Input	Process	Output	Purpose	Goal
Component I				
A. Malaria Control Program				
Equipment Anti-malaria drugs Vans and Pumpboats Spraymen Supervisors Training Technical Assistance for evaluation Training and Research Operating Cost	Planning Organizing Coordinating Assessing (POCA) Decision- making Communicating Interpersonal dynamics Technical procedures (on surveillance and treatment) Procurement and distribution of supplies and drugs	Training report Trained spraymen/ supervisors Target areas/ groups identified Targets sprayed Evaluation and research reports Reduction of morbidity and mortality due to Malaria	Decrease school work loss days due to malaria Promote efficiency and effectiveness of health care delivery system	Reduce poverty, increase income and enhance productivity Increase quality of health care programs Enhance client satisfaction
B. TB Control Program				
Anti-TB drugs Supplies Staff Microscopes Training Technical Assistance to strengthen program	Same as in Component I.A. Technical procedures. (case finding, home care treatment and follow-up of of cases)	Training reports Trained staff upgraded microscopy centers Decreased morbidity and mortality due to TB	Same as in Component I.A.	Same as in Component I.A.
C. Schistosomiasis Control Program				
Drugs Microscopes, essential materials and equipment Vehicles and Motorcycles Staff: driver, stool collector public health nurse and microscopist	Same as in Component I.A.	Schisto Control Team Target areas and households identified Operations research reports Reduction in prevalence of Schistosomiasis	Same as in Component I.A.	Same as in Component I.A.

Input	Process	Output	Purpose	Goal
D. Maternal and Child Health				
Vit A and iron supplements Nutritionists Community Volunteers Mothercraft Classes ARI Management training Technical assistance for ARI Management guidelines Drugs Time pieces Oxygen concentrators	Same as in Component I.A.	Training report ARI case management guidelines Trained DOH staff and community volunteers High risk barangays identified More informed and cooperative mothers Increased use of nutrition, maternal and child health services Reduced incidence of 2nd and 3rd disease malnutrition, night blindness and anemia among preschoolers Reduced morbidity and mortality from Pneumonia among children Reduced anemia among proponent women Reduced maternal, infant and child mortality	Reduce disease burden of mothers and children Enhance the growth and development and learning of children Promote maternal capacity for healthy child bearing and caring Promote participation in health promotion and disease prevention and control	Mitigate negative impact of disease on income, productivity and life expectancy Enhance quality of health care Promote equity in distribution of health benefits Facilitate client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
A. Information and Communication				
Packet radios High frequency radios Microcomputers Technical Assistance Manuals info systems Fellowships on info systems Vehicles Staff HIS MIS Computer operations Financial management Staff training HIS MIS Computer operations Financial management	In addition to Component I.A. Establishing Central, regional and provincial sites Nationwide computerization of HIS Establishment of a central geographical info system Software development financial logistics Personnel development CHS Strengthening MIS Development of financial operations manual	Trained staff in HIS, MIS, financial management reports Training Communication network from national to municipal levels HIS and MIS including software, manual, forms Central geographics information system	Strengthening institutional, capability of DOH Promote efficiency & effectiveness at all levels Fast and updated information on health status, problems and risks	Enhance capability to achieve goals/ mandate role in public information on health matters/ issues Prompt and appropriate response to health situation/needs.
B. Health Planning				
Microcomputers Technical assistance Workshops Staff Operating costs	POCA Developing modules	Learning modules Trained DOH staff Use of planning modules 5. year development plans and budget proposals per region	Develop organizational and coordination skills for health planning and programming Promote efficiency and effectiveness	Enhance DOH capacity to achieve goals/ mandate

Input	Process	Output	Purpose	Goal
C. Field Health Services				
Vehicles Delivery vans Technical assistance development Midwives Operational expenses for priority RHUS	POCA Developing program manual	Program management manual Upgraded RHU 300 priority municipalities/ RHUs identified	Increase service delivery of RHUs selected RHU services Enhance efficiency and effectiveness	Improved health status morbidity and mortality Enhance equity in health care delivery Promote increased client satisfaction
D. Central Laboratory				
Equipment for laboratory operations Technical assistance in lab. administration Fellowships for lab. technicians	POCA	Improved lab administration Trained technicians Upgraded lab facilities	Promote efficiency and effectiveness	Enhance DOH-capability to achieve mandate
E. Information, Education and Communication				
Desktop publishing equipment Audiovisual production and editing set IEC kits IEC materials Technical assistance to develop materials Staff: editor, layout artist, technician, feature writers	POCA Developing IEC materials/ messages	IEC prototype materials and messages: posters, brochures, flip charts, billboards, newsletters IEC production team Use of IEC materials by health care workers, by clients	Develop DOH capability to produce integrated IEC materials Influence change behavior to promote healthy lifestyles Promote self-reliance for health of clients	Enchance DOH capability to fulfill mandate Improve health status Greater client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
F. Training				
Basic training equipment per region: overhead VCR, public [illegible] mimeograph machine Technical assistance for job content assessments and curriculum development Training	POCA Developing basic and specialized	Job content analyses Curricula reports Reoriented DOH	Refocus training on needs at operational level and effectiveness	Enhance DOH capability to achieve Enhance HRD
G. Evaluation				
Technical assistance for designing and implementing surveys	POCA Developing competencies for designing and implementing surveys	Survey/evaluation reports Trained staff	Improve DOH evaluation capabilities Enhance efficiency and effectiveness and effectiveness	Enhanced DOH capacity to achieve mandate Enhance HRD Increased health care worker satisfaction
H. Project Management and Coordination				
Office equipment Microcomputers Vehicles Technical assistance for project coordination skills Staff: coordinator, assistant, accountant, secretary	POCA Developing competencies for project coordination	Training reports Project coordinating teams	Support project management and coordination Mandate efficiency and effectiveness	Same as Component II.G.

Input	Process	Output	Purpose	Goal
Component III				
Technical assistance to CHS/DOH Observation tours and visits Local Consultants Funds for planning and project implementation grants	POCA Building up of technical and managerial capability of CHS Use of community health development process	Tour/Visit reports Trained and upgraded CHS staff Target communities identified Committee for Community Health Policy Consortia of partner agencies in selected provinces Project proposals	Promote community health development Enchance community self-reliance for health Facilitate community participation in program planning	Promote equity of health care delivery Enhance sustainability of health initiatives Promote quality of health services
Component IV				
Technical assistance Staff	POCA Developing competencies of technical secretariat	Technical Secretariat National Council for Health Policy Development Health Policy initiatives	Improve mechanism for health policy development Advocacy of DOH policies Influence non-DOH initiated	Enhance DOH leadership role in health policy development

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lotus v:components

Appendix B: Selected Evaluation Questions by Component

Component 1: Four DOH Impact Programs

A. Policies and Strategies

1. What policies were developed in support to the 4 impact programs?
2. Were the policies adopted? How effective were they?
3. What strategies were developed? What were adopted? What were implemented? What were institutionalized?
4. How did the policies/strategies enable the accomplishment of program objectives?

B. Mechanisms for Implementation

1. What mechanisms were developed and adopted? What were implemented? How effective were these?
2. What arrangements were taken to continue/sustain these mechanisms?

C. Interventions

1. What interventions were given? Were these given to the right people, at the right time? How efficient and cost effective were these?
2. Were these interventions institutionalized? What measures were undertaken to institutionalize these interventions?
3. How did the LGUs respond to these interventions? What did the LGUs provide in support to these interventions?
4. Has the project built up the capability of the government to continue and sustain the project?

D. Accomplishments

1. What has the project gained vis-à-vis the national program?
2. Were the annual program targets met? Were the resources from the project sufficient to meet the program targets? How cost effective were these resources?
3. What were the recurring issues encountered? What measures were proposed to be instituted in response to these issues?

4. Were there reductions in infant, child and maternal deaths? What factors in the mortality reduction could be attributed to the project?

Component 2: Strengthening DOHs Institutional Capacity

A. Information and Communication System

1. What has been the acceptability, relevance and usefulness of the packet radio system to the majority of health data users, especially in the field?

2. According to its objectives, to what extent has the packet radio system supported the "communication of field epidemiological surveillance data, HIS data, MIS data and financial and management information including budget, procurement and expenditure data?"

3. Has the packet radio system proven to be more reliable or at least more cost-effective than the conventional radio relay system of the DOH, at least as regards message transfers and at least in the pilot sites of the packet system?

4. How effective has been the experience and expertise gained by the information to and from remote sites in the country to the DOH Central Office?

5. To what degree and ways has PHDP supported improvement of systems and procedures on critical areas of DOH operations?

Nationwide implementation of the new health information system (FHSIS) including management training on data-based decision making (data utilization) for regional, provincial and districts supervisors

Development, installation, operationalization and maintenance of appropriate software of selected systems and procedures in critical areas of DOH operations to facilitate and speed up routing operations:

a. Procurement and Logistics

b. Financial Transactions

c. Health Mapping and Area Classification For Health Programs like Malaria

d. Personnel Management

e. Communication System

f. Program Management

g. Regulatory Management

6. What administrative arrangements has been made to continue the project activities?

7. Was the budget ceiling allotted to INFOCOM sufficient to implement improvement using modern technology?

8. Have the benefits provided by modern technology rationalized the investment cost provided by PHDP?

9. How adequately has the PHDP explored other less sophisticated means of data transfer, especially courier systems, that would have been more adapted to local situations?

10. What equipment were actually procured versus what was planned as contained in the Staff Appraisal Report (SAR)?

11. How much was actually spent in terms of equipment purchase, versus what was actually procured and distributed?

12. What is the status of inventory and maintenance of the equipment that was actually procured and distributed?

13. How effectively has the PHDP collaborated and coordinated efforts with other projects having to do with information systems and communications development in the DOH?

14. To what extent has the PHDP collaborated and coordinated with other GIS development efforts, either within or outside the DOH?

15. To what extent has the PHDP ventured into hospital, financial, logistics, socio-economics and community health information systems?

16. To what extent has the PHDP collaborated with other DOH information systems development projects in these areas?

17. To what extent has the DOH information and communication system become relevant to the health of the community?

B. **Health Planning Capacity**

1. Has there been improvement in the health planning capability at the central office, regional and provincial/city levels?

2. Has decentralized planning process (Area Program Based-Health Planning) contributed in the improvement of managerial competencies in the following areas:

   - setting local priorities
   - recognizing operational constraints and obstacles and making remedial measures
   - guiding day to day work and performance

3. Has APB-HP improved the planning process and system in central and field offices?

4. Has decentralized planning approach improved delivery of goods and services in unserved and underserved communities?

5. Has capability building in decentralized planning process been effective in facilitating the devolution of health services in their respective communities?

6. Has decentralized planning contributed to an effective community mobilization and participation in health activities?

7. Do LGUs have available resources to continue APB-HP under devolution?

8. Did the LGUs target more resources in support to the priority health problems and programs?

C. **DOH Laboratory**

1. How has the project adjusted to the rapidly changing role (and many changes in roles) of the Central Laboratory within the lifetime of the project-term of PHDP:

   - management attitude (and outlook)
   - actual management support for the component
   - utilization of the benefits of upgrading

2. Has the project had perceptible effect on the laboratory services and/or resources?

3. The bulk of assistance given by the project centered on training. Were there any technical transfer that took effect?

D. Health Information, Education and Communication

1. Has PHDP been effective in facilitating the DOH priority programs?

2. Has PHDP improved the capabilities of health workers in the delivery of the health services?

3. Has PHDP created a demand in the utilization of health services for DOH priority programs? Was the DOH able to meet the increased demand? How did the DOH respond to the increased demand? How did the government respond? What was the effect?

4. Has PHDP been able to provide adequate information regarding PHDP funded projects?

5. Have PHDP-funded communication campaigns been cost-effective?

6. Has PHDP strengthened the IEC component of the DOH priority programs?

E. Training Capacity

1. What were the trainings developed and provided?

2. Were the PHDP training activities directed to the needs of specific group/category of personnel at specific levels of operations?

3. How effective were these trainings?

4. Has PHDP contributed to the strengthening/improvement of the delivery of the training services of the DOH?

5. Has PHDP been effective in monitoring and providing assistance to all its projects under the Sub-component on Systematizing Training and Health Manpower?

6. Has PHDP strengthened the capability of the DOH in providing the HRD services to the health personnel?

F. Field Health Services

1. Were all the 2,500 PHDP midwives hired?

2. Were they deployed in the targeted high-risked areas?

3. What interventions were provided to the midwives to better equip them as front-line health workers?

4. How effective were these interventions?

5. What support did the LGUs provide to the midwives?

6. Were the vehicles deployed according to the allocation list agreed upon by the World Bank and the Philippine Government through the DOH?

7. Were the provisions in the MOA on the transfer of vehicles between DOH and Provincial/Municipal governments followed?

   - Were the vehicles received and utilized by the rightful recipients?
   - Were the vehicles utilized according to their intended purpose?
   - Did the LGUs provide resources for the maintenance of the vehicles?

8. Was the MOA an effective instrument to effect compliance to its provisions?

G. Project Management

1. What management structure was adopted to implement the project?

2. Did the management structure make substantial improvement on the project performance?

3. What management tools were developed, adopted and maintained?

4. Did the management structure expedite the flow of resources to the end-users?

5. Did the funding mode help/hinder the operations of the programs?

6. How effectively has the project been managed? How have the programs been affected by PHDP?

7. What were the linkages established by the management structure? How effective were these?

Component 3: Community Health Development

A. Mechanisms for Community Health Development

1. What mechanisms for community health policy development have been established?
   - Has the Committee for Community Health Policy (CCHP) been established?
   - Was CCHP able to meet its mandate/objectives?
   - What policies were formulated by CCHP?
   - How did the policies facilitate/enable the accomplishment of program objectives?
   - How applicable were the policies?
2. What mechanisms for programming and management of funds were set up?
   - What flow of funds was utilized?
   - How effective was this?
   - How effectively has the flow of funds been managed by Community Health Service (CHS) and PCU?
3. Is there an effective monitoring system which includes feedback mechanisms?
4. Have the mechanisms developed been institutionalized?

B. Structure

1. How was the partnership organized?
2. Was it able to carry out its major tasks/activities?
3. What did the partnership contribute to Community Health Development (CHD)?
4. What factors contributed to the sustainability of the partnership as a structure?
5. What NGO characteristics facilitated the implementation/operation of Community Health Development?

C. **Interventions**

1. What were the interventions provided at different levels?

2. How effective were the interventions in achieving program objectives?

D. **Projects**

1. How did the project grants contribute in building capabilities for self-management and decision-making?

2. What are the indications for project sustainability?

3. How cost-effective were these projects?

Component 4: Health Policy Development

A. **Mechanisms for Health Policy Development**

1. What mechanisms for health policy development have been established through the PHDP?

   - Has the National Council for Health Policy Development (NCHPD) been established?
   - Has a Technical Secretariat to the NCHPD or its equivalent been established?
   - Does the Technical Secretariat function?
   - Has the Technical Secretariat developed a health research policy agenda?
   - What process was employed to develop the health policy research agenda?

2. Have alternative mechanisms from those proposed in the project document for health policy development been established?

3. Have the mechanisms for health policy development been institutionalized?

4. Were there existing mechanisms assisted or substituted by the PHDP and to what extent was the assistance provided?

5. Were there mechanisms other than the studies considered to achieve improved health policy development?

B. **Studies Supported by PHDP**

1. How and why was it decided to contract out the policy research studies to PIDS?
2. Which DOH organizational entities were responsible for managing the PIDS studies?
3. What is the PIDS organizational structure and how is it linked to PHDP?
4. How is the PIDS project and its organization structurally linked to the DOH?
5. Have the PIDS research studies been linked to existing or anticipated policy units, structures, or processes in the DOH?
6. What is the PIDS agenda?
7. How was the PIDS research agenda developed?
8. Why was a decision made to focus the PIDS research agenda on health care financing?
9. Have the PIDS studies generated actionable policy recommendations of use to DOH decision makers?
10. Have these policy implications been fed back to the policy deliberation panel?
11. How many policy actions have been undertaken as a result of the PIDS research?
12. What is the status/progress of the PIDS researches toward completion?
13. What arrangements have been made for the continuation of the studies and processes pioneered through the DOH/PHDP grant to PIDS beyond the PHDP-PACD?

C. **Linkages**

1. Have the activities of PIDS affected other DOH policy initiatives or projects?
2. Are there synergies between PIDS and other DOH projects?
3. What is the institution established by the DOH to utilize the data from PIDS studies for policy purposes?

4. Have linkages with government units outside the DOH been established (e.g. NEDA, DOF, DBM, Senate and House of Representatives)?

5. Have linkages with the private sector been established (e.g. NGOs, HMOs private hospitals, drug manufacturers, etc.)?

6. Have the policies impacted on health of consumers and increased health investment?

7. Has PIDS established influences both in domestic international agencies?

8. How did the policies affect/influence the investment put into health?

D. **Financial/Contractual Performance**

1. What was the rationale for the substantial increase for the PIDS project?

2. What contractual/financial arrangements were created to expend funds under the PIDS contract and how effective were these in moving the resources?

3. How efficient was the budget utilization?

4. What problems were encountered, if any, with this contractual/financial arrangement?

5. What steps were undertaken to resolve these problems?

In addition to the above issues to be investigated, the following evaluation questions which cut across all components need to be addressed:

1. Were the project objectives the most critical ones in achieving the overall goal of PHDP?

2. What targets/objectives were modified or changed half-way in the project implementation? What were the reasons for the changes/modifications? How was project implementation affected by the changes/modifications?

3. How valid were the PHDP assumptions given the changes that have occurred in the Department?

4. What recommendations/measures should be undertaken to increase the likelihood of PHDP sustainability?

5. How effective and efficient was PHDP?

6. What strategy could be adopted to better strengthen and sustain the PHDP implementation?

7. How effectively has the project been managed by the DOH (including by PCU, program managers, field implementors, etc.)?

/angie
wp:strengthening

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 21, 1995 05:23pm

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: TB Prevalence Survey TOR

Dear Dodong,

sorry things are in such a bad way! I regret being such a nuisance. I can't really technically advise on this -- I'm not an epidemiologist and I don't have time (the Vietnamese are coming on Dec 12 and we'll be occupied up through Christmas getting the project to the Board, and I have to get my mission and ECD business sorted out before they come with Thanksgiving killing half this week!).

I reviewed the TORs again and don't think things are desperate. Most of what we've been talking about seems to be at least implicitly there. I suggest the following:

First of all, PCU should review the list of objectives of the survey in section B, and specify the scope and disaggregation of each prevalence/coverage rate desired as clearly as possible. Questions to clarify would include:

What is the scope of objective 1/? (national? does the language just indicate a sample approach?)

Is there an initial working definition of high-risk and low-risk in objective 2, such as urban slum areas versus non-slum urban and all rural areas? (or is this supposed to emerge post-factum from the analysis of variation of actual prevalence between sampling units/clusters?)

Is BCG coverage desired at national level only or disaggregated (if so how? and does this include by low-risk/high-risk?).

Ditto for sputum-positive.

This exercise will clarify the information they wish to extract from the survey, which is the key to everything. (Section II B on Area Scope should be eliminated.)

Then the PCU should ask the National Institute of Tuberculosis as the initial part of their TORs to produce the detailed survey design which will achieve those objectives, including stratification, sampling, tabulation and analysis plans as well

as the actual survey protocols and questionnaires. Then the PCU should review that survey design before permitting the survey itself to proceed on the basis of the approved design.

In other words, let the consultants do the technical work of figuring out how to deliver what the PCU wants.

Is any of this clear? (it's been a terrible day). If not, keep it to yourself and let me know I need to rethink.

cheers

althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 21, 1995 04:42am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: TB Prevalence Survey TOR

Dear Althea,

WHO does not seem to have the funds to get the prevalence survey going immediately-- thus, PCU is likely to resume the dialogue with you. Is it possible for you to change hats from TM to a survey technical advisor and advise DOH how to proceed with the survey? I really do not know if this is a kind of role that you are allowed to perform. This is acceptably a tricky prevalence survey to do: constrained by time and money yet aim at getting information that will be needed to refocus the national TB program. PCU and TB program staff are at their wits' end. Their WHO consultant has left and they have nobody to turn to for technical advise. On top of that ramiro is very impatient to get on with the survey.

Cheers,

Dodong

A L L - I N - 1 N O T E

DATE: 20-Nov-1995 02:26pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: message for PCU re evaluation consultants

Dear Dodong,

Please pass the following note to the PCU. thanks, Althea

Dear Tony,

Over the weekend I did something I should have done before re ways of locating suitable international consultants for the PHDP evaluation, namely consulted my husband, who is a demographer and a professor in the Dept of Population Dynamics, School of Public Health, Johns Hopkins. He has himself actually done field evaluations for UNICEF and USAID, so it occurred to me he might know who was who in the health evaluation business. He said he thought it was more or less the same crowd who do demographic/health surveys and we came up with the following list of possibilities you might want to consider contacting:

1/ The usual suspects among commercial firms -- MSH, FHI, John Snow -- I expect you're familiar with them all; Dodong certainly must be.

2/ It might be worth contacting Macro (DHS) -- they may be interested in commissions beyond DHS-type surveys and they've got a lot of good people, both field and analytic.

3/ As I mentioned before, the Pop Council does a lot of different kinds of field-based operational research and evaluative surveys.

4/ Among the universities, you might consider North Carolina (they have an Evaluation Project with USAID, in fact); Harvard (the Pop/Health Department headed by Lincoln Chen, whatever it's called); the London School of Hygiene and Tropical Medicine (our new Health Adviser was formerly the Dean and could give suitable contacts); Tulane (does demography and health studies); and the Institute for International Programs at Hopkins (no link with my husband's department!) which has excellent health people.

5/ Not the East/West Centre, which is folding up because of

loss of USAID funding.

6/ The US Bureau of the Census, ISPC (International Statistical Programs Centre?)

7/ CDC in Atlanta? they do epidemiological surveys etc.

If you are interested in any or all of these, I can give you names of people to contact if you don't already have connections there.

best regards

Althea

CC: Stanley Scheyer (STANLEY SCHEYER)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 15, 1995 04:42pm

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: TB Prevalence Survey TOR

Dear Dodong,

Thanks for the tip -- though I'm not sure what to do about it! I wish I knew what they really want from the TB prevalence survey. I sense not much -- but it seems such a waste to spend overhead time and money on something that may not give you any operationally useful information. But maybe I'm wrong. Give me some feedback and advice just in case WHO doesn't fund the survey and we have to continue the dialogue. If they do, so much the better -- we're the funder of last resort after all, and it would be one less thing to worry about. Do you think WHO would do a competent job of it? and allow a design that would enable evaluation of PHDP input?

cheers

Althea

A L L - I N - 1 N O T E

DATE: 15-Nov-1995 04:27pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: message for the PCU -- message for Richard

Dear Dodong,

Please convey the following note to the PCU:

Dear Tony,

Just to follow up on the selection of consultants for the evaluation survey, I checked with Anthony and there is nothing whatever in the project legal documents to stop you seeking or choosing international consultants to do the survey. I also heard back from the M&E expert. She had no specific suggestions herself as to how to identify possible consultants, but has contacted a number of people in the field for suggestions and will let me know when she gets something back. You might ask the USAID pop/health people or UNICEF or ADB. Dodong might have some suggestions also. I also wondered about the Population Council, who do a lot of survey and OR work, not exclusively family planning -- do you have a local rep.?

best regards

Althea

CC: Stanley Scheyer (STANLEY SCHEYER)
CC: Gbangi Kimboko (GBANGI KIMBOKO)

A L L - I N - 1 N O T E

DATE: 14-Nov-1995 12:06pm

TO: See Distribution Below

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: Message for Richard: ccs for Gbangi

In the interests of maximising Gbangi's input as Divisional task assistant for the Philippines portfolio, I am asking you all to cc her on correspondance relating to all projects as a matter of routine.

Dodong, I wasn't sure of the status of the DOH account for PHDP communications, so didn't include that. Can you convey the above to the PCU also?

thanks, everyone,

Althea

DISTRIBUTION:

TO:	NIRA SINGH	(NIRA SINGH @A1@DELHI)
TO:	ROSENDO CAPUL	(ROSENDO CAPUL @A1@MANILA)
TO:	Remote Addressee	(jhunt@mail.asiandevbank.org@int
TO:	ZENAIDA USON	(ZENAIDA USON @A1@MANILA)
TO:	EVA FRANZUELA-CARDENAS	(EVA FRANZUELA-CARDENAS @A1@MANI
TO:	LIBERTY CARDENAS	(LIBERTY CARDENAS @A1@MANILA)
TO:	Remote Addressee	(fsvuhnp@misa.pfi.net@internet)
TO:	Stanley Scheyer	(STANLEY SCHEYER)
CC:	Gbangi Kimboko	(GBANGI KIMBOKO)
CC:	Rama Lakshminarayanan	(RAMA LAKSHMINARAYANAN)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 14, 1995 04:53am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: TB Prevalence Survey TOR

Dear Althea,

This EM is strictly confidential. I think I owe it to you to inform you that Tony Acosta of PCU and the TB Program staff are irked with the issues you are raising with the TB prevalence survey TOR. I know that your points are valid and Ive been trying to get them to understand. But the sense they are getting is that it was the Bank that raised as an issue the need to look at potential high risk groups for TB infection, and now it is the Bank thats interposing difficulties for doing it. DOH feels that it has responded adequately to your issues and their response was formulated after intensive consultations with the TB statistician-epidemiologist provided by WHO. PCU will not be responding immediately to your last EM and is now contemplating to drop the prevalence survey from WB funding. It has inquired from WHO whether it would have funds to fund it. Ramiro is in a hurry to do the survey because he has adopted TB control as his flagship program.

Dodong

A L L - I N - 1 N O T E

DATE: 13-Nov-1995 08:48pm

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: LOIDA FAUSTINO, EA1PL (LOIDA FAUSTINO@A1@MANILA)

EXT.:

SUBJECT: Fax for Mr. Manuel M. Dayrit re: Phils. Health Dev. Prj.

Hi, Althea,

Greetings from Manila! This is to inform you that we have already forwarded your fax of 13 November to Asec. Manuel M. Dayrit re: Phils. Health Development Project multimedia project contract, today November 14.

Thanks and best regards.

Loida

Via FAX

AH.

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

November 13, 1995

Manuel M. Dayrit, M.D. M.Sc.
Assistant Secretary of Health
PHDP/CSP Coordinator
Department of Health
Manila, Philippines

Dear Dr. Dayrit:

Philippines Health Development Project (Ln. 3099-PH):
Multimedia Project Contract

With reference to your letter of November 13, 1995, replying to our comments on the draft multimedia contract which were sent to you in our letter of November 2, 1995, we have the following response to your proposals:

1/ The contractual relationship between EDC and its local partner SEAMEO INNOTECH: the Bank has no objection to the proposed prime contractor-subcontractor arrangement.

2/ Use of the Bank's Sample Contract: the Bank requires the use of the Sample Contract format. This should not take much time to complete or review since the format is quick and simple to use and to follow.

Please recast the contract in the Bank format, including both the definition of the EDC/SEAMEO INNOTECH contractual relationship as above and the language on liability for taxes suggested in our letter of November 2, and return it to us for review.

Sincerely,

Althea Hill

Althea Hill
Senior Population Specialist
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region

cc. and cleared with Mr. Gopalkrishnan (ASTTP)

cc. Messrs./Mmes. Fringer (ASTTP); Abraham (LOAAS); Scheyer (ASTHR); Burmester (o/r) (EA1HR); Asia Files, Division Black Book.

AHILL
M:\HILL\PHDPMEDI.DOC
November 13, 1995 2:08 PM

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

EAIPHP Log No. 295
Route to AH
Action Date

13 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Operations Division
The World Bank
Washington, D.C.

ATTENTION: MS. ALTHEA HILL
Task Manager
Philippine Health Development Project
Fax No. 001-202-477-1792

Dear **Mr. Burmester**:

This is to clarify the contractual relationship of EDC and its local partner, SEAMEO INNOTECH.

The Original Terms of Reference stipulated: "DOH will award the contract to a single contractor. This contractor may be local or international, a consortium or joint venture".

The winning proposal of EDC which was accepted by the Department of Health defined a prime contractor-subcontractor relationship with local counterparts.

The DOH proposes that a contract defining a prime contractor-subcontractor relationship between EDC and SEAMEO INNOTECH be approved.

We are revising the language of the contract to clarify this contractual arrangement. In line with this, we would like to seek clarification of the Bank's comments in the 2nd November letter requiring the DOH to rewrite the contract following the format of the Bank's Sample Contract. Does this mean we need to follow the language of the Bank's Sample Contract or may we use the textual content of our draft contract and rewrite it following the sequence of the articles of the Bank's Sample Contract? The DOH requests the latter since the language of the draft contract has gone several reviews of the DOH and EDC.

We would appreciate the Bank's immediate comments so that we can finalize the contract immediately.

Sincerely yours,

MANUEL M. DAYRIT MD, MSc
Assistant Secretary of Health
CSP/PHDP Coordinator

NOV 13 1995

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-60

EAIPHR Log No. 265
Route to AH
Action Date

13 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Operations Division
The World Bank
Washington, D.C.

ATTENTION: MS. ALTHEA HILL
Task Manager
Philippine Health Development Project
Fax No. 001-202-477-1792

Dear **Mr. Burmester**:

This is to clarify the contractual relationship of EDC and its local partner, SEAMEO INNOTECH.

The Original Terms of Reference stipulated: "DOH will award the contract to a single contractor. This contractor may be local or international, a consortium or joint venture".

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We would appreciate the Bank's immediate comments so that we can finalize the contract immediately.

Sincerely yours,

MANUEL M. DAYRIT MD, MSc
Assistant Secretary of Health
CSP/PHDP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 9, 1995 03:34pm

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Dear Dodong,

Please pass the following message to the PCU. Thanks, althea.

Dear Tony,

This is in reference to your EM note of November 8 regarding the TORs for the tuberculosis prevalence survey, and also your letter of November 8 regarding the End-of-project Evaluation selection criteria for consultants.

Tuberculosis Prevalence Survey : I am sorry to be a nuisance on this, but I still have a concern over how you are going to show that high-density urban areas have elevated TB prevalence rates. Comparing them to a national average is not adequate for this purpose, since there could be confounding variation between regions and urban/rural. A higher-than-national urban slum rate could, for example, be due to all parts of urban areas having an elevated rate, or to the regions in which the principal cities are located having an overall elevated rate. You did mention that previous studies in Philippines show that urban and rural rates do not differ nationwide -- but maybe regions do. As a minimum, you need to have urban/regional rates against which you could compare your slum rates. Control low-density areas would of course be methodologically much superior, though more costly in time, complexity and budget terms. Please check with your consultant epidemiologist again and confirm you will have a valid comparator.

It also seems to me that you surely would like to go beyond just showing that slums have elevated rates and use the survey also to identify the probable contributing factors -- since you'd need these eventually for any policy-relevant or intervention-relative purpose. In that case you would almost certainly require control areas. Again, you may want to check back with your epidemiologist on this.

I accept that there are no high-density rural areas we need to pay special attention to. But can you just confirm there are no

high-risk rural clusters (for reasons other than density)? For example, you mention population movements -- I understand Cambodia has sky-high TB rates at present nationwide because of extensive population disruptions, to the extent of needing a (temporary) special strategy to contain the epidemic -- are any parts of the Philippines affected on this scale? You did mention that urban and rural rates don't differ in previous surveys -- so if you believe slum areas are elevated, that entails at least some, perhaps all rural areas being higher than non-slum urban areas; therefore there must be rural risk factors other than density, and surely not just AIDS and contacts (which you would expect, like the cases themselves, to be disproportionately low-income urban).

I'm not trying to be difficult, just to ensure we get maximum value for money out of this survey from the point of view of actually intervening to improve things!

Evaluation revised TORs and selection criteria: I have sent your revised TORs to the procurement unit for review. Re your query on looking internationally for contractors to do the survey, after checking the loan agreement I don't see any problem, but am waiting to hear from our lawyer to doublecheck. I have also contacted monitoring and evaluation experts in the Bank for suggestions on how to locate suitable international consultant firms and am waiting to hear back. I'll be in touch again on this as soon as possible.

best regards to all,

althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

(264) SB/FM/AH/Stauffer/BB/A files

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

6 November 1995

MR. SVEN BURMESTER
Division Chief
Human Resources Division
East Asia and Pacific Region
World Bank, Washington, D.C.

Attention: Althea Hill
Senior Population Specialist

Dear Mr. Burmester:

This refers to World Bank letter of 20 October 1995 forwarding the comments and recommendations on the terms of reference (TOR) for the end-of-project evaluation for the Philippine Health Development Project .

In this connection, we are enclosing herewith the revised TOR incorporating your comments and recommendations. We wish to point out however that we need to receive your recommendation and suggestion on the selection process as requested in our letter of 6 September 1995 (copy attached) to serve as inputs in the preparation of the draft the letter of invitation particularly with regard to the firms to be invited.

We would appreciate your preferential attention on this matter.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

THE WORLD BANK GROUP
Headquarters: Washington, D.C. 20433 U.S.A.
Tel. No. (202) 477-1234 • Fax (202) 477-6391 • Telex No. RCA 248423

FACSIMILE COVER SHEET AND MESSAGE

DATE: October 20, 1995 **NO. OF PAGES:** 2 (including cover sheet) **MESSAGE NO.:** {#}

TO: Dr. Manuel M. Dayrit **FAX NO.:** 632-711-9573
Title: Assistant Secretary and PHDP/CSP Coordinator
Organization: Department of Health
City/Country: Manila, Philippines

FROM: Althea Hill **FAX NO.:**
Title: Sr. Population Specialist Dept./Div. No.: 202-477-1792
Dept/Div: Human Resources Operations
Room No.: E8037 Telephone: (202) 458-4474

SUBJECT: **PHILIPPINES - Health Development Project (Ln. 3099-PH): End-of- Project Evaluation Terms of Reference**

MESSAGE:

Dear Dr. Dayrit,

I am replying to your letter of September 6 to Mr. Shivakumar, then Chief, EA1HR, on the above topic. Please be advised that Mr. Shivakumar is no longer in the Division and the new Chief is Mr. Sven Burmester. I apologize sincerely for the delay in responding to your letter.

I attach a memo from the regional procurement unit with comments on the Terms of Reference for the Evaluation. Please prepare a revised set of TORs and also a draft Letter of Invitation along the lines indicated in the memo. Sample LOIs from our Consultancy Services Handbook, currently under preparation, are being pouched to you via the Resident Mission to assist you in drafting the LOI. I will send the full Handbook for your use and reference whenever it is published.

With best regards,

Sincerely yours,

Althea Hill

Althea Hill
Senior Population Specialist

Enclosure (via pouch)

Transmission authorized by: S. Burmester, Chief, EA1HR

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

6 September 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
World Bank
Washington, D.C.

Attention: Althea Hill
Task Manager

Dear **Mr. Shivakumar:**

We are forwarding the revised terms-of-reference for the proposed end of project evaluation for the Philippine Health Development Project (PHDP). The revision incorporates the recommendations of the supervision mission which visited the country last July.

We wish to draw your attention to the selection criteria which recommends the conduct of an international competitive bidding to select the contractor which will undertake the evaluation. Said recommendation was arrived at after assessing the magnitude of the work to be done vis-à-vis the availability of local firms that could undertake the required task.

In this connection, we would highly appreciate receiving your approval of the TOR as well as your comments on the said recommendation and any suggestion on the best alternative in going about selecting a suitable contractor.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: September 26, 1995

TO: Ms. Althea Hill, Sr. Population Specialist, EA1HR

FROM: Manju Sharma, Procurement Analyst, ASTTP

EXTENSION: 82911

SUBJECT: **PHILIPPINES: Health Development Project (Ln. 3099-PH), End of Project Evaluation - Terms of Reference**

This refers to the Assistant Secretary and PHDP/CSP Coordinator, Manuel Dayrit's letter, dated September 6, 1995, forwarding the terms of reference (TORs) and requesting Bank suggestions on the proposed method for selection of consultants for the End-of-Project Evaluation assignment. As requested, I have reviewed the document and have the following comments:

1. The document seems to be a hybrid of TORs and Letters of Invitation (LOIs) and contains incomplete and confusing information. For example, contrary to the titles, the TOR para. V on Scope of Work and sub-para. V.A on Expected Outputs, do not describe the consulting work required under the assignment, nor the particulars of the outputs (i.e., the assignment's reporting requirements). The paras. describe what the consultant's technical proposal should consist of. This information is usually covered under the LOI.

2. Sub-para. V.A.1.5 refers to Appendix C which is not attached.

3. The information in Sub-paras. V.A.2 and V.A.3 containing information on the reporting requirements of the assignment should be covered under the appropriate title (also ref. comments in para. 1 above).

4. Para. VI briefly describes the selection method. This information is incomplete and unacceptable. Moreover, this should be covered separately in the LOI.

In view of the above, the TORs should be revised and a draft LOI should be prepared for Bank comments. The DOH should refer to the Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency in preparing the documents, particularly paras.2.04-2.08 and Appendix 1.

OPR is in the process of preparing the Consultancy Services Handbook which contains sample LOIs. You may wish to obtain a copy of the appropriate latest sample which would facilitate DOH in expediting the preparation of the LOI.

TERMS OF REFERENCE
PHILIPPINE HEALTH DEVELOPMENT PROJECT
End - of - Project Evaluation

I. THE PHILIPPINE HEALTH DEVELOPMENT PROJECT (PHDP)

The PHDP is a six-year (February 1989 - December 1996) $70.1M project from the World Bank to the Philippine Government. The project is intended to support the Government's priorities to expand and improve public and primary health care specially for high-risk group; strengthen the efficiency and effectiveness of the DOH; promote collaboration among the government, local communities and NGOs in meeting community health needs; and establish improved mechanism for future policy development.

Specific objectives of the project are:

1. to achieve improvements in the control of major communicable and endemic diseases.

2. to reduce infant and child deaths as well as maternal mortality and fertility.

3. to upgrade institutional capacities of the DOH at all levels to improve program effectiveness and managerial efficiency

4. to promote health equity by targeting services to under-served areas and high-risk groups according to degrees of risk and/or disease prevalence

5. to strengthen partnerships among the DOH, local governments and NGO to improve the health conditions of local capabilities for participatory planning and self reliance in undertaking community health projects.

6. to establish improved planning and consultation mechanisms for longer - term improvements in health policies and programs.

The project consists of the following (4) components:

1. Component 1: Four DOH Impact Programs

   a. Malaria Control Program
   b. Tuberculosis Control Program
   c. Schistosomiasis Control Program
   d. Maternal and Child Health Program

2. Component 2: Strengthening the DOH's Institutional Capacity

3. Component 3: Community Health Development

4. Component 4: Policy Development

II. PURPOSE OF EVALUATION

The end-of-project evaluation shall include process, impact and strategic analysis at the levels of the beneficiaries, the community and the Department of Health.

The general objectives of the evaluation are:

1. **to assess the process of implementation, its accomplishment as a project and how it assisted the DOH programs accomplish its objectives;**

2. **to make recommendations to enhance the value of future health development projects and guide GOP investments in the health sector.**

3. **to assess whether the Philippine Government got the value of its investment in the PHDP as a health development project;**

The specific objectives of the evaluation are:

1. to determine the level of inputs achieved by the project;

2. to document the process that transformed the project inputs to outputs;

3. to determine which of the accomplishment of the project were for the beneficiaries, the community and the Department of Health;

4. to determine the relationships between project inputs, processes and impact;

5. to analyze the project and non-project factors associated with the accomplishments of the project; and

6. to perform a strategic analysis of the PHDP;

7. to synthesize the lessons learned from the investment on and implementation of the project and on the basis of these findings, make recommendations on future GOP investments in the health sector and the management of health development projects; and

8. to determine the specific policy reforms that the DOH either initiated or implemented during the life of the project.

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10. the degree to which specific policy recommendations made during the mid term evaluation of the disease control programs were implemented or if project assistance were adjusted to new directions as a result of said recommendations, and if not, why not?.

These selected areas will be assessed in terms of the following:

1. the extent to which the burden of disease, disability and death was prevented, mitigated, and/or eliminated;

2. the promotion of access to health services and equity in the distribution of these services;

3. quality and sustainability

4. the contributions made to the alleviation of poverty and increased income and productivity;

5. efficiency and cost-effectiveness;

For more details, see Appendices A and B.

The evaluation covers a period of six (6) years, from January 1990, the start of the project implementation, to June 1995, the cut-off date for the evaluation. It is anticipated that some elements of the process and impact evaluation will be done per year.

Substantively, the evaluation covers the four (4) major components of the project, taken individually and taken as a whole, in the latter as a prototype and holistic approach and strategy towards health development.

In geographic terms, the evaluation covers 15 regions, 76 provinces, and 1,580 municipalities, as well as 15 Regional and 12 Central Offices of the Department of Health.

As the evaluation is technical in scope,. it will include all elements and components of the program, including aspects related to the DOH and LGUs.

IV. INPUTS TO BE PROVIDED BY DOH

DOH will provide relevant data that will be useful to the consultant in undertaking the evaluation. It will also make available from among its staff subject matter specialist and/or staff involved with the project to provide insights as to the working and accomplishment of the project.

The DOH will provide financing for the evaluation.

V. EXPECTED OUTPUTS

The consultant will have the following outputs:

1. A research protocol on the conduct of the evaluation which will include:
   a) methodologies to be used in undertaking the task.
   b) sampling design and methods of data collection
   c) data processing an data analysis procedures.
2. A draft and final report on the results of the evaluation including his findings and recommendations.

VI. TIME FRAME

The evaluation will be for six months, starting in December 1995 to May 1996.

VII. EVALUATION CRITERIA

Quality shall be the principal selection criteria and the DOH does not bind itself in any way to select the consultant offering the lowest price.

The points given to evaluation criteria are:

	Points
The firms experience in evaluation and research of health and related projects	50%
The qualification and experience of the assigned personnel in their areas of specialization	30%
Adequacy of the proposed Work plan and Methodology in responding to the TOR	20%
	100%

III. SCOPE OF WORK

A. Evaluation Requirements

The Consultant will work with the DOH to develop the conceptual framework for the evaluation and come up with methodologies that will be be most effective in undertaking the proposed task. This will include the following: sampling design which will have to take into consideration the geographic and beneficiary coverage of the project; evaluation design, variables and indicators, methods of data collection identifying the data sources and the tools and instruments that will be used in specifying the target sample.

B. Conduct of Evaluation

The evaluation will include data collection, processing and analyses procedures juxtaposed with the project objectives and/or areas of investigation. The process will also include a discussion on ensuring the validity of the findings. Specifically the evaluation will focus on the following:

1. the type and level of financial, technical, technological and human resource inputs provided and achieved by the project;

2. the program management that characterized the project in the aspects of managerial processes used; the policies; strategies and mechanisms of implementation developed, adopted and institutionalized;

3. the type and level of interventions that were given;

4. the type and level of accomplishments made by the project in the short (output) terms

5. the extent to which the DOH capability for assessing, planning, communicating, intervening and evaluating has been strengthened at all levels;

6. the extent of mobilization and participation of the partners in the community of the DOH in health development activities;

7. the relationships between the various project components and non-project factors on the accomplishments of the project;

8. the distinct areas of differences in the way the project assisted the DOH carry out its mandate during the pre-devolution and post-devolution period.

9. the significant problems, issues and concerns encountered and the responses made throughout the lifetime of the project;

10. the degree to which specific policy recommendations made during the mid term evaluation of the disease control programs were implemented or if project assistance were adjusted to new directions as a result of said recommendations, and if not, why not?.

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PHDP Project

APPENDIX A: The Project Input, Process, Output, Purpose and Goal (PIPOPUG) Matrix

Input	Process	Output	Purpose	Goal
Component I				
A. Malaria Control Program				
Equipment Anti-malaria drugs Vans and Pumpboats Spraymen Supervisors Training Technical Assistance for evaluation Training and Research Operating Cost	Planning Organizing Coordinating Assessing (POCA) Decision- making Communicating Interpersonal dynamics Technical procedures (on surveillance and treatment) Procurement and distribution of supplies and drugs	Training report Trained spraymen/ supervisors Target areas/ groups identified Targets sprayed Evaluation and research reports Reduction of morbidity and mortality due to Malaria	Decrease school work loss days due to malaria Promote efficiency and effectiveness of health care delivery system	Reduce poverty, increase income and enhance productivity Increase quality of health care programs Enhance client satisfaction
B. TB Control Program				
Anti-TB drugs Supplies Staff Microscopes Training Technical Assistance to strengthen program	Same as in Component I.A. Technical procedures. (case finding, home care treatment and follow-up of of cases)	Training reports Trained staff upgraded microscopy centers Decreased morbidity and mortality due to TB	Same as in Component I.A.	Same as in Componeat I.A.
C. Schistosomiasis Control Program				
Drugs Microscopes, essential materials and equipment Vehicles and Motorcycles Staff: driver, stool collector public health nurse and microscopist	Same as in Component I.A.	Schisto Control Team Target areas and households identified Operations research reports Reduction in prevalence of Schistosomiasis	Same as in Component I.A.	Same as in Component I.A.

Input	Process	Output	Purpose	Goal
D. Maternal and Child Health				
Vit A and iron supplements Nutritionists Community Volunteers Mothercraft Classes ARI Management training Technical assistance for ARI Management guidelines Drugs Time pieces Oxygen concentrators	Same as in Component I.A.	Training report ARI case management guidelines Trained DOH staff and community volunteers High risk barangays identified More informed and cooperative mothers Increased use of nutrition, maternal and child health services Reduced incidence of 2nd and 3rd disease malnutrition, night blindness and anemia among preschoolers Reduced morbidity and mortality from Pneumonia among children Reduced anemia among proponent women Reduced maternal, infant and child mortality	Reduce disease burden of mothers and children Enhance the growth and development and learning of children Promote maternal capacity for healthy child bearing and caring Promote participation in health promotion and disease prevention and control	Mitigate negative impact of disease on income, productivity and life expectancy Enhance quality of health care Promote equity in distribution of health benefits Facilitate client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
A. Information and Communication				
Packet radios High frequency radios Microcomputers Technical Assistance Manuals info systems Fellowships on info systems Vehicles Staff HIS MIS Computer operations Financial management Staff training HIS MIS Computer operations Financial management	In addition to Component I.A. Establishing Central, regional and provincial sites Nationwide computerization of HIS Establishment of a central geographical info system Software development financial logistics Personnel development CHS Strengthening MIS Development of financial operations manual	Trained staff in HIS, MIS, financial management reports training Communication network from national to municipal levels HIS and MIS including software, manual, forms Central geographics information system	Strengthening institutional, capability of DOH Promote efficiency & effectiveness at all levels Fast and updated information on health status, problems and risks	Enhance capability to achieve goals/ mandate role in public information on health matters/ issues Prompt and appropriate response to health situation/needs.
B. Health Planning				
Microcomputers Technical assistance Workshops Staff Operating costs	POCA Developing modules	Learning modules Trained DOH staff Use of planning modules 5. year development plans and budget proposals per region	Develop organizational and coordination skills for health planning and programming Promote efficiency and effectiveness	Enhance DOH capacity to achieve goals/ mandate

Input	Process	Output	Purpose	Goal
C. Field Health Services				
Vehicles Delivery vans Technical assistance development Midwives Operational expenses for priority RHUS	POCA Developing program manual	Program management manual Upgraded RHU 38 priority municipalities/ RHUs identified	Increase service delivery of RHUs selected RHU services Enhance efficiency and effectiveness	Improved health status morbidity and mortality Enhance equity in health care delivery Promote increased client satisfaction
D. Central Laboratory				
Equipment for laboratory operations Technical assistance in lab. administration Fellowships for lab. technicians	POCA	Improved lab administration Trained technicians Upgraded lab facilities	Promote efficiency and effectiveness	Enhance DOH-capability to achieve mandate
E. Information, Education and Communication				
Desktop publishing equipment Audiovisual production and editing set IEC kits IEC materials Technical assistance to develop materials Staff: editor, layout artist, technician, feature writers	POCA Developing IEC materials/ messages	IEC prototype materials and messages: posters, brochures, flip charts, billboards, newsletters IEC production team Use of IEC materials by health care workers, by clients	Develop DOH capability to produce integrated IEC materials Influence change behavior to promote healthy lifestyles Promote self-reliance for health of clients	Enchance DOH capability to fulfill mandate Improve health status Greater client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
F. Training				
Basic training equipment per region: overhead VCR, public [illegible] mimeograph machine Technical assistance for job content assessments and curriculum development Training	POCA Developing basic and specialized	Job content analyses Curricula reports Reoriented DOH	Refocus training on needs at operational level and effectiveness	Enhance DOH capability to achieve Enhance HRD [illegible]
G. Evaluation				
Technical assistance for designing and implementing surveys	POCA Developing competencies for designing and implementing surveys	Survey/evaluation reports Trained staff	Improve DOH evaluation capabilities Enhance efficiency and effectiveness and effectiveness	Enhanced DOH capacity to achieve mandate Enhance HRD Increased health care worker satisfaction
H. Project Management and Coordination				
Office equipment Microcomputers Vehicles Technical assistance for project coordination skills Staff: coordinator, assistant, accountant, secretary	POCA Developing competencies for project coordination	Training reports Project coordinating teams	Support project management and coordination Mandate efficiency and effectiveness	Same as Component II.G.

Input	Process	Output	Purpose	Goal
Component III				
Technical assistance to CHS/DOH Observation tours and visits Local Consultants Funds for planning and project implementation grants	POCA Building up of technical and managerial capability of CHS Use of community health development process	Tour/Visit reports Trained and upgraded CHS staff Target communities identified Committee for Community Health Policy Consortia of partner agencies in selected provinces Project proposals	Promote community health development Enchance community self-reliance for health Facilitate community participation in program planning	Promote equity of health care delivery Enhance sustainability of health initiatives Promote quality of health services
Component IV				
Technical assistance Staff	POCA Developing competencies of technical secretariat	Technical Secretariat National Council for Health Policy Development Health Policy initiatives	Improve mechanism for health policy development Advocacy of DOH policies Influence non-DOH initiated	Enhance DOH leadership role in health policy development

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Appendix B: Selected Evaluation Questions by Component

Component 1: Four DOH Impact Programs

A. Policies and Strategies

1. What policies were developed in support to the 4 impact programs?
2. Were the policies adopted? How effective were they?
3. What strategies were developed? What were adopted? What were implemented? What were institutionalized?
4. How did the policies/strategies enable the accomplishment of program objectives?

B. Mechanisms for Implementation

1. What mechanisms were developed and adopted? What were implemented? How effective were these?
2. What arrangements were taken to continue/sustain these mechanisms?

C. Interventions

1. What interventions were given? Were these given to the right people, at the right time? How efficient and cost effective were these?
2. Were these interventions institutionalized? What measures were undertaken to institutionalize these interventions?
3. How did the LGUs respond to these interventions? What did the LGUs provide in support to these interventions?
4. Has the project built up the capability of the government to continue and sustain the project?

D. Accomplishments

1. What has the project gained vis-à-vis the national program?
2. Were the annual program targets met? Were the resources from the project sufficient to meet the program targets? How cost effective were these resources?
3. What were the recurring issues encountered? What measures were proposed to be instituted in response to these issues?

4. Were there reductions in infant, child and maternal deaths? What factors in the mortality reduction could be attributed to the project?

Component 2: Strengthening DOHs Institutional Capacity

A. Information and Communication System

1. What has been the acceptability, relevance and usefulness of the packet radio system to the majority of health data users, especially in the field?

2. According to its objectives, to what extent has the packet radio system supported the "communication of field epidemiological surveillance data, HIS data, MIS data and financial and management information including budget, procurement and expenditure data?"

3. Has the packet radio system proven to be more reliable or at least more cost-effective than the conventional radio relay system of the DOH, at least as regards message transfers and at least in the pilot sites of the packet system?

4. How effective has been the experience and expertise gained by the information to and from remote sites in the country to the DOH Central Office?

5. To what degree and ways has PHDP supported improvement of systems and procedures on critical areas of DOH operations?

   Nationwide implementation of the new health information system (FHSIS) including management training on data-based decision making (data utilization) for regional, provincial and districts supervisors

   Development, installation, operationalization and maintenance of appropriate software of selected systems and procedures in critical areas of DOH operations to facilitate and speed up routing operations:

   a. Procurement and Logistics

   b. Financial Transactions

   c. Health Mapping and Area Classification For Health Programs like Malaria

   d. Personnel Management

e. Communication System

f. Program Management

g. Regulatory Management

6. What administrative arrangements has been made to continue the project activities?

7. Was the budget ceiling allotted to INFOCOM sufficient to implement improvement using modern technology?

8. Have the benefits provided by modern technology rationalized the investment cost provided by PHDP?

9. How adequately has the PHDP explored other less sophisticated means of data transfer, especially courier systems, that would have been more adapted to local situations?

10. What equipment were actually procured versus what was planned as contained in the Staff Appraisal Report (SAR)?

11. How much was actually spent in terms of equipment purchase, versus what was actually procured and distributed?

12. What is the status of inventory and maintenance of the equipment that was actually procured and distributed?

13. How effectively has the PHDP collaborated and coordinated efforts with other projects having to do with information systems and communications development in the DOH?

14. To what extent has the PHDP collaborated and coordinated with other GIS development efforts, either within or outside the DOH?

15. To what extent has the PHDP ventured into hospital, financial, logistics, socio-economics and community health information systems?

16. To what extent has the PHDP collaborated with other DOH information systems development projects in these areas?

17. To what extent has the DOH information and communication system become relevant to the health of the community?

B. **Health Planning Capacity**

1. Has there been improvement in the health planning capability at the central office, regional and provincial/city levels?

2. Has decentralized planning process (Area Program Based-Health Planning) contributed in the improvement of managerial competencies in the following areas:

   - setting local priorities
   - recognizing operational constraints and obstacles and making remedial measures
   - guiding day to day work and performance

3. Has APB-HP improved the planning process and system in central and field offices?

4. Has decentralized planning approach improved delivery of goods and services in unserved and underserved communities?

5. Has capability building in decentralized planning process been effective in facilitating the devolution of health services in their respective communities?

6. Has decentralized planning contributed to an effective community mobilization and participation in health activities?

7. Do LGUs have available resources to continue APB-HP under devolution?

8. Did the LGUs target more resources in support to the priority health problems and programs?

C. **DOH Laboratory**

1. How has the project adjusted to the rapidly changing role (and many changes in roles) of the Central Laboratory within the lifetime of the project-term of PHDP:

   - management attitude (and outlook)
   - actual management support for the component
   - utilization of the benefits of upgrading

2. Has the project had perceptible effect on the laboratory services and/or resources?

3. The bulk of assistance given by the project centered on training. Were there any technical transfer that took effect?

D. Health Information, Education and Communication

1. Has PHDP been effective in facilitating the DOH priority programs?

2. Has PHDP improved the capabilities of health workers in the delivery of the health services?

3. Has PHDP created a demand in the utilization of health services for DOH priority programs? Was the DOH able to meet the increased demand? How did the DOH respond to the increased demand? How did the government respond? What was the effect?

4. Has PHDP been able to provide adequate information regarding PHDP funded projects?

5. Have PHDP-funded communication campaigns been cost-effective?

6. Has PHDP strengthened the IEC component of the DOH priority programs?

E. Training Capacity

1. What were the trainings developed and provided?

2. Were the PHDP training activities directed to the needs of specific group/category of personnel at specific levels of operations?

3. How effective were these trainings?

4. Has PHDP contributed to the strengthening/improvement of the delivery of the training services of the DOH?

5. Has PHDP been effective in monitoring and providing assistance to all its projects under the Sub-component on Systematizing Training and Health Manpower?

6. Has PHDP strengthened the capability of the DOH in providing the HRD services to the health personnel?

F. Field Health Services

1. Were all the 2,500 PHDP midwives hired?

2. Were they deployed in the targeted high-risked areas?

3. What interventions were provided to the midwives to better equip them as front-line health workers?

4. How effective were these interventions?

5. What support did the LGUs provide to the midwives?

6. Were the vehicles deployed according to the allocation list agreed upon by the World Bank and the Philippine Government through the DOH?

7. Were the provisions in the MOA on the transfer of vehicles between DOH and Provincial/Municipal governments followed?

   - Were the vehicles received and utilized by the rightful recipients?
   - Were the vehicles utilized according to their intended purpose?
   - Did the LGUs provide resources for the maintenance of the vehicles?

8. Was the MOA an effective instrument to effect compliance to its provisions?

G. Project Management

1. What management structure was adopted to implement the project?

2. Did the management structure make substantial improvement on the project performance?

3. What management tools were developed, adopted and maintained?

4. Did the management structure expedite the flow of resources to the end-users?

5. Did the funding mode help/hinder the operations of the programs?

6. How effectively has the project been managed? How have the programs been affected by PHDP?

7. What were the linkages established by the management structure? How effective were these?

Component 3: Community Health Development

A. Mechanisms for Community Health Development

1. What mechanisms for community health policy development have been established?

   - Has the Committee for Community Health Policy (CCHP) been established?
   - Was CCHP able to meet its mandate/objectives?
   - What policies were formulated by CCHP?
   - How did the policies facilitate/enable the accomplishment of program objectives?
   - How applicable were the policies?

2. What mechanisms for programming and management of funds were set up?

   - What flow of funds was utilized?
   - How effective was this?
   - How effectively has the flow of funds been managed by Community Health Service (CHS) and PCU?

3. Is there an effective monitoring system which includes feedback mechanisms?

4. Have the mechanisms developed been institutionalized?

B. Structure

1. How was the partnership organized?
2. Was it able to carry out its major tasks/activities?
3. What did the partnership contribute to Community Health Development (CHD)?
4. What factors contributed to the sustainability of the partnership as a structure?
5. What NGO characteristics facilitated the implementation/operation of Community Health Development?

C. **Interventions**

1. What were the interventions provided at different levels?

2. How effective were the interventions in achieving program objectives?

D. **Projects**

1. How did the project grants contribute in building capabilities for self-management and decision-making?

2. What are the indications for project sustainability?

3. How cost-effective were these projects?

Component 4: Health Policy Development

A. **Mechanisms for Health Policy Development**

1. What mechanisms for health policy development have been established through the PHDP?

   - Has the National Council for Health Policy Development (NCHPD) been established?
   - Has a Technical Secretariat to the NCHPD or its equivalent been established?
   - Does the Technical Secretariat function?
   - Has the Technical Secretariat developed a health research policy agenda?
   - What process was employed to develop the health policy research agenda?

2. Have alternative mechanisms from those proposed in the project document for health policy development been established?

3. Have the mechanisms for health policy development been institutionalized?

4. Were there existing mechanisms assisted or substituted by the PHDP and to what extent was the assistance provided?

5. Were there mechanisms other than the studies considered to achieve improved health policy development?

B. Studies Supported by PHDP

1. How and why was it decided to contract out the policy research studies to PIDS?
2. Which DOH organizational entities were responsible for managing the PIDS studies?
3. What is the PIDS organizational structure and how is it linked to PHDP?
4. How is the PIDS project and its organization structurally linked to the DOH?
5. Have the PIDS research studies been linked to existing or anticipated policy units, structures, or processes in the DOH?
6. What is the PIDS agenda?
7. How was the PIDS research agenda developed?
8. Why was a decision made to focus the PIDS research agenda on health care financing?
9. Have the PIDS studies generated actionable policy recommendations of use to DOH decision makers?
10. Have these policy implications been fed back to the policy deliberation panel?
11. How many policy actions have been undertaken as a result of the PIDS research?
12. What is the status/progress of the PIDS researches toward completion?
13. What arrangements have been made for the continuation of the studies and processes pioneered through the DOH/PHDP grant to PIDS beyond the PHDP-PACD?

C. Linkages

1. Have the activities of PIDS affected other DOH policy initiatives or projects?
2. Are there synergies between PIDS and other DOH projects?
3. What is the institution established by the DOH to utilize the data from PIDS studies for policy purposes?

4. Have linkages with government units outside the DOH been established (e.g. NEDA, DOF, DBM, Senate and House of Representatives)?

5. Have linkages with the private sector been established (e.g. NGOs, HMOs private hospitals, drug manufacturers, etc.)?

6. Have the policies impacted on health of consumers and increased health investment?

7. Has PIDS established influences both in domestic international agencies?

8. How did the policies affect/influence the investment put into health?

D. Financial/Contractual Performance

1. What was the rationale for the substantial increase for the PIDS project?

2. What contractual/financial arrangements were created to expend funds under the PIDS contract and how effective were these in moving the resources?

3. How efficient was the budget utilization?

4. What problems were encountered, if any, with this contractual/financial arrangement?

5. What steps were undertaken to resolve these problems?

In addition to the above issues to be investigated, the following evaluation questions which cut across all components need to be addressed:

1. Were the project objectives the most critical ones in achieving the overall goal of PHDP?

2. What targets/objectives were modified or changed half-way in the project implementation? What were the reasons for the changes/modifications? How was project implementation affected by the changes/modifications?

3. How valid were the PHDP assumptions given the changes that have occurred in the Department?

4. What recommendations/measures should be undertaken to increase the likelihood of PHDP sustainability?

5. How effective and efficient was PHDP?

6. What strategy could be adopted to better strengthen and sustain the PHDP implementation?

7. How effectively has the project been managed by the DOH (including by PCU, program managers, field implementors, etc.)?

/angie
wp:strengthening

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: November 8, 1995 02:08am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Dear Althea,

PCU asked me to transmit their response to subject message. Sorry for the delayed response.

Dodong

M[redacted] ALTHEA HILL
T[redacted]k Manager
PHDP
World Bank

Dear Althea,

This refers to your October 20 letter inquiring about the TOR of the National TB Prevalence Survey (NPS). Following is our response to your queries:

1. Based on available service studies of the National TB Control Program, it is generally observed that there are more cases in the slum areas. We want to validate this observation by conducting a study in congested, high density areas. These areas are basically found in the urban areas of which it is estimated that 70% reside in the three pilot areas of UHNP. The result of this special survey will be compared to the average TB infection/prevalence rate at the national level and that slum/densely populated areas are subject to higher risk of infection. These areas will then be given priority in the national program.

   The design for this study will be incorporated in the revised TOR.

2. It is generally accepted that slum areas are the only high density areas in the country. The occurrence of "high density" areas in rural setting is brought about by evacuation of population affected by calamities which is a temporary phenomenon.

Since we are awaiting your approval of the TOR, the protocol and the corresponding financial requirements could not be determined. Please be assured, however that we have sufficient funds to cover the additional cost.

If your questions regarding the TOR are satisfactorily answered, we would

request your immediate reply, for us to do the necessary revisions of the TOR and immediately send it to you.

Best regards.

ANTONIO N. ACOSTA, M.D.,M.P.H.

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

November 2, 1995

Manuel M. Dayrit, M.D. M.Sc
Assistant Secretary of Health
PHDP/CSP Coordinator
Department of Health
San Lazaro Compound
Rizal Avenue, Sta Cruz
Manila, Philippines

Dear Dr. Dayrit:

Philippines Health Development Project (PHDP) (Ln. 3099-PH)Multimedia Project Contract

With reference to your letter of October 5, 1995, we have reviewed the draft contract for the Multimedia Project to be financed under PHDP. You have already received a reply from Ms. Vimala Abraham regarding the disbursement issues raised in your letter. I also attach for your information a memo from our Procurement Services unit, commenting in detail on the contract.

We have the following comments on the contract:

1) We note that the contract is to be signed with a consortium of the Education Development Center Inc. (EDC) and a local institution (SEAMEO INNOTECH), but that EDC has contractual responsibility and is fully liable for performance. If this consortium is to be a joint venture, there must be joint and several liability and the Bank cannot accept any other arrangement. This would not apply, however, if the local firm were to be included in the contract only as a sub-consultant to EDC. This point needs to be clarified.

2) Since the contract does not include taxes and since taxes are local-currency expenses which are not financed by the World Bank, the contract should include the following language: "The consultants and their Personnel shall pay the following taxes, duties, fees, levies and other impositions levied under the Applicable Law: .....{description of taxes etc. payable together with their legal basis}."

3) The contract should be rewritten to follow the format of the Bank's Sample Contract, as already recommended in an electronic mail message sent on July 15, 1995.

We look forward to receiving the revised draft contract for what promises to be an excellent project.

Sincerely,

Althea Hill

Althea Hill
Sr. Population Specialist
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region

Attachment: Memo from Mr. Gopalkrishnan

cc. Messrs./Mmes. Gopalkrishnan, Fringer (ASTTP); Abraham (LOAAS); Scheyer (ASTHR); Meyers (EA1HR); Asia Files, Division Black Book.

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: October 31, 1995

TO: Ms. Althea Hill (EA1HR)

FROM: R. Gopalkrishnan (ASTTP)

EXTENSION: 82912

SUBJECT: **PHILIPPINES: Health Development Project (Loan 3099-PH)**
Multimedia Project Contract

1. Pursuant to your request, we have reviewed DOH's letter of October 5, 1995 and the contract DOH have finalized with M/s Education Development Center Inc. (EDC), Boston, U.S.A. We have the following comments:

(a) The contract is signed with a consortium of EDC and a local institution, namely Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology (SEAMEO INNOTECH). This has been done to meet the requirement of the Philippine law which mandates the association of a local firm with a foreign firm. The LOI included the following clause: "In case your firm is a foreign firm, a joint venture with local consultants duly registered as such is required to meet the objective of state-of-the-art technologies. Proof of such joint venture must be presented." In this case, the contractual responsibility is with EDC and they are fully liable for performance. Also, even though a minor role is envisaged for the local firm, the departure from the normal Bank requirement of joint and several liability for joint ventures cannot be compromised.

(b) The major issue pertaining to this contract is on taxation. The contract indicates that EDC is liable for taxes and DOH will try to get exemption; and if this is not successful, EDC is liable for taxes. EDC contends that they are a non-profit organization and should be exempted from paying taxes. Since the contract value does not include taxes and since taxes are local currency expenses which are not financed by the Bank, the contract should include the following:

"The consultants and their Personnel shall pay the following taxes, duties, fees, levies and other impositions levied under the Applicable Law:

[Give clear description of taxes, etc., payable together with their legal basis (e.g., Corporate Income Taxes as per Income Tax Act of ...]."

(c) The contract should follow the Bank's Sample Contract. We recommend the rewriting of the contract on this basis. This has been communicated earlier in our EM of July 15, 1995.

(d) The payment terms follow milestone payments for work done. This is acceptable. Concerning the disbursement issues, we recommend that this be sorted out with the Disbursement Section.

(e) Please take this matter up with DOH and request them to revise the documents based on the above comments.

(f) We find the technical proposal and work plan very good and EDC has done a good job.

2. Please let us know if we can be of any further help in this matter.

Cleared with and cc: Mr. Pringer (ASTTP)

cc: Mr. Burmester (EA1HR)
Asia Information Center

RGopalkrishnan:rh
L3099MEM.448
Log 448/Disk C

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

PSU 488

5 October 1995

MR. SVEN VURMESTER
Division Chief
Population, Health and Nutrition
The World Bank, Washington, D.C.
Fax No.: 001-(202)-477-63-91

LN 3099PH

ATTENTION: MS. ALTHEA HILL
Task Manager
Philippine Health Development Project

Dear Mr. Vurmester:

We are submitting the Multimedia Project draft contract under the IFB No. 1-3099 for your review and approval.

Please note that the method of payment cited in the contract is COST REIMBURSEMENT, supporting the winning bidder's claim that they are charging neither fee nor profit in the project. We are not able to state clearly in the contract the procedure and documentation for payment because we are still waiting for your response to our inquiry on this matter. Since you will review the contract, please include in your comments necessary provisions for the procedure and documentation of payment.

Likewise, we are also requesting that the Contract shall be 'paid directly by the Bank. By early next year, we anticipate the Bank to recover the initial deposit to the Special Account (our undisbursed balance as of August 18, 1995 is $7,234,151.91). Payment for this contract from the Special Account may deplete the cash for operations of other project activities aside from multimedia. We believe also that direct payment will greatly facilitate smooth implementation of the project since the winning bidder is US based; it will minimize delays in payment.

Lastly, we learned during our consultation with your Disbursement Officer that the bank reset the invoice minimum ceiling from $20,000 to $800,000 for direct payment. The new invoice ceiling for direct payment will adversely affect the payment schedule as originally set out in Attachment K of the Contract. We request that the Bank consider the original schedule of payment agreed upon by both parties during the negotiation, August 10-12, 1995 and exempt this Project from the implementation of the new ceiling.

We are hoping for your favorable reply and we would appreciate it very much if we could receive your approval within October.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary of Health
PHDP/CSP Coordinator

A L L - I N - 1 N O T E

DATE: 31-Oct-1995 02:19am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: misc

Dear Althea,

The DOH All-in-One account is a great mystery to me. This account was opened by the TM of the First Water project which is now winding down, and used to be managed by Dr. Roxas when he was usec for public health services. The last time I saw the computer where the modem was attached, it was almost going out of commission (an old 286) and was no longer used for e-mailing. I don't know what happened to that computer when Roxas became chief of staff, or, if you received a message from that account, who is operating it. Do continue using the DOH address, but please cc me so that i can check whether the intended recipient actually gets the message. PCU received the messages through me in the two instances that you used the DOH address.

Dodong

A L L - I N - 1 N O T E

DATE: 30-Oct-1995 03:34pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: misc

Dear Dodong,

Thanks once again for rolling with the punches and still delivering on Sven's itinerary. What a cock-up! (on everyone else's part). And thanks for squeezing in a meeting with Sen. Flavier at the same time. Mention to Sven that Flavier will be speaking at this PHN event in January, as I was suggesting to Sven he should attend.

Please charge the breakfasts with Ramiro and Flavier to TASU if need be. They surely fall under the policy advisory rubric.

Re the letter from the PCU about clarification on the JG application recovery, as you saw Vimala answered it yesterday with another EM addressed to DOH. I had told her she could write to them at the DOH account address, since I'd received one communication from them that route. But now I see they are writing c/o you again. Tell me what I (and Vimala) should do for the future? Write to the DOH address? or via you? What do they prefer?

cheers

Althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 30, 1995 08:05am

TO: ROSENDO CAPUL (ROSENDO CAPUL@A1@MANILA)

FROM: Vimala Abraham, LOAAS (VIMALA ABRAHAM@A1@WBWASH)

EXT.: 84294

SUBJECT: For Your Information

Dear Mr. Capul,

The attached EM to DOH addresses the 100% recovery under the Japanese Grant.

Vimala

CC: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)
CC: CECILIA VALES (CECILIA VALES@A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 30, 1995 00:41am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: message for the PHDP PCU (Drs Dayrit and Acosta)

Dear Althea,
PCU requested me to transmit the following letter to you.

October 30, 1995

Ms. Althea Hill
Senior Population Specialist
Human Resources Operations
World Bank
Washington, D.C.

Dear Ms. Hill:

Vimala's EM dated October 27 did not exactly address the concerns contained in our letter to Mr. Burmester. What we want to be clarified about is why 100% recovery was applied to Application No.28 under the Japan Grant proceeds.

We would appreciate your clarifying us on this matter.

Very truly yours,

Antonio N. Acosta, M.D.,M.P.H.
Acting Manager
Project Coordinating Unit and
Officer-In-Charge, PHDP/CSP

CC: VIMALA ABRAHAM (VIMALA ABRAHAM@A1@WBWASH)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 30, 1995 00:52am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: Sven Burmester's Trip

Dear Althea,

Sec. Ramiro's office advised me this morning that Ramiro has cancelled all appointments for Nov. 7 and 8 because those are the dates that his confirmation hearings will most likely be held. We have therefore reset his meeting with Ramiro to November 9--a 7:30 A.M. breakfast meeting at Mario's Restaurant in Quezon City. This is the only other time tht Ramiro will be available for the week that Sven will be in Manila. I have arranged Sven to have breakfast with Flavier 7:30 A.M. November 7 at the Manila Hotel.

Althea, if nobody picks up the tab for these breakfast meetings, inadvertently or otherwise, can I charge these to TASU expense?

Regards,

Dodong

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR@A1@MANILA)
CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 29, 1995 11:10am

TO: DOH (DOH@A1@MANILA)

FROM: Vimala Abraham, LOAAS (VIMALA ABRAHAM@A1@WBWASH)

EXT.: 84294

SUBJECT: Japanese Grant 2270 PH - Health Development Project

Attention: Mr. Antonio N. Acosta, M.D., M.P.H.
Acting Manager, Project Coordinating Unit
and Officer-in-Charge, PHDP/CSP

Dear Dr. Acosta,

Reference is made to your letter of October 26, 1995 in which you have requested us to delay the recovery of documents for initial deposit under the Special Account for Japanese Grant 2270 PH. Withdrawal Application No. 28 was recovered in the amount of US$92,919.49 representing 100% amount eligible, as the free funds under the loan is JPY 49,167,930 (approx. $490,000) with $448,770 yet to be recovered under the special account.

We have reviewed the project status and agree to recover future applications at 50% and replenish 50%, as this project does not close until December 1996. This will ensure that sufficient funds will be available for project implementation.

Please let us know if we can be of further assistance.

Sincerely Yours,

Vimala Abraham
Disbursement Officer
Asia Disbursement Division

CC: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)
CC: Angela Manuel (ANGELA MANUEL@A1@WBWASH)
CC: Lynn Reyes (LYNN REYES@A1@WBWASH)
CC: CECILIA VALES (CECILIA VALES@A1@MANILA)

A L L - I N - 1 N O T E

DATE: 27-Oct-1995 02:28pm

TO: DOH (DOH @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: message for the PHDP PCU (Drs Dayrit and Acosta)

Dear PCU,

Just to acknowledge receipt this morning of your letter to Mr Burmester regarding 100% recovery of the Special Account for PHDP, which I discussed with Vimala. We assume that your concerns have been adequately addressed already by her EM to you yesterday, which must have crossed with your letter, and that there is now no need to reply formally. Let us know if you do want something further, however.

Best regards

Althea

CC: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)
CC: VIMALA ABRAHAM (VIMALA ABRAHAM @A1@WBWASH)

A L L - I N - 1 N O T E

DATE: 27-Oct-1995 10:00am

TO: VIMALA ABRAHAM (VIMALA ABRAHAM @A1@WBWASH)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: letter from PCU on SA recovery

Dear Vimala,

I assume this letter complaining about 100% recovery of the Special Account is outdated by your EM of yesterday? Will you be drafting a reply to it? do we need to discuss further?

regards

Althea

CC: R. GOPALKRISHNAN (R. GOPALKRISHNAN @A1@WBWASH)

OCT 27 1995

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

EA: HHR Log No. 260
Route to SB | AH | VA
Action Date

26 October 1995

MR. SVEN BURMESTER
Chief
Population and Human Resources Division
East Asia and Pacific Region
World Bank, Washington, D.C.

Attention: Vimala Abraham
Asia Disbursements Division

Dear **Mr. Burmester:**

This has reference to application for withdrawal no. 28 under the Japanese Grant proceeds of the Philippine Health Development Project (PHDP) amounting to US$94,237.26 out of which US$92,919.49 was approved. It was noted that the approved amount was also applied to recover amount advanced to the special account.

While we do not question the bank's authority to recover the advances, we were caught by surprise by the sudden application of 100% recovery percentage. Although the grant agreement provides that the 50% recovery percentage may be increased to ensure that the amount of initial deposit is fully recovered, imposition of the 100% rate will surely affect the implementation of the project activities. As you may be aware of, the proceed from the Japanese grant is primarily used to fund the operating and personal services expenses of the Project Coordinating Unit (PCU) and other technical services. If the 100% recovery rate is applied to subsequent applications, all activities funded out of the grant proceeds, including the coordinative function of the PCU will stop as there is no other source to fund said activities except through the special account.

The same dilemma was brought to the attention of the bank in our letter of 22 June 1994 (copy attached) to which a favorable reply was received by the Department.

In this connection we would like to seek clarification regarding the recovery aspect of the grant to enable us to take the necessary action.

Very truly yours,

ANTONIO N. ACOSTA, M.D., M.P.H.
Acting Manager
Project Coordinating Unit and
Officer-In-Charge, PHDP/CSP

cc : **A. Hill**
S. Scheyer

FAX MESSAGE

June 22, 1994

MR. C. SHIVAKUMAR
Chief, Population and Human Resources
Country Department II-Asia Region
(World Bank Loan 3099 PH)
Washington D.C., U.S.A. 20433

Attention: Mr. Christopher Chamberlin

Dear Mr. Shivakumar:

We would like to seek the Bank's comments on a pressing issue which is affecting the implementation of the Philippine Health Development Project (PHDP). As you know, PHDP is partly funded by the Japanese grant of which a special account with our Bangko Sentral (Central Bank) has been set up.

However, the recovery process has started in the fourth quarter of 1993 and consequently, the special account balance has now been reduced to one half, that is, $413,876 out of the initial $800,000. This has given rise to the following situations:

1. Although there is an Advice of Allotment (AA) of P26,657,872 for the Japanese Grant this year, the Department of Budget and Management (DBM) indicated in the AA that the cash allocation for this is tied up to the available balance in the special account. The revolving amount in the special account is not sufficient to support the planned activities funded out of the Japanese Grant.

2. At the current rate of recovery of the Japanese Grant special account, we anticipate that the Project Coordinating Unit will not have sufficient cash to pay the personal services requirement and operating cost next year.

3. At the beginning of the year, the unobligated/uncommitted balance out of the Japanese Grant funds is estimated to be P36,318,693 or $1,297,096. It is almost certain that this balance out of the grant funds cannot be fully utilized within the project life due to insufficient cash backing given the current level of the special account.

The Department of Health has explored various possibilities of solving the problem including obtaining a cash advance from the Philippine government's DBM but the latter negated this option.

The other possibilities we are looking at, in which we would like the Bank's consideration, are the following:

a. Direct payment by World Bank for goods and services amounting to the Bank's minimum limit of at least $20,000.

At the moment, the DOH has a contract with the Development Academy of the Philippines (DAP) funded under the Japanese Grant for the finalization of the project proposal on Women's Health and Safe Motherhood amounting to P1,763,700. We would like to request that this be directly paid by the Bank so as not to adversely affect appraisal activities involving the various co-financiers of the project.

Henceforth, we suggest that payment for goods/services meeting the $20,000 minimum requirement follow the same mode of disbursement.

b. Temporary suspension of the Bank's recovery process for the Japanese Grant special account until the end of 1995, if feasible.

Another concern we would like to refer to you is related to the DOH-Kabalikat contract for technical assistance in the implementation of the local government code.

The original contract between DOH and Kabalikat for this activity was implemented in 1993 amounting to P1,166,400. Kabalikat has completed and delivered all expected outputs and was fully paid directly by the Bank. Recently, the Department was informed by the Contractor that there is a remaining balance of less than P100,000 out of the contract amount. The DOH proposes to use this amount for equipment purchase to include cellular phone, laser jet printer and pocketbell units. Since there is no line item for Capital Outlay under this contract, we would like to seek your concurrence in utilizing the P100,000 balance to procure the above equipment for the Department.

We are hoping for your positive consideration on the above requests.

Very truly yours,

LINDA L. MILAN, M.D., M.P.H.
Assistant Secretary and
PHDP/CSP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 05:46pm

TO: DOH (DOH@A1@MANILA)
TO: ROSENDO CAPUL (ROSENDO CAPUL@A1@MANILA)

FROM: Vimala Abraham, LOAAS (VIMALA ABRAHAM@A1@WBWASH)

EXT.: 84294

SUBJECT: Loan 3099 PH - Multimedia Project Contract

Attention: Dr. Manuel M. Dayrit, M.D., M.Sc.
Dr. Antonio N. Acosta, M.D., M.P.H.

Dear Sirs,

We have received your letters of October 5 and 24 in regard to the above contract and the method of payment.

The contract should not specify the World Bank procedure that will be used for payment.

In regard to your concerns on the recovery of the special account, as the project does not close until December 31, 1996, we will recover documentation for the initial deposit at the rate of 25% recovery and 75% replenishment. This will leave sufficient funds in the special account to make payments under this contract. As the installments for "Cost Reimbursement" are below $300,000 and the initial deposit to the special account is $4.0 million, all payments under this contract should be made from the special account and not under the "Direct Payment Procedure."

Minimum size of application for direct payment and special commitment were set at $20,000 when the Bank had considered closing all special accounts. As I had discussed and agreed with your staff during my mission, the minimum size of applications for direct payment will be 20% of the initial deposit. If monthly replenishment applications are submitted, you will not have problems with availability of funds.

Regards,

Vimala Abraham
Disbursement Officer
Asia Disbursement Division

CC: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)
CC: R. Gopalkrishnan (R. GOPALKRISHNAN@A1@WBWASH)
CC: Angela Manuel (ANGELA MANUEL@A1@WBWASH)

CC: Lynn Reyes (LYNN REYES@A1@WBWASH)
CC: CECILIA VALES (CECILIA VALES@A1@MANILA)

A L L - I N - 1 N O T E

DATE: 26-Oct-1995 02:36pm

TO: DOH (DOH @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: Multimedia contract

Dear PCU,

I am responding quickly this way to your letter of yesterday re accelerating progress on reviewing the multimedia contract, just to let you know where we are on it here.

I met yesterday with the procurement specialist who is reviewing the contract to discuss it. He is drafting a letter of response which will need to be cleared higher up. Basically, he like everyone else is extremely impressed by the technical quality of the proposal from EDC, and has no problems relating to the body of the contract. However there are two general issues which will need resolution, one relating to the taxation issue and the other to the registration requirement. He will be addressing these in his reply. I will call him again tomorrow if I don't hear back from him by then.

Re the disbursement questions you raise in this and earlier correspondance, your letter is with Vimala for review and response. I discussed briefly with her this morning and she will get a response out ASAP. I will check in again with her tomorrow.

I appreciate your concerns about the delay in proceeding further with the work. I received a call from ECD yesterday on the same point. We will try to get a response back to you as soon as we possibly can, and I do apologise for the delays that have occurred to date.

Best regards

Althea

CC: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 12:18pm

TO: Stanley Scheyer (STANLEY SCHEYER)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Can't we do something about this?

Dear Stan,

Dodong will correct me if I'm wrong, but I believe it was initially proposed that Sven should definitely attend the congress for an overview and briefing and could visit communities in the field if it would fit in with other proposed field trips. I assume the field part was not found possible, since it did not figure in the final initial schedule. I did press for a Manila slum visit, because that's always relatively easier to fit into limited time in-country.

Then the contretemps over dates meant that the congress was out too, so a briefing in DOH was arranged instead. I presume field visits continued to be not possible. As I said, and Sven said, he'll be going frequently in the future, so there's bound to be an opportunity later. I'm just grateful to Dodong for salvaging so much of what looked like a totally wrecked schedule!

Since Sven is considering coming mid-Feb, hopefully to attend an ECD fund-raiser, we might think in terms of a rural health field trip at that time.

cheers

Althea

CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)
CC: Sven Burmester (SVEN BURMESTER)
CC: RAMA LAKSHMINARAYANAN (RAMA LAKSHMINARAYANAN)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 10:00am

TO: Althea Hill (ALTHEA HILL)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: Can't we do something about this?

I am not sure what is going on. When Dodong asked my thoughts about what would be good for Sven to see and hear, I strongly recommended getting out of Manila to see the community health development component in one of the initial provinces where the community projects have matured. I take it from the exchange that this option is out do to schedules. Unfortunate if this is the case.... If it is, then the agenda Dodong has put together look very good to me.

CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)
CC: Sven Burmester (SVEN BURMESTER)
CC: RAMA LAKSHMINARAYANAN (RAMA LAKSHMINARAYANAN)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 09:46am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Can't we do something about this?

Dear Dodong,

You are an absolute wizard. Many thanks for responding so fast and effectively.

Perhaps we could schedule a community visit for Sven on his next trip combined with other field travel. Since it's an on-going activity in three implementing projects it doesn't do too much harm to save field visits for later.

cheers

Althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)
CC: Sven Burmester (SVEN BURMESTER)
CC: RAMA LAKSHMINARAYANAN (RAMA LAKSHMINARAYANAN)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 09:24am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

FROM: Rama Lakshminarayanan, EA1HR (RAMA LAKSHMINARAYANAN)

EXT.: 80021

SUBJECT: RE: Can't we do something about this?

Thanks Dodong, for putting together an itinerary that covers the entire health portfolio and at such short notice!

cheers,

rama

CC: Althea Hill (ALTHEA HILL)
CC: Sven Burmester (SVEN BURMESTER)
CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 26, 1995 02:27am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: Can't we do something about this?

Dear Althea,

This is what I came up with for Sven's November 7 'health day': Breakfast meeting with Sec. Ramiro (7:30 A, Manila Hotel), followed by a tour to an urban slum community; lunch with an official of a UHNP-participating LGU; afternoon at at DOH for briefing on PHDP (includes showing of video on community/NGO participation) and meeting with Dr. Reodica for updates on WHSMP and ECD. While it is the recommendation of everybody to have him visit a PHDP-Comp 3 site, there is just no time and the PCHD congress in Imus will not have anything on [redacted] 7 worth seeing.

I hope there are no more scheduling changes. I may not be able to put together an alternative itinerary as good as this one.

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: Sven Burmester (SVEN BURMESTER@A1@WBHQB)
CC: RAMA LAKSHMINARAYANAN (RAMA LAKSHMINARAYANAN@A1@WBHQB

EAIPH Log No. 259
Route to SB / AH
Action Date

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-60

OCT 25 1995

25 October 1995

MR. SVEN VURMESTER
Division Chief
Population, Health and Nutrition
The World Bank
Washington D.C.
Fax No. 001-(002)-477-63-91

ATTENTION: MS. ALTHEA HILL
Task Manager
Philippine Health Development Project

Dear Mr. Vurmester:

This refers to the Multimedia Project draft contract under the IFB No. 1-3099 for your review and approval. The document was sent to you through the World Bank pouch service last 13 October 1995.

The Department is under the pressure to process the contract by November for the following reasons:

1. sixty percent of the budget for the project is available this year and needs to be obligated in November; This means that the contract should be signed and approved in November;

2. the Consultant, Education Development Center, signified the importance of starting the 2-year project by the first week of November. The key consultant will begin working in the DOH in November 3 and must be back in the US not later than November 30. It's very hard for them to postpone her trip or she won't be able to complete the necessary tasks. Her trip is crucial to getting the project under way and completed on time. If the contract signing is delayed, and the consultant cannot begin work in Manila November 6, we are worried that the project implementation will be drastically affected.

In this connection, we would like to request if the Bank can facilitate the immediate review and approval of the contract. We hope to get your comments and approval within October.

We highly appreciate your support. Thank you.

Very truly yours,

ANTONIO N. ACOSTA, M.D., M.P.H.
Acting Manger, Project Coordinating Unit
OiC, PHDP/CSP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 21, 1995 11:39am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Althea, I think this is fine and it should do the job. There is only one technical correction I think it is worth pointing out again. It is true Urban and Rural comparisons don't show much difference. This is different than determining rates in urban, highly congested, poor communities where the rates have been shown to be much highe in metro Manila. Somehow we can't get across the "averaging" effect of aggragate urban statistics where large intra urban varience occurs. The proposed cluster analysis should do the job.

CC: Althea Hill (ALTHEA HILL)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

APPOINTMENTS SET FOR
SVEN BURMESTER
As of October 23, 1995, 4:40 PM
= =

November 6, Monday

(T)	8:00am	Breakfast with Dr. Hilarion Ramiro Secretary Department of Health Tel. 7116080/7119502
		Venue:
(T)	10:00am	visit to urban slums in Manila
(T)	1:00pm	field trip to Imus, Cavite
		Congress on National Partnership on Community Development (Community and NGO Participation)
		Venue: Imus Sports Center Imus, Cavite

Note: Dr. Rosendo Capul is the coordinator for this whole day activity and will accompany Mr. Burmester.

November 7, Tuesday

(T)	9:30am	Mr. Augusto Santos Assistant Director General National Economic Development Authority NEDA sa Pasig Building Amber Avenue, Pasig, Metro Manila Tel. 6313702 (Lea)
(C)	10:30am	Ms. Erlinda Pefianco Undersecretary Department of Education, Culture and Spor 2/F Rizal Building I University of Life Complex Meralco Avenue, Pasig, Metro Manila Tel. 6337206/6318494 (Vicky)
(C)	12:15pm	Lunch with Ms. Shigeko M. Asher Manager Education, Health and Population Division West Asian Development Bank Room 6416 West Core #6 ADB Avenue, Mandaluyong, Metro Manila Tel. 6326726/6326860

(C) 2:00pm

Mr. William Fraser
Manager
Education, Health and Population
Asian Development Bank
Tel. 6326820

Ms. Shigeko M. Asher
Manager
Education, Health and Population West
Asian Development Bank
Tel. 6326726/6326860

Venue: Room 5416 West Core
#6 ADB Avenue, Mandaluyong,
Metro Manila

November 8, Wednesday

(T) 9:00am visit two (2) elementary schools in Quezon City

Note: Ms. Esther Dijamco, Senior Education Program Specialist, DECS, is the coordinator for this activity and will accompany Mr Burmester.

November 9, Thursday

(T) 12:30pm

Mr. Jaime Laya
President
Philippine Trust Bank
Tel. 573961 (Beth)

Venue: Cowrie Grill, Manila Hotel

(T) pm

Undersecretary Romeo Bernardo
Department of Finance
5/F Executive Tower
Central Bank Complex, Manila
Tel. L-3135/3136 (Neneng/Aliza)

November 10, Friday

(T) 10:00am

Mr. William Padolina
Secretary
Department of Science and Technology
Room 201, 2/F DOST Main Building
General Santos Avenue, Bicutan
Taguig, Metro Manila
Tel. 8372939 (Marilyn)

CC: SVEN BURMESTER (SVEN BURMESTER@A
CC: THOMAS W. ALLEN (THOMAS W. ALLEN@

CC: OHENE NYANIN (OHENE NYANIN@A1@

A L L - I N - 1 N O T E

DATE: 20-Oct-1995 03:37pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: extra on Sven's visit

Just to let you know I was talking to Sven, so outlined briefly our current thinking on his health schedule on mission. He was delighted with a slum visit, with a meal meeting with Ramiro and with the community congress -- in fact all of it. His wife will be accompanying him and would like to come on the field visits.

cheers

Althea

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR @A1@MANILA

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 20, 1995 03:09pm

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Sven Burmester's Visit

Dear Dodong,

Thanks a lot for arranging for Chit to squire Sven around. I truly think it will impress him in lots of ways so he will fully appreciate the need for health investment and what it can do -- and it gives Chit a fair chance to show her project, which she is really working hard on. (I've also suggested to Vinay, the new Res. Rep. that he should visit the slums and UHNP when he arrives).

Ask her to try to weave in a little malnutrition and/or pre-school, if at all possible, or at least to talk about them as important issues/inputs for slum children.

I think a breakfast or lunch meeting is a great idea.

cheers

Althea

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR @A1@MANILA

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 19, 1995 02:37am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: Sven Burmester's Visit

Dear Althea,

Chit Ureta will now leave for Cagayan de Oro Nov 7, and she has agreed to organize a visit to an urban slum community (the worst) for Sven. I am going to talk to Ramiro to have breakfast or lunch with Sven instead of the 10:00 A meeting. I've observed that meetings at his office become utterly useless because there is no control of the traffic of callers, and this affects Ramiro's ability to concentrate and focus. If we cn do it this way, we can spend much of the morning for the field visit, and then on to the congress in the afternoon if he is still interested. Len, will this pose any peoblems with your scheduling?

Dodong

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR@A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 20, 1995 10:59am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

For the PCU and Dr Mantala,

Thanks for the note proposing to add a study of high-density areas to the proposed design for the national TB prevalence survey.

I have only two clarifications to request.

1/ In order to validate the need for intensive focus on high-density areas in the TB control program, you will need to confirm that high-density areas do have a significantly higher TB risk than low-density areas. How would you do this under the current design? Will you have average prevalence/infection rates for the region in which these high-density clusters are located? Then you could compare the cluster rates with the average. Or would you survey neighbouring low-density areas as a control?

2/ Forgive my ignorance, but your note implies that only urban areas contain "high-density" areas which need special surveying. Is this correct for the Philippines? Is it accepted that there are no high-density (or high-risk) areas in the rural areas of the country?

You also mention that the cost of the survey will of course rise because of this add-on to it. Please confirm that there will be enough money in the project to cover this extra.

best regards

Althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 20, 1995 04:39am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Dear Althea,

PCU and Dr. M. Mantala, TB Control service chief, requested me to transmit the following to you.

Dear Althea,

Thank you for your comments on the proposed TB national prevalence survey. There is a delay in our response because we waited for the WHO consultant, Dr. Sistla Radhakrisna, to help us answer the issues you raised regarding the design of the survey. Dr. Radhakrisna is an experienced statistician who helped analyze the results of the first national prevalence survey conducted in 1981-83.

We agree with your suggestion of identifying high and low risk areas for purposes of focusing our TB control efforts. Based on studies in other countries, groups with high probability of being infected with TB are the direct contacts of the smear positive cases, immunocompromised persons (HIV/AIDS) and those living in congested areas. Since the first two groups are scattered across the country and they are already prioritized, studying the prevalence of those in densely populated areas will be helpful in designing focused control interventions.

An alternative option for identifying low and high risk areas is to determine the annual risk of infection per region. However, we need 4200 children for tuberculin testing. If we include subjects for sputum and x-ray examination, the period of the survey will be significantly prolonged and the cost will become prohibitive.

Because of the above reasons, the technical working group of the National Prevalence Survey is proposing that on top of the national survey, a study of the prevalence of TB in densely populated (i.e., slums) be done as potential high risk areas. The result of the study will establish whther the asumption that densely populated areas are highly at risk is valid. Previous national prevalence studies done in the Philippines and India did not show a significant difference between rural and urban areas.

If you agree with this proposition, objective 2 of the NPS terms of reference "To determine the prevalence of TB infection in low and high risk areas" will be

changed to "To determine the magnitude of the TB problem in densely populated areas as measured by annual risk of infection and prevalence of sputum positive cases and those with radiographic findings suggestive of TB" From the list of slum areas of Metro Manila, Metro Cebu and Cagayan de Oro (comprising about 70% of the total slum population in the Philippines) 16 clusters consisting of about 600 subjects total will be selected by PPS sampling. For the national survey 39 clusters involving a total of 600 individuals will be selected by multi-stage sampling. All these imply that the budget for the survey will have to be increased.

If this is acceptable to you, we will immediately revise the TOR accordingly and resend the same to you.

We would appreciate your immediate response.

Thank you.

We would appreciate your immediate response

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

Send via DHL directly

THE WORLD BANK GROUP
Headquarters: Washington, D.C. 20433 U.S.A.
Tel. No. (202) 477-1234 • Fax (202) 477-6391 • Telex No. RCA 248423

FACSIMILE COVER SHEET AND MESSAGE

DATE: October 20, 1995 **NO. OF PAGES:** 12 (including cover sheet) **MESSAGE NO.:** {#}

TO: Dr. Manuel M. Dayrit **FAX NO.:** 632-711-9573
Title: Assistant Secretary and PHDP/CSP Coordinator
Organization: Department of Health
City/Country: Manila, Philippines

FROM: Althea Hill **FAX NO.:**
Title: Sr. Population Specialist Dept./Div. No.: 202-477-1792
Dept/Div: Human Resources Operations
Room No.: E8037 Telephone: (202) 458-4474

SUBJECT: **PHILIPPINES - Health Development Project (Ln. 3099-PH): End-of- Project Evaluation Terms of Reference**

MESSAGE:

Dear Dr. Dayrit,

I am replying to your letter of September 6 to Mr. Shivakumar, then Chief, EA1HR, on the above topic. Please be advised that Mr. Shivakumar is no longer in the Division and the new Chief is Mr. Sven Burmester. I apologize sincerely for the delay in responding to your letter.

I attach a memo from the regional procurement unit with comments on the Terms of Reference for the Evaluation. Please prepare a revised set of TORs and also a draft Letter of Invitation along the lines indicated in the memo. Sample LOIs from our Consultancy Services Handbook, currently under preparation, are being pouched to you via the Resident Mission to assist you in drafting the LOI. I will send the full Handbook for your use and reference whenever it is published.

With best regards,

Sincerely yours,

Althea Hill

Althea Hill
Senior Population Specialist

Enclosure (via pouch)

Transmission authorized by: S. Burmester, Chief, EA1HR

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: September 26, 1995

TO: Ms. Althea Hill, Sr. Population Specialist, EA1HR

FROM: Manju Sharma, Procurement Analyst, ASTTP

EXTENSION: 82911

SUBJECT: **PHILIPPINES: Health Development Project (Ln. 3099-PH), End of Project Evaluation - Terms of Reference**

This refers to the Assistant Secretary and PHDP/CSP Coordinator, Manuel Dayrit's letter, dated September 6, 1995, forwarding the terms of reference (TORs) and requesting Bank suggestions on the proposed method for selection of consultants for the End-of-Project Evaluation assignment. As requested, I have reviewed the document and have the following comments:

1. The document seems to be a hybrid of TORs and Letters of Invitation (LOIs) and contains incomplete and confusing information. For example, contrary to the titles, the TOR para. V on Scope of Work and sub-para. V.A on Expected Outputs, do not describe the consulting work required under the assignment, nor the particulars of the outputs (i.e., the assignment's reporting requirements). The paras. describe what the consultant's technical proposal should consist of. This information is usually covered under the LOI.

2. Sub-para. V.A.1.5 refers to Appendix C which is not attached.

3. The information in Sub-paras. V.A.2 and V.A.3 containing information on the reporting requirements of the assignment should be covered under the appropriate title (also ref. comments in para. 1 above).

4. Para. VI briefly describes the selection method. This information is incomplete and unacceptable. Moreover, this should be covered separately in the LOI.

In view of the above, the TORs should be revised and a draft LOI should be prepared for Bank comments. The DOH should refer to the Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency in preparing the documents, particularly paras.2.04-2.08 and Appendix 1.

OPR is in the process of preparing the Consultancy Services Handbook which contains sample LOIs. You may wish to obtain a copy of the appropriate latest sample which would facilitate DOH in expediting the preparation of the LOI.

cc. S. Scheyer (ASTHR); M. Sharma, C. Ball (ASTTP); R. Capul (DOH)

Asia Information Service Center

word\m\hill\phdpeval.doc

SEP 13 1995

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82, 711-95-73
FAX NO. 711-95-73

EAIPHR Doc Log No. 243
Route to AH
Action [redacted] Date

Project Coordinating Unit

6 September 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
World Bank
Washington, D.C.

Attention: Althea Hill
Task Manager

Dear Mr. Shivakumar:

We are forwarding the revised terms-of-reference for the proposed end of project evaluation for the Philippine Health Development Project (PHDP). The revision incorporates the recommendations of the supervision mission which visited the country last July.

We wish to draw your attention to the selection criteria which recommends the conduct of an international competitive bidding to select the contractor which will undertake the evaluation. Said recommendation was arrived at after assessing the magnitude of the work to be done vis-à-vis the availability of local firms that could undertake the required task.

In this connection, we would highly appreciate receiving your approval of the TOR as well as your comments on the said recommendation and any suggestion on the best alternative in going about selecting a suitable contractor.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 18, 1995 11:28am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Sven Burmester's Visit

Dear Dodong,

Sorry I forgot to mention the congress proposal. It's a good idea and will give him a nice overview of , assuming the session will be lively and informative. But I do think he must actually visit a community or two as well in the field, to see the reality -- how could we manage that? is there any community within reach of Manila, for example?

Re UHNP, I think he'd be better visiting a project site or two rather than going to a planning workshop -- as a senior Bank bureaucrat he's all too engaged in that kind of thing as a daily routine -- better for him to get exposure to field activities and conditions in the sector during his limited time in the country. Would it not be possible for Chit to delay/return/come back early for a day during the week in order to take him round? It need only be a (long) morning's trip.

Anyway, I leave it up to you,

cheers

Althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 18, 1995 05:07am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: Sven Burmester's Visit

Dear Althea,

I take it from your EM that we can put on Sven's itinerary his attending the PCHD congress after the meeting with Ramiro on Nov. 6. It will be hard to schedule a visit to manila slums during that week because the entire UHNP staff will be in Cagayan de Oro, and I do not know of anyone else who might be able to organize it. But we'll try to organize something.

I finally heard from Yolanda Garay. She's attempted several times to send an EM t[illegible]ROSEDA CAPUL@WBHQB and each time the message bounced back. I wonder where she got the right name and address.

Dodong

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR@A1@MANILA)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 17, 1995 02:53pm

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Sven Burmester's Visit

Dear Dodong,

Thanks for the info on your plans for Sven. It all sounds great. But I hope somewhere you will be able also to find time for Sven to make a field trip to the Manila slums (UHNP). I think he would find that really fascinating -- and if you could identify some malnourished child families and day care centres along the way (he has an education background) either/both in the slums and in any rural field trips, that would help him appreciate ECD as well.

I called Dave de F's office. The people handling the training effort are Mike Crawford and Yolanda Gary. The EMs were all forwarded to them. I spoke to Mike, who said he believed Yolanda had just sent out something concerning Flavier (she wasn't there). He said he would check. I gave him your name and told him to tell Yolanda to contact you directly on All-in-One about Flavier's questions and any subsequent logistics, since that's more efficient than going through me. They would like a response that he's coming, apparently, so as to have something written for the record -- but that could be done just through your EM account also. Let me know if you don't hear from Yolanda within the next day or so and I'll hassle them again.

cheers

Althea

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR @A1@MANILA

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 17, 1995 05:22am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)
TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: Sven Burmester's Visit

Dear Althea,

Len Montemayor is coordinating with me in putting together an itinerary for Sven Burmester's Mnila visit. I have set him up for a meeting with secretary Ramiro on Monday, November 6 at 10:00 A. The date coincides with the opening of the Second National Congress on Partnership in Community Health Development (Component 3 of PHDP). The purpose of the congress is to share experiencesin implementing component 3 and discuss policy issues requiring attention for improved project management and implementation.

If Sven is interested, we can proceed to the congress site in Imus, Cavite (about 40 min from DOH) after the meeting with Ramiro. We can have lunch there and join the 1:00-3:30 afternoon session which consists of presentations on experiences with implementing component 3 during the first three years of the project.

There will also be a UHNP work and financial planning workshop in Cagayan de Oro on November 6-11, something to consider if an out-of-town trip is planned towrds week's end.

On the Flavier invitation, I still have not heard anything from de Ferranti's office. If they have not yet communicated to Flavier, I'd apprecite receiving response to the queries on the tickets. By the way, does de Ferranti need a formal response from Flavier on his accepting the invitation?

Regards,

Dodong

CC: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR@A1@MANILA)

A L L - I N - 1 N O T E

DATE: 16-Oct-1995 11:23pm

TO: ahill2 (ahill2@worldbank.org@INTERNET)

FROM: doh, (doh@mnl.sequel.net@INTERNET)

EXT.:

SUBJECT: MULTI-MEDIA CENTER PROJECT, PHDP

Dear Althea,

Please acknowledge receipt of the draft contract on multi-media center project for the Bank's review and approval. This document was sent through the WB pouch last 13 October 1995.

Thank you.

Sincerely,

Manuel M. Dayrit
PHDP Coordinator

A H Copy

FY 95 PHRD SUPERVISION REPORT

PHILIPPINES HEALTH DEVELOPMENT PROJECT

Name of Country:	Republic of the Philippines
Name of Grant:	Health Development Project
Trust Fund No./Date:	TF 22700 / November 9, 1989
Name of Task Manager and Extension No.:	Althea Hill, Ext. 84474
Grant Objectives and Grant Components:	The Philippines Health Development Project (PHDP) is intended to support the Philippines Government's priorities to: expand and improve public and primary health care services, especially to high risk populations; strengthen the efficiency and effectiveness of the Department of Health; promote the establishment of partnerships between local governments, NGOs and field units for community health services; and assist the DOH to conduct policy and operational research. As formal cofinancing for PHDP, PHRD grant 22700 supports technical assistance and training over the life of the project.
Status Summary:	The Project is in the fifth year of implementation and the grant has supported over 25 separate TA and training activities. As of September 25, 1995, a total of 490,832,070 JP Yen has been expended out of total grant of 540,000,000 JP Yen. The TA financed by the grant has assisted the DOH to carry out research and establish policies on: (a) area based planning; (b) application of information technology to communications, training, IEC and office administration; (c) establishment of NGO partnerships for community health development; (d) placement of midwives in remote areas; (e) project management staffing and training; and (f) the preparation of a further two Bank projects.
Impact:	The grant has been viewed by the DOH as extremely useful in both the implementation of PHDP and the preparation of the Urban Health and Nutrition Project (effective March, 1994) and the Women's Health and Safe Motherhood Project (effective July, 1995). The policy reforms outlined above, and being introduced under PHDP, are the direct result of the studies and research financed by the grant.
Procurement:	There were no contracts of over US$100,000 in FY95.
Comments:	None

Loan/Credit T22700 PHILIPPINES — As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT — #Loans for Project

Disb Officer ABRAHAM — Sector
Currency JPY — Special Accounts? Y

		Date	Original	Revised	Actual
Orig Principal	540,000,000	Apprv'd			
Disbursed Amount	490,832,070	Signing			29-Nov-1988
Cancelled Amount	0	Effect	29-Nov-1988		29-Nov-1988
Undisbursed Amount	49,167,930	Closing			31-Dec-1996
%Disbursed	90.89				
Disb Pipeline	0	Last Disbursement			30-Aug-1995
		Last Cancellation			

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Category	Category Description		Undisb JPY	Disb JPY
1	GOODS	100%F/EX 70%L	12,516,633	87,483,367
2	CONSULTANTS SERVICES	100%	-5,423,838	330,423,838
3	SUB-GRANTS	100%	75,000,000	0
FUND-A	SPECIAL ACCOUNT	$ 800,000.00	-72,924,865	72,924,865
UNALL	UNALLOCATED		40,000,000	0
	Totals (For All 5 Categories)		49,167,930	490,832,070

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Contract ID: L04770 Eqv MIS Contract ID:
Contract Desc: TRAINING AND STAFF DEVELOPMENT
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref: DOH PROJ.21 2173 JGRANT 22700
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 15-May-1992 No Objection Date: 19-Feb-1993
Disbursements Allowed? Y Escalation Clause? N
Bid Type: I
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: ACADEMY FOR EDUCATIONAL DEVELOPMENT
Contractor Country: USA

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
USD	100	224613	224613	0	0	224613	0

Contract ID: L05760 Eqv MIS Contract ID:
Contract Desc: MULTI-MEDIA TECH.TRAIN.PROG.FOR HEALTH WKRS.
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref:
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 04-Nov-1993 No Objection Date: 20-Apr-1994
Disbursements Allowed? Y Escalation Clause? N
Bid Type:
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: ACADEMY FOR EDUC.DEV.(AED)
Contractor Country: USA

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
USD	100	115000	40000	75000	0	40000	0

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Contract ID: L06716 Eqv MIS Contract ID:
Contract Desc: ADMIN.&TECH.ASSISTANCE
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref: ADMINISTRATIVE & TECH. ASSISTANCE
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 15-Sep-1989 No Objection Date: 18-Sep-1989
Disbursements Allowed? Y Escalation Clause? N
Bid Type:
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: NATIONAL TROPICAL MEDICINE FOUNDATION
Contractor Country: PHL

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
PHP	100	3668009	0	3668009	0	0	0

Contract ID: L06757 Eqv MIS Contract ID:
Contract Desc: COMPREHENSIVE HEALTH CARE
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref: CONSULTANTS SERVICES
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 01-Jan-1994 No Objection Date: 07-Mar-1994
Disbursements Allowed? Y Escalation Clause? N
Bid Type:
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: KABALIKAT NG PAMILYANG PILIPINO FOUNDAT.
Contractor Country: PHL

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
PHP	100	651300	195390	455910	0	195390	0

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Contract ID: L06975 Eqv MIS Contract ID:
Contract Desc: TECH.ASSISTANCE TO DOH FOR WOMEN'S HEALTH
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref:
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 01-Nov-1993 No Objection Date: 15-Oct-1993
Disbursements Allowed? Y Escalation Clause? N
Bid Type:
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: DEVELOPMENT ACADEMY OF THE PHILIPPINES
Contractor Country: PHL

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
PHP	100	1763700	1763700	0	0	1763700	0

Contract ID: L07204 Eqv MIS Contract ID:
Contract Desc: CONSULTANT'S SERVICES
Category Name: 2 Category Description: CONSULTANTS SERVICES
Borrower's Ref: HEALTH HUMAN RESOURCE POLICY PROG.DEV.PROJ
Implmntg Agency: DOH
Org/Loan Cross Ref: Cross Ref Contract Num:
Contract Signing Date: 16-Aug-1994 No Objection Date: 22-Oct-1994
Disbursements Allowed? Y Escalation Clause? N
Bid Type:
Description of Goods: Conslt Svc, Tech Assist & Training
Contractor Name: ASSOC. OF PHILIPPINE MEDIC.COLLEGES FOUN
Contractor Country: PHL

Curr	WB%	Base Amt	Total Base Paid	Base Bal	Total Paid Escalation	Pd by WB	WB Paid Escalation
PHP	100	3839650	3839650	0	0	3839650	0

LDS - Special Account(s)

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995
Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Fund Name: FUND-A Deposit Date: 29-Aug-1989
Fund Currency: USD Last Replenish: 01-Mar-1995 # Replenished: 12
Authorized Amt: 800,000 Last Recovery: 31-Aug-1995 Recovery % 33.00
Bank Type 2 Bank Name: CENTRAL BANK OF THE PHILIPPINES

	USD Amount	Hist JPY Eqv	Current JPY Eqv
Tot Deposited	800,000	114,759,999	545,528
Tot Recovered	351,230	41,835,134	239,507
Balance	448,770	72,924,865	306,021
Replenished	1,885,219	232,619,681	1,285,549

LDS - Paid Withdrawals

Loan/Credit T22700 PHILIPPINES As of Date 25-Sep-1995

Project ID TF22700 HEALTH DEVELOPMENT PROJECT #Loans for Project

Date Recd	Application	Category	WA #	Val Date	Cur	Paid Amount	Paid USD Eqv
21-Aug-95	27	2	0031	30-Aug-95	PHP	1,919,825	74,428
27-Apr-95	26	2	0030	09-May-95	PHP	195,390	7,533
22-Feb-95	25	2	0028	01-Mar-95	PHP	1,151,895	44,543
14-Feb-95	24	MULTIPLE	0029	01-Mar-95	USD	88,149	87,940
21-Nov-94	23	2	0027	29-Nov-94	PHP	767,930	32,356
23-Aug-94	22	2	0026	06-Sep-94	PHP	1,763,700	67,084
27-Jul-94	20-SUPPL	FUND-A	0025	02-Aug-94	USD	90,628	91,401
27-Jul-94	16-SUPPL.	FUND-A	0024	02-Aug-94	USD	81,654	82,349
27-Jul-94	17-SUPPL.	FUND-A	0023	02-Aug-94	USD	89,577	90,340
06-Jun-94	21	2	0022	17-Jun-94	PHP	455,910	16,888
06-Jun-94	20	MULTIPLE	0021	17-Jun-94	USD	90,628	90,364
30-Mar-94	19	2	0020	08-Apr-94	USD	99,465	98,265
14-Mar-94	INT.ADJ.TF27	2	0018	10-Dec-93	JPY	2,266,615	21,046
02-Dec-93	17	MULTIPLE	0017	10-Dec-93	USD	89,577	90,725
15-Oct-93	16	MULTIPLE	0016	28-Oct-93	USD	81,654	81,218
19-Aug-93	15	2	0015	25-Aug-93	USD	40,000	39,904
31-May-93	14	2	0014	17-Jun-93	PHP	583,200	21,595
09-Mar-93	12	MULTIPLE	0013	18-Mar-93	USD	137,706	137,077
02-Feb-93	13	2	0012	04-Mar-93	USD	125,148	124,113
21-Jul-92	11	MULTIPLE	0011	06-Aug-92	USD	262,116	262,219
31-Jan-92	10-RECOVERY	MULTIPLE	0010	10-Feb-92	USD	0	0
18-Nov-91	9	MULTIPLE	0009	27-Nov-91	USD	245,781	239,646
14-Nov-90	7	2	0008	29-Nov-90	USD	42,900	43,118
14-Nov-90	8	1	0007	29-Nov-90	USD	37,193	37,382
28-Sep-90	06	MULTIPLE	0006	11-Oct-90	USD	314,244	299,289
10-Jul-90	5	2	0005	24-Jul-90	USD	308,000	297,860
10-Jul-90	4	1	0004	24-Jul-90	USD	82,109	79,406
06-Mar-90	2	2	0003	15-Mar-90	USD	313,504	323,735
06-Mar-90	3	1	0002	20-Mar-90	USD	115,956	119,309
22-Aug-89	J.G. NO. 1	FUND-A	0001	29-Aug-89	USD	800,000	819,714

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 12, 1995 02:19am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

dear Althea,

I provided a hard copy of your EM to PCU. They still are not connected to Internet. Unlike Chit Ureta who worked on her connectivity independently, PCU decided to be part of the batch subscription that the DOH negotiated with the Phil Sustainable Development Network which operates a secondary node. the agreement was signed only last week, and it may take another month before they can be connected.

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

A L L - I N - 1 N O T E

DATE: 11-Oct-1995 12:35pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: PHDP -- multimedia contract payment method

You asked me to follow up on this on Sept 28 for the PCU. Apparently it was sent for review to procurement by mistake, who then eventually got to it and sent it over to disbursement (Vimala) who has it now. I hope to hear back from her soon.

Althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 11, 1995 10:18am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Dear Dodong,

Thanks for the message from PCU and my regards to them. Can you pass on another informal message to them (how is their hook-up to Internet going by the way?)?

They may be wondering why they haven't heard back on the end-of-project evaluation TORs. the reason is that there was a/ a long delay in getting it back from procurement (due to the shortages of staff I mentioned yesterday to Chit) and b/ procurement sent a memo to say they had some fairly serious problems with the TORs -- that they are some kind of mix of TORs and Letters of Invitation with gaps in both, and recommending that we send some sample LOIs from the new consultant's guidelines being drafted at present. Then it took some time to get those samples, but we have them now.

But then Chit's wide-area network TORs arrived with almost exactly the same problems, which procurement is preparing comments on now. So I want to have them too, and then compose both answers together so that they are consistent.

Next week I should have all the pieces and will respond.

cheers

Althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 11, 1995 03:17am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: Senator Flavier

Dear Althea,

Nobody has contacted me yet. Flavier called this morning and said he is awaiting the details he requested.

He is accepting the invitation and prefers to deliver his talk on January 11. He also prefers to purchase his own ticket and have it reimbursed when he gets to Washington, and he would like to know what ticket classification can he be entitled to.

Lastly, he'd like to request that his going to Washington not be publicized. The local press is quick to criticize trips like this as junkets even if they are for very legitimate reasons. being a neophyte senator Flavier does not want to be press fodder.

Dodong

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 11, 1995 03:01am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Althea,

Thanks for your EM. I passed a copy to PCU. Their preference is that you don't send them a letter. They will revise the TOR along the lines suggested in your EM and resend it to you.

They also send you their regards.

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL@A1@MANILA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 10, 1995 11:06am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: PHDP-TB Prevalence Survey TOR

Dear Dodong,

Sorry for the delay in replying to the PCU on the TB prevalence survey. It went over to Stan for comments and he got back to me a few days ago, but I was swamped in Viet Nam and am only today able to catch up on Philippines.

Stan had only one comment, relating to the concern which we discussed during the last mission (see the A-M, page 3) on the need to identify and study high-risk and low-risk areas to give a range of prevalence estimates and enough information to identify a full set of effective interventions and target them effectively.

This requires stratifying by known risk factors (eg high-density slum areas). It looks as if they have tried to take account of this in section B (Area Scope), but it's quite unclear from the description what the sampling plan is. What are the sampling units? At what stage will stratification be carried out, and by what characteristics? What is the "population sample"? We need for information on what they have in mind before signing off on the TORs.

Please ask the PCU whether they would like a formal letter from me with the above comments. If so, I'll concoct one, but that'll take more time. Or would they just like to expand the TORs along the above lines on the basis of this EM, and then send the revised TORs? That would be quicker.

my best regards to the PCU

cheers

Althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 10, 1995 02:10am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: PHDP-TB Prevalence Survey TOR

Dear Althea,

PCU transmitted to WB last September 21 the TOR for the TB Prevalence Survey for your review and concurrence. They are requesting me to follow up with you your response.

Sorry for the bother.

[redacted]ong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

A L L - I N - 1 N O T E

DATE: 01-Oct-1995 09:55pm EDT

TO: Stanley Scheyer 81229 (SSCHEYER@worldbank.org@INTERNET

FROM: Dr. Rosendo Capul, (rcapul@misa.pfi.net@INTERNET)

EXT.:

SUBJECT: Re: Health Day

Stan,

Health Day is a Ramiro gimmick, a public service program that will provide the poor with surgical and medical services at DOH retained facilities every last Friday of the month. As far as I know this is not being funded out of PHDP JG, but I will check to make sure and get back to you.

Dodong

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-80

PSU 488

5 October 1995

MR. SVEN VURMESTER
Division Chief
Population, Health and Nutrition
The World Bank, Washington, D.C.
Fax No.: 001-(202)-477-63-91

LN 3099PH

ATTENTION: MS. ALTHEA HILL
Task Manager
Philippine Health Development Project

Dear **Mr. Vurmester**:

We are submitting the Multimedia Project draft contract under the IFB No 1-3099 for your review and approval.

Please note that the method of payment cited in the contract is COST REIMBURSEMENT, supporting the winning bidder's claim that they are charging neither fee nor profit in the project. We are not able to state clearly in the contract the procedure and documentation for payment because we are still waiting for your response to our inquiry on this matter. Since you will review the contract, please include in your comments necessary provisions for the procedure and documentation of payment.

Likewise, we are also requesting that the Contract shall be 'paid directly by the Bank. By early next year, we anticipate the Bank to recover the initial deposit to the Special Account (our undisbursed balance as of August 18, 1995 is $7,234,151.91). Payment for this contract from the Special Account may deplete the cash for operations of other project activities aside from multimedia. We believe also that direct payment will greatly facilitate smooth implementation of the project since the winning bidder is US based; it will minimize delays in payment.

Lastly, we learned during our consultation with your Disbursement Officer that the bank reset the invoice minimum ceiling from $20,000 to $800,000 for direct payment. The new invoice ceiling for direct payment will adversely affect the payment schedule as originally set out in Attachment K of the Contract. We request that the Bank consider the original schedule of payment agreed upon by both parties during the negotiation, August 10-12, 1995 and exempt this Project from the implementation of the new ceiling.

We are hoping for your favorable reply and we would appreciate it very much if we could receive your approval within October.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary of Health
PHDP/CSP Coordinator

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: October 2, 1995 07:01am

TO: FEDERICO GIMENEZ (FEDERICO GIMENEZ@A1@WBHQB)

FROM: CECILIA VALES, EA1PL (CECILIA VALES@A1@MANILA)

EXT.:

SUBJECT: Work Program for FY96

Fred,

This is to update you on what I had been doing. I have offerred my services to various Task Managers, namely, Peter Long, Ruth Kagia, Aloysus Ordu, Althea Hill, John Irving and Edrogan Pancaroglu to do NCBs for their projects and other services within the area of procurement, disbursement and audit. I have received positive responses from P. Long, R. Kagia, A. Ordu and J. Irving, some of them not only dealing with procurement works but also coordinating and trouble shooting with the agencies they were dealing with.

Further, Vimala (Disbursement Officer) and I have been meeting with all PIUs and discussing their problems on a one-on-one basis, which approach I find very effective since action plans and/or solutions are given right away. Also, I got to meet the PIU disbursement personnel on personal basis; and future meetings with their procurement and audit counterparts will be easier.

With regard to the Procurement Seminar, the latest is that NEDA is considering the plan of having the venue at NEDA Office in Pasig City and the expenses for food shouldered by them. The same room used in the Disbursement Seminar will be used. It can sit 30 people comfortably and the small tables can be rearranged to suit your needs. As regards, other issues, like the seminar agenda, participants, materials, etc.including the prior meeting with them re: the threshold, we will discuss them on Wednesday. I will also discuss them with Ohene, and give you feedback, afterwards.

May I again thank you and Myung Ja for all the attention and training that you had provided me while I was there. Now, I'm reaping the fruits of your efforts.

With warm regards, Cecilia

CC: OHENE NYANIN (OHENE NYANIN@A1@MANILA)
CC: THOMAS W. ALLEN (THOMAS W. ALLEN@A1@MANILA)
CC: ERDOGAN PANCAROGLU (ERDOGAN PANCAROGLU@A1@WBHQB)
CC: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)
CC: JOHN IRVING (JOHN IRVING@A1@WBHQB)

A L L - I N - 1 N O T E

DATE: 29-Sep-1995 02:38pm

TO: Althea Hill (ALTHEA HILL)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: Health Day

PHNET was being proposed for the PHDP JG...so I assume Health Day is too. I'll try to sift out.

ROUTING SLIP	Date 9-29-95
NAME	ROOM NO.
Ms Althea Hill	EA/HR

	URGENT		For Action/Comment		Per Your Request
	Appropriate Disposition		Information/Discard		Returned
	Approval/Clearance		Note And Return		See My E-Mail
	File		Per Our Conversation		Signature/Initial

RE:

REMARKS

Regret this was sent to Carol Ball here in the Procurement Unit by mistake.

It should have been taken to Ms. Abraham in Disbursements for action. We have delivered it to her today. Thanks.

From	Room No.	Ext.
Mary Golia (PSU)		82950

P-1862

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82; 711-95-73
FAX NO. 711-95-73

Project Coordinating Unit

LN 3099-PH

12 September 1995

TO: **J. SHIVAKUMAR**
Population, Health and Nutrition
The World Bank
Washington, D.C.
Fax No.: 001-(202)-477-63-91

Ms Hill
↑ EA1 HR

ATTENTION: **ALTHEA HILL**
Task Manager
Philippine Health Development Project

FROM: **MANUEL M. DAYRIT, M.D., M.Sc.**
Assistant Secretary and PHDP Project Coordinator

We are revising the Multimedia Project contract for submission to the bank. The method of payment cited in the contract is COST REIMBURSEMENT, supporting the winning bidder's claim that they are charging neither fee nor profit in the project.

In this regard, we want to be clarified regarding the Bank's procedure on direct payment of a COST REIMBURSEMENT contract and necessary documentation for payment.

We will appreciate your immediate response.

Than you and best regards.

Date 9/13
NO:
Name:

A L L - I N - 1 N O T E

DATE: 29-Sep-1995 02:34pm

TO: Stanley Scheyer (STANLEY SCHEYER)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: Health Day

Sorry, forgot to answer on this. I have no idea what the Health Day is -- I haven't been there since Ramiro came in and I don't think Dodong has mentioned it. It doesn't say in the letter that PHDP is funding it, does it? the wording is ambiguous, but I read the letter to say PHNET a/ couldn't get PHDP funds because they're (PHDP funds) already fully programmed for this year and b/ couldn't get supplementary DOH funds because it's (available DOH funds) all to be used for the Health Day. When you're replying to Mel, perhaps you could enquire further.

cheers

Althea

A L L - I N - 1 N O T E

DATE: 29-Sep-1995 12:20pm

TO: Althea Hill (ALTHEA HILL)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: admin order letter

Althea, I know Dodong was able to pull it back....but the fact that it got as far as it did....the way it did.... should raise a lot of flags.....there is a history and we need to be extremely cautious with all procurements for some time. I may be paranoid....I hope so. But just in case I am not. What is the "Health Day" ?? Are we financing it out of the PHDP JG? (Mel Pon's memo)

A L L - I N - 1 N O T E

DATE: 29-Sep-1995 12:06pm

TO: Stanley Scheyer (STANLEY SCHEYER)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: admin order letter

Dodong told me sometime ago this order was a temporary aberration on the part of Ramiro which he had instantly pulled back on when Dodong pointed out all the problems it would cause. So Dodong warned me it might come but if it did to disregard it because it was already a deadletter.So I haven't taken any notice of it. Do you want to discuss further? Dodong could probably give you all the background.

cheers

Althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: September 28, 1995 08:59am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: PHDP- Component 4

Please do.....this should also be plugged into the PHDP evaluation.

CC: ALTHEA HILL (ALTHEA HILL)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: September 28, 1995 06:29am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: PHDP- Component 4

Dear Althea,

The Philippine Institute for development Studies (PIDS), the primary contractor for Component 4 (policy studies) has produced an integrative report that ties together the 25 or so studies financed under this component. The title of the integrative report is "The Challenge of Health Care Financing Reforms in the Philippines", and the set of studies is organized into a "Baseline Research On Health Care Reform". The integrative report concept is very interesting although the individual studies vary in quality and relevance.

A workshop was held today at the Manila Hotel to present the report, part of which I attended. The w/s was well attended and was keynoted by Ciel Habito. In his keynote address Habito stressed that human development is the central theme of the current medium term development plan, and the main focus of FVR's social reform agenda. He admitted that the country is grossly underinvesting in health, an anomaly which he feels should be corrected. (I hoped his staff was listening).

On the whole the report was well-received and perceived to be useful, particularly in providing good information for the implementation of the National Health Insurance Law.

If there's any interest I can pouch youa copy of the report in its current form.

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

Gbenga
Please check if we sent out a reply to this. I believe we did.

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: September 28, 1995 05:58am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: PHDP: Multi media Center Contract

Dear Althea,

PCU requested me to follow up with you the response to the fax that PCU sent to the Bank last September 13. I believe the letter sought clarification on the cost reimbursement payment method. The letter was addressed to Shiva, attention to you.

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

A. H.
No reply as far as I can tell has been sent.
Since Carol Ball had gone on mission all the document were still in her box. They are now going to be looked by someone else. She's returning Tuesday.
GB

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: September 28, 1995 05:58am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

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Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

Republic of the Philippines
Department of Health
MANAGEMENT ADVISORY SERVICE

2/F Bldg. 9 San Lazaro Compound.
Sta. Cruz, Manila 1003
Tel. No. (632) 711-67-44
Fax No. (632) 711-68-12

FACSIMILE TRANSMISSION

September 27, 1995

F O R : **DR. STANLEY SCHEYER**, Senior Public Health Specialist
World Bank, Washington, D.C., USA
Fax no. (202) 522-1662

F R O M : MRS. MELAHI C. PONS, Director III
Mgt. Advisory Service, Phil. Dept. of Health
Fax no. (632) 711-6812

Dear Dr. Scheyer,

This refers to the Phil. Health Information Network Project (PHNET). Based on the response we got from the Phil. Health Development Project, money available for this year is not enough to cover project expenses of 3.6 million pesos. Our group pursued other possible fund sources but the money available at this time are to be used in the new project of the Health Secretary known as People's Health Day.

We wish to update you with some information that could affect the proposed PHNET. We now have an Internet Server, a Netra i20 SuperSparcII SUN Unix-based Internet-ready server (Netscape Communications Server) with multimedia capability and HotJava Browser and Firewall softwares. We have also found local expertise to do the homepage. Our full Internet access provider will be PSDN on a six-month trial period. Target setup date is by mid-October.

We will pursue presenting this project to the DOH Executive Committee and hopefully get funding commitment for next year. If we do get an approval and funding, we may have to modify the Terms Of Reference given current developments described above.

Best regards.

cc: Dr. Rosendo Capul, DOH WB Liaison Officer

/mas/jsy/schyr1

Smoking is dangerous to your health!

A L L - I N - 1 N O T E

DATE: 25-Sep-1995 11:34am

TO: Stanley Scheyer (STANLEY SCHEYER)

FROM: Maria Dalupan, EA1DR (MARIA DALUPAN)

EXT.: 81399

SUBJECT: PHRD Supervision Report

Stan:

PHRD needs a supervision report for the Japanese Grant for Philippines Health Development. Can you help get one together

Thanks, Maria.

CC: Althea Hill (ALTHEA HILL)

ROUTING SLIP	Date

NAME	ROOM NO.

	URGENT		For Action/Comment		Per Your Request
	Appropriate Disposition		Information/Discard		Returned
	Approval/Clearance		Note And Return		See My E-Mail
	File		Per Our Conversation		Signature/Initial

RE:

REMARKS

Stan – Please review
(again :) Thanks
Arthur

From	Room No.	Ext.

P-1862

Date 9/21/95
Log No: 247
EA1 HR Name: A Hill

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82, 711-95-73
FAX NO. 711-95-73

Project Coordinating Unit

FAX MESSAGE

20 September 1995

MR. JAYASANKAR SHIVAKUMAR ~~Burnestor~~
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
World Bank, Washington D.C.

Attention : **MS. ALTHEA HILL**
Task Manager

Dear Mr. Shivakumar:

We are forwarding the revised **Terms of Reference (TOR)** of the National Tuberculosis Prevalence Survey. As discussed during the mission last June, we incorporated your recommendations in the TOR.

The study will be contracted out with the National Institute of Tuberculosis. Duration of the project will be twelve (12) months with an estimated project cost of **SIX MILLION PESOS** (P6,000,000.00.)

In this connection, we would like to request for your approval of the TOR.

Thank you.

Very truly yours,

MANUEL M. DAYRIT M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

TERMS OF REFERENCE
NATIONAL TUBERCULOSIS PREVALENCE SURVEY

I. INTRODUCTION

A. Background Information:

Tuberculosis is a major public health problem in the Philippines needing urgent national attention. This is so despite of a marked increase in the development of various technical advances directed to control the disease. It has continuously plagued the country, thus, remaining to be among the leading causes of morbidity and mortality.

In 1981-1983, a National Prevalence Survey (NPS), was conducted to obtain a reliable estimate of the extent of the TB problem in the country. Results of the survey showed that with a population count of 55 million, TB mortality rate was 50 per 100,000, prevalence rate of smear positive cases was 6.6 per thousand population and those with x-ray findings suggestive of TB was 2.9%. The annual risk of infection (ARI) was 2.5. With these findings, faced with such a major challenge to reduce the problem of the disease, the Department of Health strengthened the NTP in mid-1986, introducing the Short Course Chemotherapy as for TB regimen and made it as one of its five (5) impact health programs.

With the Strengthened NTP, TB mortality rate in 1993 was registered at 31 per 100,000. Project estimate for the national prevalence rate of smear positive was 4 per thousand and the annual risk of infection was 1.9%.

Realizing these current problems, the Department of Health again feels the need to obtain updated epidemiologic data similar to those obtained in the first survey made in order to determine the current magnitude of the problem and impact on the program, and serve as concrete basis to redirect the TB Control Program, if necessary.

B. Objectives

General:

To determine the present magnitude of tuberculosis problem in the country as compared with the parameters gathered in the 1981-1983 National TB Prevalence Survey.

Specific:

To determine the following:

1. Prevalence of TB infection in selected areas by age and sex.
2. Prevalence of TB infection in low and high-risk areas.
3. Coverage of BCG vaccination by age and sex.
4. Prevalence of sputum positive cases among those 10 years and above.
5. Prevalence of radiological shadows suggestive of PTB among persons aged 10 years and above in selected areas by age and sex.
6. Sensitivity of the tubercle bacilli isolated from the culture positive patients to Rifampicin, INH, Streptomycin, Pyrazinamide and Ethambutol.

II. Scope of Work

A. Subject Scope:

The National Tuberculosis Prevalence Survey of 1995 requires from the contractor the following:

1. Formulation of a protocol for the survey and other pertinent documents to the study to include

   a) Survey design
   b) Sampling frame and survey instruments
   c) Study areas.

2. Organize Survey teams and map survey areas

3. Conduct field surveys

   The specific areas of concern are the following:

   a) Identification of presence or absence of BCG scar among 2 months and above.

   b) Tuberculin testing of population aged 12 months and above.

   c) Chest x-ray of 10 years and above among the population in selected clusters. This includes the taking and reading of 70 mm photofluorograms. Results will provide a basis for bacteriological examination.

   d) Bacteriological examination - persons aged 10 years and above who are found to have x-ray abnormalities in the lung parenchyma and/or pleura are subjected to this examination. Smear and Culture examinations will be done, as well as Sensitivity test from the positive culture for Rifampicin, INH, Streptomycin, Pyrazinamide and Ethambutol.

4. Organize and analyze collected data

5. Submit a final report two (2) months after completion of data analysis which will consist of:

   a) Epidemiological findings and analysis of the national survey, as well as an analysis of a small-scale survey conducted out of population samples of low and high-risk areas

   b) Comparative analysis of NPS 1981-83 and the 1995 NPS.

6. Assist in the presentation of findings to a group of stakeholder.

B. Area Scope

Since data generated should be representative of the national picture, survey areas in clusters (Barangay/Municipality/Province), from all over the country, determined after multi-staged stratified random sampling will be covered. Specific areas within these cluster areas will be identified to finally come out with a list of households for the sampling units.

From the population sample, low and high-risk areas will also be identified, after which the prevalence rate in both areas will be determined.

C. Time Scope

The National Tuberculosis Prevalence Survey of 1995 should be accomplished in 12 months, with the following breakdown: 2 months social preparations, 8 months data gathering and 2 months of data analysis and report preparation.

III. General Requirements:

A. For this survey, the TB Control Service needs the contractual services of an agency to undertake the survey.

1. The contracting agency to render the technical services for the intended repeat National Prevalence Survey (NPS) should be an institution which maintains:

   a. One C/S bacteriologic laboratory at its central office.

   b. One mobile x-ray unit (100 MA)

   c. Auxiliary trained manpower appropriate for the survey. (Med. Technologists, Sputum Collector, Nurses, Midwives, X-ray technologist, Census taker, Social Investigator, Coder, Data Encoder).

2. The specializations required are as follows:

   a. **EPIDEMIOLOGIST** - must be a Master in Public Health, Major in Epidemiology; must have been involved in several epidemiological studies on TB.

   b. **STATISTICAL CONSULTANT** - holder of a BS Statistics degree; must have at least 5 years experience in dealing with statistical methods and analytical tools needed in researches; must have acted as consultant to at least 2-3 operational researches of DOH health programs.

   c. **PHTHISIOLOGISTS/RADIOLOGISTS** - a Fellow or Diplomate in radiology; had training and had more than 6 years experience in Chest x-ray film interpretation of shadows suggestive of tuberculosis; research oriented.

   d. **BACTERIOLOGISTS** - preferably a pathologist with training on TB bacteriology, had 8 years experience in TB laboratory works which include Smear examination, Culture and Sensitivity Test for Mycobacteria; must also be research oriented.

B. Instructions for Proposal Preparation

Suggested format should be made with reference to the protocol of the 1981-1983 National TB Prevalence Survey. The proposal should contain the following:

1. **Introduction**

   A background information of the TB Control Program in relation to the reasons why the survey is being conducted

2. Objectives

Statement of goals or purposes that summarizes the basic rationale for the conduct of survey.

3. Survey Area

Identification of survey areas considering inclusion/exclusion criteria.

4. Design of the Survey

Determination of the eligible population, sample size and sampling design.

5. Organization of the Survey

The organizational composition, (project leaders, team leaders and members), and their lines of authority for implementing and managing the survey.

6. Work schedule of the team and scheduling of the survey.

The date and duration of all activities to be accomplished for the whole survey period. Manning schedule should also be included.

7. Survey method and Processing

Description in detail of the approach or methodology that will be utilized to achieve the objectives of the study.

8. Financial Plan

Costing or budget requirements in detail proportionate to the survey activities till project completion.

9. Project Consultants and Personnel including a survey of their qualification and experiences.

Listing of Consultants and Personnel, their curriculum vitae, related experiences, and their assignment in the survey based on the work plan.

C. Criteria for Proposal Evaluation

CRITERIA		WEIGHT
1. Competence of the agency		**45%**
a) Experience on research/survey	30%	
b) Personnel competence	25%	
c) Existing facilities	25%	
d) Project Organizations	20%	
2. Quality of Technical Proposal		**55%**
a) Proponents understanding of client requirements	35%	
b) Technical soundness of methodology	40%	
c) Professional handling of proponents	25%	

/angie
disk:write/tor

Lessons in Building Institutional Capacity

Output

This activity replaces the work earlier proposed on "Civil Service Reform in Asia" and "Lessons from Bank's Technical Assistance for Capacity Building". The proposal redefines the scope and purpose of these two tasks and integrates the two themes into a single endeavor. This is not a time bound piece of traditional sector work; rather it represents the start of an iterative process in problem definition, case analysis, dissemination of the lessons of experience and applications of "best practices" to concrete project situations. This approach follows the earlier workshop on Institutional Development Technical Assistance (IDTA) during which participants requested followup in the contexts of more concrete cases.

The purpose of this work is to identify, document and analyze the practical and operational lessons of experience in sustainable capacity building , based on a review of Bank projects in some 4-6 sectors in the same number of countries from both the EAP and SAS regions. These cases would provide opportunities for staff to meet in order to discuss the issues raised and to consider the different "handles" for tackling institutional problems within their own operations.

These lessons would be disseminated through a series of brief Notes for Discussion, to engage dialogue and debate in the course of 3 seminar-workshops. At the conclusion of the initial seminar series, an Overview will be prepared summarizing the substance of issues and discussions during seminars. It is anticipated that the reviews and staff discussions will suggest a course for further analysis and forms of approriate dissemination for critical issues in building institutional capacity

.

Rationale

Despite the enormous resources dedicated to it, institutional development has proven very difficult to attain through project interventions. Intractable constraints endemic to public management, as well as others of a specifically sectoral nature, must be addressed within contexts often characterized by both instability and weak capacity. These problems continue to plague project implementation, despite the considerable progress which has been made in recent years in identifying the determinants of successful institutional development:, e.g. better management of TA, careful institutonal analyses, strategic choices in institutional strengthening and human skills development .

Methodology

Based on some 6 cases, which will be used as illustrations of lessons learned, this initial review of Bank experience on the subject will focus on : **How the different instruments of IDTA can be utilized to strengthen institutional capacity, on a sustainable basis**. The analysis will proceed to do this by :

- focusing on the specific management characteristics of certain sectors within the framework of their institutional and organizational contexts ;
- linking these variables to the broader issues of public sector performance and administrative reform..

The analysis will focus on the interplay between generic, sectoral and project specific factors in individual projects.. Each of these cases would be examined with a view to determining how the features and circumstances surrounding project design, preparation, and implementation have contributed to the capacity of client institutions to perform certain critical functions and to manage broader constraints. For example, in China , the sectoral response to changes in Center-Provincial relations will be examined for its impact on the capacity of provincial institutions. Similarly, the implementation of a water project in Nepal will be placed in its sectoral and systemic context in order to better appreciate the role of critical factors in implementation.

An initial sample of 4- 6 projects is proposed to be selected in consultation with the CD's (possibly from projects in China, Nepal, Sri Lanka, Vietnam, Philippines and India). Sectors to be covered could include Transport, Water and Sanitation, Agriculture, Irrigation, Health and Education.

As the cases are completed and presented through Notes and seminars/workshops, an Overview document would be prepared, to be further developed and refined as part of documentation for operational guidance..

Indicative Schedule and Resources

Country Cases selected with CDs	June 30,1995
Technical Note I	Dec. 15, 1995
Seminar/Workshop I	January 1996
Technical Note II	February 1996
Seminar/Workshop II	March 1996
Technical Note III	May 1996
Seminar/Workshop III	June 1996
Overview Document	June 1996

Resources required : about 20 staff- weeks (C.Salem, D. Steedman and J. Viloria) .
Total : **$ 58,000.**

□

A L L - I N - 1 N O T E

DATE: 20-Sep-1995 10:32am

TO: Althea Hill (ALTHEA HILL)
TO: Rama Lakshminarayanan (RAMA LAKSHMINARAYANAN)

FROM: David Steedman, ASTTP (DAVID STEEDMAN)

EXT.: 81317

SUBJECT: Lessons in building Institutional Capacity

I have spoken to Stan Scheyer who is quite willing to help in a case study of the three projects (Health Development, Women's Health and Safe Motherhood and Urban Health and Nutrition).

I am putting in the mail for you and Stan an outline of the activity (Lessons in Building Institutional Capacity) which is part of the ASTTP work program for this FY and for which I have CAM time and travel $.

If you agree, I will start by speaking to Stan about the background and by getting documentation from him; then I'll be in touch with you a bit later.

It is not yet clear when I will do the bulk of this work, as I may or may not be involved in the China PER in October and November. If China does not come through then, I will probably have several weeks free at that time.

Thanks.

ROUTING SLIP	Date Sept 13, 1995
NAME	ROOM NO.
Stan Scheyer	

	URGENT		For Action/Comment		Per Your Request
	Appropriate Disposition		Information/Discard		Returned
	Approval/Clearance		Note And Return		See My E-Mail
	File		Per Our Conversation		Signature/Initial

RE:

REMARKS

Stan,

Grateful if you could glance through this (again!)

Thanks

Althea

From	Room No.	Ext.
Althea	E8037	84474

P-1862

SEP 13 1995

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82, 711-95-73
FAX NO. 711-95-73

EAIHR Doc
Log No. 243
Route to AH
Action
Date

Project Coordinating Unit

6 September 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
World Bank
Washington, D.C.

Attention: Althea Hill
Task Manager

Dear **Mr. Shivakumar:**

We are forwarding the revised terms-of-reference for the proposed end of project evaluation for the Philippine Health Development Project (PHDP). The revision incorporates the recommendations of the supervision mission which visited the country last July.

We wish to draw your attention to the selection criteria which recommends the conduct of an international competitive bidding to select the contractor which will undertake the evaluation. Said recommendation was arrived at after assessing the magnitude of the work to be done vis-à-vis the availability of local firms that could undertake the required task.

In this connection, we would highly appreciate receiving your approval of the TOR as well as your comments on the said recommendation and any suggestion on the best alternative in going about selecting a suitable contractor.

Very truly yours,

MANUEL M. DAYRIT, M.D., M.Sc.
Assistant Secretary and
PHDP/CSP Coordinator

TERMS OF REFERENCE
PHILIPPINE HEALTH DEVELOPMENT PROJECT
End - of - Project Evaluation

I. THE PHILIPPINE HEALTH DEVELOPMENT PROJECT (PHDP)

The PHDP is a six-year (February 1989 - December 1996) $70.1M project from the World Bank to the Philippine Government. The project is intended to support the Government's priorities to expand and improve public and primary health care specially for high-risk group; strengthen the efficiency and effectiveness of the DOH; promote collaboration among the government, local communities and NGOs in meeting community health needs; and establish improved mechanism for future policy development.

Specific objectives of the project are:

1. to achieve improvements in the control of major communicable and endemic diseases.

2. to reduce infant and child deaths as well as maternal mortality and fertility.

3. to upgrade institutional capacities of the DOH at all levels to improve program effectiveness and managerial efficiency

4. to promote health equity by targeting services to under-served areas and high-risk groups according to degrees of risk and/or disease prevalence

5. to strengthen partnerships among the DOH, local governments and NGO to improve the health conditions of local capabilities for participatory planning and self reliance in undertaking community health projects.

6. to establish improved planning and consultation mechanisms for longer - term improvements in health policies and programs.

The project consists of the following (4) components:

1. Component 1: Four DOH Impact Programs

   a. Malaria Control Program
   b. Tuberculosis Control Program
   c. Schistosomiasis Control Program
   d. Maternal and Child Health Program

2. Component 2: Strengthening the DOH's Institutional Capacity

3. Component 3: Community Health Development

4. Component 4: Policy Development

II. PURPOSE OF EVALUATION

The end-of-project evaluation shall include process, impact and strategic analysis at the levels of the beneficiaries, the community and the Department of Health.

The general objectives of the evaluation are:

1. **to assess the process of implementation, its accomplishment as a project and how it assisted the DOH programs accomplish its objectives;**

2. **to make recommendations to enhance the value of future health development projects and guide GOP investments in the health sector.**

3. **to assess whether the Philippine Government got the value of its investment in the PHDP as a health development project;**

The specific objectives of the evaluation are:

1. to determine the level of inputs achieved by the project;

2. to document the process that transformed the project inputs to outputs;

3. to determine which of the accomplishment of the project were for the beneficiaries, the community and the Department of Health;

4. to determine the relationships between project inputs, processes and impact;

5. to analyze the project and non-project factors associated with the accomplishments of the project; and

6. to perform a strategic analysis of the PHDP;

7. to synthesize the lessons learned from the investment on and implementation of the project and on the basis of these findings, make recommendations on future GOP investments in the health sector and the management of health development projects; and

8. to determine the specific policy reforms that the DOH either initiated or implemented during the life of the project.

III. SCOPE OF THE EVALUATION

The evaluation covers a period of six (6) years, from January 1990, the start of the project implementation, to June 1995, the cut-off date for the evaluation. It is anticipated that some elements of the process and impact evaluation will be done per year.

Substantively, the evaluation covers the four (4) major components of the project, taken individually and taken as a whole, in the latter as a prototype and holistic approach and strategy towards health development.

In geographic terms, the evaluation covers 15 regions, 76 provinces, and 1, 580 municipalities, as well as 15 Regional and 12 Central Offices of the Department of Health.

As the evaluation is technical in scope,. it will include all elements and components of the program, including aspects related to the DOH and LGUs.

IV. AREAS OF INVESTIGATION

In broad terms, the evaluation focuses on the following concerns:

1. the type and level of financial, technical, technological and human resource inputs provided and achieved by the project;

2. the program management that characterized the project in the aspects of managerial processes used; the policies; strategies and mechanisms of implementation developed, adopted and institutionalized;

3. the type and level of interventions that were given;

4. the type and level of accomplishments made by the project in the short (output) terms

5. the extent to which the DOH capability for assessing, planning, communicating, intervening and evaluating has been strengthened at all levels;

6. the extent of mobilization and participation of the partners in the community of the DOH in health development activities;

7. the relationships between the various project components and non-project factors on the accomplishments of the project;

8. the distinct areas of differences in the way the project assisted the DOH carry out its mandate during the pre-devolution and post-devolution period.

9. the significant problems, issues and concerns encountered and the responses made throughout the lifetime of the project;

10. the degree to which specific policy recommendations made during the mid term evaluation of the disease control programs were implemented or if project assistance were adjusted to new directions as a result of said recommendations, and if not, why not?.

These selected areas will be assessed in terms of the following:

1. the extent to which the burden of disease, disability and death was prevented, mitigated, and/or eliminated;

2. the promotion of access to health services and equity in the distribution of these services;

3. quality and sustainability

4. the contributions made to the alleviation of poverty and increased income and productivity;

5. efficiency and cost-effectiveness;

For more details, see Appendices A and B.

V. SCOPE OF WORK

A. Expected Outputs

The contractor is expected to complete the following:

1. A technical proposal that should contain the following:

1.1 General Information - This indicates the contractor's general knowledge and understanding of the PHDP and the services required

1.2 Scope of Services Offered - The services offered must be clearly specified. Modifications in the objectives, matrix and questions contained in the TOR should be included.

1.3 Conceptual framework(s) for the evaluation

1.4 Sampling design taking into consideration the geographic and beneficiary coverage of the project

1.5 Methodology or methodologies that take into consideration the objectives, scope and areas of evaluation.

Included in this heading are the evaluation design, variables and indicators, methods of data collection identifying the data sources; and the tools and instruments that will be used specifying the target sample of subset of sample, as the case maybe.

A list of data sources that will be provided by DOH is Appendix C.

1.6 Data processing and analyses procedures juxtaposed with the project objectives and/or areas of investigation. A discussion on ensuring the validity of the findings should be provided.

1.7 Work budget and schedule

1.8 Manpower as the type, specific responsibility and length of engagement. CVs of principal human resources should be provided

1.9 Project management-An organizational chart indicating the lines of authority and coordination for the implementation of the evaluation should be drawn.

In turn the contractor should state its own requirements/suggestions for inclusion in the Memorandum of Agreement.

2. Provide DOH with all data on disks one month following completion of the fieldwork

3. Submit and present a draft report on the evaluation to DOH officials

4. Submit a final report on the evaluation

B. Time Frame

The evaluation will be for six months, starting in December 1995 to May 1996.

VI. GENERAL REQUIREMENTS (for discussion)

1. Qualifications of contractor
2. Contractor selection
3. Criteria for selection
4. Data ownership, requirements for other uses of the data (publication) by contractor and release of data to other users.

QUALIFICATION OF CONTRACTOR

The contractor may be local or international firm. To be able to undertake the evaluation, the contractor must have proven track record in process and impact evaluation .and research on health and allied projects.

CONTRACTOR SELECTION

The contractor that will undertake the evaluation shall be selected through international competitive sealed bidding.

CRITERIA FOR SELECTION

Quality shall be the principal selection criteria and the DOH does not bind itself in any way to select the consultant offering the lowest price.

The proposal should follow the form given in the "Supplementary Information to Consultants". A two stage procedure will be adopted in evaluating the proposals, with the technical evaluation being completed prior to opening of the financial proposal. Technical proposals will be evaluated using the following criteria:

a. the qualification and experience of the assigned personnel in their areas of specialization

b. the firm's experience in process and impact evaluation and research on health projects

c. the over-all creativity and quality of treatment and design proposed in meeting the goals and objectives set forth in the terms-of-reference

DATA OWNERSHIP

All reports and other documents prepared by the consultants in performing the services shall become and remain the property of the DOH, and the consultants shall, not later than upon termination or expiration of the contract , deliver such documents to DOH, together with a detailed inventory thereof. The consultants may retain a copy of such documents but shall not use them for purposes unrelated to the contract without prior written approval of the DOH.

PHDP Project

APPENDIX A: The Project Input, Process, Output, Purpose and Goal (PIPOPUG) Matrix

Input	Process	Output	Purpose	Goal
Component I				
A. Malaria Control Program				
Equipment Anti-malaria drugs Vans and Pumpboats Spraymen Supervisors Training Technical Assistance for evaluation Training and Research Operating Cost	Planning Organizing Coordinating Assessing (POCA) Decision- making Communicating Interpersonal dynamics Technical procedures (on surveillance and treatment) Procurement and distribution of supplies and drugs	Training report Trained spraymen/ supervisors Target areas/ groups identified Targets sprayed Evaluation and research reports Reduction of morbidity and mortality due to Malaria	Decrease school work loss days due to malaria Promote efficiency and effectiveness of health care delivery system	Reduce poverty, increase income and enhance productivity Increase quality of health care programs Enhance client satisfaction
B. TB Control Program				
Anti-TB drugs Supplies Staff Microscopes Training Technical Assistance to strengthen program	Same as in Component I.A. Technical procedures. (case finding, home care treatment and follow-up of of cases)	Training reports Trained staff upgraded microscopy centers Decreased morbidity and mortality due to TB	Same as in Component I.A.	Same as in Component I.A.
C. Schistosomiasis Control Program				
Drugs Microscopes, essential materials and equipment Vehicles and Motorcycles Staff: driver, stool collector public health nurse and microscopist	Same as in Component I.A.	Schisto Control Team Target areas and households identified Operations research reports Reduction in prevalence of Schistosomiasis	Same as in Component I.A.	Same as in Component I.A.

Input	Process	Output	Purpose	Goal
D. Maternal and Child Health				
Vit A and iron supplements Nutritionists Community Volunteers Mothercraft Classes ARI Management training Technical assistance for ARI Management guidelines Drugs Time pieces Oxygen concentrators	Same as in Component I.A.	Training report ARI case management guidelines Trained DOH staff and community volunteers High risk barangays identified More informed and cooperative mothers Increased use of nutrition, maternal and child health services Reduced incidence of 2nd and 3rd disease malnutrition, night blindness and anemia among preschoolers Reduced morbidity and mortality from Pneumonia among children Reduced anemia among proponent women Reduced maternal, infant and child mortality	Reduce disease burden of mothers and children Enhance the growth and development and learning of children Promote maternal capacity for healthy child bearing and caring Promote participation in health promotion and disease prevention and control	Mitigate negative impact of disease on income, productivity and life expectancy Enhance quality of health care Promote equity in distribution of health benefits Facilitate client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
Component II				
A. Information and Communication				
Packet radios High frequency radios Microcomputers Technical Assistance Manuals info systems Fellowships on info systems Vehicles Staff HIS MIS Computer operations Financial management Staff training HIS MIS Computer operations Financial management	In addition to Component I.A. Establishing Central, regional and provincial sites Nationwide computerization of HIS Establishment of a central geographical info system Software development financial logistics Personnel development CHS Strengthening MIS Development of financial operations manual	Trained staff in HIS, MIS, financial management reports Training Communication network from national to municipal levels HIS and MIS including software, manual, forms Central geographics information system	Strengthening institutional, capability of DOH Promote efficiency & effectiveness at all levels Fast and updated information on health status, problems and risks	Enhance capability to achieve goals/ mandate role in public information on health matters/ issues Prompt and appropriate response to health situation/needs.
B. Health Planning				
Microcomputers Technical assistance Workshops Staff Operating costs	POCA Developing modules	Learning modules Trained DOH staff Use of planning modules 5. year development plans and budget proposals per region	Develop organizational and coordination skills for health planning and programming Promote efficiency and effectiveness	Enhance DOH capacity to achieve goals/ mandate

Input	Process	Output	Purpose	Goal
C. Field Health Services				
Vehicles Delivery vans Technical assistance development Midwives Operational expenses for priority RHUS	POCA Developing program manual	Program management manual Upgraded RHU 300 priority municipalities/ RHUs identified	Increase service delivery of RHUs selected RHU services Enhance efficiency and effectiveness	Improved health status morbidity and mortality Enhance equity in health care delivery Promote increased client satisfaction
D. Central Laboratory				
Equipment for laboratory operations Technical assistance in lab. administration Fellowships for lab. technicians	POCA	Improved lab administration Trained technicians Upgraded lab facilities	Promote efficiency and effectiveness	Enhance DOH-capability to achieve mandate
E. Information, Education and Communication				
Desktop publishing equipment Audiovisual production and editing set IEC kits IEC materials Technical assistance to develop materials Staff: editor, layout artist, technician, feature writers	POCA Developing IEC materials/ messages	IEC prototype materials and messages: posters, brochures, flip charts, billboards, newsletters IEC production team Use of IEC materials by health care workers, by clients	Develop DOH capability to produce integrated IEC materials Influence change behavior to promote healthy lifestyles Promote self-reliance for health of clients	Enchance DOH capability to fulfill mandate Improve health status Greater client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
F. Training				
Basic training equipment per region: overhead projector, VCR, public address system copier and mimeograph machine Technical assistance for job content assessments and curriculum development Training	POCA Developing basic, advanced and specialized courses	Job content analyses Curricula Training reports Reoriented DOH staff	Refocus training on needs at operational level Promote efficiency and effectiveness	Enhance DOH capability to achieve mandate Enhance HRD Increase health worker satisfaction
G. Evaluation				
Technical assistance for designing and implementing surveys	POCA Developing competencies for designing and implementing surveys	Survey/evaluation reports Trained staff	Improve DOH evaluation capabilities Enhance efficiency and effectiveness and effectiveness	Enhanced DOH capacity to achieve mandate Enhance HRD Increased health care worker satisfaction
H. Project Management and Coordination				
Office equipment Microcomputers Vehicles Technical assistance for project coordination skills Staff: coordinator, assistant, accountant, secretary	POCA Developing competencies for project coordination	Training reports Project coordinating teams	Support project management and coordination Mandate efficiency and effectiveness	Same as Component II.G.

Input	Process	Output	Purpose	Goal
Component III				
Technical assistance to CHS/DOH Observation tours and visits Local Consultants Funds for planning and project implementation grants	POCA Building up of technical and managerial capability of CHS Use of community health development process	Tour/Visit reports Trained and upgraded CHS staff Target communities identified Committee for Community Health Policy Consortia of partner agencies in selected provinces Project proposals	Promote community health development Enchance community self-reliance for health Facilitate community participation in program planning	Promote equity of health care delivery Enhance sustainability of health initiatives Promote quality of health services
Component IV				
Technical assistance Staff	POCA Developing competencies of technical secretariat	Technical Secretariat National Council for Health Policy Development Health Policy initiatives	Improve mechanism for health policy development Advocacy of DOH policies Influence non-DOH initiated	Enhance DOH leadership role in health policy development

/angie
lotus v:components

Appendix B: Selected Evaluation Questions by Component

Component 1: Four DOH Impact Programs

A. Policies and Strategies

1. What policies were developed in support to the 4 impact programs?
2. Were the policies adopted? How effective were they?
3. What strategies were developed? What were adopted? What were implemented? What were institutionalized?
4. How did the policies/strategies enable the accomplishment of program objectives?

B. Mechanisms for Implementation

1. What mechanisms were developed and adopted? What were implemented? How effective were these?
2. What arrangements were taken to continue/sustain these mechanisms?

C. Interventions

1. What interventions were given? Were these given to the right people, at the right time? How efficient and cost effective were these?
2. Were these interventions institutionalized? What measures were undertaken to institutionalize these interventions?
3. How did the LGUs respond to these interventions? What did the LGUs provide in support to these interventions?
4. Has the project built up the capability of the government to continue and sustain the project?

D. Accomplishments

1. What has the project gained vis-à-vis the national program?
2. Were the annual program targets met? Were the resources from the project sufficient to meet the program targets? How cost effective were these resources?
3. What were the recurring issues encountered? What measures were proposed to be instituted in response to these issues?

4. Were there reductions in infant, child and maternal deaths? What factors in the mortality reduction could be attributed to the project?

Component 2: Strengthening DOHs Institutional Capacity

A. Information and Communication System

1. What has been the acceptability, relevance and usefulness of the packet radio system to the majority of health data users, especially in the field?

2. According to its objectives, to what extent has the packet radio system supported the "communication of field epidemiological surveillance data, HIS data, MIS data and financial and management information including budget, procurement and expenditure data?"

3. Has the packet radio system proven to be more reliable or at least more cost-effective than the conventional radio relay system of the DOH, at least as regards message transfers and at least in the pilot sites of the packet system?

4. How effective has been the experience and expertise gained by the information to and from remote sites in the country to the DOH Central Office?

5. To what degree and ways has PHDP supported improvement of systems and procedures on critical areas of DOH operations?

   Nationwide implementation of the new health information system (FHSIS) including management training on data-based decision making (data utilization) for regional, provincial and districts supervisors

   Development, installation, operationalization and maintenance of appropriate software of selected systems and procedures in critical areas of DOH operations to facilitate and speed up routing operations:

   a. Procurement and Logistics

   b. Financial Transactions

   c. Health Mapping and Area Classification For Health Programs like Malaria

   d. Personnel Management

e. Communication System

f. Program Management

g. Regulatory Management

6. What administrative arrangements has been made to continue the project activities?

7. Was the budget ceiling allotted to INFOCOM sufficient to implement improvement using modern technology?

8. Have the benefits provided by modern technology rationalized the investment cost provided by PHDP?

9. How adequately has the PHDP explored other less sophisticated means of data transfer, especially courier systems, that would have been more adapted to local situations?

10. What equipment were actually procured versus what was planned as contained in the Staff Appraisal Report (SAR)?

11. How much was actually spent in terms of equipment purchase, versus what was actually procured and distributed?

12. What is the status of inventory and maintenance of the equipment that was actually procured and distributed?

13. How effectively has the PHDP collaborated and coordinated efforts with other projects having to do with information systems and communications development in the DOH?

14. To what extent has the PHDP collaborated and coordinated with other GIS development efforts, either within or outside the DOH?

15. To what extent has the PHDP ventured into hospital, financial, logistics, socio-economics and community health information systems?

16. To what extent has the PHDP collaborated with other DOH information systems development projects in these areas?

17. To what extent has the DOH information and communication system become relevant to the health of the community?

B. **Health Planning Capacity**

1. Has there been improvement in the health planning capability at the central office, regional and provincial/city levels?

2. Has decentralized planning process (Area Program Based-Health Planning) contributed in the improvement of managerial competencies in the following areas:

   - setting local priorities
   - recognizing operational constraints and obstacles and making remedial measures
   - guiding day to day work and performance

3. Has APB-HP improved the planning process and system in central and field offices?

4. Has decentralized planning approach improved delivery of goods and services in unserved and underserved communities?

5. Has capability building in decentralized planning process been effective in facilitating the devolution of health services in their respective communities?

6. Has decentralized planning contributed to an effective community mobilization and participation in health activities?

7. Do LGUs have available resources to continue APB-HP under devolution?

8. Did the LGUs target more resources in support to the priority health problems and programs?

C. **DOH Laboratory**

1. How has the project adjusted to the rapidly changing role (and many changes in roles) of the Central Laboratory within the lifetime of the project-term of PHDP:

   - management attitude (and outlook)
   - actual management support for the component
   - utilization of the benefits of upgrading

2. Has the project had perceptible effect on the laboratory services and/or resources?

3. The bulk of assistance given by the project centered on training. Were there any technical transfer that took effect?

D. Health Information, Education and Communication

1. Has PHDP been effective in facilitating the DOH priority programs?

2. Has PHDP improved the capabilities of health workers in the delivery of the health services?

3. Has PHDP created a demand in the utilization of health services for DOH priority programs? Was the DOH able to meet the increased demand? How did the DOH respond to the increased demand? How did the government respond? What was the effect?

4. Has PHDP been able to provide adequate information regarding PHDP funded projects?

5. Have PHDP-funded communication campaigns been cost-effective?

6. Has PHDP strengthened the IEC component of the DOH priority programs?

E. Training Capacity

1. What were the trainings developed and provided?

2. Were the PHDP training activities directed to the needs of specific group/category of personnel at specific levels of operations?

3. How effective were these trainings?

4. Has PHDP contributed to the strengthening/improvement of the delivery of the training services of the DOH?

5. Has PHDP been effective in monitoring and providing assistance to all its projects under the Sub-component on Systematizing Training and Health Manpower?

6. Has PHDP strengthened the capability of the DOH in providing the HRD services to the health personnel?

F. Field Health Services

1. Were all the 2,500 PHDP midwives hired?

2. Were they deployed in the targeted high-risked areas?

3. What interventions were provided to the midwives to better equip them as front-line health workers?

4. How effective were these interventions?

5. What support did the LGUs provide to the midwives?

6. Were the vehicles deployed according to the allocation list agreed upon by the World Bank and the Philippine Government through the DOH?

7. Were the provisions in the MOA on the transfer of vehicles between DOH and Provincial/Municipal governments followed?

   - Were the vehicles received and utilized by the rightful recipients?
   - Were the vehicles utilized according to their intended purpose?
   - Did the LGUs provide resources for the maintenance of the vehicles?

8. Was the MOA an effective instrument to effect compliance to its provisions?

G. Project Management

1. What management structure was adopted to implement the project?

2. Did the management structure make substantial improvement on the project performance?

3. What management tools were developed, adopted and maintained?

4. Did the management structure expedite the flow of resources to the end-users?

5. Did the funding mode help/hinder the operations of the programs?

6. How effectively has the project been managed? How have the programs been affected by PHDP?

7. What were the linkages established by the management structure? How effective were these?

Component 3: Community Health Development

A. Mechanisms for Community Health Development

1. What mechanisms for community health policy development have been established?

   - Has the Committee for Community Health Policy (CCHP) been established?
   - Was CCHP able to meet its mandate/objectives?
   - What policies were formulated by CCHP?
   - How did the policies facilitate/enable the accomplishment of program objectives?
   - How applicable were the policies?

2. What mechanisms for programming and management of funds were set up?

   - What flow of funds was utilized?
   - How effective was this?
   - How effectively has the flow of funds been managed by Community Health Service (CHS) and PCU?

3. Is there an effective monitoring system which includes feedback mechanisms?

4. Have the mechanisms developed been institutionalized?

B. Structure

1. How was the partnership organized?
2. Was it able to carry out its major tasks/activities?
3. What did the partnership contribute to Community Health Development (CHD)?
4. What factors contributed to the sustainability of the partnership as a structure?
5. What NGO characteristics facilitated the implementation/operation of Community Health Development?

C. **Interventions**

1. What were the interventions provided at different levels?

2. How effective were the interventions in achieving program objectives?

D. **Projects**

1. How did the project grants contribute in building capabilities for self-management and decision-making?

2. What are the indications for project sustainability?

3. How cost-effective were these projects?

Component 4: Health Policy Development

A. **Mechanisms for Health Policy Development**

1. What mechanisms for health policy development have been established through the PHDP?

   - Has the National Council for Health Policy Development (NCHPD) been established?

   - Has a Technical Secretariat to the NCHPD or its equivalent been established?

   - Does the Technical Secretariat function?

   - Has the Technical Secretariat developed a health research policy agenda?

   - What process was employed to develop the health policy research agenda?

2. Have alternative mechanisms from those proposed in the project document for health policy development been established?

3. Have the mechanisms for health policy development been institutionalized?

4. Were there existing mechanisms assisted or substituted by the PHDP and to what extent was the assistance provided?

5. Were there mechanisms other than the studies considered to achieve improved health policy development?

B. **Studies Supported by PHDP**

1. How and why was it decided to contract out the policy research studies to PIDS?

2. Which DOH organizational entities were responsible for managing the PIDS studies?

3. What is the PIDS organizational structure and how is it linked to PHDP?

4. How is the PIDS project and its organization structurally linked to the DOH?

5. Have the PIDS research studies been linked to existing or anticipated policy units, structures, or processes in the DOH?

6. What is the PIDS agenda?

7. How was the PIDS research agenda developed?

8. Why was a decision made to focus the PIDS research agenda on health care financing?

9. Have the PIDS studies generated actionable policy recommendations of use to DOH decision makers?

10. Have these policy implications been fed back to the policy deliberation panel?

11. How many policy actions have been undertaken as a result of the PIDS research?

12. What is the status/progress of the PIDS researches toward completion?

13. What arrangements have been made for the continuation of the studies and processes pioneered through the DOH/PHDP grant to PIDS beyond the PHDP-PACD?

C. **Linkages**

1. Have the activities of PIDS affected other DOH policy initiatives or projects?

2. Are there synergies between PIDS and other DOH projects?

3. What is the institution established by the DOH to utilize the data from PIDS studies for policy purposes?

4. Have linkages with government units outside the DOH been established (e.g. NEDA, DOF, DBM, Senate and House of Representatives)?

5. Have linkages with the private sector been established (e.g. NGOs, HMOs private hospitals, drug manufacturers, etc.)?

6. Have the policies impacted on health of consumers and increased health investment?

7. Has PIDS established influences both in domestic international agencies?

8. How did the policies affect/influence the investment put into health?

D. Financial/Contractual Performance

1. What was the rationale for the substantial increase for the PIDS project?

2. What contractual/financial arrangements were created to expend funds under the PIDS contract and how effective were these in moving the resources?

3. How efficient was the budget utilization?

4. What problems were encountered, if any, with this contractual/financial arrangement?

5. What steps were undertaken to resolve these problems?

In addition to the above issues to be investigated, the following evaluation questions which cut across all components need to be addressed:

1. Were the project objectives the most critical ones in achieving the overall goal of PHDP?

2. What targets/objectives were modified or changed half-way in the project implementation? What were the reasons for the changes/modifications? How was project implementation affected by the changes/modifications?

3. How valid were the PHDP assumptions given the changes that have occurred in the Department?

4. What recommendations/measures should be undertaken to increase the likelihood of PHDP sustainability?

5. How effective and efficient was PHDP?

6. What strategy could be adopted to better strengthen and sustain the PHDP implementation?

7. How effectively has the project been managed by the DOH (including by PCU, program managers, field implementors, etc.)?

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wp:strengthening

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ROUTING SLIP	Date 9-29-95
NAME	ROOM NO.
Ms Althea Hill	EA1HR

URGENT	For Action/Comment	Per Your Request
Appropriate Disposition	Information/Discard	Returned
Approval/Clearance	Note And Return	See My E-Mail
File	Per Our Conversation	Signature/Initial

RE:

REMARKS

Regret this was sent to Carol Ball here in the Procurement Unit by mistake. It should have been taken to Ms Abraham in Disbursements for action. We have delivered it to her today. Thanks.

From	Room No.	Ext.
Mary Golus (ASU)		82950

P-1862

Republic of the Philippi
Department of Health

OFFICE OF THE S

SAN LAZARO COMPOUND, RIZAL AVENUE, S
TEL. NOS. 711-95-62; 711-95-73
FAX NO. 711-95-73

Project Coordinating Unit

12 September 1995

TO: **J. SHIVAKUMAR**
Population, Health and Nutrition
The World Bank
Washington, D.C.
Fax No.: 001-(202)-477-63-91

ATTENTION: **ALTHEA HILL**
Task Manager
Philippine Health Development Project

FROM: **MANUEL M. DAYRIT, M.D., M.Sc.**
Assistant Secretary and PHDP Project Co

We are revising the Multimedia Project contract for submission to the bank. The method of payment cited in the contract is COST REIMBURSEMENT, supporting the winning bidder's claim that they are charging neither fee nor profit in the project.

In this regard, we want to be clarified regarding the Bank's procedure on direct payment of a COST REIMBURSEMENT contract and necessary documentation for payment.

We will appreciate your immediate response.

Than you and best regards.

Date 9/13
Name:

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: September 6, 1995

TO: William Rees, Acting Chief, EA1HR

FROM: Althea Hill, Sr. Population Specialist, EA1HR

EXTENSION: 84474

SUBJECT: **PHILIPPINES - Health Development Project (Loan 3099-PH)**
Supervision Report

1. In accordance with the Terms of Reference dated June 6, 1995, the mission reviewed the progress of implementation of the Philippines Health Development Project from June 14-28, 1995. The full supervision report, the letter to Government and the Aide-Mémoire are attached.

2. The release of this report was delayed because of the temporary lost of the collected documents during pouching from Manila to Washington.

Title	Date	Project Implementation Index File Reference Section
1. Progress Report PHDP	June 1, 1995	II
2. TOR - National Tuberculosis Prevalence Survey (1994-1995)	June 1, 1995	II
3. Area Based Services-Tuberculosis Control Guidelines for Service Delivery	June 1, 1995	II
4. TOR - Philippine Health Development Project End-of- Project Evaluation	June 1, 1995	II

Attachments

Distribution I (Form 590 only and Compliance with Covenants)

Messrs./Mmes: Cheetham, Kohli (EAPVP); Picciotto (DGO); Aguirre-Sacasa (OEDDR); Madavo (EA1DR); Messenger (ASTDR); De Ferranti (PHNDR); Steer (ENVDR); Cox (EA1C1); Abraham (LOAAS)

Distribution II (Full Report)

Messrs./Mmes: Schwermer, McCleary (EA1DR); Socknat, Scheyer (ASTHR); Toft (LEGEA); Farhandi (EA1IN); Khan, Dhar (EA1C1); Delannoy, de Gaiffier, Hill chron (EA1HR); Heaver, Bowman (Cons.); Div. B/B; Asia Inform ation Center

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Form 590 Page 1 of 2

THE WORLD BANK
IBRD and IDA - Implementation Summary

Run Time: 08/03/95 at 15.03.17

Detailed instructions on completion of this Form are in Annex D of OD13.05.

*** Working Version ***

This Summary is (_) the initial summary (X) part of a mission report (_) an update

Regional Office:	Project Name:	Loan/Credit Numbers:	L/C Amt ($XX.XM/SDR)	Type of Lending
East Asia & Pacific Reg	HEALTH DEVELOPMENT Project Code: 4518	L30990	Original: 70.1 Revised:	Instrument: SIL

Country Code: PH Product Line: PA	Country : PHILIPPINES Borrower: GOVERNMENT OF THE PHILIPPINES	Board Date: 06/22/89	Signing Date: 11/09/89	Effective Date: 01/10/90

Managing Dept/Div Name:	Dept/Div Code:	Task Manager:	Mission End Date: 06/28/95 Next Mission (mo/yr):01/96	Last 590: 06/29/95 This 590: 08/03/95
HUMAN RESOURCES OPERATIONS DIVSN	EA1HR	Hill		

Mid-Term Review? N Date: | Project Restructured? N Approval Date:

Program Objective Category(POC): PA - Poverty

SECTION 1:Summary of Project Development Objectives:

(a) Expand and Improve public and primary health care to high risk groups.
(b) Strengthen efficiency and effectiveness of DOH.
(c) Promote collaboration among the Government, local government and NGO's.
(d) Establish improved mechanicsms for future health policy development.

SECTION 2:Summary of Project Components:

(a) DOH Impact Programs: Malaria, TB and Schistosomiasis Control Programs; and Maternal and Child Health.
(b) Strengthening DOH Institutional Capacity.
(c) Community Health Development.
(d) Policy Development.

SECTION 3: Project Data and Performance Ratings:

Basic Data	Closing Date	Project Cost ($XX.XM)
Original (from SAR/PR):	12/31/1996	$108.4
As Formally Revised:		
Expected-Last Form 590:	12/31/1996	$108.4
Expected-This Form 590:	12/31/1997	$108.4

Number of formal closing date extensions: 0

Date of last closing date extension (mo/yr):

Project Age: 6.1 years or 71.7% of elapsed time between Board approval and Expected-This Form-590 closing date.

Reporting: End of period covered by last project progress report (mo/yr):

Disbursement (mo/yr) 06/95	($XX.XM)	(% of L/C)
Original SAR/PR Forecast:	$62.0	88.4%
Formally Revised Forecast:		
Actual Disbursement:	$58.2	83.0%
Disb. Forecast for CFY:	$5.1	7.3%
Actual for CFY:	$5.9	8.4%

Indices	This Form 590	Last Form 590
Closing Delay	14.0%	.0%
Cost Overrun	.0%	.0%
Disbursement Lag	6.2%	6.0%

Audits and Accounts	Number
Overdue Fin. Stmnts/Project Accounts:	3
Overdue SOE Audits:	3
Overdue Special Account Audits:	0
Qualified and Unsatisfactory Audits:	0

Mandatory Ratings	This Form 590	Last Form 590
Summary Ratings:		
Project Development Objectives	HS	HS
Implementation Progress	HS	HS
Other Ratings:		
Compliance With Legal Covenants	1	1
Project Management Performance	1	1
Availability Of Funds	1	1

Other Ratings	This Form 590	Last Form 590
Procurement Progress	1	1
Training Progress	2	2
Technical Asst. Progress	1	1
Studies Progress	1	1
Environmental Aspects	NR	NR
Financial Performance	1	1
WID Impact	1	1

SECTION 4: Supervision Management:

Names Of Mission Members	Member Specialization	Participated In The Previous Mission (Yes/No)
ALTHEA HILL	TASK MANAGER	Y
STANLEY SCHEYER	PUBLIC HEALTH SPEC.	Y
RICHARD HEAVER	MANAGEMENT SPEC.	N

Time Spent On Supervision	(mo/yr) 08/95
S/W Up To Current FY :	126.0
S/W Planned During Current FY:	13.2
S/W Actual During Current FY -	
Total :	.0
In Field :	.0

THE WORLD BANK
IBRD and IDA - Implementation Summary

Run Time: 08/03/95 at 15.03.17

Detailed instructions on completion of This Form are in Annex D of OD13.05.

*** Working Version ***

This Summary is
(_) the initial summary
(X) part of a mission report
(_) an update

| Project ID: 4518 | Country Code: PH | Product Line: PA | Form 590 date: 08/03/95 |

Explain the various factors on which the above Project Development Objectives rating is based:

The project development objectives are to: 1) improve control of major communicable diseases; 2) reduce infant, child and maternal mortality and fertility; 3) upgrade DOH institutional capacities to improve effectiveness and efficiency; 4) promote health equity by targeting services to underserved and high-risk groups; 5) strengthen DOH/LGU/NGO partnerships and community capabilities to implement community health projects; 6) improve long-term health policy and program planning.

Progress on the last stages of project implementation has continued to be good since the previous mission. Many activities and subcomponents have been completed; procurement of the multimedia center is almost finished; and planning for the final project evaluation proceeding well. There is unlikely to be any significant changes in the assessment of achievement of project development objectives given in the last form 590 until the evaluation is carried out later this year.

Achievement of objective 4) is also difficult to measure precisely and a final verdict will only be in when the final project evaluation is conducted. However, the project has considerably expanded the availability of key basic health staff in unserved and high-risk communities, with financing of additional salary burden now being assumed without difficulty by DOH and LGUs, as well as providing direct investment funds to many remote and underserved communities under the community health project scheme which GOP is also taking steps to sustain and expandafter the life of the project. There can be no real doubt therefore that this objective is being successfully met.

Achievement of objective 2) can only be measured through special evaluative surveys at the project's end, which are now being planned. However, data from outside sources indicate that mortality and, to a lesser extend, fertility have been declining in the country during the life of the project. Itis expected therefore, that this objective will also prove to have been successfully met.

FORM 590

PHILIPPINES - HEALTH DEVELOPMENT PROJECT (LOAN 3099-PH)

June 28, 1995 Supervision Mission

SECTION 5: ACTIONS PREVIOUSLY AGREED OR RECOMMENDED (SECTION 8 OF LAST FORM 590):

1. The DOH submitted its FY91 audit report covering PHDP central level expenditures and forwarded it to the mission. Audits covering the year's provincial-level expenditures are being completed now and it was agreed that the DOH will collect these provincial-level audits and consolidate their results. This consolidated audit will be submitted to the Bank by October 1993;

2. a fourth year project implementation plan was completed, incorporating the recommendations of the July 1993 project review. This plan will be submitted to the DBM as part of the DOH's 1994 budget submission;

3. as stated in the last supervision report, all covenants in the Loan Agreement are now in compliance;

4. despite DOH success in (a) advancing the submission date for its 1993 budget request and approval; and (b) closer monitoring of its cash status, project implementation continues to suffer as a result of continued serious delays in cash releases. As noted in Section 7, unpredictability in both the timing and the amount of cash releases is reducing project gains in communicable disease control and slowing progress in institutional strengthening activities;

5. agreement was reached on procedures for implementing PHDP under the new Local Government Code (see attached Aide-Memoire). In addition, the Bank reduced the ceiling for processing direct withdrawal applications; this change has helped ease the cash flow situation.

SECTION 6: ACTIONS TAKEN BY (a) BORROWER AND (b) BANK SINCE PREVIOUS FORM 590:

(a) The PCU sent details of the requested reallocation of project funds (to accommodate 1994 salaries of midwives unexpectedly left unprovided for after devolution through reallocation principally of unallocated funds) to Washington. Subsequently, a formal request for reallocation was sent from DOF.

(b) The Bank reviewed the request and agreed to it. A letter of amendment to the Development Credit Agreement was drafted and sent.

SECTION 7: SUMMARY OF CURRENT PROJECT STATUS AND MAJOR PROBLEMS:

Progress in implementation has continued to be good since the previous mission.. The only major activity still outstanding, namely establishment of a multimedia centre, has progressed to the final stages of procurement. Almost all other activities are either completed or on track for completion. Evaluation planning is well advanced. The financial issues outstanding at the time of the last mission are resolved or being addressed. In particular, the field revision of faulty SOEs is due to be completed by end-July, 1995, and outstanding audits should follow by end-1995. Major remaining issues are all connected to scheduling for project completion: 1) a project balance sheet cannot be drawn up till SOE revisions and audits are complete, and hence planning for full disbursement by project closure is still not possible; 2) due to delays in procurement of the multimedia centre, its establishment process may require a project extension of about a year, but a formal DOF request cannot be drawn up till the project balance sheet is available and the final timetable for establishment is clear following completion of the procurement process.

SECTION 8: SUMMARY OF AGREEMENTS WITH BORROWER, AND FURTHER ACTIONS RECOMMENDED TO BE TAKEN BY (a) BORROWER AND (b) BANK:

(a) The PCU agreed to:

(1) submit all revised SOEs as soon as completed, which is expected to be end-August, 1995;
(2) submit the audit reports based on them by end-December, 1995;
(3) prepare and send a project balance sheet to the Bank for review by end-November, 1995;
(4) submit a formal request for project extension through DOF by mid-December, 1995

(b) The Bank would:

(1) seek an informal understanding by mid-August, 1995 that a request for a project extension would be favorably received; and
(2) review and respond to the project balance sheet by mid-December, 1995.

NAME OF PREPARING OFFICER	REVIEWED BY: (DIVISIONAL MANAGER)	REVIEWED BY (DIR/RVP)
A. Hill A. Hill, TM EA1HR	J Sh J. Shivakumar, Chief EA1HR	

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Run Date: 08/03/95
at 11.18.48

East Asia & Pacific Reg Office
EAP: Country Department I
EA1HR - HUMAN RESOURCES OPERATIONS DIVSN
PFLCR1 - Latest Status of Covenant Compliance
OD 13.05 - ANNEX D5
FORM 590 DATE: 08/03/95

Project ID: PH-PA-4518 - HEALTH DEVELOPMENT

Agreement	Loan/ Credit Number	Text Reference	Covenant Class(es)	Status	Original Fulfill Date	Revised Fulfill Date	Description of Covenant	Comments
1	L30990	schedule 5, 1(a)	10,5	C			The Borrower shall take necessary steps to establish and adequately staff a Project Coordinating Unit in DOH, appoint a Project Coordinator with qualifications and terms of reference agreed with the Bank, and designate officials responsible for Project implementation in each implementing DOH division.	Fulfilled
		Schedule 5, 1 (b)	10,5	C		07/19/92	The Borrower shall, during the Project implementation period, maintain the Project Coordination Unit referred to in subparagraph (a) of this paragraph with appropriate powers, staff and resources.	Fulfilled
2	L30990	Schedule 5.2	10,5	C		07/19/92	The Borrower shall establish a community health development fund by January 1, 1990, in accordance with procedures and operating guidelines agree with the Bank.	Fulfilled
3	L30990	Schedule 5.3	10,3	C		07/19/92	The Borrower shall issue regulations, agreed with the Bank and endorsed by such departments and agencies of the Borrower as shall be appropriate, setting out conditions for distribution of funds for the Project, including the approval and distribution of grants under Part C of the Project	Fulfilled
4	L30990	Schedule 5.4	10,3	C		07/19/92	The Borrower shall enter into agreements with selected non-govermental and other community-level organizations, selected in accordance with criteria and procedures satisfactory to the Bank, for the provision of services by such organizations in carrying out Part C of the Project.	Fulfilled

Status: C - Complied with
CD - Compliance after Delay
NC - Not Complied with
SOON - Compliance Expected in Reasonably Short Time
CP - Complied with Partially
NYD - Not Yet Due

ANNEX 1

East Asia & Pacific Reg Office
EAP: Country Department I
EA1HR - HUMAN RESOURCES OPERATIONS DIVSN
PFLCR1 - Latest Status of Covenant Compliance
OD 13.05 - ANNEX D5
FORM 590 DATE: 08/03/95

Project ID: PH-PA-4518 - HEALTH DEVELOPMENT

Agreement	Loan/ Credit Number	Text Reference	Covenant Class(es)	Status	Original Fulfill Date	Revised Fulfill Date	Description of Covenant	Comments
5	L30990	Schedule 5.5	10,5	C		07/19/92	DOH shall, by March 1, 1990, issue a directive agreed with the Bank to designated provinces requiring such provinces to develop a provincial health plan to be submitted to DOH by October 30, 1990.	Fulfilled
6	L30990	Schedule 5.6	10,5	C		07/19/92	The Borrower shall, by January 1, 1990, establish and adequately staff, and thereafter maintain, a committee for Community Health Policy with terms of reference agree with the Bank.	Fulfilled
7	L30990	Schedule 5.7	10,5	C		07/19/92	The Borrower shall, by March 1, 1990, establish, and thereafter maintain, a National Council for Health Policy Development with terms of reference agreed with the Bank.	Fulfilled
8	L30990	Schedule 5.8	10,9	C		11/19/94	The Borrower shall review with the Bank, not later than October of each year of Project implementation, the health programs and activities supported by the Project.	Fulfilled

Status:
C - Complied with
CD - Compliance after Delay
NC - Not Complied with
SOON - Compliance Expected in Reasonably Short Time
CP - Complied with Partially
NYD - Not Yet Due

PFLCR1 - Latest Status of Covenant Compliance
OD 13.05 - ANNEX D5

Full Text of General Covenant Classification

	Covenant Class
1	Accounts/audit
2	Financial performance/generate revenue from beneficiaries
3	Flow and utilization of Project funds
4	Counterpart funding
5	Management aspects of the Project or of its executing agency
6	Environmental covenants
7	Involuntary resettlement
8	Indigenous people
9	Monitoring, review and reporting
10	Implementation
11	Sectoral or cross-sectoral budgetary or other resource allocation
12	Sectoral or cross-sectoral regulatory/institutional action
13	Other

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
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(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

August 8, 1995

Hon. Hilarion Ramiro
Secretary
Department of Health
Manila, Philippines

Dear Secretary Ramiro:

Subject: PHILIPPINES - Health Portfolio Mission, June 14-28, 1995: Supervision of PHDP and UHNP; Progress Review of Preparation of the ECD National Investment Program; and Discussion of Cross-Cutting Portfolio Issues

I am writing with regard to the above mission which was recently undertaken by a team led by Mrs. Althea Hill. Aide-Memoires are attached for the Philippines Health Development project (PHDP), the Urban Health and Nutrition project (UHNP), the Early Childhood Development (ECD) Project, and some cross-cutting issues in the health portfolio.

Please allow me first to congratulate you on your recent appointment as Secretary of Health. I and my staff look forward with great pleasure to working with you in a sustained and productive partnership.

I was pleased to learn from the mission that implementation of both PHDP and UHNP is progressing well. I was particularly glad to hear that disbursements have made a good start under the UHNP, following the project's delayed start, since this will be a key factor in timely implementation for the future. I hope that every effort will be made by the Department of Health to facilitate and accelerate disbursements over the coming months in order to maintain the project's good performance to date.

With regard to PHDP, I was pleased to learn that the revision of the faulty Statements of Expenditure will soon be completed and that the outstanding audits awaiting this revision will be carried out by the end of this year. I would urge you to ensure that these tasks are completed with the minimum possible delay, so that financial projections for the remainder of the project's lifetime can be securely made.

I also understand that there may be a need to extend the project period for up to one year, in order to accommodate the delayed procurement and establishment of the multimedia centre. We do not foresee any problem with such an extension, and look forward to receiving a formal request along these lines from the Department of Finance as soon as the financial picture for the remainder of the project is clear and the timetable for establishment of the multimedia centre has been finalized.

I was delighted to learn that the Social Development Committee, in its recent review of the strategy paper for the Early Childhood Development national investment program, has given the go-ahead for preparation of the detailed program. As you know, both the World Bank and the Asian Development Bank believe strongly in the central importance of this program for the improvement of the welfare of children, the alleviation of poverty, and the development of human capital in the Philippines. Both Banks are providing grant assistance to the preparation of the program as a sign of our deep commitment. I look forward to hearing of continued progress on preparation.

As you also know, it has become necessary to accelerate the timetable for program and subsequent project preparation in order to take advantage of concessionary loan financing from ADB which will only be available up to June, 1996. This accelerated timetable requires pre-appraisal of a project in January, 1996 and appraisal by June, 1996. I want to assure you that we on our side will make all the efforts necessary to meet this timetable.

Finally, I was pleased to find that this mission and the supervision for the Women's Health and Safe Motherhood Project had raised a number of important cross-cutting issues in the health portfolio with the Acting Secretary of DOH, and that it had been agreed to form a DOH task force to consider them. I strongly support the recommendation of the missions that funds from existing projects should be utilized to provide any needed resources for resolving these issues. I look forward to hearing your views on these topics.

With best regards,

Sincerely yours,

J Shiv

J. Shivakumar
Chief
Human Resources Operations Division
Country Department I
East Asia and Pacific Region

Attachments

cc: R. Lakshminarayanan (EA1HR); S. Scheyer (ASTHR); T. Allen (EA1PL)

WORD\m\hill\BTO-LET

AIDE-MEMOIRE

WORLD BANK SUPERVISION MISSION
PHILIPPINES HEALTH DEVELOPMENT PROJECT

June 28, 1995

1. During the period June 12-28, 1995, a World Bank mission reviewed progress on the Philippines Health Development Project (PHDP). The mission was composed of Mrs. Althea Hill (task manager), Dr. Stanley Scheyer (Public Health Specialist) and Mr. Richard Heaver (consultant in Management and Nutrition). The mission held extensive discussions with the PHDP Project Coordinating Unit (PCU)in the Department of Health. Wrap-ups were held with Dr. Jaime Galvez-Tan (Acting Secretary, DOH) and with the PCU.

Overall Progress in Project Implementation

2. Overall, progress in project implementation has been good since the previous mission in November/December, 1994. The one major project activity still to be initiated at that point, namely the establishment of a multi-media centre, has made considerable progress, and is now in the final stage of procurement of a comprehensive package of equipment and consultant services. Other activities have either been completed or are on track for completion on schedule (see below). Planning for the final project evaluation is well advanced, with a first draft of Terms of Reference produced and provided to the mission for review.

3. Financial issues outstanding at the time of the last supervision mission have either been resolved or are being addressed, as follows:

- the amendment of the Development Credit Agreement needed for reallocation of project funds to allow for financing of midwives' salaries in 1994 has been processed
- the field revision of faulty SOEs has made further progress, with 40 provinces completed and the remainder due to be finished by July, 1995; outstanding audit reports should follow by end-1995
- administrative arrangements to permit funding for PCU staff salaries up till the end of the project out of the remaining Japan Grant funds have been made.

Current Implementation Status By Component

4. **Component 1 (Strengthening of TB, Malaria, Schistosomiasis and MCH Programs):** Activities under this component are completed and no further activity is planned. National tuberculosis, malaria and schistosomiasis prevalence surveys are planned as part of the final project evaluation, and terms of reference have been prepared. It is considered possible that the time required for carrying out the TB survey may exceed the remaining lifetime of the project by a few months.

5. **Component 2 (DOH Institutional Strengthening):** All activities under this component have been completed except for the establishment of the multimedia centre and the national wide-area

network for information, communication and management (infocom). Procurement of packages of goods and services for establishment of both systems is underway and should be completed within the next few months. Installation would certainly require an extension of the project period for the multimedia centre and possibly also for the infocom network (see below). Evaluations of these two systems will not be possible within the framework of the final project evaluation.

6. **Component 3 (Community Partnerships):** Community-level activities under this component are now completed. The development of a policy framework for the Partnership for Community Health Development (PCHD) system is planned during the remainder of the project period, beginning with a summit for all PCHD partners in July, 1995. The evaluation of Component 3 within the overall final project evaluation would form an input into the policy framework development.

7. **Component 4 (Health Policy Development)**: Most activities under this component were transferred to USAID funding and none remain to be carried out under PHDP. Nineteen policy-related studies have been completed and the last four planned reports are due very shortly. No decision has yet been reached on how to use these as input to the health policy and planning process.

Remaining Project Issues

8. By and large, PHDP is on a satisfactory track for completion. However some issues still require attention, as follows:

9. **Project-financed midwives**. The mission was informed that of the 2,239 PHDP midwives in service at the end of 1994, only 300 had by that time been absorbed by the local governments. It was agreed that, for the the next project quarterly report, a review would be carried out of the current level of absorption, and local governments' plans for absorbing midwives during the rest of 1995 and 1996.

10. **Financial and disbursement issues**: It will not be possible to draw up an exact project balance sheet until the SOE revision process is completed. At that point, the PCU will need to review remaining project funds, expenditures to date and planned remaining expenditures, in order to plan for full disbursement of the PHDP loan amount and the JG funds by project closure.

11. **Procurement of the Multimedia Center**. The mission was informed that the technical evaluation process for this turnkey contract was now complete, and that the financial proposal of the highest ranked technical bidder had just been opened. The PCU raised some questions with regard to what parameters the Bank's procurement procedures laid down for the financial negotiation of the contract, which is about to take place. The mission will seek the advice of the Bank's procurement specialists on this as soon as possible.

12. **The Multimedia Center and project completion**. The multimedia center is unlikely to be completed until about a year after the originally planned mid-1996 completion date for PHDP. The PCU has therefore requested the Bank to extend the project's closing date to allow for the center's completion. However a detailed formal request through the Department of Finance (DOF) will be needed before the Bank could take a decision on this, or process an amendment of the Development Credit Agreement (DCA). This request would need to include exact specification of the length of extension needed and of each activity expected to spill over the current completion date, together with revised

forecasts and timetables for project expenditures and disbursements through the requested extension period. A revised project balance sheet (see para 10) would be a necessary basis for such forecasts. In view of the time needed to draw up this balance-sheet, it is unlikely that a formal DOF request could be prepared before end-1995. However, DOH might be unwilling to proceed in the interim with contracting a large turnkey foreign-exchange contract all the while the extension issue, and hence full reimbursement from project funds, remains uncertain. It was agreed that on return to Washington the mission would seek an informal understanding from Bank management on whether a formal request for extension would in principle be agreed. On the basis of such an understanding, DOH would be willing to proceed with the contract for the multimedia centre in the meantime.

13. **Project evaluation**: The PCU has produced excellent draft TORs for the substance of the final project evaluation. If successfully conducted, it could become a model for succeeding health project evaluations in the Philippines and elsewhere. The mission provided several minor comments on the substance of the TORs, which the PMO agreed to incorporate. In addition, the TOR section on the contracting process, especially the specification of bidder qualifications and the criteria for their selection, needs amplification. DOH also should give some thought to how the value and impact of the multimedia centre and infocom network can be evaluated in the future, given that no evaluation will be possible within the project itself, because of delays in procuring both systems.

14. The mission also commented on draft TORs for the tuberculosis prevalence survey planned as part of the project evaluation. It was suggested, and agreed, that in addition to the standard prevalence survey which would be based on a sample comparable to previous surveys, additional small scale surveys would be carried out of population samples believed to be at high and low risk for this disease, so as to provide DOH with a range of prevalence estimates as well as an average. Likely high risk groups would include people living in densely populated urban slum areas. Before designing a survey for these areas, it was agreed that the PCU would liaize with the designers of the UHNP baseline survey, to see whether this would yield appropriate prevalence information, or whether something additional needed to be done.

15. **Future role of the PCU**: DOH has decided in principle that the PCU should continue to function after PHDP closure, with the mandate of providing specialist project implementation services to other projects. However the means of funding the Unit has not been settled, and it is not yet clear how it will be incorporated into the DOH plantilla. DOH should give further thought to this point, as well as to ways and means for ensuring productive coordination and collaboration between the PCU and the project management offices of UHNP, WHSMP and other projects.

16. **Status of the health information system**: During the review of the infocom subcomponent, the mission discussed with the PCU the deterioration in the quantity and quality of health service statistics, due to the uneveness of reporting by LGUs since devolution. This issue affects all the World Bank-assisted projects, and is also discussed, along with other cross-cutting issues, in a separate aide-memoire prepared by the missions for DOH management. Subject to the views of DOH management, it was agreed with the PCU that it would be useful to fund a consultancy to review the information system, and recent attempts to enhance it with an improved sentinel surveillance system. The aim of such a consultancy would be to take stock of the current situation, and to assess the need for further systems development to meet the needs of both current and future projects to be implemented under the DOH ten year investment plan.

17. **Electronic mail link**: Another point discussed by the mission was the best way of connecting the PCU to the World Bank by electronic mail, in order to facilitate quicker and more effective communication on project matters. It was agreed that the PCU would use project management funds to open and run an Internet account, rather than a more expensive All-in-One account. All necessary hardware has already been purchased and installed with project funds, so the account could be functional very shortly.

Next Steps

18. It was agreed that the PCU would:

- revise the evaluation TORS in accordance with mission comments and send them to the Bank for review by end-July, 1995.
- send the final multimedia contract to the Bank for review by end-August, 1995, providing an informal understanding were reached with the Bank in the interim on extension of the project period.
- submit all revised SOEs as soon as completed, hopefully by end-August, 1995.
- incorporate a review of the status of absorption of PHDP midwives in the next project quarterly report
- submit audit reports based on the revised SOEs by end-December, 1995.
- draw up a balance sheet for remaining project resources and planned expenditures based on the revised SOEs and send it to the Bank for review by end-November, 1995.
- submit a formal request for an extension of the project period through DOF by mid-December, 1995.
- subject to DOH management approval, carry out a consultancy on the health information system and have the report ready for the next Bank supervision mission in January, 1996.
- open an Internet account as soon as possible.

19. It was agreed that the mission would:

- provide immediate guidance from the Bank's procurement staff on the parameters laid down by the Bank's procurement guidelines for the forthcoming financial negotiations for the multimedia center contract
- review the evaluation TORs and provide a response by mid-August, 1995.
- seek an informal understanding by mid-August, 1995 that a request for a project extension to accommodate completion of work on the installation of the multimedia centre would be favourably received.

- review the multimedia contract and provide a response by mid-September, 1995.

- review and respond to the balance sheet for remaining project funds and expenditures by mid-December, 1995.

- plan a supervision mission for January-February, 1996, which would include specialists on MIS, IEC, Training and Community Participation, who would review project progress, evaluation and impact in all these areas. The MIS specialist would also review the proposed consultant report on the status of the health information system, if this activity is approved by DOH management.

Component I:

A. MALARIA CONTROL PROGRAM

Project Description

The projects aims to assist GOP in reducing the incidence of malaria from 6.0 per 1,000 population to 1.5 per 1,000 population by 1994. Activities of the projects includes procurement of drugs and equipment for surveillance and treatment; pesticides, and vehicles for vector control including residual spraying and elimination of breeding sites; technical assistance for operations research and evaluation; and incremental operating cost.

Accomplishment as of December 1994

Since the start of its implementation, the Malaria Control Program has conducted spraying of endemic areas and provided prophylactic and radical treatments. Drugs and pesticides were also procured. A total of 92 PHDP-funded vehicles have been distributed to malaria endemic provinces in support to their field operations. Spraycans for use of the field personnel were also procured. To assist in the delivery of services in the field, contractual microscopicts and canvassers were hired. An external evaluation of the program was conducted in 1993.

In 1994, activities that were implemented included the conduct of training courses, printing of manuals, conduct of research, procurement of drugs and materials, and the hiring of 525 support personnel and a consultant.

B. TUBERCULOSIS CONTROL PROGRAM

This project aims to decrease the prevalence rate from 6.6 per 1,000 population to 2.0 per 1,000 population at the end of the 5 year duration of the project. It also aims to strengthen the national TB Control Program through improvements in case-finding; at-home patient treatment and follow-up of cases. Activities of the project includes procurement of drugs for TB treatment; equipment, and materials for the upgrading of microscopy centers in existing health facilities for case identification; staff training; technical assistance for research and evaluation; and incremental operating costs.

Accomplishment as of December 1994

Under the program, SCC drugs and blister packs of Type I and Type II were distributed to various regions of the country. A consultative workshop among regional and provincial TB program coordinators was also conducted to thresh out problems encountered by case-finding teams in the field. Also 620 TB medical technologist and canvassers were hired to assist in the field implementation of the program.

Activities for 1995

The conduct of national prevalence survey will commence this year. To date, the Terms of Reference has been developed and will be forwarded to the World Bank for concurrence.

C. SCHISTOSOMIASIS CONTROL PROGRAM

Project Description

The project aims to assist in the reduction of the prevalence rate of schistosomiasis from 6.03% in 1989 to below 5% of the exposed population over the 5-year project implementation period. This is hoped to be achieved through the procurement of drugs, equipment, vehicles, materials and technical assistance for case-finding and for snail control; drugs for treatment of the disease; and incremental costs.

Accomplishment as of December 1994

Focus group discussion and KAP survey in Siargao is being conducted. The services of the Development Academy of the Philippines were contracted for the study.

Component II: Institutional & Capability Building

PHILIPPINE HEALTH DEVELOPMENT PROJECT

A. INFORMATION AND COMMUNICATION

a. Project Description

The project supports the establishment of a national information, communication and management network for DOH. This will be helpful for communication of field epidemiological surveillance data, HIS data, MIS data and financial management information including budget, procurement and expenditure data. Activities envisioned to be undertaken to achieve said end include procurement of computer hardwares and softwares, communication equipment; provision of training as well as technical assistance.

b. Accomplishment as of the end of December 1994

The overall information system plan of the DOH was revised in the light of the Local Government Code. Several Information systems for a number of DOH units were developed. Training courses in basic computer operations, etc, were conducted for Central Office staff. Procurement of computers, softwares and communications equipment were also undertaken.

c. Activities for 1995

Activities in 1995 will be limited to the continuation of activities which were not completed in 1994 and other years. This include the purchase and delivery of equipment needed for networking.

B. CENTRAL LABORATORY

a. Project Description

Supports the upgrading of DOH laboratory facilities through the provision of improved equipment for laboratory operations in various public health disciplines, technical assistance and foreign fellowship.

b. Accomplishment as of the end of December 1994

As of the end of 1994, twelve personnel of the Bureau of Research and Laboratories have completed their foreign training with two others expected to be completed in 1995. A total of eighteen local bench training in various fields have also been completed. Procurement of various laboratory equipment for the different sections of the BRL have been undertaken ranging from colony counters to an automatic laboratory work station. All in all around 100 items of equipment and a vehicle have been procured and delivered.

No activity is to be funded in 1995.

C. TRAINING

A. Project Description

Support a reorientation of the DOH's training program from a focus on particular program to a focus on the needs of specific levels of operations.

B. Accomplishment as of the end of December 1994

Training manuals and guides for the RHM and Financial Management training manuals for the different categories of health workers have been finalized. Manuals on Supervisors and PHN Trainers Courses as well as the RHM and RHP trainings have also been conducted. Also a technology assessment mission to look at different multi-media technologies was conducted. As a result of this mission, the list of equipment and technologies that would support the use of interactive multi-media in the training activities of the DOH was drawnup. However, the establishment of the Multi-Media Center (MMC) is now transferred to the IEC component, inasmuch as PIHES has been designated as the lead agency to undertake the setting up of the MMC, replacing HMDTS , the service managing the training component.

C. 1995 Activities under PHDP

The advanced trainers course is conducted on the 1st semester of 1995. Manuals development activities in previous year ~~will be~~ has been continued in 1995.

Component III: COMMUNITY HEALTH DEVELOPMENT

Project Description

Provides direct grant support for the organizing and implementing of provincial-level partnership between government and NGOs to facilitate local community action. The project provides planning and project grants to consortia composed of local governments, field offices of the DOH and NGOs to carry out community health development activities. Funds were provided for grants, computer materials and program manuals, equipment and one vehicle, technical assistance and training, and incremental operating costs.

Accomplishment as of the end of December 1994

During implementation, a strategic Review and Planning Workshop was conducted to assess previous year's performance and to formulate plans for the coming year. Projects implemented in year 1, year 2, and year 3 provinces are at various stages of implementation. Year 1 and Year 2 provinces have been conducted on the Year 3 provinces. As of the end of 1994, the program has expanded to 48 provinces and 262 municipalities. For 1994 alone, 39 new projects were approved for implementation.

1995 Activities under PHDP

For 1995, the development of Policy Framework for PCHD shall be contracted out. A summit of all key program partners shall be conducted in Julu as a venue for the evaluation and consolidation of the PCHD program. The evaluation of PCHD will be part input to the Policy Framework Development.

Issue on Sustainability

New projects implemented in 1994 critically need funding support to sustain initiatives undertaken in the expansion provinces.

Component IV: POLICY DEVELOPMENT

Project Description

Provides technical assistance, contract staff and studies to support the establishment of institutional arrangements to facilitate improved planning as well as policy development.

Accomplishment as of the end of December 1994

The Philippine Institute for Development Studies was contracted to formulate a core of policy reform package for the Philippine Health Care Financing System. A total of 26 baseline studies covering 29 selected topics have been identified to under-taken. Of these 12 have been completed and 14 are on-going.

Activities in 1995

The remaining 14 studies will be completed by 30 June 1995. Workshops shall be conducted to present findings of each study completed.

List of Research Studies
As of 31 December 1994

Contractor	Title	List of reports
1. Ma. Cristina Bautista	Patterns of Utilization, Expenditure and Demand for Health Care Services in the Philippines	first progress report second progress report edited and bound final report
2. Ma. Luisa Beringuela	The Performance of Medicare I: An Economic Evaluation	first progress report second progress report edited and bound final report
3. Aleli dela Paz Kraft	An Analysis of Manpower Behavior: Focus on Physicians and Dentists	first progress report second progress report edited and bound final report
4. Irene Lanuza	The Feasibility of Alternative (Non-Insurance) Financing Scheme	first progress report second progress report
5. Fred Avestruz	A Study of Philippine Hospital Management and Administrative Systems	first progress report second progress report edited and bound final report
6. HEWSPECS	An Evaluattion of the Potential of Private Insurance as a Source of Health Care Financing in the Philippines	first progress report second progress report edited and bound final report
7. Ma. Socorro Zingapan	Analysis of Supply and Market of Health Care Facilities	first progress report second progress report edited and bound final report
8. Olympia Malanyaon	Special Beneficiary Group: The Urban Poor	first progress report edited and bound final report
9. Augusto Rodriguez	An Analysis of the Effects of the Regulatory Environment on the Health Care Industry	first progress report second progress report edited and bound final report

Dr. Eduardo Gonzalez	Evaluation of Medicare I: Adminstrative Issues	first progress report second progress report edited and bound final report
Clemencita Abella/DAP	Health Manpower: Profile and Market Analysis	first progress report second progress report third progress report edited and bound final report
12. Michael and Marilou Costello	Study on Special Beneficiary Groups: Small Farmers, Plantation Workers, Landless Rural Workers and Fisherfolks	first progress report edited and bound final report
13. Carlos Antonio Tan, Jr.	Planning Model for Health Care Services Sector	unrevised second out of four reports
14. Dr. Wilhelm Flieger	A Demographic, Socioeconomic and Epidemiologic Profile and Trends of Selected Diseases	first progress report second progress report third progress report Urbanization paper
Dr. Michael Alba	Analysis of Hospital Productrion and Cost: Economies of Scale and Scope	first progress report second progress report third progress report
16. Corazon Urquico	Medicare I: Evaluation of Alternative Reform Measures	first progress report second progress report edited and bound final report
17. IPHC	Case Study of Communlty Health Financing in Region XI	first progress report second progress report edited and bound final report
18. Oscar Picazo	Selected Aspects of Medical Equipment and Instruments Industries in the Philippines	first progress report
19. Tessa Tan-Torres	A Study of Primary Health Care Services in the Philippines	first progress report second progress report

List of Research Studies
As of 31 May 1995

6/10/95

Contractor	Title	Status of reports
1. Ma. Cristina Bautista	Patterns of Utilization, Expenditure and Demand for Health Care Services in the Philippines	edited and bound final report
2. Ma. Luisa Beringuela	The Performance of Medicare I: An Economic Evaluation	"
3. Aleli dela Paz Kraft	An Analysis of Manpower Behavior: Focus on Physicians and Dentists	" "
4. Irene Lanuza	The Feasibility of Alternative (Non-Insurance) Financing Scheme	second out of three progress reports (contract terminated)
5. Fred Avestruz	A Study of Philippine Hospital Management and Administrative Systems	edited and bound final report
6. HEWSPECS	An Evaluation of the Potential of Private Insurance as a Source of Health Care Financing in the Philippines	edited and bound final report
7. Ma. Socorro Zingapan	Analysis of Supply and Market of Health Care Facilities	edited and bound final report
8. Olympia Malanyaon	Special Beneficiary Group: The Urban Poor	edited and bound final report
9. Augusto Rodriguez	An Analysis of the Effects of the Regulatory Environment on the Health Care Industry	edited and bound final report
10. Dr. Eduardo Gonzalez	Evaluation of Medicare I: Adminstrative Issues	edited and bound final report
11. Carmencita Abella/DAP	Health Manpower: Profile and Market Analysis	edited and bound final report
12. Michael and Marilou Costello	Study on Special Beneficiary Groups: Small Farmers, Plantation Workers, Landless Rural Workers and Fisherfolks	edited and bound final report
13. Carlos Antonio Tan, Jr.	Planning Model for Health Care Services Sector	draft final report
14. Fr. Wilhelm Flieger	A Demographic, Socioeconomic and Epidemiologic Profile and Trends of Selected Diseases	third out of four reports plus an Urbanization paper

		Status of Reports
15. Dr. Michael Alba	Analysis of Hospital Productrion and Cost: Economies of Scale and Scope	edited and bound final report
16. Corazon Urquico	Medicare I: Evaluation of Alternative Reform Measures	edited and bound final report
17. IPHC	Case Study of Community Health Financing in Region XI	edited and bound final report
18. Oscar Picazo	Selected Aspects of Medical Equipment and Instruments Industries in the Philippines	edited and bound final report
19. Tessa Tan-Torres	A Study of Primary Health Care Services in the Philippines	edited and bound final report
20. Tessa Tan-Torres	Costs of In-patient Hospital Care for Bronchopneumonia and Myocardial Infarction	draft final report
21. Jesus Sarol	A Twenty-five Year Review (1967-1991) of Epidemiological Profile and Trends of Selected Diseases	edited and bound final report
22. Nimfa Mendoza	Analysis of Hospital Production and Cost: Effects of Ownership and Incentive Structure	no progress repor
23. Benjamin Diokno	Available Sources and Uses of Health Care Expenditures	unrevised second out of four progre reports

D. EVALUATION

Project Description

This supports the improvement in the DOH's program evaluation capabilities by the various components.

Accomplishments as of December 1994

The Terms of Reference for the evaluation of the Schistosomiasis Control Program has been finalized.

Activities for 1995

The evaluation of the Schistosomiasis Control Program is being conducted by the UP-College of Public Health Foundation.

An end-of-project evaluation of the PHDP will also be conducted. The Terms of Reference is being finalized, after which, World Bank concurrence will be sought.□s

TERM OF REFERENCE
NATIONAL TUBERCULOSIS PREVALENCE SURVEY (1994-1995)

I. INTRODUCTION

A. Background Information:

Tuberculosis is a major public health problem in the Philippines needing urgent national attention. This is so despite of a marked increase in the development of various technical advances directed to control the disease. It has continuously plagued the country, thus, remaining to be among the leading causes of morbidity and mortality.

In 1981-1983, a National Prevalence Survey (NPS), was conducted to obtain a reliable estimate of the extent of the TB problem in the country. Results of the survey showed that with a population count of 55 million, TB mortality rate was 50 per 100,000, prevalence rate of smear positive cases was 6.6 per thousand population and those with x-ray findings suggestive of TB was 2.9%. The annual risk of infection (ARI) was 2.5%. With these findings, faced with such a major challenge to reduce the problem of the disease, the Department of Health strengthened the NTP in mid-1986, introducing the Short Course Chemotherapy as for TB regimen and made it as one of its five (5) impact health programs.

With the Strengthened NTP, TB mortality rate in 1993 was registered at 31 per 100,000. Project estimate for the national prevalence rate of smear positive was 4 per thousand and the annual risk of infection was 1.9%.

Realizing these current problems, the Department of Health again feels the need to obtain updated epidemiologic data similar to those obtained in the first survey made in order to determine the current magnitude of the problem and impact on the program, and serve as concrete basis to redirect the TB Control Program if necessary.

B. Objectives

General:

To determine the present magnitude of tuberculosis problem in the country as compared with the parameters gathered in the 1981-1983 National TB Prevalence Survey.

Specific:

To determine the following:

1. Prevalence of TB infection in selected areas by age and sex.

2. Coverage of BCG vaccination by age and sex.

3. Prevalence of sputum positive cases among those 10 years and above.

4. Prevalence of radiological shadows suggestive of PTB among persons aged 10 years and above in selected areas by age and sex.

5. Sensitivity of the tubercle bacilli isolated from the culture positive patients to Rifampicin, INH, Streptomycin, Pyrazinamide and Ethambutol.

II. Scope of Work

A. Subject Scope:

The National Tuberculosis Prevalence Survey of 1995 requires from the contractor the following:

1. Formulation of a protocol for the survey and other pertinent documents to the study to include:

   a) Survey design
   b) Sampling frame and survey instruments
   c) Study areas.

2. Organize Survey teams and map survey areas

3. Conduct field surveys

The specific areas of concern are the following:

a) Identification of presence or absence of BCG scar among 2 months and above.

b) Tuberculin testing of population aged 2 months and above.

c) Chest x-ray of 10 years and above among the population in selected clusters. This includes the taking and reading of 70 mm photofluorograms. Results will provide a basis for bacteriological examination.

d) Bacteriological examination - persons aged 10 years and above who are found to have x-ray abnormalities in the lung parenchyma and or pleura are subjected to this examination. Smear and Culture examinations will be done, as well as Sensitivity test from the positive culture for Rifampicin, INH, Streptomycin, Pyrazinamide and Ethambutol.

4. Organize and analyze collected data

5. Submit a final report two (2) months after completion of data analysis which will consists of :

   a) Epidemiological findings and analysis of the survey.

   b) Comparative analysis of NPS 1981-83 and the 1995 NPS.

6. Assist in the presentation of findings to a group of stakeholder.

B. Area Scope

Since data generated should be representative of the National picture, survey areas in clusters (Barangay/Municipality/Province), from all over the country, determined after multi-staged stratified random sampling will be covered. Specific areas within these cluster areas will be identified to finally come out with a list of households for the sampling units.

C. Time Scope

The National Tuberculosis Prevalence Survey of 1995 should be accomplished in 12 months, with the following breakdown: 2 months social preparations, 8 months data gathering and 2 months of data analysis and report preparation.

III. General Requirements:

1. For this survey, the TB Control Service needs the contractual services of an agency and experts to undertake the survey.

   A) The contracting agency to render the technical services for the intended repeat National Prevalence Survey (NPS) should be an institution which maintains:

      1) One C/S bacteriologic laboratory at its central office.

      2) One mobile x-ray unit (100 MA)

      3) Auxiliary trained manpower appropriate for the survey. (Med. Technologists, Sputum Collector, Nurses, Midwives, X-ray techologist, Census taker, Social Investigator, Data Coder, Encoder).

   B) The specialization required are as follows:

      1. EPIDEMIOLOGIST - must be a Master in Public Health, Major in Epidemiology; must have been involved in several epidemiological studies on TB.

      2. STATISTICAL CONSULTANT - holder of a BS Statistics degree; must have at least 5 years experience in dealing with statistical methods and analytical tools needed in researches; must have acted as consultant to at least 2-3 operational researches of DOH health programs.

      3. PHTHISIOLOGISTS/RADIOLOGISTS - a Fellow or Diplomate in Radiology; had training and had more than 6 years expertise in Chest x-ray film interpretation of shadows suggestive of tuberculosis; research oriented.

      4. BACTERIOLOGISTS - preferably a pathologists with training on TB bacteriology. Had 8 years experience in TB laboratory works which include Smear examination, Culture and Sensitivity Test for Mycobacteria, must also be research oriented.

2. Instructions for Proposal Preparation

Suggested format should be made with reference to the protocol of the 1981-1983 National TB Prevalence Survey. The proposal should contain the following:

1. Introduction

A background information of the TB Control Program in relation to the reasons why the survey is being conducted.

2. Objectives

Statement of goals or purposes that summarizes the basic rationale for the conduction of the survey.

3. Survey Area

Identification of survey areas considering inclusion/exclusion criteria.

4. Design of the Survey

Determination of the eligible population, sample size and sampling design.

5. Organization of the Survey

The organizational composition, (Project leaders, team leaders and members), and their lines of authority for implementing and managing the survey.

6. Work schedule of the team and scheduling of the survey.

The date and duration of all activities to be accomplished for the whole survey period. Manning schedule should also be included.

7. Survey method and Processing

Description in detail of the approach or methodology that will be utilized to achieve the objectives of the study.

8. Financial Plan

Costing or budget requirements in detail proportionate to the survey activities till project completion.

9. Project Consultants and Personnel including a survey of their qualification and experiences.

Listing of Consultants and Personnel, their curriculum vitae, related experiences, and their assignment in the survey based on the work plan.

D. Criteria for Proposal Evaluation

CRITERIA		WEIGHT
1. Competence of the agency		45%
a) Experience on research/survey	30%	
b) Personnel competence	25%	
c) Existing facilities	25%	
d) Project Organizations	20%	
2. Quality of Technical Proposal		55%
a) Proponent understanding of client requirements	35%	
b) Technical soundness of methodology	40%	
c) Professional handling of proposal	25%	

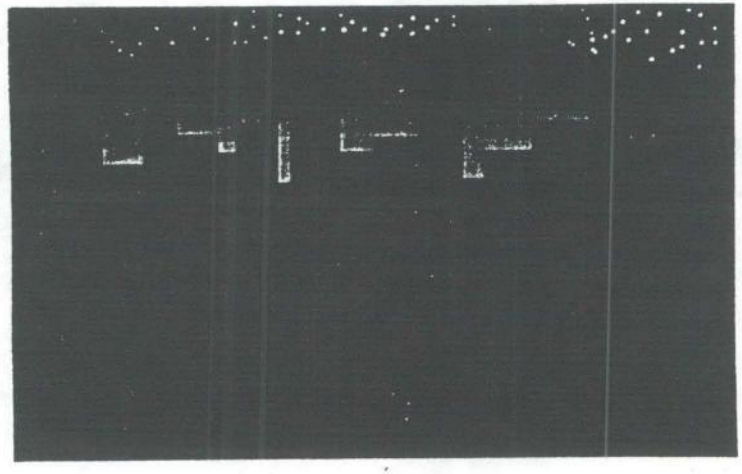
Area Based Services - TUBERCULOSIS CONTROL

Guidelines for Service Delivery

The project shall follow National TB Control Program protocol as adopted to the needs and conditions of the Urban Poor.

Initially the urban poor communities in the project areas will be stratified into three categories:

High Density Areas
Medium Density Areas
Low Density



High Density Areas

- Case finding will be done by Sputum Canvasser /Microscopist.

- Passive case finding which is done at static clinics will be complemented by an active case finding through mapping up operations.

- Mapping up procedure is a specific strategy designed to accelerate case findings in high density areas.

- It entails house to house operations of identifying TB Symptomatics.

CURRENT INITIATIVES IN NTP

Creation of the multi-sectoral National Advisory Council on Tuberculosis

- **Advocacy/influence group**
- **Resource mobilization**
- **GO-NGO coordination**

Quality Care Improvement Measures

- 4 drug/fixed-dose regimens
- Training and Re-training
- Referral System Improvement
- Quality Supervision

Establishment of Reference Laboratories

- Drug Resistance Surveillance
- Research
- Quality Control of Sputum Microscopy

Focusing NTP Services to Working Age Groups

- Coordination with Employers and Labors Groups

- Accreditation of and Assistance to Corporate Clinics and Labor Organization Clinics

Strengthening Management Support

- Training
- Public Information and Education
- Information System Management

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TERMS OF REFERENCE
PHILIPPINE HEALTH DEVELOPMENT PROJECT
End - of - Project Evaluation

I. THE PHILIPPINE HEALTH DEVELOPMENT PROJECT (PHDP)

The PHDP is a six-year (February 1989 - December 1994) $70.1M project from the World Bank to the Philippine Government. The project is intended to support the Government's priorities to expand and improve public and primary health care specially for high-risk group; strengthen the efficiency and effectiveness of the DOH; promote collaboration among the government, local communities and NGOs in meeting community health needs; and establish improved mechanism for future policy development.

Specific objectives of the project are:

1. to achieve improvements in the control of major communicable and endemic diseases.

2. to reduce infant and child deaths as well as maternal mortality and fertility.

3. to upgrade institutional capacities of the DOH at all levels to improve program effectiveness and manageria efficiency

4. to promote health equity by targetting services to under-served areas and high-risk groups according to degrees of risk and/or disease prevalence

5. to strengthen partnerships among the DOH, local governments and NGOs to improve the health conditions of local capabilities for participatory planning and self reliance in undertaking community health projects.

6. to establish improved planning and consultation mechanisms for longer - term improvements in health policies and programs.

The project consists of the following (4) components:

1. Component 1: Four DOH Impact Programs
   a. Malaria Control Program
   b. Tuberculosis Control Program
   c. Schistosomiasis Control Program
   d. Maternal and Child Health Program

2. Component 2: Strengthening the DOH's Institutional Capacity

3. Component 3: Community Health Development

4. Component 4: Policy Development

II. PURPOSE OF EVALUATION

The end -of-project evaluation shall include process, impact and strategic analysis at the levels of the beneficiaries, the community and the Department of Health.

The general objectives of the evaluation are:

1. **to assess the process of implementation and impact of the Project on the beneficiaries, the community and the Department of Health;**

2. **to make recommendations to enhance the value of future health development projects and guide GOP investments in the health sector.**

3. **to assess whether the Philippine Government got the value of its investment in the PHDP as a health development project;**

The specific objectives of the evaluation are:

1. to determine the level of inputs achieved by the project

2. to document the processes that transformed the project inputs to outputs;

3. to determine the accomplishments of the project for the beneficiaries, the community and the Department of Health;

4. to determine the relationships between project inputs, processes and impact;

5. to analyze the project and non-project factors associated with the accomplishments of the project; and

6. to perform a strategic analysis of the PHDP; and

7. to synthesize the lessons learned from the investment on and implementation of the project and on the basis of these findings, make recommendations on future GOP investments in the health sector and the management of health development projects.

III. SCOPE OF THE EVALUATION

The evaluation covers a period of six (6) years, from January 1990, the start of the project implementation, to June 1995, the cut-off date for the evaluation. It is anticipated that some elements of the process and impact evaluation will be done per year.

Substantively, the evaluation covers the four (4) major components of the project, taken individually and taken as a whole, in the latter as a prototype and wholistic approach and strategy towards health development.

In geographic terms, the evaluation covers 15 regions, 76 provinces, and 1, 580 municipalities, as well as 15 Regional and _____ Central Offices of the Department of Health.

Approximately, _____ beneficiaries and _____ health care providers and managers comprise the human resources covered by the project.

IV. AREAS OF INVESTIGATION

In broad terms, the evaluation focuses on the following concerns:

1. the type and level of financial, technical,technological and human resource inputs provided and achieved by the project;

2. the program management that characterized the project in the aspects of managerial processes used; the policies; strategies and mechanisms of implementation developed, adopted and institutionalized;

3. the type and level of interventions that were given;

4. the type and level of accomplishments made by the project in the short (output) terms

5. the extent to which the DOH capability for assessing, planning, communicating, intervening and evaluating has been strengthened at all levels;

6. the extent of mobilization and participation of the partners in the community of the DOH in health development activities;

7. the relationships between the various project components and non-project factors on the accomplishments of the project;

8. the differences between the pre-devolution and post-devolution situations as these affected project management and accomplishments;

9. the significant problems, issues and concerns encountered and the responses made throughout the lifetime of the project.

These selected areas will be assessed in terms of the following:

1. the extent to which the burden of disease, disability and death was prevented, mitigated, and/or eliminated;

2. the promotion of access to health services and equity in the distribution of these services;

3. quality and sustainability

4. the contributions made to the alleviation of poverty and increased income and productivity;

5. efficiency and cost-effectiveness;

For more details, see Appendices A and B.

V. SCOPE OF WORK

A. Expected Outputs

The contractor is expected to complete the following:

1. A technical proposal that should contain the following:

1.1 General Information - This indicates the contractor's general knowledge and understanding of the PHDP and the services required

1.2 Scope of Services Offered - The services offered must be clearly specified. Modifications in the objectives, matrix and questions contained in the TOR should be included.

1.3. Conceptual framework(s) for the evaluation

1.4 Sampling design taking into consideration the geographic and beneficiary coverage of the project

1.5 Methodology or methodologies that take into consideration consideration the objectives, scope and areas of evaluation

Included in this heading are the evaluation design, variables and indicators, methods of data collection identifying the data sources; and the tools and instruments that will be used specifying the target sample of subset of sample, as the case maybe.

A list of data sources that will be provided by DOH is Appendix C.

1.6 Data processing and analyses procedures juxtaposed with the project objectives and/or areas of investigation. A discussion on ensuring the validity of the findings should be provided.

1.7 Work budget and schedule

1.8 Manpower as the type, specific responsibility and length of engagement. CVs of principal human resources should be provided

1.9 Project management-An organizational chart indicating the lines of authority and coordination for the implementation of the evaluation should be drawn.

In turn the contractor should state its own requirements/suggestions for inclusion in the Memorandum of Agreement.

2. Provide DOH with all data on disks one month following completion of the fieldwork

3. Submit and present a draft report on the evaluation to DOH officials

4. Submit a final report on the evaluation

B. Time Frame

The evaluation will be for six months, starting in December 1995 to May 1996.

VI. GENERAL REQUIREMENTS (for discussion)

1. Qualifications of contractor
2. Contractor selection
3. Criteria for selection
4. Data ownership, requirements for other uses of the data (publication) by contractor and release of data to other users.

APPENDIX A: The Project Input, Process, Output, Purpose and Goal (PIPOPUG) Matrix

Input	Process	Output	Purpose	Goal
Component I				
A. Malaria Control Program				
Equipment Anti-malaria drugs Vans and Pumpboats Spraymen Supervisors Training Technical Assistance for evaluation Training and Research Operating Cost	Planning Organizing Coordinating Assessing (POCA) Decision- making Communicating Interpersonal dynamics Technical procedures (on surveillance and treatment) Procurement and distribution of supplies and drugs	Training report Trained spraymen/ supervisors Target areas/ groups identified Targets sprayed Evaluation and research reports Reduction of morbidity and mortality due to Malaria	Decrease school work loss days due to malaria Promote efficiency and effectiveness of health care delivery system	Reduce poverty, increase income and enhance productivity Increase quality of health care programs Enhance client satisfaction
B. TB Control Program				
Anti-TB drugs Supplies Staff Microscopes Training Technical Assistance to strengthen program	Same as in Component I.A. Technical procedures. (case finding, home care treatment and follow-up of of cases)	Training reports Trained staff upgraded microscopy centers Decreased morbidity and mortality due to TB	Same as in Component I.A.	Same as in Component I.A.
C. Schistosomiasis Control Program				
Drugs Microscopes, essential materials and equipment Vehicles and Motorcycles Staff: driver, stool collector public health nurse and microscopist	Same as in Component I.A.	Schisto Control Team Target areas and households identified Operations research reports Reduction in prevalence of Schistosomiasis	Same as in Component I.A.	Same as in Component I.A.

Input	Process	Output	Purpose	Goal
D. Maternal and Child Health				
Vit A and iron supplements Nutritionists Community Volunteers Mothercraft Classes ARI Management training Technical assistance for ARI Management guidelines Drugs Time pieces Oxygen concentrators	Same as in Component I.A.	Training report ARI case management guidelines Trained DOH staff and community volunteers High risk barangays identified More informed and cooperative mothers Increased use of nutrition, maternal and child health services Reduced incidence of 2nd and 3rd disease malnutrition, night blindness and anemia among preschoolers Reduced morbidity and mortality from Pneumonia among children Reduced anemia among proponent women Reduced maternal, infant and child mortality	Reduce disease burden of mothers and children Enhance the growth and development and learning of children Promote maternal capacity for healthy child bearing and caring Promote participation in health promotion and disease prevention and control	Mitigate negative impact of disease on income, productivity and life expectancy Enhance quality of health care Promote equity in distribution of health benefits Facilitate client satisfaction Enhance sustainability of health programs

Input	Process	Output	Purpose	Goal
Component II				
A. Information and Communication				
Packet radios High frequency radios Microcomputers Technical Assistance Manuals info systems Fellowships on info systems Vehicles Staff HIS MIS Computer operations Financial management Staff training HIS MIS Computer operations Financial management	In addition to Component I.A. Establishing Central, regional and provincial sites Nationwide computerization of HIS Establishment of a central geographical info system Software development financial logistics Personnel development CHS Strengthening MIS Development of financial operations manual	Trained staff in HIS, MIS, financial management reports Training Communication network from national to municipal levels HIS and MIS including software, manual, forms Central geographics information system	Strengthening institutional, capability of DOH Promote efficiency & effectiveness at all levels Fast and updated information on health status, problems and risks	Enhance capability to achieve goals/ mandate role in public information on health matters/ issues Prompt and appropriate response to health situation/needs.
B. Health Planning				
Microcomputers Technical assistance Workshops Staff Operating costs	POCA Developing modules	Learning modules Trained DOH staff Use of planning modules 5. year development plans and budget proposals per region	Develop organizational and coordination skills for health planning and programming Promote efficiency and effectiveness	Enhance DOH capacity to achieve goals/ mandate

Input	Process	Output	Purpose	Goal
C. Field Health Services				
Vehicles Delivery vans Technical assistance development Midwives Operational expenses for priority RHUS	POCA Developing program manual	Program management manual Upgraded RHU 300 priority municipalities/ RHUs identified	Increase service delivery of RHUs selected RHU services Enhance efficiency and effectiveness	Improved health status morbidity and morta- Enhance equity in health care delivery Promote increased client satisfaction
D. Central Laboratory				
Equipment for laboratory operations Technical assistance in lab. administration Fellowships for lab. technicians	POCA	Improved lab administration Trained technicians Upgraded lab facilities	Promote efficiency and effectiveness	Enhance DOH-capability to achieve mandate
E. Information, Education and Communication				
Desktop publishing equipment Audiovisual production and editing set IEC kits IEC materials Technical assistance to develop materials Staff: editor, layout artist, technician, feature writers	POCA Developing IEC materials/ messages	IEC prototype materials and messages: posters, brochures, flip charts, billboards, newsletters IEC production team Use of IEC materials by health care workers, by clients	Develop DOH capability to produce integrated IEC materials Influence change behavior to promote healthy lifestyles Promote self-reliance for health of clients	Enchance DOH capability to fulfill mandate Improve health status Greater client satisfaction Enhance sustaina-bility of health programs

Input	Process	Output	Purpose	Goal
F. Training				
Basic training equipment per region: overhead projector, VCR, public address system copier and gimeograph machine Technical assistance for job content assessments and curriculum development Training	POCA Developing basic, advanced and specialized courses	Job content analyses Curricula Training reports Reoriented DOH staff	Refocus training on needs at operational level Promote efficiency and effectiveness	Enhance DOH capability to achieve mandate Enhance HRD Increase health worker satisfaction
G. Evaluation				
Technical assistance for designing and implementing surveys	POCA Developing competencies for designing and implementing surveys	Survey/evaluation reports Trained staff	Improve DOH evaluation capabilities Enhance efficiency and effectiveness and effectiveness	Enhanced DOH capacity to achieve mandate Enhance HRD Increased health care worker satisfaction
H. Project Management and Coordination				
Office equipment Microcomputers Vehicles Technical assistance for project coordination skills Staff: coordinator, assistant, accountant, secretary	POCA Developing competencies for project coordination	Training reports Project coordinating teams	Support project management and coordination Mandate efficiency and effectiveness	Same as Component II.G.

Input	Process	Output	Purpose	Goal
Component III				
Technical assistance to CHS/DOH Observation tours and visits Local Consultants Funds for planning and project implementation grants	POCA Building up of technical and managerial capability of CHS Use of community health development process	Tour/Visit reports Trained and upgraded CHS staff Target communities identified Committee for Community Health Policy Consortia of partner agencies in selected provinces Project proposals	Promote community health development Enchance community self-reliance for health Facilitate community participation in program planning	Promote equity of health care delivery Enhance sustainability of health initiatives Promote quality of health services
Component IV				
Technical assistance Staff	POCA Developing competencies of technical secretariat	Technical Secretariat National Council for Health Policy Development Health Policy initiatives	Improve mechanism for health policy development Advocacy of DOH policies Influence non-DOH initiated	Enhance DOH leadership role in health policy development

Triangle
Lotus Subcomponents

Appendix B: Selected Evaluation Questions by Component

Component 1: Four DOH Impact Programs

A. Policies and Strategies

1. What policies were developed in support to the 4 impact programs?

2. Were the policies adopted? How effective were they?

3. What strategies were developed? What were adopted? What were implemented? What were institutionalized?

4. How did the policies/strategies enable the accomplishment of program objectives?

B. Mechanisms for Implementation

1. What mechanisms were developed and adopted? What were implemented? How effective were these?

2. What arrangements were taken to continue/sustain these mechanisms?

C. Interventions

1. What interventions were given? Were these given to the right people, at the right time? How efficient and cost effective were these?

2. Were these internventions institutionalized? What measures were undertaken to institutionalize these interventions?

3. How did the LGUs respond to these interventions? What did the LGUs provide in support to these interventions?

4. Has the project built up the capability of the government to continue and sustain the project?

D. Accomplishments

1. What has the project gained vis-a-vis the national program?

2. Were the annual program targets met? Were the resources from the project sufficient to meet the program targets? How cost effective were these resources?

3. What were the recurring issues encountered? What measures were proposed to be instituted in response to these issues?

B. Health Planning Capacity

1. Has there been improvement in the health planning capability at the central office, regional and provincial/city levels?

2. Has decentralized planning process (APB-HP) contributed in the improvement of managerial competencies in the following areas:

   - setting local priorities

   - recognizing operational constraints and obstacles and making remedial measures

   - guiding day to day work and performance

3. Has APB-HP improved the planning process and system in central and field offices?

4. Has decentralized planning approach improved delivery of goods and services in unserved and underserved communities?

5. Has capability building in decentralized planning process been effective in facilitating the devolution of health services in their respective communities?

6. Has decentralized planning contributed to an effective community mobilization and participation in health activities?

7. Do LGUs have available resources to continue ABP-HP under devolution?

8. Did the LGUs target more resources in support to the priority health problems and programs?

C. DOH Laboratory

1. How has the project adjusted to the rapidly changing role (and many changes in roles) of the Central Laboratory within the lifetime of the project-term of PHDP:

   - management attitude (and outlook)

   - actual management support for the component

   - utilization of the benefits of upgrading

2. Has the project had perceptible effect on the laboratory services and/or resources?

3. The bulk of assistance given by the project centered on training. Were there any technical transfer that took effect?

D. Health Information, Education and Communication

1. Has PHDP been effective in facilitating the DOH priority programs?

2. Has PHDP improved the capabilities of health workers in the delivery of the health services?

3. Has PHDP created a demand in the utilization of health services for DOH priority programs? Was the DOH able to meet the increased demand? How did the DOH respond to the increased demand? How did the government respond? What was the effect?

4. Has PHDP been able to provide adequate information regarding PHDP funded projects?

5. Have PHDP-funded communication campaigns been cost-effective?

6. Has PHDP strengthened the IEC component of the DOH priority programs?

E. Training Capacity

1. What were the trainings developed and provided?

2. Were the PHDP training activities directed to the needs of specific group/category of personnel at specific levels of operations?

3. How effective were these trainings?

4. Has PHDP contributed to the strengthening/improvement of the delivery of the training services of the DOH?

5. Has PHDP been effective in monitoring and providing assistance to all its projects under the Subcomponent on Systematizing Training and Health Manpower?

6. Has PHDP strengthened the capability of the DOH in providing the HRD services to the health personnel?

F. Field Health Services

1. Were all the 2,500 PHDP midwives hired?

2. Were they deployed in the targetted high-risked areas?

3. What interventions were provided to the midwives to better equip them as frontline health workers?

4. How effective were these interventions?

5. What support did the LGUs provide to the midwives?

6. Were the vehicles deployed according to the allocation list agreed upon by the World Bank and the Philippine Government through the DOH?

7. Were the provisions in the MOA on the transfer of vehicles between DOH and Provincial/Municipal governments followed?

   - Were the vehicles received and utilized by the rightful recipients?

   - Were the vehicles utilized according to their intended purpose?

   - Did the LGUs provide resources for the maintenance of the vehicles?

8. Was the MOA an effective instrument to effect compliance to its provisions?

G. Project Management

1. What management structure was adopted to implement the project?

2. Did the management structure make substantial improvement on the project performance?

3. What management tools were developed, adopted and maintained?

4. Did the management structure expedite the flow of resources to the end-users?

5. Did the funding mode help/hinder the operations of the programs?

6. How effectively has the project been managed? How have the programs been affected by PHDP?

7. What were the linkages established by the management structure? How effective were these?

Component 3: Community Health Development

A. Mechanisms for Community Health Development

1. What mechanisms for community health policy development have been established?

- Has the Committee for Community Health Policy (CCHP) been established?

- Was CCHP able to meet its mandate/objectives?

- What policies were formulated by CCHP?

- How did the policies facilitate/enable the accomplishment of program objectives?

- How applicable were the policies?

2. What mechanisms for programming and management of funds were set up?

- What flow of funds was utilized?

- How effective was this?

- How effectively has the flow of funds been managed by Community Health Service (CHS) and PCU?

3. Is there an effective monitoring system which includes feedback mechanisms?

4. Have the mechanisms developed been institutionalized?

B. Structure

1. How was the partnership organized?

2. Was it able to carry out its major tasks/activities?

3. What did the partnership contribute to Community Health Development (CHD)?

4. What factors contributed to the sustainability of the partnership as a structure?

5. What NGO characteristics facilitated the implementation/ operation of Community Health Development?

C. Interventions

1. What were the interventions provided at different levels?

2. How effective were the interventions in achieving program objectives?

D. Projects

1. How did the project grants contribute in building capabilities for self-management and decision-making?

2. What are the indications for project sustainability?

3. How cost-effective were these projects?

Component 4: Health Policy Development

A. Mechanisms for Health Policy Development

1. What mechanisms for health policy development have been established through the PHDP?

   - Has the National Council for Health Policy Development (NCHPD) been established?

   - Has a Technical Secretariat to the NCHPD or its equivalent been established?

   - Does the Technical Secretariat function?

   - Has the Technical Secretariat developed a health research policy agenda?

   - What process was employed to develop the health policy research agenda?

2. Have alternative mechanisms from those proposed in the project document for health policy development been established?

3. Have the mechanisms for health policy development been institutionalized?

4. Were there existing mechanisms assisted or substituted by the PHDP and to what extent was the assistance provided?

5. Were there mechanisms other than the studies considered to achieve improved health policy development?

B. Studies Supported by PHDP

1. How and why was it decided to contract out the policy research studies to PIDS?

2. Which DOH organizational entities were responsible for managing the PIDS studies?

3. What is the PIDS organizational structure and how is it linked to PHDP?

4. How is the PIDS project and its organization structurally linked to the DOH?

5. Have the PIDS research studies been linked to existing or anticipated policy units, structures, or processes in the DOH?

6. What is the PIDS agenda?

7. How was the PIDS research agenda developed?

8. Why was a decision made to focus the PIDS research agenda on health care financing?

9. Have the PIDS studies generated actionable policy recommendations of use to DOH decision makers?

10. Have these policy implications been fed back to the policy deliberation panel?

11. How many policy actions have been undertaken as a result of the PIDS research?

12. What is the status/progress of the PIDS researches toward completion?

13. What arrangements have been make for the continuation of the studies and processes pioneered through the DOH/PHDP grant to PIDS beyond the PHDP-PACD?

C. **Linkages**

1. Have the activities of PIDS affected other DOH policy initiatives or projects?

2. Are there synergies between PIDS and other DOH projects?

3. What is the institution established by the DOH to utilize the data from PIDS studies for policy purposes?

4. Have linkages with government units outside the DOH been established (e.g. NEDA, DOF, DBM, Senate and House of Representatives)?

5. Have linkages with the private sector been established (e.g. NGOs, HMOs private hospitals, drug manufacturers, etc.)?

6. Have the policies impacted on health of consumers and increased health investment?

7. Has PIDS established influences both in domestic international agencies?

8. How did the policies affected/influenced the investment put into health?

D. Financial/Contractual Performance

1. What was the rationale for the substantial increase for the PIDS project?

2. What contractual/financial arrangements were created to expend funds under the PIDS contract and how effective were these in moving the resources?

3. How efficient was the budget utilization?

4. What problems were encountered, if any, with this contractual/financial arrangement?

5. What steps were undertaken to resolve these problems?

In addition to the above issues to be investigated, the following evaluation questions which cut across all components need to be addressed:

1. Were the project objectives the most critical ones in achieving the overall goal of PHDP?

2. What targets/objectives were modified or changed half-way in the project implementation? What were the reasons for the changes/modifications? How was project implementation affected by the changes/modifications?

3. How valid were the PHDP assumptions given the changes that have occured in the Department?

4. What recommendations/measures should be undertaken to increase the likelihood of PHDP sustainability?

5. How effective and efficient was PHDP?

6. What strategy could be adopted to better strengthen and sustain the PHDP implementation?

7. How effectively has the project been managed by the DOH (including by PCU, program managers, field implementors, etc.)?

/angie
wp:strengthening

AUG 29 1995

EAIPH Log No. 233
Route to AH/SSteyer
Action Date

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82; 711-95-73
FAX NO. 711-95-73

Project Coordinating Unit

25 August 1995

TO: **J. SHIVAKUMAR**
Population, Health and Nutrition
The World Bank
Washington, D.C.
Fax No: 001-(202)-477-63-91

ATTENTION: **ALTHEA HILL**
Task Manager

FROM: **MANUEL M. DAYRIT, M.D., M.Sc.**
Assitant Secretary and
PHDP Coordinator
Department of Health
Sta. Cruz, Manila
Philippines

This is to update you on the Multimedia Center Project:

The contract and TOR negotiation with the winning bidder Educational Development Center (EDC) was conducted last 10 -18 August 1995. Submission of draft contract for your approval is pending the resolution of the following issues:

1. Legal Personality of EDC in the Philippines to enter into contract with DOH

   EDC has submitted their application for exemption from licensing with the Securities and Exchange Commission (SEC). SEC gave an indication that they will likely grant EDC an exemption. We expect SEC to release the decision on 1 September.

2. Corporate Taxes

   EDC claimed that their corporation is a non-profit, non-stock organization and thus should not be subjected to corporate tax. They are charging neither fee nor profit in this contract. EDC had implemented more than a dozen of projects in several countries and they have not been subjected to any corporate taxes. Under the US-Philippines Tax Treaty, EDC is liable to pay corporate taxes. However, EDC may be exempted from paying taxes under certain conditions.

EDC and DOH met with the Bureau of Internal Revenue (BIR) to discuss the matter of exemption from corporate taxes. DOH will submit to BIR the following in order to obtain a ruling to qualify EDC for corporate tax exemption:

a. Documentation that EDC is non-stock, not profit. Meaning, that EDC will not be earning any income from the project.

b. Provision in the DOH-EDC contract that explains that it is a cost-reimbursement contract.

3. Individual Tax of Expatriate Consultants

Under the tax treaty, the following conditions should be met (all three) by the individual EDC expats who will be assigned in the Philippines to be tax exempt:

a. "He is present in that other Contracting State for a period or periods aggregating less than 90 days in the taxable year;

b. He is an employee of a resident of, or of a permanent establishment maintained in the first mentioned Contracting State

c. The remuneration is not borne as such by a permanent establishment which the employer has in that other Contracting State.

It seems that EDC consultants who will be staying in the Philippines for more than 90 days have no option but to file income tax in the Philippines. If this be the case, EDC plans to negotiate with DOH to revise their financial proposal to include provision for personnel's taxes. Meanwhile, DOH is consulting with the Department of Finance on how to go about securing tax exemption for EDC's expats.

We hope to submit the draft contract as soon as we have settled the issues with EDC.

Thank you.

A L L - I N - 1 N O T E

DATE: 24-Aug-1995 10:53am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: misc re ECD

Dear Dodong,

I've forwarded your EM to the procurement unit for advice. I'm afraid the person currently handling the Philippines is out for a day or two, but I'll get back to you ASAP.

cheers

Althea

A L L - I N - 1 N O T E

DATE: 24-Aug-1995 10:52am

TO: Efraim Jimenez (EFRAIM JIMENEZ)
TO: Carol Ball (CAROL BALL)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: For advice

I would appreciate your advice on the following query from the PHDP PCU.

thanks

Althea

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 24, 1995 03:27am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: Multi-Media Center Contract

Dear Althea,

PCU would like to seek clarification from the Bank on the following point regarding subject contract:

The Letter of Invitation to Bid that was sent to EDC (the winning bidder) included the follwing item: "In case your firm is a foreign firm, a joint venture with local consultants, duly registered as such is required to meet the objective of transferring the state of the art technologies. Proof of such joint venture must be presented."

EDC intends to execute a memorandum of agreement with its local partner and use the agreement as the instrument for the joint venture. The local Securities and Exchange Commission opines that this is sufficient (meaning that the joint venture does not need to be registered with SEC to be valid) if the sole purpose of the venture is to implement the multimedia contract. The DOH legal office likewise holds that the memorandum of agreement is sufficient proof for the joint venture. Is this acceptable to the Bank? Would appreciate immediate response.

Regards,

Dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)

A L L - I N - 1 N O T E

DATE: 21-Aug-1995 09:47pm

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: LOIDA FAUSTINO, EA1PL (LOIDA FAUSTINO@A1@MANILA)

EXT.:

SUBJECT: Fax for Sec. Hilarion Ramiro re: Health Dev. Prj.

Dear Althea,

Greetings! Reur fax of 21 August to Mr. Tom Allen, please be informed that we have already forwarded your fax message to Sec. Hilarion Ramiro, today August 22.

If you need further assistance, do not hesitate to contact me.

Thanks and regards.

Loida

DH

THE WORLD BANK GROUP
Headquarters: Washington, D.C. 20433 U.S.A.
Tel. No. (202) 477-1234 • Fax (202) 477-6391 • Telex No. RCA 248423

FACSIMILE COVER SHEET AND MESSAGE

DATE: May 15, 1995 **NO. OF PAGES:** 4 (including cover sheet) **MESSAGE NO.:** {#}

TO: Mr. T. Allen
Title: Resident Representative
Organization: WB Office
City/Country: Manila, Philippines

DESTINATION FAX NO.: 632-521-1317

FROM: Althea Hill
Title: Sr. Pop. Specialist
Dept/Div: EA1HR
Room No.: E8037

DIVISIONAL FAX NO.: (202) 477-1792
Dept./Div. No.: 25450

Telephone: (202) 458-4474

SUBJECT: **Philippines - Health Development Project (Ln. 3099-PH)**

MESSAGE:

Kindly forward the attached letter to Hon. Ramiro at the DOH, keeping 1 copy for your files. We've also attached the "Incoming" letter for your information. Thank you.

With best regards,

Althea Hill

Transmission authorized by:

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

August 21, 1995

Hon. Hilarion Ramiro
Secretary
Department of Health
Manila, Philippines

Dear Secretary Ramiro:

Subject: PHILIPPINES - Health Development Project (Loan 3099-PH)
Request for Extension of Project Period

I am writing in response to your letter of August 8, 1995, requesting a preliminary agreement in principle that the closing date of the PHDP could be extended for one year in order to accommodate the completion of the Multimedia Centre contract plus two other minor project activities, and informing the Bank that a formal request to this effect would be submitted by the last quarter of 1995.

As you will appreciate, the Bank cannot commit to an extension of the project period before receiving and reviewing the formal request from the Department of Finance. However, on the basis of the findings of the recent PHDP supervision mission in June, 1995, I do not anticipate any difficulty in acceding to a request for a one-year extension of the project closing date for the purpose stated. I should like to clarify, however, that an extension of over one year, or a second extension, would be very hard to justify. It would therefore be prudent for the Project Coordinating Unit to move forward as quickly as possible with the processing and implementation of the Multimedia contract and the other project activities mentioned.

With best personal regards,

Sincerely yours,

J. Shivakumar
Chief
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region

RCA 248423. WUI 64145 FAX (202) 477-6391

clw. & cc: Mr. A. Toft (LEGEA)
cc: R. Lakshminarayanan (EA1HR); S. Scheyer (ASTHR); T. Allen (EA1PL)

WORD\m\hill\phdp-ext.doc

AUG 10 1995

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-30

EAIPR Log No. 227
Route to TS/AA(OB)/Schuyler
Action _____ Date _____

FAX MESSAGE

August 8, 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department I
East Asia and the Pacific Region
Wond Bank
Washington, D.C.

Dear Mr. Shivakumar:

The Department of Health undertook consultations with NEDA, Department of Finance and Coordinating Council for the Philippine Assistance Program (CCPAP) on the viability of extending the Philippine Health Development Project. After obtaining the assurance of these agencies that they will be supportive of the extension, we would now like to request the World Bank approval in principle of the one year extension beyond the project completion date (December 31, 1996) of the project. The extension is needed in order to allow the completion of key project activities which include the Multimedia Center contract and those under the Tuberculosis Control Program and INFOCOM components.

The agreement in principle is one of the items which the supervision mission agreed to seek from the Bank management upon their return to Washington and is contained in the attached Aide Memoire. We are now preparing the required documentation to formalize our request for a project extension, which will be submitted to the World Bank through the DOF by the last quarter of 1995.

As we expect to conclude our negotiation with the first ranked bidder for the Multimedia center project within the second week of August, we would appreciate receiving your approval in principle at the soonest possible time so that we can formalize the contract immediately after successful negotiation.

Very truly yours,

HILARION J. RAMIRO JR., M.D., M.H.A.
Secretary of Health

A L L - I N - 1 N O T E

DATE: 21-Aug-1995 02:24pm

TO: Althea Hill (ALTHEA HILL)

FROM: Jayasankar Shivakumar, EA1HR (JAYASANKAR SHIVAKUMAR)

EXT.: 34195

SUBJECT: RE: clearance of letter on PHDP extension

Please go ahead.

CC: Gbangi Kimboko (GBANGI KIMBOKO)

A L L - I N - 1 N O T E

DATE: 21-Aug-1995 02:11pm

TO: Jayasankar Shivakumar (JAYASANKAR SHIVAKUMAR)
TO: Gbangi Kimboko (GBANGI KIMBOKO)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: clearance of letter on PHDP extension

Anthony Toft just called to clear the letter of informal agreement in principle to a 1-year extension of PHDP. Now it just needs Shiva's review.

A L L - I N - 1 N O T E

DATE: 18-Aug-1995 05:04pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: PHDP extension

Dear Dodong,

I talked to both the lawyer and Shiva today, and have just drafted a letter giving an informal nod to the PHDP extension. They'll review Monday and then I hope it can be got out the same day. But Toft (the lawyer) says one year is all they can ever hope to get, so they'd better move fast on the multimedia contract and the other items. Please pass on to the PCU.

cheers

Althea

THE WORLD BANK/IFC/MIGA

OFFICE MEMORANDUM

DATE: August 16, 1995 08:39am

TO: Althea Hill (ALTHEA HILL)

FROM: Caby Verzosa, HDD (CABY VERZOSA)

EXTENSION: 87379

SUBJECT: **RE: Multi-media center contract**

Congratulations on the successful negotiation of this contract. It is wonderful news to hear of the Multi-Media Center now finally on its way to becoming a reality (it was just a kernel of an idea 3 years ago). Thank you all for giving me this unique opportunity to be part of this quest for innovation in public health.

Cheers.

Caby

CC: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)
CC: STANLEY SCHEYER (STANLEY SCHEYER)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 15, 1995 09:52am

TO: ROSENDO CAPUL - DOH (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: Multi-media center contract

Dear Dodong,

Thanks for the good news on the contract. We'll do our best to process it quickly. On my return yesterday I found a letter from Ramiro asking for agreement in principle to a project extension so they can proceed in confidence with the contract. I immediately put in a call to the lawyer, and later a second (he never replied before I left for the beach) but naturally have received no response yet. Shiva is away this week so I can't proceed further for now. Shiva said yes in principle as I told you a couple of weeks ago, but I can't put this in a formal reply without him, and I'm sure he'll want the lawyer checked with. I'll keep working on it, but please tell Tony why there's a slight delay for now.

cheers

Althea

CC: STANLEY SCHEYER (STANLEY SCHEYER)
CC: CABY VERZOSA (CABY VERZOSA)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: August 15, 1995 05:31am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: ROSENDO CAPUL - DOH, EA1HR (ROSENDO CAPUL@A1@MANILA)

EXT.:

SUBJECT: Multi-media center contract

The DOH today successfully concluded negotiation of subject contract with EDC. All major issues threshed out. Draft contract together with minutes of negotiation will be pouched to Washington early next week. As usual, DOH would like to request prompt and speedy review. If Washington does not have major problems with the contract DOH would like work to commence October 1.

dodong

CC: STANLEY SCHEYER (STANLEY SCHEYER@A1@WBHQB)
CC: CABY VERZOSA (CABY VERZOSA@A1@WBHQB)

A L L - I N - 1 N O T E

DATE: 14-Aug-1995 01:36pm

TO: MARILENE MONTEMAYOR (MARILENE MONTEMAYOR @A1@MANILA

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: RE: pouch

Dear Len,

Thanks for your EM about my poor old pouch. I'm sorry I missed Sunny Ang through being on vacation. He doesn't seem to realise, from your and Gbangi's reports, that I've received nothing and am missing 3 or 4 binders plus a lot of other papers, some loose and some in manila folders. I cannot even submit my supervision report since I can't fill in the part about documents that I obtained, so it is sitting there getting more and more overdue.

These documents must all be in the hotel, since they apparently never made it to the Resident mission, and I think a thorough physical search in every conceivable corner will be the only way of finding them. Please let Sunny know I won't come back to the hotel if they don't find my stuff.

Looking forward to any further news....

regards

Althea

CC: BRENDA BERMUDEZ (BRENDA BERMUDEZ @A1@MANILA)

ALL-IN-1 NOTE

DATE: 08-Aug-1995 06:58am

TO: ALTHEA HILL (ALTHEA HILL@A1@WBHQB)

FROM: MARILENE MONTEMAYOR, EA1PL (MARILENE MONTEMAYOR@A1@MANILA)

EXTENSION:

SUBJECT: **RE: pouch**

Dear Althea,

The front desk at the Westin has also received a call from Sun Ang who happens to be there in Washington. Sunny told them yo have received two binders already and that there is still anot one missing. Up to this late hour, 6:00pm, they have not foun your packages. Ms. Gloria Llamas will also send a message to on this.

Len

CC: BRENDA BERMUDEZ (BRENDA BERMUDEZ@A1@MANILA)

THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE: August 4, 1995

TO: Mr. J. Shivakumar, Chief, EA1HR

FROM: Althea Hill, Sr. Population Specialist, EA1HR

EXTENSION: 84474

SUBJECT: **PHILIPPINES - Supervision of Health Development Project (Ln. 3099-PH) and Urban Health and Nutrition Project (Cr. 2056-PH); and Progress Review of Early Childhood Development (June 12-29, 1995)**
Back-to-Office Report

I carried out the above mission with the assistance of Dr. Stanley Scheyer, ASTHR (Public Health Specialist), Richard Heaver (management consultant) and Cyril Bowman (consultant architect). The mission liaised closely with Joseph Hunt of the Asian Development Bank (ADB), Margaret Thomas (AusAID) and Rama Lakshminarayanan, EA1HR, task manager for the Philippines Women's Health and Safe Motherhood project. Aide-Memoires for the three projects listed above are attached, as well as an Aide-Memoire on Health Project Portfolio Cross-Cutting Issues.

Philippines Health Development Project

2. As detailed in the Aide-Memoire, this project is proceeding peacefully towards closure at end-1996. Many activities and sub-components are already completed and final evaluative surveys are being carefully planned. The former problem with faulty SOEs has been resolved, and revised SOEs, audits and a clean project balance sheet showing remaining project resources and planned expenditures should all be ready by the end of 1995.

3. However one major issue remains. Delays in the procurement of the multimedia center intended for the upgrading of DOH training and IEC activities have resulted in a situation where the full establishment of the center cannot be finished within the project period. It would probably require up to mid-1997 to complete, assuming all goes according to schedule in the remaining stages of procurement. The mission explored possible alternative ways of financing the later steps in establishment, but without success.

4. It will therefore be necessary to extend the project period in order to complete this subcomponent. However it would be difficult to specify the exact period required until the contract for the comprehensive package of equipment and consultant services has been signed and the winning firm has been consulted on a realistic timetable for full establishment of the center; or to prepare revised forecasts and timetables for project expenditures and disbursements through the requested extension period until the revised project balance sheet is ready. Thus DOF will probably not be able to send a formal request for an extension till close to the end of this year. At the same time, DOH sees problems in going ahead with a large foreign-exchange contract (approximately US$2 million) if project financing for it cannot be guaranteed through an immediate decision on project extension.

5. In these circumstances it was agreed that immediate feedback from EA1 management and the Legal Department would be sought as to whether an extension would be acceptable to the Bank. If this feedback were favorable, DOH would proceed with procurement of the multimedia center and expect to submit a request for extension as soon as all the necessary information becomes available.

Urban Health and Nutrition Project

6. As detailed in the Aide-Memoire, quite substantial progress has been made on this project despite difficult conditions. The outstanding immediate need now is to create stable management conditions for the project. DOH, under its new leadership, must resolve the uncertainties over whether the current project director will remain in place. Only then can the PMO can settle down to improving its administrative skills and to making major efforts to move ahead with the severely-delayed civil works program and accelerate disbursement.

Early Childhood Development Project/Program

7. As described in the Aide-Memoire, preparation of the ECD program and hence project has stalled since the previous mission This was largely due to inertia and lack of commitment on the part of DOH (in turn due partly to the instability of leadership during the last six months), combined with uncertainties over the position of the central agencies on borrowing for the social sectors. In order to secure concessionary funds from the ADB, and maintain ADB/IBRD partnership in financing of the ECD program under an umbrella project, it was decided during the mission to put preparation of both program and project on a very fast track leading to project pre-appraisal in January, 1996 and appraisal in June, 1996 by both Banks. The preparation process would be heavily assisted by PHRD and PPTA funds from IBRD and ADB respectively. An initial green light from Government for preparation to proceed on this accelerated timetable would be sought through submission of an ECD strategy paper (accompanied by the ECD sector report prepared jointly by the World Bank and the ADB) to the Social Development Committee at end-July.

8. The SDC meeting duly took place on July 28. The decision of the SDC was to permit preparation of the national ECD investment program to go forward. The time horizon for the investment program was set at ten years. It was further understood that multinational loan financing might be sought if sufficient Government and donor grant funds could not be mobilized to fund the entire program. On this green light, the preparation process for the program will go ahead. The next steps are preparation of a first outline of the investment program, with cost tables, as a framework for the PHRD and PPTA technical consultancies which will then follow, and publication of the sector report in the Bank's Directions in Development series. Pre-appraisal of an umbrella project arising from the program, including both IBRD and ADB loan financing, is tentatively scheduled for mid-January, 1996.

Cross-Cutting Issues

9. During the course of the mission, and its coordination with the concurrent supervision mission for the Philippines Women's Health and Safe Motherhood project, a number of issues came up that cut across the entire health portfolio and would require broad-based institutional action to resolve them. These are laid out in the attached Aide-Memoire, and include both the need for clear overall DOH strategies to provide planning and funding frameworks in a number of service areas, and the pressure on DOH and LGU management and implementation capacities created by the growing volume of large-scale investment projects.

10. The Aide-Memoire on these cross-cutting issues was discussed with the Acting Secretary of DOH as well as other senior DOH staff. The response was positive everywhere, and the Acting Secretary indicated his intention to follow up on action on these issues through creation of a DOH working group and utilization of technical assistance funds from existing projects wherever appropriate. However it remains to be seen whether the new Secretary, appointed after the mission's departure, will hold the same views.

AHILL:gk
\word\m\hill\june95bto.doc

AFH > Copy

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

1818 H Street N.W.
Washington, D.C. 20433
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Cable Address: INTBAFRAD
Cable Address: INDEVAS

August 8, 1995

Hon. Hilarion Ramiro
Secretary
Department of Health
Manila, Philippines

Dear Secretary Ramiro:

Subject: PHILIPPINES - Health Portfolio Mission, June 14-28, 1995: Supervision of PHDP and UHNP; Progress Review of Preparation of the ECD National Investment Program; and Discussion of Cross-Cutting Portfolio Issues

I am writing with regard to the above mission which was recently undertaken by a team led by Mrs. Althea Hill. Aide-Memoires are attached for the Philippines Health Development project (PHDP), the Urban Health and Nutrition project (UHNP), the Early Childhood Development (ECD) Project, and some cross-cutting issues in the health portfolio.

Please allow me first to congratulate you on your recent appointment as Secretary of Health. I and my staff look forward with great pleasure to working with you in a sustained and productive partnership.

I was pleased to learn from the mission that implementation of both PHDP and UHNP is progressing well. I was particularly glad to hear that disbursements have made a good start under the UHNP, following the project's delayed start, since this will be a key factor in timely implementation for the future. I hope that every effort will be made by the Department of Health to facilitate and accelerate disbursements over the coming months in order to maintain the project's good performance to date.

With regard to PHDP, I was pleased to learn that the revision of the faulty Statements of Expenditure will soon be completed and that the outstanding audits awaiting this revision will be carried out by the end of this year. I would urge you to ensure that these tasks are completed with the minimum possible delay, so that financial projections for the remainder of the project's lifetime can be securely made.

I also understand that there may be a need to extend the project period for up to one year, in order to accommodate the delayed procurement and establishment of the multimedia centre. We do not foresee any problem with such an extension, and look forward to receiving a formal request along these lines from the Department of Finance as soon as the financial picture for the remainder of the project is clear and the timetable for establishment of the multimedia centre has been finalized.

I was delighted to learn that the Social Development Committee, in its recent review of the strategy paper for the Early Childhood Development national investment program, has given the go-ahead for preparation of the detailed program. As you know, both the World Bank and the Asian Development Bank believe strongly in the central importance of this program for the improvement of the welfare of children, the alleviation of poverty, and the development of human capital in the Philippines. Both Banks are providing grant assistance to the preparation of the program as a sign of our deep commitment. I look forward to hearing of continued progress on preparation.

As you also know, it has become necessary to accelerate the timetable for program and subsequent project preparation in order to take advantage of concessionary loan financing from ADB which will only be available up to June, 1996. This accelerated timetable requires pre-appraisal of a project in January, 1996 and appraisal by June, 1996. I want to assure you that we on our side will make all the efforts necessary to meet this timetable.

Finally, I was pleased to find that this mission and the supervision for the Women's Health and Safe Motherhood Project had raised a number of important cross-cutting issues in the health portfolio with the Acting Secretary of DOH, and that it had been agreed to form a DOH task force to consider them. I strongly support the recommendation of the missions that funds from existing projects should be utilized to provide any needed resources for resolving these issues. I look forward to hearing your views on these topics.

With best regards,

Sincerely yours,

J Shiv

J. Shivakumar
Chief
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region

Attachments

cc: R. Lakshminarayanan (EA1HR); S. Scheyer (ASTHR); T. Allen (EA1PL)

WORD\m\hill\BTO-LET

AIDE-MEMOIRE

WORLD BANK SUPERVISION MISSION
PHILIPPINES HEALTH DEVELOPMENT PROJECT

June 28, 1995

1. During the period June 12-28, 1995, a World Bank mission reviewed progress on the Philippines Health Development Project (PHDP). The mission was composed of Mrs. Althea Hill (task manager), Dr. Stanley Scheyer (Public Health Specialist) and Mr. Richard Heaver (consultant in Management and Nutrition). The mission held extensive discussions with the PHDP Project Coordinating Unit (PCU)in the Department of Health. Wrap-ups were held with Dr. Jaime Galvez-Tan (Acting Secretary, DOH) and with the PCU.

Overall Progress in Project Implementation

2. Overall, progress in project implementation has been good since the previous mission in November/December, 1994. The one major project activity still to be initiated at that point, namely the establishment of a multi-media centre, has made considerable progress, and is now in the final stage of procurement of a comprehensive package of equipment and consultant services. Other activities have either been completed or are on track for completion on schedule (see below). Planning for the final project evaluation is well advanced, with a first draft of Terms of Reference produced and provided to the mission for review.

3. Financial issues outstanding at the time of the last supervision mission have either been resolved or are being addressed, as follows:

- the amendment of the Development Credit Agreement needed for reallocation of project funds to allow for financing of midwives' salaries in 1994 has been processed

- the field revision of faulty SOEs has made further progress, with 40 provinces completed and the remainder due to be finished by July, 1995; outstanding audit reports should follow by end-1995

- administrative arrangements to permit funding for PCU staff salaries up till the end of the project out of the remaining Japan Grant funds have been made.

Current Implementation Status By Component

4. Component 1 (Strengthening of TB, Malaria, Schistosomiasis and MCH Programs): Activities under this component are completed and no further activity is planned. National tuberculosis, malaria and schistosomiasis prevalence surveys are planned as part of the final project evaluation, and terms of reference have been prepared. It is considered possible that the time required for carrying out the TB survey may exceed the remaining lifetime of the project by a few months.

5. Component 2 (DOH Institutional Strengthening): All activities under this component have been completed except for the establishment of the multimedia centre and the national wide-area

network for information, communication and management (infocom). Procurement of packages of goods and services for establishment of both systems is underway and should be completed within the next few months. Installation would certainly require an extension of the project period for the multimedia centre and possibly also for the infocom network (see below). Evaluations of these two systems will not be possible within the framework of the final project evaluation.

6. **Component 3 (Community Partnerships)**: Community-level activities under this component are now completed. The development of a policy framework for the Partnership for Community Health Development (PCHD) system is planned during the remainder of the project period, beginning with a summit for all PCHD partners in July, 1995. The evaluation of Component 3 within the overall final project evaluation would form an input into the policy framework development.

7. **Component 4 (Health Policy Development)**: Most activities under this component were transferred to USAID funding and none remain to be carried out under PHDP. Nineteen policy-related studies have been completed and the last four planned reports are due very shortly. No decision has yet been reached on how to use these as input to the health policy and planning process.

Remaining Project Issues

8. By and large, PHDP is on a satisfactory track for completion. However some issues still require attention, as follows:

9. **Project-financed midwives.** The mission was informed that of the 2,239 PHDP midwives in service at the end of 1994, only 300 had by that time been absorbed by the local governments. It was agreed that, for the the next project quarterly report, a review would be carried out of the current level of absorption, and local governments' plans for absorbing midwives during the rest of 1995 and 1996.

10. **Financial and disbursement issues**: It will not be possible to draw up an exact project balance sheet until the SOE revision process is completed. At that point, the PCU will need to review remaining project funds, expenditures to date and planned remaining expenditures, in order to plan for full disbursement of the PHDP loan amount and the JG funds by project closure.

11. **Procurement of the Multimedia Center.** The mission was informed that the technical evaluation process for this turnkey contract was now complete, and that the financial proposal of the highest ranked technical bidder had just been opened. The PCU raised some questions with regard to what parameters the Bank's procurement procedures laid down for the financial negotiation of the contract, which is about to take place. The mission will seek the advice of the Bank's procurement specialists on this as soon as possible.

12. **The Multimedia Center and project completion.** The multimedia center is unlikely to be completed until about a year after the originally planned mid-1996 completion date for PHDP. The PCU has therefore requested the Bank to extend the project's closing date to allow for the center's completion. However a detailed formal request through the Department of Finance (DOF) will be needed before the Bank could take a decision on this, or process an amendment of the Development Credit Agreement (DCA). This request would need to include exact specification of the length of extension needed and of each activity expected to spill over the current completion date, together with revised

forecasts and timetables for project expenditures and disbursements through the requested extension period. A revised project balance sheet (see para 10) would be a necessary basis for such forecasts. In view of the time needed to draw up this balance-sheet, it is unlikely that a formal DOF request could be prepared before end-1995. However, DOH might be unwilling to proceed in the interim with contracting a large turnkey foreign-exchange contract all the while the extension issue, and hence full reimbursement from project funds, remains uncertain. It was agreed that on return to Washington the mission would seek an informal understanding from Bank management on whether a formal request for extension would in principle be agreed. On the basis of such an understanding, DOH would be willing to proceed with the contract for the multimedia centre in the meantime.

13. **Project evaluation**: The PCU has produced excellent draft TORs for the substance of the final project evaluation. If successfully conducted, it could become a model for succeeding health project evaluations in the Philippines and elsewhere. The mission provided several minor comments on the substance of the TORs, which the PMO agreed to incorporate. In addition, the TOR section on the contracting process, especially the specification of bidder qualifications and the criteria for their selection, needs amplification. DOH also should give some thought to how the value and impact of the multimedia centre and infocom network can be evaluated in the future, given that no evaluation will be possible within the project itself, because of delays in procuring both systems.

14. The mission also commented on draft TORs for the tuberculosis prevalence survey planned as part of the project evaluation. It was suggested, and agreed, that in addition to the standard prevalence survey which would be based on a sample comparable to previous surveys, additional small scale surveys would be carried out of population samples believed to be at high and low risk for this disease, so as to provide DOH with a range of prevalence estimates as well as an average. Likely high risk groups would include people living in densely populated urban slum areas. Before designing a survey for these areas, it was agreed that the PCU would liaize with the designers of the UHNP baseline survey, to see whether this would yield appropriate prevalence information, or whether something additional needed to be done.

15. **Future role of the PCU**: DOH has decided in principle that the PCU should continue to function after PHDP closure, with the mandate of providing specialist project implementation services to other projects. However the means of funding the Unit has not been settled, and it is not yet clear how it will be incorporated into the DOH plantilla. DOH should give further thought to this point, as well as to ways and means for ensuring productive coordination and collaboration between the PCU and the project management offices of UHNP, WHSMP and other projects.

16. **Status of the health information system**: During the review of the infocom subcomponent, the mission discussed with the PCU the deterioration in the quantity and quality of health service statistics, due to the uneveness of reporting by LGUs since devolution. This issue affects all the World Bank-assisted projects, and is also discussed, along with other cross-cutting issues, in a separate aide-memoire prepared by the missions for DOH management. Subject to the views of DOH management, it was agreed with the PCU that it would be useful to fund a consultancy to review the information system, and recent attempts to enhance it with an improved sentinel surveillance system. The aim of such a consultancy would be to take stock of the current situation, and to assess the need for further systems development to meet the needs of both current and future projects to be implemented under the DOH ten year investment plan.

17. **Electronic mail link:** Another point discussed by the mission was the best way of connecting the PCU to the World Bank by electronic mail, in order to facilitate quicker and more effective communication on project matters. It was agreed that the PCU would use project management funds to open and run an Internet account, rather than a more expensive All-in-One account. All necessary hardware has already been purchased and installed with project funds, so the account could be functional very shortly.

Next Steps

18. It was agreed that the PCU would:

- revise the evaluation TORS in accordance with mission comments and send them to the Bank for review by end-July, 1995.
- send the final multimedia contract to the Bank for review by end-August, 1995, providing an informal understanding were reached with the Bank in the interim on extension of the project period.
- submit all revised SOEs as soon as completed, hopefully by end-August, 1995.
- incorporate a review of the status of absorption of PHDP midwives in the next project quarterly report
- submit audit reports based on the revised SOEs by end-December, 1995.
- draw up a balance sheet for remaining project resources and planned expenditures based on the revised SOEs and send it to the Bank for review by end-November, 1995.
- submit a formal request for an extension of the project period through DOF by mid-December, 1995.
- subject to DOH management approval, carry out a consultancy on the health information system and have the report ready for the next Bank supervision mission in January, 1996.
- open an Internet account as soon as possible.

19. It was agreed that the mission would:

- provide immediate guidance from the Bank's procurement staff on the parameters laid down by the Bank's procurement guidelines for the forthcoming financial negotiations for the multimedia center contract
- review the evaluation TORs and provide a response by mid-August, 1995.
- seek an informal understanding by mid-August, 1995 that a request for a project extension to accommodate completion of work on the installation of the multimedia centre would be favourably received.

- review the multimedia contract and provide a response by mid-September, 1995.

- review and respond to the balance sheet for remaining project funds and expenditures by mid-December, 1995.

- plan a supervision mission for January-February, 1996, which would include specialists on MIS, IEC, Training and Community Participation, who would review project progress, evaluation and impact in all these areas. The MIS specialist would also review the proposed consultant report on the status of the health information system, if this activity is approved by DOH management.

AIDE-MEMOIRE

WORLD BANK SUPERVISION MISSION
PHILIPPINES URBAN HEALTH AND NUTRITION PROJECT

June 12-28, 1995

1. During the period June 12-28, 1995, a World Bank mission reviewed progress on the Philippines Urban Health and Nutrition (UHNP) Project. The mission was composed of Mrs Althea Hill (task manager), Mr Cyril Bowman (consultant architect) and Mr Richard Heaver (consultant in Management and Nutrition). The mission also liaised closely with staff of AusAID (Australian Agency for International Development) which is financing IEC activities under the project, including Ms Margaret Thomas (Under Secretary, AusAID, Manila), Mr Harvey Crowe (AusAID project manager) and Ms Helen Mackley (AusAID-financed resident adviser to the UHNP Project Management Office).

2. The mission held extensive discussions with the UHNP Project Management Office (PMO) in the Department of Health (DOH) and also participated in the relaunching ceremonies and press conference for the project. Field visits were made to slum communities, health facilities and project civil works sites in the cities of Manila, Navotas, Valenzuela, Pasay, Cebu, Lapu-Lapu and Mandawe. Wrap-ups were held with Dr Jaime Galvez-Tan (Acting Secretary, DOH) and with the PMO. The mission would like to express its appreciation of the helpfulness and cooperation it encountered through its stay from DOH, the PMO, and city health staff and communities.

Overall Progess in Project Implementation

3. Overall, progress in project implementation has been satisfactory since the previous mission in November/December, 1994. A more detailed review of progress by component is given below, but generally speaking, work has progressed in almost all of the sub-components and activities. The recommendations of the Aide-Memoire left by the last mission have all been attended to. Disbursements are approximately on track, given the late start to project activities caused by delayed effectiveness and releases of funds, and are forecast to remain so for the next 18 months. The mission's field visits found the early impact of the project to be already visible, in terms of additional staff recruited and supplies of drugs.

4. There still remain some areas where progress has not been satisfactory for various reasons, or where new issues have arisen. These are discussed below in the section on major project issues. Overall, however, the mission was impressed by how much had been accomplished during a period of election-related disturbances and management uncertainties. It will be important for the project's continued progress in implementation that the management uncertainties be resolved as soon as possible.

Current Implementation Status By Component

Component 1 (Service Delivery)

5. Civil Works (including those under Component 2): A detailed account of progress in this sub-component is given in Annex 1. Overall, progress was disappointing, with the entire civil works program as revised last January now four months in arrears. Out of twelve civil works projects scheduled to start construction in the second quarter of 1995, only three are actually under construction and only one is on schedule. PMO files on the procurement process are not up to date,

which made it difficult for the mission to assess conformity with the Bank's procurement guidelines. PMO supervision still needs further strengthening in order to detect and screen out deficiencies in proposals from the LGUs, such as inappropriate site selection. There is also a tendency to regard estimated budgets for given projects as funding allotments to be completely spent by adding extra unnecessary features to the project model plans.

6. However, the mission's judgement is that some of these problems were beyond the PMO's control. Though DOH requested and obtained exemption for UHNP from the prohibition against public spending during the election period, most LGUs still obeyed it, thus holding up all civil works in those cities. Changes of mayor in several cities were a cause of further delay. The PMO itself was obliged to move office after the previous mission to new premises which required considerable refurbishment, and was not able to proceed normally with filing and supervision for a substantial period of time.

7. Prospects for progress during the next six months are more promising. The disturbances caused by the electoral process are now subsiding. The new PMO offices are nearly in full working order and work can begin on the backlog of filing. The two vehicles purchased under the project for the PMO are now in use and available for field visits. Two of the three technical consultants scheduled to join the PMO are now in place and recruitment has begun for the third. A revised work program is to be drawn up by the end of July, 1995.

8. Under this revised program, the recommended primary target for the next six months is to commence construction on all 30 sites included in the first phase of the project's program of civil works. To achieve this target, any phase I packages falling more than one month behind schedule would be substituted by a phase II package that was ready to go ahead. Relatedly, the procurement process would be begun for all phase II packages in parallel during the same period. In the mission's judgement, these target can be achieved if the PMO maintains an intensive effort of monitoring and field supervision.

9. Additional Field Staff: Progress on this subcomponent is extremely satisfactory, with almost 90 percent of the planned additional field staff already in place. Of the remaining shortfall, almost all are either due to disruptive changes in two city administrations following the elections or to revisions of staffing needs that have already been cleared with the Bank. The mission found in its field trips that this staff strengthening is much appreciated by health facilities and the LGUs.

10. Procurement of Equipment and Drugs: Progress on this subcomponent has been slow, with only sole-source drugs and a few items of equipment already procured and distributed. Overall, procurement of equipment is about a year behind schedule. Around 50 percent should be procured by the end of 1995, the date by which all procurement of equipment was originally expected to be completed. Current delays are mostly due to lengthy DOH procurement procedures, although the Bank also acknowledged the need to speed up processing of all procurement review requests from the PMO to Washington. The PMO has started the procurement process for the next annual batch of drugs early, in order to compensate for expected delays.

11. Procurement of Calorie Supplements: As mentioned in the previous Aide-Memoire, it had been decided that all nutrition-related research and inputs under the project should be postponed to await guidance from the preparation work to be carried out for a new national integrated child development (ECD) program during the first half of 1995; a consultancy was to assist in selection of the most suitable calorie supplement (as well as contribute to ECD preparation) during this preparation period. Unfortunately, no progress has been made to date on ECD program

preparation and hence this consultancy has not taken place, although two suitable candidates have been identified. Preparation is now scheduled to restart and to occupy the second half of 1995. Work on the arrangements for the consultancy is therefore resuming. UHNP has indicated their preferred candidate and a similar decision is now awaited from the Office of Public Health, which is in charge of ECD preparation.

12. Other Accomplishments: In addition to the service delivery inputs listed above, the PMO has also begun work on a number of service delivery initiatives. The establishment of a number of "Women's Centres" is planned. These would be located in the new health centres, in the room set aside in the model plan for STD consultations and treatment. In addition to these RTI services (which include pap smears), the Women's Centre would provide family planning advice and services, counselling for sexually active adolescents on sexual and reproductive health, counselling/referral on domestic violence, and consultations and treatment/referral for other aspects of women's health. A "Privilege Card" system is being started, whereby women with good pre-natal care and immunisation records for their children would become entitled to free use of health facilities outside their own catchment areas. A new initiative to provide integrated project inputs in a selected slum community as an experimental model is also beginning (see the section on Component 4 below).

13. The Life-Cycle (Birth-Based) Approach: As discussed in the previous Aide-Memoire, it had been agreed that this approach to maternal and child health care service delivery would be implemented by DOH and UHNP along two lines of attack. First, as the first stages of a pilot intervention, the PMO would continue its effort to masterlist all target women currently registered at urban health facilities, to refer all high-risk pregnant women listed and to train health workers to give priority to following them up. The mission was informed that the masterlist is now complete and referrals have been made. Second, DOH would revive its policy development process for the birth-based approach by putting the design and implementation of the approach under the charge of a senior DOH official, and by hiring a full-time local technical consultant to assist this official; if necessary, UHNP would finance this consultancy. No progress had been made on this second aspect. The issue of the life-cycle approach is raised again in the mission's accompanying Aide-Memoire on cross-cutting health portfolio issues.

14. Emerging Service Delivery Issues: The mission's field visits to facilities and slum communities identified some emerging service delivery issues which require focused attention and follow-up. These are discussed in the section on project issues below.

Component 2 (Institutional Strengthening)

15. Management Systems Improvement: Procurement for technical assistance under this subcomponent is underway and should be completed by the end of the year.

16. Training and IEC: Several activities have been carried out under these subcomponents. Procurement of the video centre and IEC equipment has been carried out under AusAID financing, and promotional and communication materials for UHNP have been produced, including a newsletter, a video and information folders. The reproduction of large quantities of existing training, reference and IEC materials for field health staff has been completed and distribution is underway. As part of the baseline survey (see under Component 4), a KAP study is to be carried out for IEC planning purposes; the contract for the entire survey has been awarded and a field pilot will begin shortly. An IEC workshop is being planned for October, 1995 at which results from the KAP pilot will be discussed and major themes for an IEC strategy for the urban poor will be tentatively identified. Training Needs Assessments are being conducted by LGUs among their staff and training of additional staff recruited has been carried out. A complementary TNA effort by DOH,

however, is still under negotiation with HMDETS. Many of the planned training activities, moreover, are linked to the establishment of the birth-based approach and the multimedia centre, and hence cannot yet be started.

17. There are still major uncertainties over how UHNP should proceed regarding the strengthening of the Public Information and Health Education Service (PIHES). This is discussed further in the issues section below. As a first step, Dr Tan agreed during the wrap-up held with him to a double consultancy of one foreign IEC specialist and one local IEC specialist) to carry out a strategic review of IEC in the health sector.

18. Project Management and Coordination: Some progress has been made on this subcomponent. Staffing of the PMO is now complete, except for a staff assistant for Component 3 field monitoring who will be hired next year when the component starts work in the field. LGUs have installed UHNP coordinators and component managers. A reporting format for quarterly or semi-annual progress reports was agreed upon and a progress report for the period ending end-1994 was prepared and submitted to the Bank. The mission recommended some additional summary financial tables, of which a format was prepared by the PMO. A full progress report for the same period will be submitted to the Bank by end-August, 1995. However no progress has been made (apart from review and clearance of the TORs by the Bank) on the technical assistance consultancy to help the PMO develop its management systems and project planning and management capabilities, due to the disruption caused by the office move and the management uncertainties.

Component 3 (Community Partnerships for Health)

19. Considerable progress has been made on this component since the previous mission. Guidelines for selecting NGOs and communities have been produced on the basis of participative workshops and a sizeable list compiled of interested and registered NGOs. Forty mini-project proposals have been submitted to Regional Health Offices for review, of which nine are already approved. About half of the successful proposals are for water or sanitation projects; there is also one for establishment of a women's centre which would provide a shelter for victims of domestic violence as well as health services.

20. The mission was pleased to learn that during this process, the PMO had made an effort to learn from the experience of PHDP in implementing a similar component. One lesson of experience had been the difficulty of maintaining the inputs provided by the mini-projects after they had ended, in response to which the issue of sustainability was being given particular attention in mini-project design. Another was the need to increase the ceiling for mini-project funding from its current value of Pesos 100,000 (set in 1988) to a more appropriate value of Pesos 300,000.

21. The mission informed the PMO of the evaluation of PHDP's component 3 to be undertaken shortly as part of the final project evaluation, and of the intention to feed the results of the evaluation into an overall policy framework for the Community Partnerships for Health Development concept..The mission recommended that the PMO keep informed of the progress and the results of the evaluation, with a view to utilising them for long term guidance in UHNP's Component 3, and should participate actively in the finalisation of the policy framework to ensure that the special needs of the urban poor are taken into account. Regarding mini-project funding, the mission agreed that the ceiling could be raised to Pesos 300,000 pending the results of the PHDP evaluation. When these become available, the ceiling could be reconsidered and a final decision made on its value.

Component 4 (Policy Research and Evaluation)

22. Baseline Survey: As noted above, good progress has been made on this component along the lines agreed upon in the previous Aide-Memoire. Field testing is beginning shortly for the baseline population-based sample survey, into which has been folded the IEC KAP study and a TB prevalence study. The mission reviewed the draft questionnaires, and was informed that some of the project indicators were difficult to measure through this survey instrument; these include (1) the proportion of babies with low birthweights, (2) the timeliness of referral for complicated pregnancies and deliveries and (3) the rate of supplemental feeding of children in need. It was agreed that indicators (1) and (2) should be measured through a special follow-up survey of a sample of the Birth-Based Approach masterlist of pregnant women which has just been completed. Indicator (3) would be measured in two ways, first through an additional question in the anthropometric module on whether each child was receiving a food supplement, and second through a special base study to be carried out when the food supplement program envisaged under Component 1 is started. The mission also clarified that the indicator related to birth spacing would refer to a target interval of two years or more between births, and that the denominator for the contraceptive prevalence rate indicator would be all women aged 15-49 years.

23. The mission was also informed that in view of the large increase in workload and budget required to duplicate the baseline survey among urban poor and urban non-poor, it had been decided to limit the survey itself to the urban poor. Comparable information on the urban non-poor would be obtained through special tabulations of the data from the 1993 Philippines National Demographic Survey. After further discussion, it was agreed to tackle the measurement of differentials between the urban poor and non-poor in two ways; first, through the NDS data to obtain a broad picture across all urban areas and for a few key indicators only (which is probably all that NDS sample sizes would permit); and second, through small but detailed special studies of one or two areas each in Metro Manila, Metro Cebu and Cagayan de Oro, which would measure health status and service access in neighbouring or intermingled poor and non-poor communities.

24. Study of Field Staff Workload and Work Routines: It was agreed that this study should be designed and undertaken only after the agreed-on review of staffing ratios in all localities had been carried out (see section on project issues below).

25. Women's Health Research: Three items are scheduled for operational research on this topic: (1) how best to identify women newly-pregnant or in need of family planning; (2) how best to integrate all existing women's health interventions, particularly the management of obstetric referrals; and (3) measurement of the prevalence of STDs among non-high risk women. Item (3) is planned to be tackled through the Women's Centres to be established under Component 1. Items (1) and (2) will be planned in detail once the baseline survey data are available to provide an initial data base for these topics. All will be approached in collaboration with the Project Management Office of the new Women's Health and Safe Motherhood project, which has a similar operational research agenda focused on the rural population and at national level.

26. Nutrition Research: Of the four items scheduled for operational research in the nutrition area, it was agreed by the previous mission that three (cost-effective approaches to PEM interventions, amylaze enrichment of food supplements and targeting of iron supplementation for infants) should await ECD preparation results. A fourth (a KAP study of breastfeeding and weaning in slum areas) is being partially covered in the baseline survey, with follow-up to be determined after the baseline results have been analysed and assessed. An additional item, analysis of data already collected in a DOH Nutrition Service study of the relationship between maternal arm circumference during pregnancy and low birthweight of the babies subsequently born, was to be followed up on after

the previous mission. However the mission found that no progress had been made on this topic. It was agreed that after discussions with the Nutrition Service, the AusAID-financed survey expert for the baseline survey should be approached for suggestions as to how this analysis could be carried out quickly.

27. Community Environment Development: TORs for consultants to undertake the planned operational research on this topic were reviewed by the mission. They will need considerable revision and strengthening. The mission gave suggestions on how this should be done, and will review a revised version when it is ready.

28. Additional Initiatives: In addition to the already specified topics discussed above, the PMO has also started a new initiative to provide an integrated package of project inputs in a slum community in Valenzuela where community organisation efforts are already spontaneously underway. Under the initial leadership of the City Health Office, the plan is to form a community health committee and in partnership with it to combine facility inputs under Component 1 and 2 with supplementary community mini-projects financed under Component 3. The whole initiative would then be tracked and monitored under Component 4 as an experiment in this combined approach. Initial steps are now in progress in this community, which the mission visited during its field trips. The initiative is modelled after a successful slum community upgrading effort carried out in Barangay 181 of Pasay city, which the mission also visited.

Current Financial Status of the Project

29. Disbursement: Excellent progress has been made overall in disbursement, given the delayed date of project effectiveness (April, 1994) and the late initial release of funds to the project in mid-October, 1994, relative to a planned start to the project by January, 1994. To date, about US$2.6 million have been disbursed against the SAR disbursement profile forecast of US$5.1 by mid-1995. However if the six-month delay in effectiveness is taken into account, the appropriate forecast would be US$1.6 million; and if the late release of funds is also factored in, the disbursement forecast at this stage in implementation would have been less than US$500,000.

30. Disbursement prospects for the next 18 months of the project are also good. The disbursement profile forecasts for end-1995 and end-1996 respectively are a cumulative US$9.3 million and US$22.6 million; these reduce to US$1.6 - 5.1 million and US$9.3 - 15.6 million if one or both types of project delay are factored in. The PMO's current actual cumulative disbursement forecast for end-1995 is around US$5.3 million and for end-1996 around US$14.9 million. The 1996 figures are derived from a current outstanding disbursement pipeline of US$6.4 million and a budget allocation of US$6.3 million for 1996, of which it is reasonable to assume that at least 50 percent would be fully disbursed during 1996 itself.

31. UHNP's disbursements to date have been as high as they are primarily because of timely and extensive hiring of additional field health staff and an early start to procurement of equipment and drugs. However there have been problems with the disbursement process itself which have lengthened the pipeline and reduced actual disbursements below their potential, notably the substantial delays in submission of SOEs by LGUs. Delays in civil works and procurement of equipment and drugs have also lengthened the lag between initiation of project activities by the PMO and reimbursement for them by IDA. In turn, these delays in disbursement will result in slow-downs in project implementation, since annual budgets and fund releases from the Department of Finance for project activities are tied to the volume of remittances from IDA.

32. Audits: Audits are due for 1994 expenditures by end-September, 1995 and for 1995 expenditures by end-September, 1996. The mission reiterated the need for close monitoring by the PMO of the progress of the auditing process, since disbursements would be automatically suspended if the audits were late. This again could affect disbursement performance.

Major Project Issues

33. By and large, the project is proceeding well. However there are some issues that still require focused attention if progress in implementation is to be maintained or accelerated. These are as follows:

- Civil Works: This component is the furthest behind and has the greatest problems relative to its potential. While the negative but once-off effects of the electoral process and the PMO's office move appear to have been unavoidable, there are also serious continuing deficiencies in the PMO management of civil works which require correction, including the frequency and quality of field supervision and the efficiency of office procedures. Civil works must receive intensive monitoring and management during the next six months in order to recover at least part of the considerable lost ground and to achieve the targets set for performance by end-1995.

- Emerging Service Delivery Issues: During the mission's field visits to facilities and communities in Metro Manila slum areas, a number of emerging service delivery issues came to the mission's attention, as follows:

  A first important set of issues concerns the adequacy of current numbers of health workers (even after supplementation by PHDP and UHNP) for outreach work, including both outreach from workers based in health facilities and outreach from workers based in slum communities themselves. One particular element of uncertainty is the number and availability of midwives, given the apparent loss of many PHDP-financed midwives to the private sector during the period of transition of funding for their salaries from PHDP to LGUs or DOH, as well as their deployment in some areas to Lying-In Clinics rather than health centres. Another important element is the question of how to attract sufficient numbers of barangay health workers or volunteers under the varying levels of remuneration, incentives and social conditions found in different localities.

  It was agreed that the PMO would conduct a review of staff ratios in all project cities, and appropriate action under the project would then be identified. Work on this review began before the mission's departure and is expected to be completed by November-December, 1995. It should be given high priority over the coming six months. However it will also be essential for DOH management to review this issue in a wider perspective (see the accompanying Aide-Memoire on cross-cutting health portfolio issues).

  A second important issue was the adequacy of current nutrition programs for the children of the urban poor. Achievements varied across localities, but programs were clearly inadequate in design and performance in several areas. This issue will be addressed primarily in the context of ECD program/project preparation. However it will be very important for the PMO to maintain awareness and involvement in activities carried out as part of ECD preparation, and to take any immediate appropriate action under the project.

- Strengthening of PIHES: An important objective of the IEC subcomponent of Component 2 is to strengthen PIHES. However effective action on this front would require as a basis an overall agreed DOH policy on the future role and functions of PIHES in the context of DOH's ten-year plan and public investment program. This topic is taken up in the mission's accompanying Aide-Memoire on cross-cutting health portfolio issues. As mentioned above, Dr Tan agreed, during the wrap-up with him, to a double consultancy to carry out a strategic review of IEC in the health sector.

- Strengthening of Project Management: The PMO has performed well over the past six months as regards project implementation, given the disruptions and uncertainties of this period. However technical assistance to the PMO for strengthening of their office procedures and planning and management systems is still very much needed, and should help to boost progress in implementation and disbursement over the critical next year or two. High priority must therefore be given to restarting the process of procurement for suitable local consultants, with the aim of beginning the first phase of the technical assistance process within the next few months.

- Disbursement Pipeline: UHNP's disbursement record is very creditable given the project's late start. However it could have been still better had bottlenecks such as the slowness of LGUS in submitting SOEs and of DOH's procurement process not existed. The efficiency of the disbursement process will moreover be a critical factor in UHNP's future resource flows, and hence in its ability to recover lost ground and achieve full implementation of the project on time. It is therefore essential that DOH and the PMO give concentrated attention now to removing as many of the current bottlenecks as possible. The mission was pleased to learn that the PMO has already planned ways of improving LGU performance in this regard, through an intensive program of seminars, field visits and on-the-job assistance. This effort needs to be given high priority over the next six months. To streamline the procurement process, however, DOH involvement at a higher management level is needed to supplement the intensive monitoring of the process already planned by the PMO.

Immediate Next Steps

34. It was agreed that the PMO would:

- submit a full progress report for the period January-June, 1995 by end-August, 1995.

- rapidly restart the procurement process for the management consultancy to assist the PMO.

- begin work on identifying and recruiting the two consultants who would carry out a strategic review of IEC in the health sector.

- finalise planning for the special surveys identified as needed adjuncts to the baseline survey with the survey contractors and the AusAID-financed survey expert due to visit shortly, and send proposals to the Bank for review.

- follow up on a quick analysis of the arm-circumference survey with the Nutrition Service and the AusAID-financed survey expert, and inform the Bank of the outcome.

- submit revised TORs for the Community Environment Development consultancy as soon as possible.

- complete the staff ratios review and provide the results to the Bank by mid-December, 1995.

35. It was agreed that the mission would:

- move ahead with recruitment of the consultant on calorie-based food supplements.

- make an intensive effort to process procurement review requests as quickly as possible.

36. The next health portfolio supervision mission is currently planned for the period mid-January - mid-February, 1996. It would review progress in PHDP and UHNP implementation and ECD program/project development, and would overlap with the next supervision mission for WHSMP. The mission team is expected to include experts in the fields of training, IEC, MIS and community participation. In preparation for this mission, it was agreed that the PMO would provide the mission on arrival or in advance with a progress report for the period July-December, 1995.

Annex ONE

PROPOSED URBAN HEALTH AND NUTRITION PROJECT
Cr.2506PH
PHILIPPINES

CIVIL WORKS COMPONENT SUPERVISION MISSION

June 13 - 28 1995

CONTENTS

NFC BOWMAN
Consultant

June 28'95

01. INTRODUCTION

In accordance with the TERMS OF REFERENCE in Office Memoranda of June 06 1995, I visited the PHILIPPINES from June 13 to June 28'95 in order to:

- review progress on the Civil Works component of the project
- carry out field trips as needed to the Urban areas of the project
- review the institutional arrangements at both central and local government levels to implement construction and renovation at project facility sites.

In this, I worked closely with the Project Management Office & the INFRA Division of DOH, dealing with the civil works component & I would like to record my sincere thanks to each for the courtesy and help which I received at all times during the Mission. I am also very thankful for the help and assistance given by the City & District Health Officers in Metro Manila and Metro Cebu and for their generous assistance & time during the field-trips to the existing health facilities.

02. STATUS OF CIVIL WORKS COMPONENT June 1995
PHASE ONE

.01. A.1 - 6 packages - Central offices by DOH/HIS (Infra) in Districts 1-4 & Regional HC & TC.

A.1 - DHO 1, Consultant chosen but site not finalised
A.2 - DHO 2, Consultant appointed & Bid docs.in hand
A.3 - DHO 3, Consultant appointed & Bid docs.in hand
Site selected but not approved by Master Plan.
All communications seem to be verbal with no written record.
A.4 - DHO 4, Consultant appointed & Bid docs.done but no records available at UHNP

A.5 - RHO Mandaluyong - Consultant appointed, Site selected subject to Master Plan & Bid docs.i/h.
A.6 - RTC Mandaluyong - all as RHO above.
No files available at UHNP

.02. B.1 package - HC Navotas, District ONE
Work started on site Mar'95 & to complete July'95.
Progress report no. 1 received May 31 & works 30% complete - Contract sum within project estimate.
Only project of phase 1 commenced on program.
During a field trip, the mission noted as follows : works running 5 weeks behind contractor's program, recommended improved cross-ventilation in design, & provision of external sun-shading louvres.
The mission considered improved consultant inspections necessary to ensure adequate attention to structural & finishing detail e.g. present lintols to openings unacceptable.

.03. B.2 package - HC Santolan, Malabon, District ONE
Consultant not yet appointed as LGU selection of Engineer is not to TOR issued by UHNP which requires selection of Architect. Infra to advise on conflict & Mission urged early resolution with Infra assistance.

.04. B.3 package - HC Valenzuela, District ONE
Consultant not yet appointed. Site being purchased but not finalised so no technical proposals.
Files not clear

.05. C.1 package - 3 HCs, Taguig, District 2.
Consultant chosen but not yet appointed, due to election. Last item on file March'95 LGU resolution.

.06. C.2 package - 3 new HCs, Pateros, District 2.
Consultant appointed, Tender documents done, Bids received & Contractor selected but not appointed.
No procurement, approval or progress reports on file.

.07. C.3 package - renovations to 3HCs, Pasig, District 2
HC already done & LGU requested permission to substitute Ninoy Park Main HC March 17'95 - no record of reply which may have been verbal. Mission would have 'no objection' to substitution consistent with Project objectives. Consultant selected but appointment must await final HC selection.
Filing incomplete.

.08. C.4 package - 5 HC renovations, Marikina,District 2.
Consultants' technical proposals invited.
No file available.

.09. D.1 package - New HC/LIC, Mandaluyong City
Consultant chosen but not appointed.
Change of HC to Saniga under review.
Consultant went on with sketch proposals, adding extra accommodation within 'budget' which was being approved by UHNP. Mission rejected proposed extras, proposals must be to model accommodation only & savings on estimates are good and to be shown.
Filing incomplete.

.10. D.2 package - new HC/LIC, San Juan, District 3.
Consultant chosen but not yet appointed.
Last letter on file March 3'95 followed by hand written minutes of LGU meeting of May 16, unstamped & unsigned.

.11. D.3 - HC changing again, Makati, District 3.
Consultant chosen but not appointed pending selection of HC. Request to UHNP to change HC is last item on file May 3'95

.12. E.1 package - 2 HCs, Paranaque, District 4.
Consultant appointed & Bid documents in hand but no records on file of procurement or UHNP approvals.
File incomplete.

.13. E.2. package - 3 HC, Las Pinas, District 4.
Consultant chosen but not appointed.
No procurement or approval information on file.

.14. E.3 package - new main HC, Muntinlupa, District 4.
Consultant chosen but not appointed & no record of site selection - previous proposal inconsistent with project objectives & Dec'94 mission recommended that, a site should be sought in an urban poor area.
No file available.

.15. F.1 package - CHO, City of Manila
Consultants appointed and Bidding documents done.
No DOH staff should be a member of a PEVAC (prequal/eval/awards/comm) as this would be contrary to procurement guidelines & unacceptable.
UHNP to review

.16. G.3 package - 5 HC renovations, Quezon City
Consultants appointed Mar.31'95. Bid documents received May 29 but no plans on file. No record of approval of working drawings although Bids said to be invited for 4 HC. Tatalon HC has been upgraded & LGU is seeking UHNP approval to substitute New National Gov. Center but no details on file to evaluate if proposal is consistent with Project objectives. PMO following up.
Filing incomplete.

.17. H.1 package - 4HC (2N.2R), Pasay City
Consultants appointed and Bidding documents done since March but LGU delayed inviting Bids due to election.
Filing incomplete - last letter Jan.20'95

.18. I.5 package - CHO, Kalookan City
Consultant chosen but not appointed - election delay
No selection process on file - last letter Jan.5'95 on sites, mission told two available & restricted site selected. Nothing on file & mission unable to review procurement.
Filing incomplete.

.19. J.1 package - Cebu City, MC.
Renovations to CHO done by LGU, who now planned to substitute HC/LIC with in-house staff & they intended to use the previous project estimate as an "allocation" towards the new project. The proposed design does not comply with project models & the mission advised that this proposal is not to SAR procedure. However, the mission, on field trip, spoke with the CHO & Cebu City will now officially apply for a substitution of Talumban HC/LIC within the project. The mission visited the existing HC & found the siting consistant with project objectives, serving a population of 16,000 including a few poor Barrios within a few Kms. The CHO confirmed they would employ consultants & comply with UHNP design & procurement requirements.

.20. K.1 package - New CHO, Lapu Lapu, Metro Cebu.
Construction started on site June 8'95.
Bids Mar 6'95 - copy newspaper adv. on file (no date)
Prequalification Feb 14, Bids Mar 7, Award May 4,
Notice April 17, Delayed start on site due to 2 month wait for WB 'no objection' (Mar.23-May.23)
Contractor's site office erected, foundations &

steelwork in progress. Conc. cubes available & material tests will be done at the Engineering School, Univ of San Carlos, Cebu. Design to approved model & mission recommended additional sun-shading to project design principles at ground floor to match adjoining City Hall so that the entire group of buildings form a unit which is sympathetic in design & colour. Cross ventilation at low level should also be provided internally with louvres in central partitions.

.21. L.1 package - new CHO, Mandaue, MC.
Construction started on site June 10'95.
Notice of consultant appointment Feb.20'95, Bid newspaper adv. Apr.7, Prequalification Apr.19, Pre bid meeting Apr.27, Bids May 2, Award May 4, Notice not yet issued as WB 'no objection' awaited (UHNP wrote May 19) but contractor has started (at own risk)
Old CHO being demolished, work on new Nutrition unit commenced & mission recommended additional sun-shading to design principles for the climate, also an A-frame type pitched roof should be substituted for the low mono-pitch shown, to allow larger ventilated roof space with insect-proofed gable louvres.

.22. M. 1, 4, 5 & 6 packages - CHO & HC/HS Cagayan-de Oro.
First consultant invitation failed & readvertised. Now 5 no. shortlisted April 18 & tech. proposals invited. All information by radio messages & no proper files.

.23 PHASE TWO
The December'94 mission recommended that the consultant selection procedure for the second phase should commence immediately in order to avoid the type of delays that have occurred on phase one. However, only Manila City has commenced the process to this date.

.24 COMMUNITY HEALTH
The mission visited the Kauswagan Community Health & Social Development Centre, which forms part of the Cebu Doctor's College of Community Medicine, in Cebu City and was very impressed by the use of traditional design & materials. The resultant environment is most pleasing & very suitable for the functions intended. The NGO chairman & staff seem very dedicated and are actively following a program of awareness so that they can be of maximum benefit to the community they wish to serve.

03. REVIEW OF PROGRESS

.01 The mission was pleased to note that a number of the actions recommended during the Dec'94 mission have been undertaken & in particular :

- two of the technical consultant group have joined the PMO since Jan'95 & the third will be sought again now that works are commencing on sites.

There is an urgent need, however, to provide them with accommodation & resources which will be given at UHNP/PMO office this month, otherwise space is available at Infra. While the group are preferred at UHNP & their TOR are to assist the PMO in the implimentation of civil works, they must work closely with DOH/Infra & report weekly to the Senior Architect, HIS.

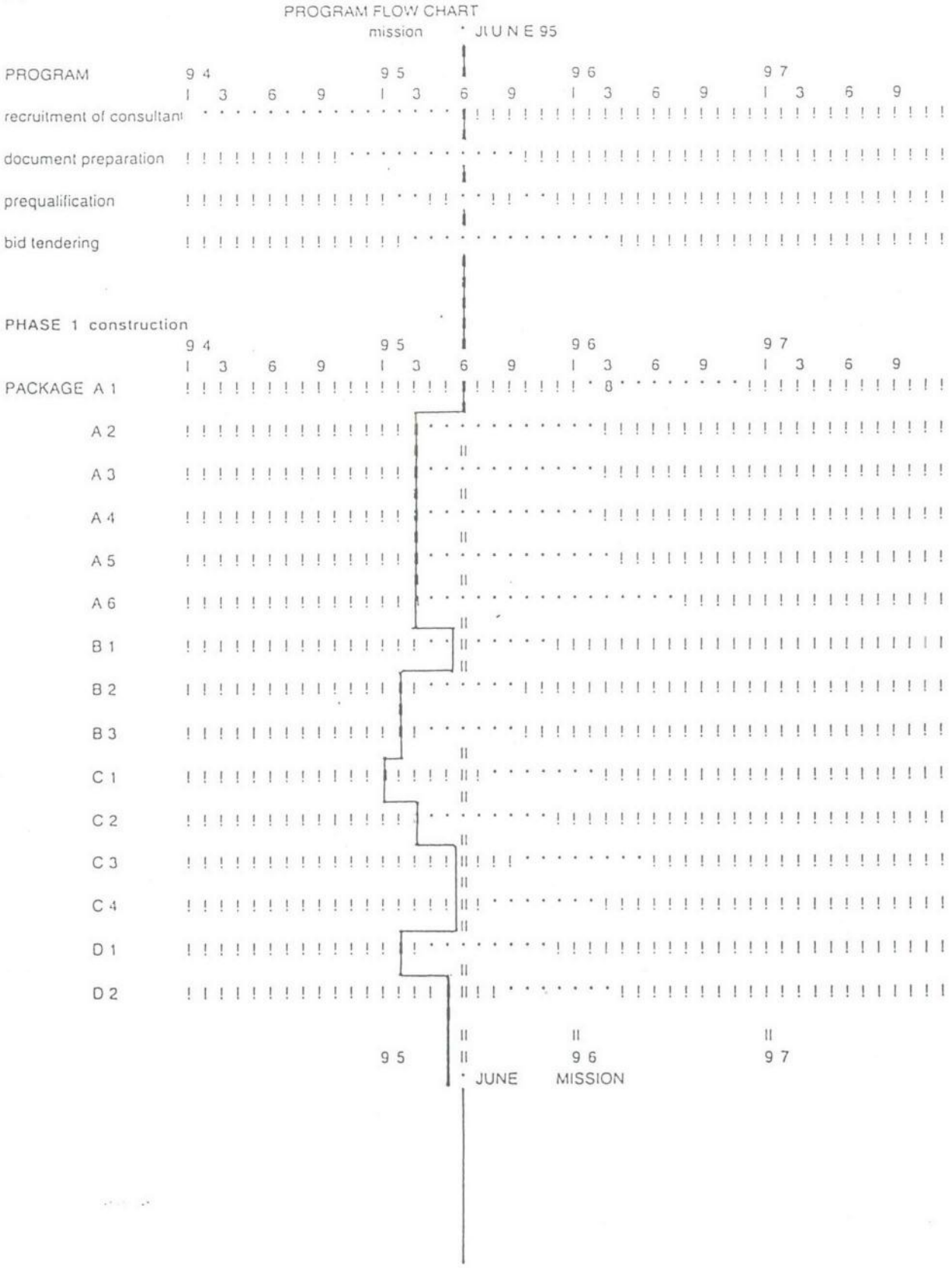
- a program for co-ordinating visits to the LGUs is in place although the number of visits must be increased considerably where delays are occuring as previously recommended - senior management to Mayor/CHO & Technical group to consultants.
- the process for the appointment of consultants for phase two has commenced with the City of Manila & it is hoped all LGUs will follow quickly, and
- the monthly progress reports have commenced with the construction works to date at Navotas

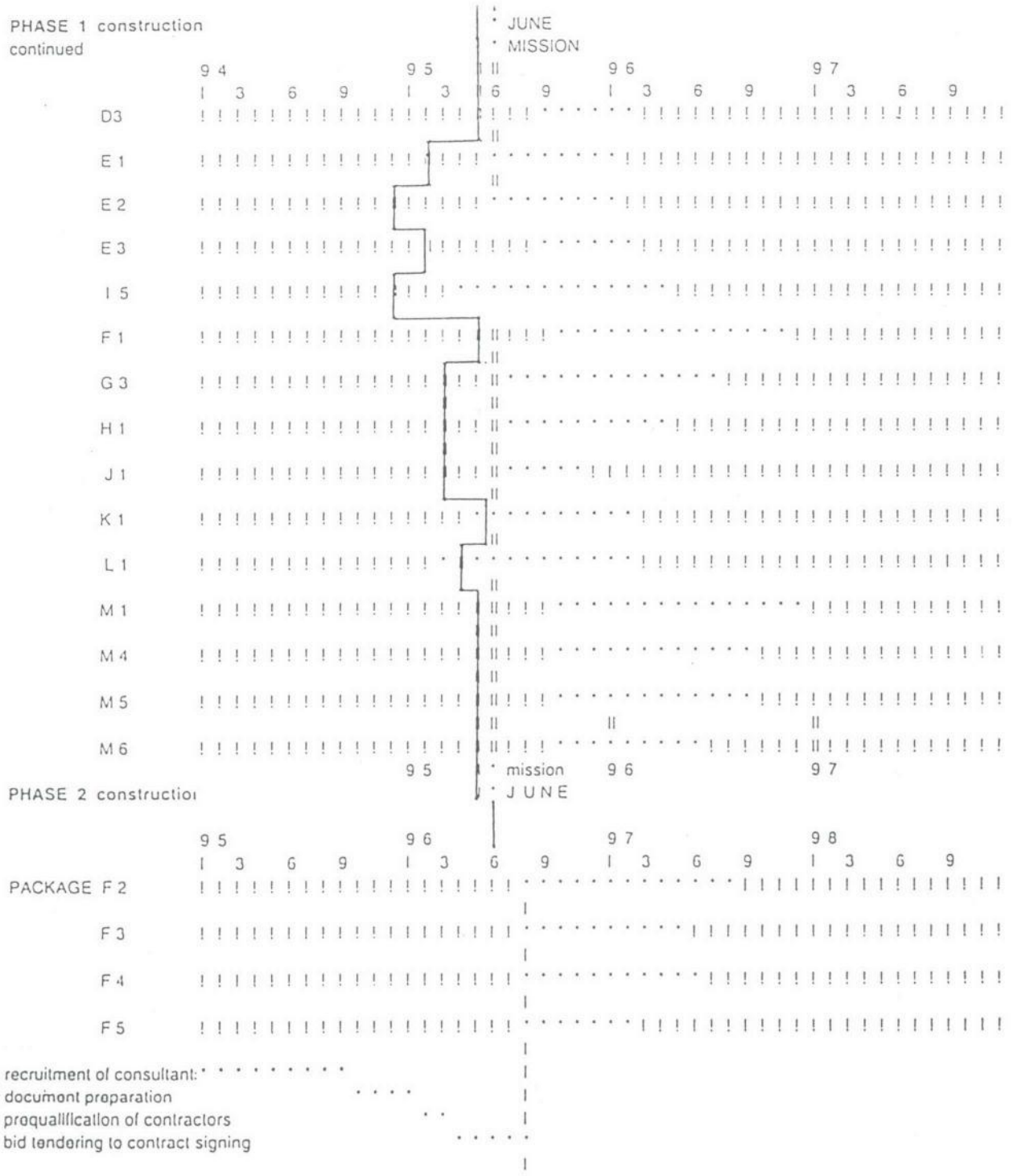
.02 The mission was disappointed that the revised program of Jan'95 could not be maintained & of the 12 projects that should by now be in progress on site for two months - only one at Navotas is on program & only three, Navotas, Lapu Lapu & Mandaue have started on site. Progress shown by heavy/colour line on Flow Chart. The reasons for the delays vary as follows :

- non advance due to the elections in spite of an exemption for the project from the "prohibition against the release, disbursement or expenditure of public funds" as provided for in the Omnibus Election Code of the Philippines (BP 881)
- non advance due to the changes of Mayor & Administration in a number of Cities & LGUs.

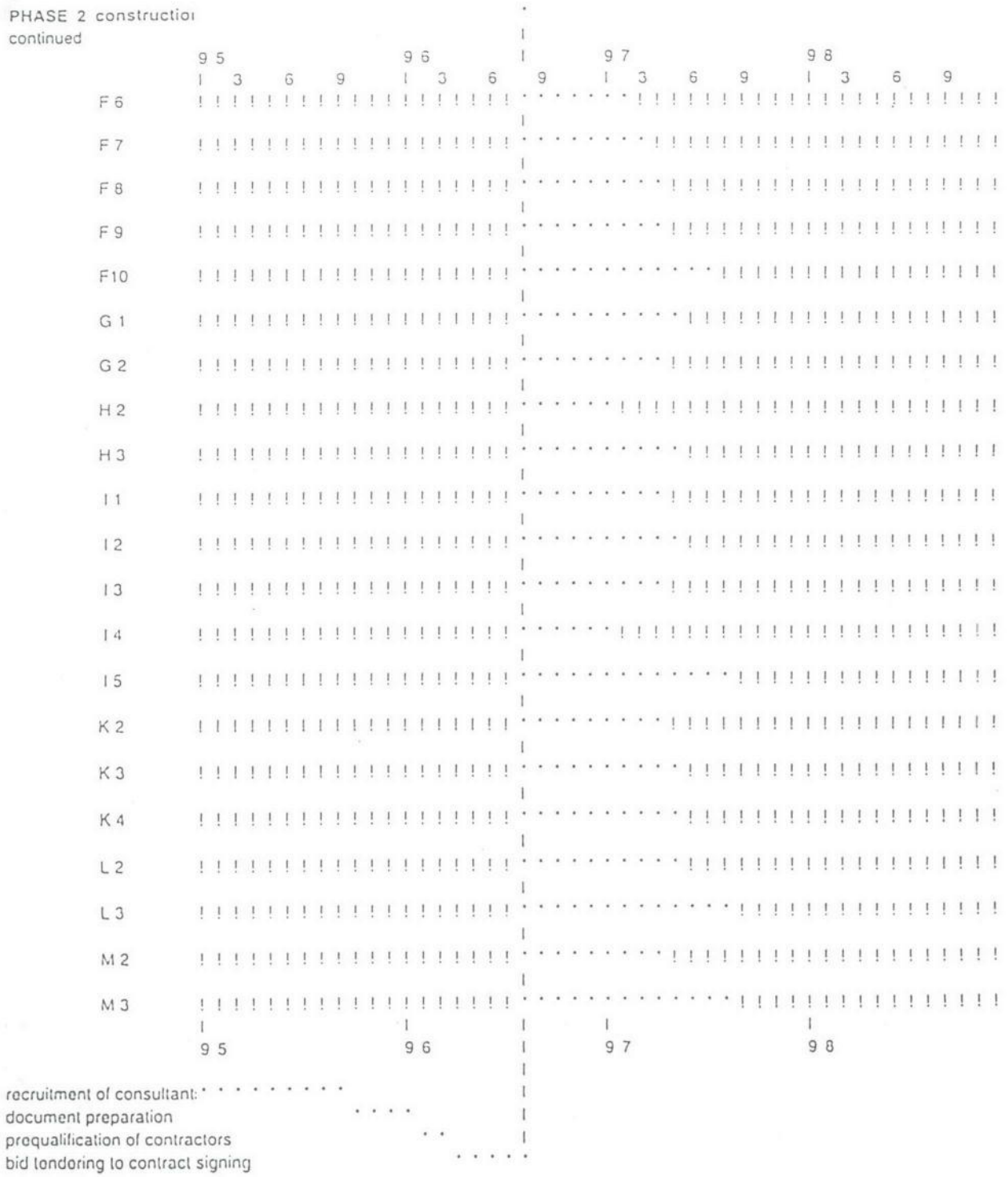
- failure to select sites for contract packages A1, A5, A6, D1, D3 & E3 at Valenzuela, Mandaluyong, Makati and Muntinlupa.
- failure to appoint consultants at Valenzuela, Malabon, Taguig, Marikina, San Juan, Las Pinas, Kalookan City, and Cagayan de Oro.

- administrative delays in the resolution of issues in respect of Appointments, Decisions, Monitoring and Co-ordination e.g.
  the architect / engineer appointment conflict still outstanding since Jan'95, - The mission will be guided on this issue by DOH practice, which seems to vary, but urges early resolution,
  proposals not in accordance with project models being approved as in a Mandaluyong HC,
  the monitoring of project objectives with the LGUs in the substitution of alternatives in Pasig, Makati, Mandaluyong, Quezon & Cebu Cities and
  the problems arising from the LGUs misinterpreting the facility estimates as "finance allocations".
- failure to obtain the assurances of LGUs in respect of the maintenance & repair strategy.


PROGRAM FLOW CHART
mission
JUNE 95
PROGRAM
94
95
96
97
1 3 6 9 1 3 6 9 1 3 6 9 1 3 6 9
recruitment of consultant
document preparation
prequalification
bid tendering
PHASE 1 construction
PACKAGE A 1
A 2
A 3
A 4
A 5
A 6
B 1
B 2
B 3
C 1
C 2
C 3
C 4
D 1
D 2
95
96
97
JUNE
MISSION


PHASE 1 construction
continued
JUNE
MISSION
94
95
96
97
1 3 6 9 1 3 6 9 1 3 6 9 1 3 6 9
D3
E1
E2
E3
I 5
F1
G3
H1
J1
K1
L1
M1
M4
M5
M6
95
mission
96
97
PHASE 2 construction
JUNE
95
96
97
98
1 3 6 9 1 3 6 9 1 3 6 9 1 3 6 9
PACKAGE F2
F3
F4
F5
recruitment of consultant
document preparation
prequalification of contractors
bid tendering to contract signing

PHASE 2 construction
continued



recruitment of consultant
document preparation
prequalification of contractors
bid tendering to contract signing

04.01 Assuming progress can be re-established, now that the elections & settling-in process are over, to the rate programmed in January '95, the following is the estimated position for civil works phase ONE expected at the next mission scheduled for mid-January'96 :

contract package	% complete	Peso expended
A 1	10	700 '000
A 2	64	5,370
A 3	64	5,370
A 4	64	5,370
A 5	58	6,400
A 6	44	8,200
B 1	100	1,600
B 2	100	750
B 3	100	1,000
C 1	14	360
C 2	87	5,400
C 3	50	660
C 4	85	2,300
D 1	75	2,800
D 2	71	2,100
D 3	83	1,000
E 1	63	1,600
E 2	32	1,250
E 3	33	350
E 5	38	4,750
F 1	29	3,600
G 3	30	1,300
H 1	40	1,900
J 1	80	370
K 1	90	7,500
L 1	70	5,900
M 1	26	3,250
M 4	33	1,200
M 5	33	1,200
M 6	44	1,120
TOTAL 30 PKGs	TOTAL % 50	84,670,000 PESOs

PLUS fees @ 5 %

For PMO Disbursement Forecast

05. MISSION CONCERNS

.01 The Delays in the Program as shown in para.04 above - particularly the number of LGUs where sites have not yet been finalised nor consultants selected.
In this regard, the mission again stressed the need for the PMO to liase more closely with the LGUs with frequent co-ordination visits.

.02 Incomplete filing & records will considerably delay reimbursements & the mission stressed that all procurement of consultants, contractors & materials must be clearly demonstrated to be open, fair and in full compliance with World Bank Guidelines.
Accordingly, files must be up to date & complete with all letters, meeting minutes, records & approvals typed, authorised, dated, stamped where necessary & signed. Sample files agreed during mission.
A copy of the following procurement documentation, etc. should be available on file for reimbursement clearance & particular attention is drawn to the correct sequence of UHNP/PMO approvals necessary :

CONSULTANCY SERVICES
* Invitation to Bid
(newspaper page showing advertisement & date)
* Evaluation sheets of shortlisted consultants
* Abstract of Technical proposals
* Resolution to award .. .. UHNP/PMO no objection
* Notice of award
* Company profile of successful consultant
* Contract agreement
* Notice to proceed

CONSULTANT'S DOCUMENTS
* Site (building) survey
* Sketch proposals .. .. .. UHNP/PMO no objection
* Working drawings (arch/struc/mech/elec)
* Specifications
* Bill of materials & cost estimates
* Structural computation
* Bidding documents .. .. UHNP/PMO no objection

CONSTRUCTION PROCUREMENT
* Invitation to prequalify
(newspaper page showing advertisement & date)
* Abstract of bids
* Company profile
* Resolution to awards .. .. UHNP/PMO no objection
* Notice to award
* Performance bond
* Contract Agreement
* Notice to proceed

Inspect & Confirm that sites serve project objectives
PROGRESS REPORTS (monthly)
PROGRAM REVIEW (monthly)
COST UPDATE (monthly)

.03 The misconception in respect of the estimates for the civil works prepared for the project budget, that they are seen by the LGUs as "finance allocations" to be used in full and where the actual cost of proposals

come in less, further accommodation is added to the full estimate. No matter how desirable the additional accommodation is of itself, it is not considered necessary for the provision of the services to be provided within the project. Savings therefore, where they occur, are to be welcomed as additional costs will occur elsewhere e.g. where site conditions are structurally difficult.

.04 The lack of LGU awareness of the M & R strategy. It was previously agreed that assurances should be obtained from the LGUs that they are institutionalising the agreed strategy for the maintenance & repair of all health buildings before the project construction works are authorised. During this mission, the PMO again responded very positively with a reminder, a copy of which is attached, for early LGUs' attention.

06. CIVIL WORKS SUMMARY & RECOMMENDED ACTIONS

.01 The mission was very pleased that the construction works on phase one, have actually started on site & the enthusiasm & dedication shown within the UHNP & by the technical group appointed, since the last mission, to assist the PMO is very commendable. It was unfortunate that many LGUs delayed the implementation of the works, project & appointment of consultants, due to the recent elections, even though the project had received an exemption, for all preparatory work prior to actual construction, from the prohibition as provided for in the Omnibus Election Code.
However, the PMO is now satisfied that the inevitable settling-in problems are over & is confident of maintaining the revised civil works program.

.02 Recommended actions agreed for PMO attention :

* Update & revise construction program & costs monthly
* Strengthen project co-ordination with frequent senior management & technical level visits to impact the UHNP firmly within the LGUs at both levels so that all phase one civil works will have commenced by next mission.
* The consultants selection procedure for phase two should proceed immediately & where a phase one LGU is falling behind the new program by one month, a phase two facility should be substituted immediately to ensure the full 30 no. contract package commencements & 84 million Pesos expenditure by the Jan'96 mission.
* Strengthen administrative requirements as outlined to ensure all procurement to project requirements.
* Obtain M & R strategy assurances from LGUs
* Inspect all proposed sites & confirm that facilities chosen, directly serve urban poor as required.
* The technical group at the PMO is under the HIS Infra technical supervision & must liase weekly with & report monthly in writing to the Senior Architect.
* Ensure that all facility proposals are to agreed models & comply with the design principles for layout, cross ventilation & sun shading.

This report to be read in conjunction with the previous civil works report of December 1994.

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-60

26 June 1995

HONORABLE ALFREDO S. LIM
Mayor
City of Manila

Dear Mayor Lim:

The Urban Health and Nutrition Project - Project Management Office (UHNP-PMO) would like to inform you that the recent World Bank (WB) mission again emphasized the requirement of a line item in the Local Government Units (LGUs') local budget for the maintenance and repair of health facilities constructed under the UHNP. The mission likewise reiterated its desire to be assured of such budgetary allocations with a formal letter of assurance from your Local Government Office (LGO) confirming the institutionalization of the appointment of a Maintenance Manager and the "ring-fenced" financing for such maintenance.

We would be grateful for your kind attention of the request.

Very truly yours,

FELICITAS S.V. URETA, M.D., M.P.H.
Director III
UHNP Project Coordinator

AIDE-MEMOIRE

WORLD BANK PROGRESS REVIEW MISSION
PROPOSED PHILIPPINES EARLY CHILDHOOD DEVELOPMENT PROJECT

June 28, 1995

1. During the period June 12-28, 1995, a World Bank mission reviewed progress in preparation of an Early Childhood Development (ECD) Project. The mission was composed of Mrs. Althea Hill (task manager) and Mr. Richard Heaver (consultant in Management and Nutrition). The mission also liaised closely with Dr. Rosendo Capul of the Japan Grant-financed Technical Assistance and Support Unit (TASU) in the Department of Health (DOH) and with Mr. Joseph Hunt, ECD task manager in the Asian Development Bank (ADB).

2. The mission held discussions with Under-secretary Carmencita Reodica, Chairperson of the ECD Steering Committee, and with the members of the ECD Steering Committee; with Dr. Jaime Galvez-Tan (Acting Secretary, DOH), Mrs. Lina Laigo (Secretary, DSWD) and Mrs. Erlinda Pefianco (Under-secretary, DECS); and with Mr William Frazer (Division Chief, ADB). Wrap-ups were held with Dr. Galvez-Tan and with the National Economic and Development Authority (NEDA).

Progess in ECD Program/Project Development

3. During the previous mission of November-December, 1994, a work program and timetable for the preparation of an ECD program and project was agreed upon with the ECD Steering Committee at a wrap-up chaired by NEDA. This program had envisaged the preparation by the three line agencies of a draft overall proposal for an ECD national investment program during the first six months of 1995, with assistance from a team of local consultants, funded by DOH out of the USAID-assisted Health Finance Development Project (HFDP). ADB (from Project Preparation Technical Assistance (PPTA) funds) and IBRD (from Japan Grant (JG) funds) were then to finance further technical consultants for project preparation during the period August-October, 1995. The project proposal was to be finalised for review by IBRD and ADB in late 1995.

4. During the first six months of 1995, three other parallel processes were also to take place. First, the ECD Steeering Committee was to prepare an ECD strategy paper for review by the Social Development Committee (SDC) in March, 1995, accompanied by the ECD Sector Report previously prepared by the IBRD and ADB. Second, the process of participative consultation with communities on perceived ECD needs and preferred program/project interventions which had already begun under JG funding would continue. Third, the process of donor mobilisation to raise additional grant financing for the ECD investment program was to begin, with a donor roundtable in June, 1995 to raise awareness of ECD needs.

5. With the exception of the community consultation process, which is proceeding smoothly on schedule, the mission found that no progress had been made with ECD program and project preparation. No consultants had been hired and no work done on either the program proposal or the strategy paper. The main hold-ups appeared to have been difficulties in releasing funds for the preparation consultants, the busy schedules of key staff, and disruption related to the May elections.

Agreed Plans For Program and Project Preparation

6. It is now imperative for the lost time to be regained, since the availability of ADF funding is uncertain after completion of the Sixth Replenishment of the ADF in 1996, and project appraisal must be completed by the end of June, 1996 to ensure access to ADF funds. The IBRD is prepared to assist the Government, with the use of Japan Grant funds, to meet this schedule, if the Government is committed to do so. However, a pre-requisite for spending significant additional PPTA and JG funds on project preparation would be a clear indication from Government that multilateral loan financing for the ECD investment program would be acceptable, as part of a package of external funding that would also include grant financing from other donors. This indication, together with other policy guidance on the proposed ECD program, would be sought by the ECD Steering Committee from the Social Development Committee in July, 1995.

7. Preparation schedule. A new schedule and work program designed to permit appraisal in June, 1996 was agreed upon with the Steering Committee, and is given in detail, together with responsibilities for different aspects of the preparation work, in Annexes I and II. The key steps in this program are:

July, 1995:	(1) Preparation and submission to SDC of a 5-page strategy paper, accompanied by the sector report, which would outline the main features of a proposed national ECD investment program, and would seek guidance on whether to proceed with detailed proposal preparation
	(2) Preparation of a 25-page paper outlining the proposed ECD investment program, with cost tables, as a framework within which project preparation would take place
July-Oct, 1995:	Key DOH/JG-financed technical consultancies
Aug-Oct, 1995:	(1) PPTA-financed consultancies (2) Phase II of participative consultation process
Oct, 1995:	Donor roundtable on ECD sector report
Nov-Dec, 1995:	(1) Finalization of ECD project proposal (2) Donor meeting on project proposal
Jan-Feb, 1996:	Joint Pre-appraisal/Fact-finding mission by IBRD and ADB
March-May, 1996:	Finalisation and internal clearances by Government and Banks for appraisal of final proposal/project
June, 1996:	Appraisal mission by IBRD and ADB

8. Technical assistance for preparation. It was agreed that ADB would immediately provide additional funds to finance consultants to assist in the preparation of the investment program paper. DOH agreed during the mission to release approximately US$55,000 from the Health Finance Development Project to finance local consultants for project preparation. Annex III sets out the proposed financing responsibilities for different aspects of project preparation through December, 1995.

9. As agreed during the last mission, DOH will lead the preparation process. DOH's capacity will be augmented in two ways for this purpose. First, JG funds will finance two or three additional staff whose sole role would be to facilitate the work of the ECD consultants and manage the preparation process. Second, the staff of the JG-financed TASU will devote a substantial proportion of the Unit's time to the recruitment and management of local ECD consultants.

Next Steps

10. Local consultants to help prepare the investment program paper were identified during the mission. They are expected to start work next week. Recruitment of the PPTA consultants was already underway before the mission began, and they are scheduled to be in the field by mid-August. The mission and TASU will assist with preparing terms of reference and recruitment of the DOH and JG-financed preparation consultants. IBRD will ensure that the sector report is ready for publication by September, 1995.

Conclusion

11. It is still possible to prepare an ECD project for appraisal in June, 1996. However, the revised preparation schedule is extremely tight, with absolutely no room for delay, if access to ADF funding is to be ensured. Meeting this schedule will require strong continuous commitment and efficient and dedicated attention from the line agencies, particularly from DOH, which will take the lead in program and project preparation.

I. EARLY CHILDHOOD DEVELOPMENT PROGRAM AND PROJECT PREPARATION SCHEDULE

July 1995	--Presentation of ECD Strategy and Issues to Social Development Committee	
	--Completion of ECD Investment Program Paper	
Aug-Sep 1995	--Fieldwork for phase II of client/LGU consultations	
Aug 21-Oct 20 1995	--Project Preparation by	--Inter-agency Technical Working Groups
		--Local Consultants
		--Foreign Consultants
October 1995	--Donor Meeting to discuss ECD sector report and solicit interest in ECD financing	
Nov 1995	--Integration of TWG and consultants' products and findings of phase II consultations into Project Proposal	
Dec 1995	--Tripartite Meeting on project proposal by GOP, ADB, PPTA consultants	
	--Circulation of project proposal to potential grant financiers	
Jan 15-Feb 2 1996	--Joint Mission	--ADB Loan Fact-Finding --IBRD Pre-Appraisal --Participation by interested grant financiers
June 1996	--Joint Appraisal Mission	

N.B. 1. The three month gap between loan fact-finding/pre-appraisal and appraisal is the minimum required by the Banks' internal processing procedures

2. Appraisal must be completed in June 1996 to guarantee the availability of the ADF (soft loan) funds

3. There is no slack whatsoever in the above preparation schedule. Even a month's delay may make it impossible to access the ADF financing, which will no longer be available to the Philippines after 1996

II. ECD PROGRAM DEVELOPMENT, JULY 1995: RESPONSIBILITIES AND FINANCING

A. ECD Strategy Preparation for SDC

Responsibility: Costales, with guidance from ECD Steering Committee

Financing: GOP/DOH

B. ECD Investment Program Paper

Responsibility: Inter-Agency/Consultant Team, guided by Reodica, Laigo, Pefianco

Leader--Gorra (consultant)
Health--Costales (DOH)
Nutrition--Alcantara (UNICEF)
Psycho-social development--Caraballo (DSWD)
--Nolido (DECS)
Costing--Alano (consultant)

Financing: ADB/GOP

III. ECD PROJECT DEVELOPMENT, JULY-DECEMBER, 1995: WORK AND FINANCIAL PLAN

Component/Preparation Input	Time Input (Person-Months)		Financial Requirement		Financing Source
	Local	Foreign	Pesos'000	S'000	
1. Integrated Service Delivery					
1.1 Sick child initiative/neo-natal mortality reduction strategy				Funded	WHO/PPTA
1.2 Plan for integrated disease surveillance network				Funded	DOH/MCH
1.3 PEM control plan				Funded	PPTA
1.4 Recommend appropriate supplementary foods		1		15	JG
1.5 Food fortification plan				Funded	PPTA
1.6 Early education plan				Funded	PPTA
1.7 Strategy for integration of service delivery				Funded	PPTA
1.8 Management of ECD systems				Funded	PPTA

Input	Time Input (Person-Months)		Financial Requirement		Financing Source
	Local	Foreign	Pesos'000	S'000	
2. LGU Institutional Strengthening					
2.1 Inventory of existing interventions to strengthen LGU capacity	1		125		DOH/HFDP
2.2 Development of plan to strengthen LGU capacity to plan and support child development	1		125		DOH/HFDP
3. Community and NGO Involvement					
3.1 Study of private sector and NGO involvement in early education	1		125		DOH/HFDP
3.2 Inventory major GOs, NGOs and private sector organizations active in ECD	1		125		DOH/HFDP
3.1 Development of plan for NGO and community involvement	1		125		DOH/HFDP
4. Strengthening Central Support Services					
4.1 Inventory of training curricula and materials related to ECD	1		125		DOH/HFDP
4.2 Development of training plan	1		125		DOH/HFDP
4.3 Inventory of IEC materials related to ECD	1		125		DOH/HFDP

Input	Time Input (Person-Months)		Financial Requirement		Financing Source
	Local	Foreign	Pesos'000	S'000	
4.4 Development of IEC plan	1		125		DOH/HFDP
4.5 Development of plan for line agency institutional strengthening and project management	1		125		DOH/HFDP
5. Policy Development, Research and Evaluation-- No preparation consultants at this stage					
6. Cutting Across Components					
6.1 General preparation coordination	3 x 6p-m Workshops etc.		180 50		JG DOH/MCH
6.2 Consultation process with client LGUs and beneficiaries			Funded		PPTA
6.3 Devt. of criteria for project site/ beneficiary selection	1	1	125	15	DOH/HFDP, JG
6.4 Integration of project proposal		1.5		22.5	PPTA or JG
6.5 Cost-effectiveness evaluation of program/project components			Funded		PPTA
6.6 ECD program/project financial analysis			Funded		PPTA

Total Funds Required By Source:

DOH/MCH: Pesos 50,000 (US$ 2,000)
DOH/HFDP: Pesos 1,375,000 (US$ 55,000)
JG: US$ 59,700 (Pesos 1,492,500)*

Note: JG = Japan Grant for Technical Assistance and Training
DOH/MCH = Department of Health, Maternal and Child Health Service
PPTA = Project Preparation Technical Assistance
DOH/HFDP = Department of Health, Health Finance Development Project

AIDE-MEMOIRE--6.28.1995
WORLD BANK-ASSISTED HEALTH PROJECT PORTFOLIO
CROSS-CUTTING ISSUES

1. The World Bank missions which visited the Philippines from June 12-28, 1995 to review progress with the Health Development Project, the Urban Health and Nutrition Project, the Women's Health and Safe Motherhood Project and the proposed Early Childhood Development Project identified a number of issues which cut across the health portfolio of the Bank (as well as of other donors), and which therefore cannot be resolved by the project managers in the context of their particular project. The purpose of this aide-memoire is to summarize these cross-cutting issues and to seek the guidance of DOH management on an appropriate strategy to address them.

Policy and Institutional Development Issues

2. The issues are mainly in the areas of IEC, training, information systems, the life cycle approach, and the organization of outreach services. The issues are of two types. The first relates to the need, in each of these areas, to have a clear DOH policy or strategy, which will serve as a common framework within which projects and investment packages in the ten year plan will be designed and implemented. This issue extends also to the need for a common strategy framework for DOH support to NGO and community health development, which will guide the design and implementation of all future project or program components which support NGO/LGU/community participation in health service development.

3. The other type of issue stems from the increasing volume and complexity of the demands which are being placed on DOH's support services, and on local governments' service delivery personnel, by the simultaneous implementation of a number of large new projects, financed both by the World Bank and by other donors. These demands, which are already significant, will increase sharply over the next few years, as additional large scale investment packages come on stream under the DOH's ten year investment plan. They imply a need for further strengthening of both central DOH and local government units and systems, as well as development of mechanisms for integrating the inputs of different projects and programs into a coherent implementation strategy. These needs are illustrated separately below for each of the five cross-cutting areas mentioned above.

Specific Questions and Issues

4. IEC. All of the above projects, plus other large scale projects such as the USAID-assisted Family Planning and MCH project, contain large IEC components which will place increasing demands on PIHES. These come on top of the demands for IEC support for the regular health campaigns which are part of DOH's annual calendar, and which have already stretched PIHES' capacity to the limit. Questions and issues which need to be addressed include the following:

(i) Does PIHES have the structure, staffing and systems in place to cope with the increased volume of work presented by the growing DOH project portfolio? Should PIHES' strategic planning capacity be enhanced to help it plan for this volume? Can more be done to contract out the routine work of IEC campaign design and materials production, while PIHES' role in strategic planning and contract management is correspondingly enhanced?

(ii) How can the different IEC themes and messages coming from different projects and programs be integrated and prioritized, so that they are digestible from the point of view of the health service's clients, and implementable from the point of view of service providers at the LGU level?

(iii) Given that the responsibility for inter-personal IEC is now that of LGU staff, what needs to be done to strengthen the capacity of the LGUs to design and implement IEC strategies in support of national programs and their own area-based plans? Should PIHES' role be redefined, and its capacity strengthened, so as to give increasing emphasis to developing the IEC capacity of local governments?

5. Training. Each project in the portfolio will also place increasing demands on HEMADETS, in terms of carrying out training needs assessments, designing new curricula, and evaluating the effectiveness of training. Specific questions and issues which need to be addressed include the following:

(i) Do HEMADETS and the regional offices of DOH have the structure, staffing and systems in place to cope with the increased volume of training work presented by the growing DOH project portfolio? What needs to be done to strengthen the capacity to plan, manage and evaluate training for the project portfolio as a whole, at the central and regional level? What needs to be done to strengthen the training capacity of provincial, city, and municipal health offices?

(ii) What amount of time will LGU leaders realistically allow service providers to spend in training each year? Given limited training time, how can the training needs under different projects and programs be prioritized and integrated, so that an appropriate balance is struck between meeting DOH and local training priorities, and the need to keep the cost of training--in financial and opportunity cost terms--under control?

6. Information Systems. Each new project in the DOH portfolio also places new demands on the management information system. At the same time, the reliability of DOH's service statistics system has been declining since the advent of devolution, with great variation in the quantity and quality of information collected by LGUs. Specific questions and issues which need to be addressed include the following:

(i) Given that LGUs realistically can be expected to collect only a limited set of performance information, what minimum set of data should they collect, and how far is this likely to satisfy the information needs of different projects and programs?

(ii) How far can the likely information demands of different projects and programs be met by the development of sentinel surveillance systems as a substitute for or complement to the routine collection of service statistics? How can the needs for sentinel surveillance for a number of health and nutrition projects and programs be most cost-effectively integrated?

(iii) What needs to be done to increase DOH's capacity to a) convince LGUs of the value of collecting performance information for their own management purposes, and b) strengthen LGUs' information systems?

7. Life Cycle Approach. Implementation of the life cycle approach was defined as a DOH priority in 1993, but there has been little progress with this since. Under UHNP, an effort has been made to master-list all pregnant women in the slums served by the project, and to train outreach workers to focus services on them as a priority. But the broader implications of adopting the life cycle approach--for example for the redesign of work routines, training and IEC--have not been worked out or pilot tested, and it is beyond the mandate and capacity of the urban health services unit to attempt this. Specific questions and issues which need to be addressed include the following.

(i) If implementation of the life cycle approach remains a DOH priority, what individual or group within DOH should be given responsibility for managing the planning and testing of it? What technical assistance will be required?

(ii) If the life cycle approach is to become the organizing principle for the delivery of maternal and child health services (and perhaps other services), how can it be ensured that this approach is built into the design of all future foreign-assisted projects?

8. Outreach Services. Each new project or program also requires either the addition of new services, or improvements in the quantity and quality of existing services. While each addition or improvement is justified in itself, and each increment in the workload of service providers appears feasible by itself, the total impact of all the emerging projects and programs may be to place impossible work demands on the midwives and BHWs who deliver almost all DOH's services. Specific questions and issues which need to be addressed include the following.

(i) How far can the workload issue be addressed by better planning of work routines, e.g. by adoption of the life cycle approach? How far can it be addressed by redistribution of assignments between service providers, e.g. by giving health center personnel more responsibility for outreach? How far must it resolved by addition of more personnel? What level should additional personnel be at? In view of the declining number and productivity of BHWs in many areas, is there a case for paying barangay level workers to carry out specific tasks?

(ii) Should a study of present and likely future workloads for midwives and BHWs be undertaken, to provide data on which to base policy decisions in the above areas? If so, which individual or group in DOH should oversee it, and what technical assistance would be required?

DOH Response

9. The mission discussed these questions and issues with Acting Secretary Tan during the wrap-up meeting. Dr. Tan indicated that he shared the mission's concerns. It was agreed that both the policy/strategy issues and the institutional development issues needed to be systematically addressed, in the context of development and implementation of the investment program, and in the context of further developing DOH's post-devolution role, in which a carefully coordinated investment program would provide DOH with a significant opportunity to influence the coverage and quality of health services delivered by local governments.

10. The most appropriate mechanism for pursuing the necessary policy and institutional development remained to be worked out. Dr. Tan indicated that he proposed to discuss this question with his senior managers, designate a senior manager to lead work in this area, and form a working group to develop a suitable plan and consultative process within DOH. It was also agreed that technical assistance would be required for the development of needed policies and institutional development strategies. The Bank and the representative of AusAID indicated their willingness to assist with consultants financed under the existing projects, if this would be helpful; in particular, AusAID would be prepared to explore providing assistance from UHNP for IEC strategy and institutional development.

A L L - I N - 1 N O T E

DATE: 14-Jul-1995 04:17pm

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: Multi Media Contract

Kindly pass the comments of the Bank Procurement Advisor on to the PCU.

CC: Althea Hill (ALTHEA HILL)

A L L - I N - 1 N O T E

DATE: 14-Jul-1995 03:59pm EST

TO: Stanley Scheyer (STANLEY SCHEYER)

FROM: Efraim Jimenez, ASTTP (EFRAIM JIMENEZ)

EXT.: 82918

SUBJECT: The Philippines: Multimedia Services

Following our earlier conversation, and based on the information provided, my advice is that our Borrower use the Bank's Standard Form of Contract for Consultancy Services for above service contract with minimum changes. Payments for the procurement of equipment and licensed software may be handled under the provisions of Clause 6.3 (c) Reimbursable Expenditures and referred to the Appendix for specifications and other details.

Please let me know if I can be of any help in this regard.

Thank you, Efraim Jimenez (ASTTP)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 14, 1995 09:21am

TO: Shamima Khan (SHAMIMA KHAN)
TO: Albert Kennefick (ALBERT KENNEFICK)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: RE: Audit reports in Philippines projects

Al and Shamima,

1. I am no longer TM on the Philippines health projects. However, during one of my missions, a problem with the SOEs of the Philippine Health Development Project came up. Basically....under the devolved structure of DOH, they lost track of allocations and expenditures of the local units. The problem was called to our attention by the Project Coordination Unit...not an audit.

2. The problem was called to the attention of bank management and was addressed effectively.

My time ....approximately 2 days total...a number of meetings, memos etc. You would have to check with Shiva's division as considerable resources were spent by the TM, a Consultant and Vimala to solve the problem.

CC: Jayasankar Shivakumar (JAYASANKAR SHIVAKUMAR)
CC: Althea Hill (ALTHEA HILL)

The World Bank/IFC/MIGA
O F F I C E M E M O R A N D U M

DATE: July 11, 1995 01:43pm

TO: Remote Addressee (rcapul@misa.pfi.net@internet)

FROM: Stanley Scheyer, ASTHR (STANLEY SCHEYER)

EXT.: 81229

SUBJECT: Philippines: PHDP Follow Up

Dr. Rosendo Capul: Please forward these comments to the Project Coordination Unit (PCU).

PHDP Follow Up.

During the World bank supervision mission led by Althea Hill, four items were identified for which I was asked to follow up. These items include:

1. Comments of the draft TOR for the end of project evaluation;
2. The TOR for the National TB Prevalence Survey;
3. Questions concerning the Multi Media Center procurement;
4. The status of the Area Wide network implementation.

TOR for the End of Project Evaluation:

I reviewed the draft TOR and I think they are excellent and I have only a few comments for your consideration. Throughout the document, a careful distinction should be made between what the project is able to accomplish and what the DOH programs assisted by the project accomplish. For example, the project cannot decrease morbidity due to tuberculosis, but it can assist the government TB program achieve its objectives. This is true of any activity financed by the project.

It would be useful to identify up front in the TOR, the specific policy reforms the project either helped the DOH initiate or implement during the life of the project. For example, the Partnership for Community Health Development (PCHD) was initiated by the DOH with assistance from PHDP. What role did PHDP play in assisting Area Based Planning? Others?

The project spanned both pre and post devolution. I feel it would be useful to ask the evaluators if there were distinct areas of difference in the way the project assisted the DOH carry out its mandate during the two periods.

Mid term evaluations were conducted for both the Malaria and Tuberculosis Programs. These evaluations made a number of specific recommendations on how the DOH national programs could

be strengthened. The final evaluation should determine if the recommendations were implemented, did the project assistance adjust to the new direction, if not, why not?

Again, I would like to congratulate you on an excellent initial draft TOR for the final evaluation.

Review of TOR for the National TB Prevalence Survey:

I have reviewed the TOR for the National TB Prevalence Survey and I have one suggestion. It is clear the prevalence of TB varies greatly in the Philippines by different population groups. For example, small area studies have shown risks as high as 4 to 5 times national averages in urban dense slums. AIDS patients have a much higher risk. As part of the survey methodology, I recommend identifying potential high risk groups and sampling these groups to get some sense in the range of variance in TB prevalence within the Philippines.

Multi Media Center Procurement Questions:

I have discussed with the WB procurement specialist, Mr. Efraim Jimenez, the questions raised by DOH during our review of the Multi Media Center procurement. He recommends the DOH use the standard consultant procurement document as a guide in preparing the contract. Mr.Jimenez will forwarding separately additional suggestions on how the contract could be structured. When I receive his comments, I will forward them on to the PCU. Mr. Jimenez clarified that under WB consultant contract guidelines, TOR can be negotiated and adjusted to reflect DOH acceptance of innovative and creative approaches proposed by the winning technical proposal. The financial analysis should: (a) determine if the proposed budget is consistent with the technical proposal; (b) represent reasonable costs and levels of effort; and (c) clearly specifies sub contractual relationships. As indicated in the last letter from Mr. Shivakumar, the WB does the need to review the financial analysis, only the proposed contract with the selected contractor (highest ranked technical proposal).

Area Wide Network

There does not appear to be any outstanding issue with the PHDP procurement for the DOH Area Wide Network.

CC: Althea Hill (ALTHEA HILL)
CC: Rama Lakshminarayanan (RAMA LAKSHMINARAYANAN)
CC: Jayasankar Shivakumar (JAYASANKAR SHIVAKUMAR)
CC: Asia ISC Files (ASIA ISC FILES)

(206) A.H, Scheyer
GK, BB
Asia Files

Health Devol. Proj.

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-96-82, 711-95-73
FAX NO. 711-96-73

3 July 1995

MR. J. SHIVAKUMAR
Chief
Population and Human Resources Division
Country Department 1
East Asia and Pacific Region
World Bank
Washington, D.C.

Dear **Mr. Shivakumar**:

Please be informed that in view of the temporary assignment of Dr. Linda L. Milan to the World Health Organization Regional Office in Manila, Assistant Secretary Manuel M. Dayrit has been designated PHDP/CSP Coordinator.

Very truly yours,

JAIME Z. GALVEZ-TAN, M.D., M.P.H.
Acting Secretary of Health

ALSO VIA RESIDENT MISSION

THE WORLD BANK
POPULATION AND HUMAN RESOURCES DIVISION
COUNTRY DEPARTMENT I
EAST ASIA AND PACIFIC REGION
DIRECT FAX NO. (202) 477-1792

FACSIMILE

DATE: June 25, 1995 **NO. OF PAGES: 1**

TO: Dr. Linda L. Milan
Assistant Secretary & PHDP/CSP coordinator
Organization: Ministry of Health
City/Country: Manila Philippines
Fax No: (632) 711 6055

Copy: Dr. Jaime Galvez-Tan
Under-Secretary & Chief of Staff, PHDP Project Director
Organization: Ministry of Health
City/Country: Manila Philippines
Fax No: (632) 711 6055

FROM: J. Shivakumar
Div.: Population & Human Resources Division
Room No.: E 8 047
Tel. No.: (202) 473 4195

SUBJECT/ REFERENCE: **PHILIPPINES: Health Development Project (Ln 3099 - PH)**
Consultancy contract: Multi-Media Center.

Dear Dr. Milan:

Further to the discussion you had with the Task Manager of the above project, Ms. Althea Hill, we have no objection for you to invite the highest ranked consultant, Educational Development center, Inc., U.S.A., and negotiate a contract. After negotiations and prior to signing the final contract, please send the Bank the "draft contract" for review. Ms. Althea Hill has made arrangements with Mr.Efraim Jimenez, Procurement Specialist of the Asia Technical Department, for prompt review of the draft contract.

With best regards,

Sincerely,

J Shiv

J. Shivakumar
Chief
Human Resources Division
Country Department 1
East Asia and Pacific Region

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax. no. listed above.

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cc: Hill (Hotel Philippine Plaza- Fax no. 011 632 832 3485)
Scheyer (Hotel Philippine Plaza- Fax no. 011 632 832 3485),
Lakshminarayanan, Gbangi (EA1HR)
Efraim Jimenez (ASTTP)
Resident Mission, Manila, Philippines.
Divisional Files, Divisional Procurement Files
Asia Information Center

Transmission Authorized By : J. Shivakumar, Division Chief JShiv
Extension : 34195
Dept. : Country Department 1
Division : EA1PH
Room No. : E 8047

V. Vijayaverl V. Vijayaverl
wp51\phil\ln3099\hdp19.phl

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THE WORLD BANK
POPULATION AND HUMAN RESOURCES DIVISION
COUNTRY DEPARTMENT I
EAST ASIA AND PACIFIC REGION
DIRECT FAX NO. (202) 477-1792

FACSIMILE

DATE: June 25, 1995 **NO. OF PAGES:** 2 (including this sheet) **MESSAGE NO.:**

TO: Ms. Althea Hill, Hotel Guest,

Organization: Westin Plaza Hotel
City/Country: Metro Manila, Philippines
Fax No: (632) 832 3485

FROM: V. Vijayaverl
Dept.: Country Department 1
Div.: Human Resources Division, EA1HR
Room No.: E 8 047
Tel. No.: (202) 473 4195

SUBJECT/REFERENCE:
PHILIPPINES: Health Development Project (Ln.3099-PH)

Dear Althea:

Please find the attached, copy of Shiva's letter to DOH

With best regards

V. Vijayaverl

cc. Dr. Scheyer.

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax. no. listed above.

THE WORLD BANK
POPULATION AND HUMAN RESOURCES DIVISION
COUNTRY DEPARTMENT I
EAST ASIA AND PACIFIC REGION
DIRECT FAX NO. (202) 477-1792

FACSIMILE

DATE:	June 25, 1995	**NO. OF PAGES:** 2 (including this sheet)	**MESSAGE NO.:**

TO: Dr. Scheyer, Hotel Guest,

Organization: Westin Plaza Hotel
City/Country: Metro Manila, Philippines
Fax No: (632) 832 3485

FROM: V. Vijayaverl
Dept.: Country Department 1
Div.: Human Resources Division, EA1HR
Room No.: E 8 047
Tel. No.: (202) 473 4195

SUBJECT/REFERENCE:
PHILIPPINES: Health Development Project (Ln.3099-PH)

Dear Stan:

Please find the attached, copy of Shiva's letter to DOH

With best regards

V. Vijayaverl

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax. no. listed above.

VIA RESIDENT MISSION

THE WORLD BANK
POPULATION AND HUMAN RESOURCES DIVISION
EAST ASIA AND PACIFIC REGION
DIRECT FAX NO. (202) 477-1792

DATE: June 7, 1995 **NO. OF PAGES: 1** **MESSAGE NO.:**

TO: Dr. Antonio A. Acosta, Acting Manager, PCU
Organization: Ministry of Health
City/Country: Manila, Philippines
Fax No: (632) 711 95 73

COPY TO: Dr. Jaime Galvez-Tan
Under-secretary & Chief of Staff, PHDP Project Director
Organization: Department of Health, Manila, Philippines
Fax No: (632) 711 6055

FROM: Althea Hill, Sr. Population Specialist (EA1PH)

REFERENCE: **Health Development Project (Ln 3099 - PH)**
Evaluation of the Multi-Media Center Proposal;
Your letter dated June 6, 1995.

Dear Dr. Acosta:

1. Thank you for your letter dated June 6, 1995 on the above subject. We would like to clarify that our letter dated May 25, 1995 was written in consultation with our Regional Procurement Advisor and reflects Bank "Guidelines". Please follow our letter dated May 25, 1995 on the above subject which refers to the relevant sections of the "Guidelines - Use of Consultants by World Bank Borrowers and by The World Bank as executing Agency".

2. You may now open only the financial proposal of the highest ranked consultant, Educational Development Center, Inc., U.S.A. **After your evaluation, please send us your comments on both Technical and Financial proposal together with the financial proposal so that we could then review the technical and financial proposals together and give our comments.** Then, when you have the comments both yours and ours, you may invite the highest ranked firm to negotiate a contract revising the TOR to reflect the said comments.

With best regards,

Althea Hill

Althea Hill
Sr. Population Specialist
Population and Human Resources
Country Department 1
East Asia and Pacific Region

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax. no. listed above.

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cw & cc : A. Hill (EA1HR)

cc: Scheyer (ASTTP), Verzosa (PHN), Capul (Manila), Lakshminarayanan (EA1HR)
Manila Resident Mission, Divisional Files, Divisional Procurement Files

Asia Information Center

Transmission Authorized By	:	J. Shivakumar, Division Chief
Extension	:	34195
Dept.	:	Country Department 1
Division	:	EA1PH
Room No.	:	E 8047

Vijayaverl
hdp18

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Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NOS. 711-95-82; 711-95-73
FAX NO. 711-95-73

Project Coordinating Unit

FAX MESSAGE

6 June 1995

MR. JAYASANKAR SHIVAKUMAR
Chief, Population and Human Resources
Country Department II - Asia Region
World Bank
Washington, D.C.

Attention: Althea Hill
Sr. Population Specialist

Dear Mr. Shivakumar:

We would like to request clarification on two seemingly conflicting communications (fax message of Ms. A. Hill dated 25 May 1995 and E-mail of Dr. Scheyer of 24 May 1995) regarding the evaluation of the Multi-Media Center and how this will affect our compliance with the Guidelines: Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency.

While we appreciate your position, we would still like to suggest that we first negotiate the revision of the technical proposal, if this would not violate any World Bank contracting procedures, before opening the financial proposal since these revisions might significantly affect the financial proposal. Should you be agreeable to our option , we would highly appreciate receiving the "no objection" letter to the technical proposal to enable us to initiate the negotiation process.

Would appreciate receiving your reply soonest possible.

Very truly yours,

ANTONIO A. ACOSTA, M.D., M.P.H.
Acting Manager
Project Coordinating Unit

A L L - I N - 1 N O T E

DATE: 05-Dec-1995 10:55am

TO: ROSENDO CAPUL (ROSENDO CAPUL @A1@MANILA)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: No objection for multimedia contract -- message for Richard

Dear Dodong,

please pass the following message to the PCU.

Dear Dr. Acosta,

With reference to your message of yesterday informing us of your decision to delete the requirement for performance security in the contract for the multimedia centre to be financed under the Philippines Health Development project, this is just to confirm that, as stated in Mr Burmester's letter of November 30, 1995 to you, the World Bank has no objection to the contract now that the performance security provision has been removed. Please proceed with your arrangements to have the contract signed by the Vice-President of EDC.

very best regards

Althea Hill

CC: Stanley Scheyer (STANLEY SCHEYER)
CC: R. GOPALKRISHNAN (R. GOPALKRISHNAN @A1@WBWASH)
CC: Sven Burmester (SVEN BURMESTER)
CC: NIRA SINGH (NIRA SINGH @A1@DELHI)
CC: Gbangi Kimboko (GBANGI KIMBOKO)

A L L - I N - 1 N O T E

DATE: 05-Dec-1995 10:25am

TO: Althea Hill (ALTHEA HILL@A1@WBHQB)

FROM: R. Gopalkrishnan, ASTTP (R. GOPALKRISHNAN@A1@WBWASH)

EXT.: 82912

SUBJECT: RE: letter re multimedia contract

Althea:
Since they have dropped the requirement for performance security, formal no objection may be issued.
Regards
Gopal

A L L - I N - 1 N O T E

DATE: 05-Dec-1995 09:12am

TO: R. GOPALKRISHNAN (R. GOPALKRISHNAN @A1@WBWASH)

FROM: Althea Hill, EA1HR (ALTHEA HILL)

EXT.: 84474

SUBJECT: letter re multimedia contract

FYI. Should I reply by EM simply confirming the no-objection?

Althea

R.V. VIAEN
also this day
12/5/95

Republic of the Philippines
Department of Health

OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND, RIZAL AVENUE, STA. CRUZ, MANILA, PHILIPPINES
TEL. NO. 711-60-60

5 December 1994

MR. SVEN BURMESTER
Chief
Human Resources Operations Division
Country Department 1
East Asia and Pacific Region
World Bank
Washington, D.C.

Dear **Mr. Burmester:**

In response to your letter of 30 November 1995 we wish to inform you that following consultation with our Office of Legal Affairs, we have decided to delete the requirement for performance security under the Multimedia Center Project contract and therefore assume that you no longer have any objection to the said contract.

Considering the above and to facilitate the processing of the contract, we will now request Mr. Joseph Flaherty, Vice-President of EDC who is presently in Manila to sign the contract.

Very truly yours,

ANTONIO N. ACOSTA, M.D., M.P.H.
Acting Manager
Project Coordinating Unit and
Officer-In-Charge, PHDP/CSP