

Summary of the Evaluation Results

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| I. Outline of the Project | |
| Country : The Philippines | Project title : The Project of Strengthening of Local Health System in the Province of Benguet |
| Issue/Sector : Health/Health System | Cooperation scheme : Technical Cooperation |
| Division in charge : JICA Philippine Office | Total cost : 325 million yen as of September 2010 |
| Period of Cooperation : March 2006~March 2011 | Partner Country's Implementing Organization : Department of Health (DOH), DOH-Center for Health Development Cordillera Administrative Region (DOH-CHD CAR), Province of Benguet, Provincial Health Office of Benguet, 13 Municipalities, 13 Rural Health Units, Philippine Health Insurance Corporation |
| | Supporting Organization in Japan : None |
| | Related Cooperation : None |
| 1-1 Background of the Project | |
| <p>The Department of Health (DOH) of the Philippines has been implementing health sector reform with the aim of improving the quality of health services under the decentralization system. The current implementation of health reforms builds upon the lessons and experiences from the major health reform initiatives undertaken in the last 30 years. The Health Sector Reform Agenda (HSRA), conceptualized in late 1990s, aimed to establish effective and efficient health system. <i>FOURmula ONE</i> for Health (F1), initiated in 2005 as the implementation framework of HSRA, has been an attempt to achieve critical reforms with speed, precision and effective coordination directed at improving the quality, efficiency, effectiveness and equity of the Philippine health system. F1, initially started in 16 selected provinces, has expanded to cover the whole nation by 2009.</p> <p>Under the decentralization of the health service delivery, health issues faced in the Province of Benguet were no different from other parts of the country. Inadequate supporting system of quality health services, chronic financial deficit, lack of drugs, ineffective referral system were some of the issues commonly perceived. As such, the Province was included in F1 sites in 2008 and has been implementing the health sector reform since then.</p> | |

¹ As far as the HSRA is concerned, while no major change of policy is expected in the new Government, DOH is currently crafting "Universal Health Care (UHC)" in which Human Resources for Health and Health Information will be added to the four pillars (Service Delivery, Governance, Governance, Regulation and Financing) of F1

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

1-2 Project Overview

(1) Overall Goal: Health Status of the People in the Province is enhanced.

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

(3) Outputs

1. Supporting system of providing quality health services by Rural Health Unit (RHU) is established.
2. Health governance (management) of the Province is strengthened.
3. Financial system of healthcare of the Province is strengthened.
4. Overall drug supply system of the Province is strengthened.
5. Information and experiences of the Project are shared with DOH and other FOURmula one provinces.

(4) Inputs

Japanese side :

Long-term Expert: 0

Equipment: 17,770,954PhP

Short-term Expert: 8 persons (99.83MM) Local cost: 15,715,811PhP

Philippines Side :

Counterpart: 49 members in total

Equipment: N/A

Land and Facilities: Project office space, venues for training and meetings

Local Cost: cost sharing of administrative expenses, salary of technical staff, matching funds for activities

Others: N/A

II. Evaluation Team

| | | |
|----------------------------|--|-------------------------------|
| Members of Evaluation Team | <ol style="list-style-type: none"> 1. Leader, Harumi Kitabayashi, Visiting Senior Advisor, JICA 2. Planning, Yukari Horii, Staff, Health Division III, Human Development Dept, JICA 3. Evaluation Analysis, Akemi Serizawa, Social Development Specialist, Global Link Management, Inc. 4. Evaluation Analysis, Dr. Nicolas Gordo, Medical Specialist IV and Head of Health Facility Development Cluster, Department of Health (DOH) Center for Health Development (CHD), Cordillera Administrative Region (CAR) 5. Evaluation Analysis, Rolando Benitez, Supervising Health Program Officer, Bureau of International Health Cooperation (BIHC), Department of Health (DOH) | |
| Period of Evaluation | September 12 to 27, 2010 | Type of Evaluation : Terminal |

III. Results of Evaluation

1 Achievements

1-1 Outputs

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

It has already been achieved. The number of RHUs which comply with requirements of SS-II certification and PhilHealth accreditations has increased through the training of health staff and provision of equipment. Referral manuals were developed and are utilized, and referral cases are recorded in all health facilities. Monitoring has been conducted quarterly since 2010, and monitoring tools were pilot-tested and are ready to be reproduced shortly.

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

It has also been achieved. The Provincial Investment Plan for Health, the Provincial Annual Health Plan, Inter-local Health Zone (ILHZ) mid-term plans and ILHZ annual operation plans were developed and are reviewed regularly. All four ILHZ are functioning: the board meetings are held regularly to develop and review the plans,

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

It has also been achieved in terms of the indicators. Income from user fees, amount for Maintenance and Other Operating Expenses (MOOE) for health programs, amount of other sources in total health budget, number of PhilHealth enrollment and amount of capitation fund have increased. However, the quality of the financial data is limited and inconsistency and absence of some data hampered the correct analysis. Data on actual expenditure was not obtainable, either.

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

It has also been achieved in terms of stock management at the health facilities as they keep the stock record and take record of number of days of out of stock on the indicator drugs.

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

Experiences from the Project are shared with other provinces through the study tours and Health Partners' meetings in Manila.

1-2 Project purpose

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

| Indicators for the Project Purpose | Baseline | | Achievement | |
|---|---|----|---|--------------|
| | 2005 | | 2010 | |
| Number of RHUs with SS-II certification and PhilHealth Accreditations are increased. | SS-II | 4 | SS-II | 7 |
| | PhilHealth (OPB) | 11 | PhilHealth (OPB) | 13 |
| | PhilHealth (TB) | 7 | PhilHealth (TB) | 12 |
| | PhilHealth (MCP) | 2 | PhilHealth (MCP) | 4 (out of 5) |
| Annual Health Plan is developed in Province and ILHZs based on medium-term Plan for Health. | <u>Provincial mid-term Health Plan</u> : Already in place, with simple situational analysis | | <u>Provincial mid-term Health Plan</u> : Revised as PIPH with detailed situational analysis (2008) | |
| | <u>Provincial Annual Health Plan</u> : Already in place, but not based on ILHZ plans | | <u>Provincial Annual Health Plan</u> : Plan for the year 2010 was developed based on PIPH and ILHZ plans. | |
| | <u>ILHZ Mid-term Plan</u> : Already in place, but with no subsequent revision and virtually dormant | | <u>ILHZ Mid-term Plan</u> : Revised with thorough situation analysis and incorporated in the PIPH | |
| | <u>ILHZ Annual Operation Plan</u> : Non existent | | <u>ILHZ Annual Operation Plans</u> : Since 2008, developed annually. | |
| Total health budget is increased. | P 167,539,543.43 | | P 255,667,687.22 in 2009 (53% increase) | |
| Total number of days out of stock for indicator drugs is decreased. | 8.9days (average of 6 facilities) | | 4.4days (average of all 19 facilities) | |

Source: End-line survey report July 2010

The Project Purpose has been achieved in terms of the indicators. Other aspects that are not captured by the indicators are as follows:

1) Institutionalization of the project outcomes

The capability of health facilities to provide quality of services is confirmed by the SS-II certification and PhilHealth accreditations that are renewed every year. Upgraded referral systems and monitoring systems are already in place, while close follow-up should be required.

The provincial and ILHZ plans are implemented and monitored regularly by the Province and ILHZs.

The indicator about “increase of health budget” does not say how it is utilized, and the Project does not look at the expenditure and specific items of expenditure.

2) Improvement of service delivery

The health staff perceives that the service delivery has been improved. Clients keep coming and the number of clients has increased, as they know they can receive good services as there are capable staff, equipment and drugs available.

2 Summary of Evaluation

(1) Relevance

Project design is relevant in view of consistency with national and local policies, Japan's cooperation policies and the needs of the target groups.

One of the purposes of the health sector reform policy of the Philippines is strengthening local health systems in the process of decentralization. The four Outputs of the Project match the four pillars of the FOURmula one strategy of the Health Sector Reform Agenda.

Having faced to the fragmentation of health services in the process of decentralization, local governments and health facilities felt necessity for revitalized district health systems.

The Project is coherent with the Japan's Country Assistance Program for the Philippines and JICA's Country Assistance Strategy, in which a focus is placed on strengthening of local health systems.

(2) Effectiveness

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

The change of the government in 2010 did not affect the government health policy, and the leadership transition in local government was also smooth. Under the strong leadership and commitment of the Provincial Governor, the Local Chief Executives participated in the project management and decision making effectively, which contributed to the success of the Project.

(3) Efficiency

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

(4) Impact

It is not possible to measure to what extent the Overall Goal has been or would be achieved. The reliability of the data is in question. Hence it was recommended that the Overall Goal be changed to "improvement of service delivery" and appropriate indicators identified.

A positive impact of the Project is strengthened relationship with government and private hospitals/clinics in the municipalities through the process of improving the referral system.

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

(5) Sustainability

Annex 1: PDM Strengthening of Local Health System in the Province of Benguet Project in the Republic of Philippines

| Narrative Summary of the Project | Objectively Verifiable Indicators | Means of Verification | Assumptions |
|--|--|---|---|
| <p>Over all goal</p> <p>Health status of the people in the Province of Benguet is enhanced.</p> | <ul style="list-style-type: none"> Infant Mortality Ratio, Maternal Mortality Rate, Infection rate to TB and child malnutrition rate are decreased. | <ul style="list-style-type: none"> RHU annual reports PHO annual reports DOH documents | <ul style="list-style-type: none"> Natural disaster will not disturb to accessibility of the people and provision of service by providers. |
| <p>Project purpose</p> <p>Quality of health services in the Province of Benguet is improved.</p> | <ul style="list-style-type: none"> EPI rate, delivery attended by skilled birth attended and completion of TB treatment are increased Evaluation by Formula One project indicator is done | <ul style="list-style-type: none"> RHU annual reports PHO annual reports Clients satisfaction survey results | <ul style="list-style-type: none"> Trained counterpart will stay at positions. No major change on national health policies and standards on SS and PHIC occurred. |
| <p>Outputs</p> <ol style="list-style-type: none"> Supporting system of providing quality health services by Rural Health Unit (RHU) is established. Health governance (management) of the province is strengthened. Financial system of healthcare of the province of Benguet is strengthened. The sustainable drug supply system is reviewed. Feedbacks and recommendation made to Department of Health and to Formula One implemented provinces for promoting coordination and information sharing. | <ul style="list-style-type: none"> Accreditation form DOH and PhilHealth will increase form 1 to 13. Provincial Health Plan is revised. Number of PhilHealth participation is increased. Situation analysis of drug availability is done. Number of publishing newspaper, number of visitors visit from other conversion site is increased. | <ul style="list-style-type: none"> Minutes of meeting of PTC DOH documents PHIC documents RHU annual reports PHO annual reports Municipal annual reports Provincial annual reports | <ul style="list-style-type: none"> No measure change of policy and health financing of the Benguet occurs. Sufficient human resources available for taking accreditation of the DOH and PhilHealth. |

Regarding the policy aspect, the health sector policy in the Philippines is likely to continue giving a priority to strengthening of the local health systems.

Concerning the institutional aspect, the strong leadership of the Governor and the democratic process of decision-making are a positive sign of sustainability. The changes of the leaders in the future might pose challenges to the sustainability of project outcomes. Ownership of and participation in the Project of the Philippine members have been derived from the perceived need to work together in the ILHZs to discuss issues of common interest. However, ILHZs have varied degree of perceived needs for collaboration due to different conditions of the four ILHZs. Declining interest of some ILHZ constituents is a risk factor to the sustainability of ILHZs. Most staff members are likely to stay in the province, while turnover of a minimal scale has already been experienced and may continue.

In terms of finance, the budget to sustain the outcomes of the Project is likely to be secured after the end of the project period as the Philippine side has been sharing the cost of the project activities and the leaders would allot appropriate budget to the health sector as long as they are interested in the health sector.

Regarding the technical aspect, the health staff would keep the same level of capacity that has been upgraded through the training provided by the Project.

3. Factors that promoted realization of effects

(1) Factors concerning to Planning

N/A

(2) Factors concerning to the Implementation Process

1) The Governor has been committed to strengthening local health systems and has provided support in various forms such as provision of matching fund to ILHZ Common Health Trust Fund and sharing PhilHealth premium for sponsored members. The local government executives and health staff have been convinced to participate actively in the Project.

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

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

4. Factors that impeded realization of effects

(1) Factors concerning to Planning

N/A

(2) Factors concerning to the Implementation Process

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

5. Conclusion

The Project has been successful in terms of the improved indicators. The working mechanism of the Provincial and Municipal stakeholders, though not captured by the project indicators on PDM, is a most remarkable outcome of the Project.

6. Recommendations

1) Sustainability of ILHZs

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

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

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

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

3) Commitment and Support of Local Chief Executives

Under the decentralized government system, the commitment to and ownership of the health system reform by the Local Chief Executives (LCEs) and other political leaders is vital to the sustainability of the achievement of the Project.

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

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

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

5) Documentation

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

6) Strengthening of relevant financial information system

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

7) Modification of the Overall Goal

In the current PDM, the Overall Goal is expressed as “the health status of the people in the Province is enhanced” with the indicators described as “infant mortality rate, maternal mortality rate, incidence rate of non-communicable diseases and incidence rate of communicable diseases are decreased”. Although those indicators are relevant to the ultimate goal of the health system as a whole, there are many external factors to influence the indicators other than the project achievements.

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

The TWG and JICA experts are requested to identify the appropriate indicators and come up with the baseline figures by February 2011.

7. Lessons Learned

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

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

2) Investment in quality data collection and analysis

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