

Country Name	The Project on the Strengthening of Local Health System in the Province of Benguet
Republic of the Philippines	

I. Project Outline

Background	<p>In the Philippines, the FOURmula One for Health (F1) was initiated in 2005 as an implementation framework of the Health Sector Reform Agenda (HSRA). F1 was aimed at establishing efficient and effective health system under the decentralized system of governance. Designed to improve quality, efficiency, effectiveness and equity of the health system in the country, F1 initially started in 16 selected provinces in 2005 and later implemented in all 81 provinces in the country by 2009. The Province of Benguet was selected for F1 implementation in 2008 and organized its Municipalities and District Hospitals into Inter-Local Health Zones (ILHZs) to improve the province's health referral system and to allocate resources efficiently, such as health staff, medical equipment and drugs among the health institutions under each ILHZ. However, the province was faced with several health governance issues, such as insufficient budget, limited health insurance participation, inadequate drug management, and insufficient quality of health services and its capability to address such issues was limited.</p>						
Objectives of the Project	<ol style="list-style-type: none"> Overall Goal: Health Status of the people in the Province is improved through better health service delivery. Project Purpose: Local health system is strengthened to improve quality of health service in the Province of Benguet. 						
Activities of the project	<ol style="list-style-type: none"> Project site: Province of Benguet Main activities: <ol style="list-style-type: none"> Development of service implementation plan, the Provincial Investment Plan for Health and drug procurement plan; 2) trainings to receive Sentrong Sigla-II (SS-II)* certification by the Department of Health (DOH) and the Philippines Health Insurance Company (PhilHealth) accreditations**, and trainings of management skills and drug inventory management; 3) advocacy/publicity activities for promoting insurance participation; and 4) dissemination of information¹ by accepting study tours, publishing newsletter and updating the project's website. <p>* SS II is a quality improvement initiative through a certification/recognition issued by the Department of Health. Health facilities are certified based on a set of standards. The system was stopped in 2011.</p> <p>**In a process to obtain PhilHealth accreditations, the qualifications and capabilities of health care facilities are verified in accordance with the guidelines, standards and procedures set by PhilHealth.</p> Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Japanese Side <ol style="list-style-type: none"> Experts: 9 persons Trainees received: 19 persons Equipment: IEC equipment, copy machine, PCs, medical equipment, ambulances, monitoring vehicles, and so on. </td> <td style="width: 50%;"> Filipino Side <ol style="list-style-type: none"> Staff allocated: 51 persons Land and facilities: spaces for trainings and meetings Travel expenses and per diem, cost for renovation of medical facilities </td> </tr> </table> 					Japanese Side <ol style="list-style-type: none"> Experts: 9 persons Trainees received: 19 persons Equipment: IEC equipment, copy machine, PCs, medical equipment, ambulances, monitoring vehicles, and so on. 	Filipino Side <ol style="list-style-type: none"> Staff allocated: 51 persons Land and facilities: spaces for trainings and meetings Travel expenses and per diem, cost for renovation of medical facilities
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Ex-Ante Evaluation	2006	Project Period	March 2006 to March 2011	Project Cost	372 million yen		
Implementing Agency	Provincial Government of Benguet and Provincial Health Office (PHO)						
Cooperation Agency in Japan	System Science Consultants Inc.						

II. Result of the Evaluation

1 Relevance
<p>This project had been highly relevant to the Philippines' development policy and the development needs at the time of both ex-ante and project completion. It is consistent with the policy of "establishing efficient and effective health system under the decentralized set up of governance". This is expressed in policy documents including F1 (2005) and Kalusugan Pangkalahatan (Universal Health Care) (2010).² It is also consistent with the development needs of strengthening the local health system in the Province of Benguet. It was likewise consistent with Japan's policy at the time of ex-ante evaluation, which are the Country Assistance Plan for the Philippines (2000) and the Country Assistance Policy for Health and Medical Services (2004), both supporting the medical and health services targeting the poor population. Therefore, relevance of this project is high.</p>
2 Effectiveness/Impact
<p>The project aims to strengthen local health system in the Province of Benguet in order to deliver better health service for the people in the Province through the following activities: revising and updating mid-term and annual health plans at both</p>

¹ This activity was implemented in collaboration with DOH and the Center for Health Development of the Cordillera Administrative Region (CHD-CAR; the DOH representative office in the Region).

² In 2005, F1 was launched as the new health sector reform implementation framework. Universal Health Care (UHC), also referred to as Kalusugan Pangkalahatan (KP), was launched in 2010 to aim to ensure that every Filipino shall receive affordable and quality health benefits.

provincial and Inter-Local Health Zone (ILHZ) levels; establishing a system of providing quality health services at Rural Health Units (RHUs)³; advocacy activities for health insurance participation to increase payment from PhilHealth to health facilities; and strengthening drug stock management.

The Project Purpose was achieved at the time of project completion. Nine of 13 RHUs in the Province received SS-II certification and/or PhilHealth Accreditation which endorse fulfillment of quality standard of health service. Also, the annual health plans at the provincial and the ILHZ levels were prepared based on the mid-term plans. In addition, the total health budget of the Province, including budget of the Municipalities (LGUs: Local Government Units) increased during the project period. Moreover, the drug supply management system of the Province has been improved by maintaining stock record as well as record of days-out-of-stock.

Those project effects have been sustained after the project completion. The number of the RHUs that have the PhilHealth Accreditation increased, while SS-II certification ceased in 2011⁴. All the 13 RHUs are still continuously practicing IMCI (Integrated Management of Child Illness). The number of pregnant women having prenatal health check-ups and the number of parturient women having postnatal health check-ups also increased. Health facilities continuously record patient referrals, and the referral records are monitored by ILHZ and PHO. PHO continues to prepare the annual and mid-term health plan, and each ILHZ prepares ILHZ Work and Financial Plan every year. The health budget has increased to more than 300 million pesos after the project completion, partly because of the increased financial support from the Provincial Government for payments of PhilHealth premiums of sponsored indigent families. As a result of continuous advocacy activities for health insurance participation, the number of households insured by PhilHealth increased from 90,612 households in 2010 to 140,717 households in 2014. As to the drug supply management, the average number of days-out-of-stock continuously decreased mainly due to the improved procurement process. However, some health facilities do not maintain stock records on some of the indicator drugs.

For the Overall Goal, it is difficult to verify contribution of the project effects to improvement of Infant Mortality Rate and Maternal Mortality Ratio, while services for mothers and children have been improved as described above. The number of outpatients at the 6 provincial hospitals rather decreased from 143,000 in 2009 to 123,000 in 2013 because the RHUs' capability for health service delivery has improved and patients often go to RHUs instead of going to the hospitals. The number of deliveries at RHUs and hospitals have been decreasing since 2012 partly as a result of increasing number of deliveries at Barangay Health Stations (BHSs) whose capacity for health service delivery was also improved by the implementation of the JICA Technical Cooperation "the Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services" (2012-2017). As a result, the facility based delivery rate considerably improved from 65 in 2009 to 81 in 2013. Further, and in connection to the indicators set forth in the project purpose, the number of tuberculosis (TB) patients under Direct Observed Therapy, Short-Course (DOTS) has increased since 2011. There was no negative impact brought about by the project.

Therefore, effectiveness/ impact of the project is high.

Achievement of project purpose and overall goal

Aim	Indicators	Results				
(Project Purpose) Strengthening local health system to improve quality of health service in the Province of Benguet	[Health Service] Indicator1: Number of RHUs with SS-II certification and PhilHealth Accreditation are increased. (All 13 RHUs will be SS-II certified and PHIC OPB (Outpatient Package) and TB-DOTS (Tuberculosis Package) accredited and number of RHUs with PHIC MCP (Maternal Care Package) accreditation will be increased from 2 RHUs in June 2006)	(Project Completion) Achieved.				
			2006 (baseline)	2010 (completion)	2014 (Ex-post Evaluation)	
		No. of RHU with SS-II certification	4	9	11*	
		No. of RHU with PhilHealth Accreditation	OPB	11	13	13
			TB	7	12	13
			MCP	2	4	10
		(*) SS-II certification ceased in 2011. (Ex-post Evaluation) See above table.				
	[Governance] Indicator2: Annual Health Plan is developed in Province and ILHZs based on medium-term Plan for Health*	(Project Completion) Achieved				
		- Province: Provincial Annual Health Plan for the year 2010 was prepared based on the Provincial Investment Plan for Health (PIPH, the Provincial Mid-term Plan, revised by the project in 2008) and the ILHZ Mid-term Plan (revised by the project in 2007).				
	*Strategic provincial/ILHZ health plans are medium term (around 5 years) plans on health	- ILHZ: Annual Operation Plans in line with the ILHZ Mid-term				

³ Provincial Health Office (PHO), under the provincial government, coordinates/supervises health service delivery provided by municipalities including provincial hospitals providing tertiary medical care services. Rural Health Units (RHU), also called Main Health Units, are run by the Municipal Health Office (MHO) of the municipal government (City Health Office in the case of city government). RHUs, where a team of doctor, nurse, midwives and medical technologist station, normally provide primary medical care services. MHOs coordinate health care service delivery between RHUs and Barangay Health Stations (BHS) which are located in each of the barangay, the smallest administrative division. BHS provides basic primary medical care services through the midwives (and sometimes with nurses) and refers patients to RHUs or municipal/city hospitals requiring higher level of medical care. Barangay governments provide the services of the Barangay Health Workers (BHWs) and volunteers to BHS.

⁴ In the past, PhilHealth required the SS-II certification for Out-Patient Benefit (OPB) package which was renamed Primary Care Benefit [PCB] package in 2012) accreditation, but such precondition (obtaining SS-II certification) became unnecessary. Thus, one of the benefits of stopping SS-II certification is that accreditation of PCB becomes faster and simpler.

	based on which annual health plans are developed.	Plan had been developed and implemented from 2008. (Ex-post Evaluation) - The Provincial Annual Health Plan and ILHZ Work and Financial Plan are prepared every year since the project completion. ILHZ Mid-Term Plans are not prepared anymore, but PIPH comprises mid-term activity plans of each ILHZ.																		
	[Finance] Indicator3: Total health budget** is increased (baseline: 156 million pesos in 2005) ** Total Health Budget (budget of all the public health facilities in the Benguet province) consists of health budget from LGU, income from PhilHealth affiliation fee and retained user fee from patients.	(Project Completion) Achieved <table border="1"> <thead> <tr> <th>2005 (baseline)</th> <th>2010 (project completion)</th> <th>2012</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>167.5 million pesos*</td> <td>310.3 million pesos</td> <td>371 million pesos</td> <td>308 million pesos</td> </tr> </tbody> </table> (*)The baseline data indicated in the PDM for the total health budget in 2005 was 156 million pesos. (Ex-post Evaluation) See above table.	2005 (baseline)	2010 (project completion)	2012	2013	167.5 million pesos*	310.3 million pesos	371 million pesos	308 million pesos										
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	[Drug Supply System] Indicator4: Total number of days out of stock for indicator drugs*** is decreased. *** Five indicator drugs are: 1) Paracetamol 500mg tablet, 2) Amoxicillin 500mg capsule, 3) Metoprolol 50mg tablet, 4) Co-trimoxazole 800/160mg tablet, 5) Co-trimoxazole 400/80mg tablet.	(Project Completion) Achieved [Monthly average per drug per facility] <table border="1"> <thead> <tr> <th>2007 (Jul-Sep) (baseline)</th> <th>2010 (Oct-Dec) (project completion)</th> </tr> </thead> <tbody> <tr> <td>8.9 days</td> <td>4.9 days</td> </tr> </tbody> </table> (Ex-post Evaluation) Decreased. <table border="1"> <thead> <tr> <th>2011</th> <th>2012</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>3.7 days</td> <td>2.1 days</td> <td>1.0 days</td> </tr> </tbody> </table>	2007 (Jul-Sep) (baseline)	2010 (Oct-Dec) (project completion)	8.9 days	4.9 days	2011	2012	2013	3.7 days	2.1 days	1.0 days								
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Source : Project Completion Report, Interviews with counterparts and questionnaire survey results at the time of ex-post evaluation

3 Efficiency

The project cost and the project period were both within the plan (ratio against the plan: 98% and 100%). Therefore, efficiency of the project is high.

4 Sustainability

In the policy aspect, there is no significant change in the health sector policies to promote enhancement of local health system as set in the Universal Health Care (2010) and the PIPH 2014-2016. SS-II certification was ceased in 2011 because it was replaced by Philhealth accreditation system which is more in line with the current thrust of the DOH⁵.

Institutionally, there is no significant change in the structure of health administration in the Province. The PHO structure remains the same and the ILHZs have been functioning as zonal health system, which contributes to enhancing referral system between RHUs and hospitals and drug supply system. In addition, all the 13 RHUs maintain the PhilHealth accreditation, which means that the RHUs are performing based on the national health service standards. While the number of staff of RHUs is fluctuating, and they only hire temporary staff as the need arises, the number of health staff of PHO and health facilities is sufficient to promote and manage health services.

In the technical aspect, the technical skills of administration staff at PHO and ILHZ are continuously upgraded through trainings on health program/project management including monitoring and evaluation. Health personnel and technical staff at RHUs and District Hospitals also have opportunities for trainings on health service delivery, hospital administration and drug supply management. The health workers have sufficient skills in operation and maintenance of equipment and facilities even though no training opportunities on this aspect were provided. A trained PHO staff assists the health workers in the maintenance of their equipment. PHO continuously updates and utilizes manuals and guidelines on ILHZ monitoring as well as PHO monitoring guidelines that were improved by the project.

As for the financial aspect, the Provincial Government has secured the annual health budget of 223 million pesos in 2011, which increased to 370 million pesos in 2013, for operation and activities of PHO, ILHZ, and District Hospitals. The financial sources established through the project were maintained, and the total health budget is increasing annually. It is sufficient to

⁵ The current thrusts of the DOH are the following: (1) to improve financial risk protection (2) to improve access to quality health care facilities and (3) to achieve health related Millenium Development Goals (MDGs) to reduce child mortality and improve maternal health. [It is expected that both MDGs are achieved through implementation of the Basic Emergency Obstetric & Newborn Care.]

cover necessary costs for maintenance of health facilities and equipment, drug procurement, and provision of trainings for health service providers.

From these findings, it is considered that there is no problem in sustaining project effects. Therefore, sustainability of the project effects is high.

5 Summary of the Evaluation

This project has achieved the project purpose and mostly achieved the overall goal through improvement of quality of health services thus contributing to the improvement of health status of the people in the Province of Benguet. As for sustainability, the national health reform program has endorsed the continued promotion of local health system strengthening and sufficient budget to sustain the health administration and the health service delivery has been secured. Also, the administrative and technical staff of the Province are continuously upgrading their skills through regular training activities.

In light of the above, this project is evaluated to be highly satisfactory.

III. Recommendations & Lessons Learned

Recommendation for Implementing agency:

[To PHO]

It is recommended that PHO updates the ILHZ Monitoring Guidelines and Tools to make them more useful for ILHZ planning. After the project completion, indicators such as facility-based deliveries (FBD), maternal care and TB referral were officially added as the priorities of DOH. Therefore, it is desirable to update the ILHZ Monitoring Guidelines and Tools to contain those additional indicators and to reflect results of the monitoring on the ILHZ plans. For such updating, PHO utilize ILHZ point-persons who are conversant of the details of the existing ILHZ Monitoring Guidelines and Tools.

Recommendation for JICA:

[To JICA and the Department of Health, Cordillera Administrative Regional Office (DOH-CARO)⁶]

As one of the project outputs, the project shared the information and experience of the project with other provinces in collaboration with DOH and the CHD-CAR⁷. At the time of ex-post evaluation, the DOH-CARO is implementing “the Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services” (2012-2017), which is supported by JICA, in Cordillera Administrative Region (CAR). It is recommended that the DOH-CARO continues to invite lecturers from PHO, District Hospitals and RHUs to share experiences of the project in trainings and seminars related to local health system strengthening in Benguet province with other provinces in CAR or even outside CAR, as appropriate.

Lessons learned for JICA

In improving the local health systems, it is important to include activities and outputs that promote cooperation among local authorities at different administration levels. Activities that promote collective pooling of local resources for health services will result in more efficient use of limited resources and improved referral system despite political differences of local leaders. In this project, the ILHZ played such coordination role and contributed to the collective activities among different administration levels.



(Patients line up in the treatment room of Buguias RHU)



(Stock of drugs are appropriately labelled in Abatan Emergency Hospital)

⁶ The name of the Center for Health Development of the Cordillera Administrative Region (CHD-CAR) was changed to DHO-CARO in 2014.

⁷ Being the DOH representative office in the Region, the DOH-CARO (previously known as CHD-CAR) is providing technical assistance to health workers of LGUs in addition to securing national standards of health services in the countryside.