SUPPORT TO CAPACITY BUILDING AND KNOWLEDGE MANAGEMENT

Prepared by the Health Policy Development Program

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Acronyms and Abbreviations

APIS	Annual Poverty Indicator Survey
AYRH	adolescent and youth reproductive health
BAC	Bids and Awards Committee
BFA	Budget and Financial Planning Associate
BFAD	Bureau of Food and Drug
BIHC	Bureau of International Health Cooperation
CA	coordinating agencies
CESO	Career Executive Service Officer
CHD	Center for Health Development
CHT	Community Health Team
CSC	Civil Service Commission
DAP	Development Academy of the Philippines
DCPB	Disease Control and Prevention Bureau
DOH	Department of Health
FAP	Foreign Assisted Project
FHO	Family Health Office
FIES	Family Income and Expenditure Surveys
FP	family planning
FP/MNCHN	family planning/maternal, neonatal, and child health and nutrition
FPS	Family Planning Survey
GAA	General Appropriations Act
GPPB	Government Procurement Policy Board
HHRDB	Health Human Resource Development Bureau
HPA	Health Policy Associate
HPDP	Health Policy Development Program
HPDPB	Health Policy Development and Planning Bureau

HPF	Health Policy Fellows
HPFRD	Health Policy, Finance, and Research Development
HSR	Health Sector Review
IMPACT	Innovations and Multi-sectoral Partnerships to Achieve Control of TB
IRR	Implementing Rules and Regulations
KII	key informant interviews
KPIP	KP/UHC Institutional Platform for Strategic Management
KPOM	KP Operations Monitoring
KP/UHC	*Kalusugan Pangkalahatan*/Universal Health Care
LGU	local government unit
M&E	monitoring and evaluation
MDG	Millennium Development Goals
MIC	middle-income countries
NCDPC	National Center for Disease Prevention and Control
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NGO	non-governmental organization
NSO	National Statistics Office
OSEC	Office of the Secretary of Health
PhilHealth	Philippine Health Insurance Corporation
PHTL	Provincial Health Team Leader
PNHA	Philippine National Health Accounts
POPCOM	Commission on Population
PPP	public-private partnership
PPRL	Policy Planning Research and Legislative

RD	Regional Director
RH	reproductive health
RO	Regional Office
RPRH	Responsible Parenthood and Reproductive Health Act
RRH	Research Reference Hub
RRHEB	Research Reference Hub Executive Board
SCBKM	Support to Capacity Building and Knowledge Management
SDN	service delivery network
SEIP-TF	Support to the Establishment of an Institutional Platform Task Force
SFO	Support to Field Operations
SIRME	Support to Implementation Research, Monitoring, and Evaluation
SOH	Secretary of Health
SOW	scopes of work
SPRF	Support to Policy, Regulation, and Financing
TB	tuberculosis
TOR	terms of reference
TWG	Technical Working Group
UPSE	University of the Philippines School of Economics
UPVFI	University of the Philippines Visayas Foundation, Inc.
USAID	United States Agency for International Development

Executive Summary

The Support to Capacity Building and Knowledge Management (SCBKM) group of the Health Policy Development Program (HPDP) provided assistance to the Department of Health (DOH) in managing interventions designed to build up and sustain capacity to manage information, scale up reform implementation, and address future strategic policy issues of the health sector, especially in the policy formulation process of scaling up the *Kalusugan Pangkalahatan*/Universal Health Care (KP/UHC) program.

The HPDP, though the SCBKM, proposed and implemented capacity building activities that built on the strengths of the organization, particularly in health policy development and assessment, with the aim of supporting the DOH. The HPDP SCBKM set out to:

1. Establish an Institutional Platform for the KP/UHC;
2. Provide interim support to the Office of the Secretary of Health (OSEC) on KP/UHC strategic thrusts, such as for drafting the Implementing Rules and Regulations of the Responsible Parenthood and Reproductive Health Act (RPRH IRR);
3. Develop a training design and conduct of short courses on contracting for staff members of the DOH Regional Offices (ROs), formerly called the Centers for Health Development (CHDs);
4. Develop and test a protocol to assess the skills and training needs of family planning/maternal, neonatal, and child health and nutrition (FP/MNCHN) point persons, DOH representatives, and Provincial Health Team Leaders (PHTLs);
5. Deploy Health Policy Associates (HPAs); and
6. Create a web-based repository of FP/MNCHN policies and issuances for public access.

The HPDP tapped into different advancements during the Presidency of Benigno S. Aquino III (referred to here as "the Aquino Administration") to propel its capacity building activities in support of the DOH. For one, the Aquino administration promoted public-private partnerships (PPPs), most notably in the development of public health facilities. The General Appropriations Act (GAA) of 2011 also allotted bulk of the DOH budget to the Regional Offices (ROs), in support of boosting maternal and child healthcare services in line with the Millennium Development Goals (MDGs).

It was also during the Aquino administration that both the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 and the Sin Tax Law were passed, which opened up opportunities for the HPDP to work with different DOH offices, units, and attached agencies in the drafting of health policies and Implementing Rules and Regulations (IRRs).

The HPDP assessed the conditions for and proposed a plan to establish an Institutional Platform for the Strategic Management of the KP/UHC (KPIP). However, the KPIP was not permanently put in place due to lack of time and limited resources, including bureaucratic constraints to the creation of a new unit at the DOH. Moreover, the proposal to establish the Health Policy Development and Planning Bureau (HPDPB) as the Institutional Platform was not vigorously pursued in light of the huge requirement to enhance the bureau's existing staff capacity.

While the proposal to establish the KPIP was being considered, the HPDP SCBKM continued to provide interim support to the Office of the Secretary (OSEC), particularly in the drafting of the RPRH IRR and in other policy matters. Health Policy Associates (HPAs) were likewise deployed in units other than the OSEC to assist in policy development and implementation, and to transfer skills in data management, policy analysis, and monitoring and evaluation to existing staff members. From January to September 2013, there were 11 HPAs engaged with the HPDP under the program, all of whom were medical doctors with different specializations.

The HPDP was also able to develop and conduct a short course on procurement planning and contracts management for the budget officers of the DOH ROs. In three training workshops held between December 2014 and September 2015, a cohort of 22 DOH regional staff members from 11 Regional Offices (ROs) and other Coordinating Agencies (CAs) participated in the further development of the short course and materials.

To develop the skills of health professionals in policy analysis and development, the HPDP also conducted a series of summer workshops on policy analysis. A total of three training workshops held between 2012 and 2014, were developed to encourage new graduates and young professionals to work in health research and policy analysis. A total of 56 participants attended the three workshops, most of whom were fresh graduates, research assistants, and young medical doctors.

Over the course of the implementation of the proposed capacity building activities, however, there were other local and national events that posed challenges to the programs. For one, the changing administration and leadership within the DOH in 2014 affected the implementation and continuation of some projects. On top of this, working with the DOH Central Office and Regional Offices (ROs) surfaced various bureaucratic barriers and issues that typically arise during the course of inter-agency and public-private partnerships.

In order to minimize resistance from staff members in the future, the HPDP proposed that any form of technical assistance provided be institutionalized within the DOH. And when coming up with proposals for capacity building activities in the future, it is recommended that the HPDP should be more forward-looking and anticipate the different scenarios that can happen during the course of program implementation.

1.0 Introduction

The Health Policy Development Program (HPDP) is a five-year health policy project of the United States Agency for International Development (USAID), implemented by the UPecon Foundation, Inc. from 2012 to 2017. It supports the Department of Health (DOH) in the policy formulation process of scaling up the *Kalusugan Pangkalahatan*/ Universal Health Care (KP/UHC).

The program's main goal is to strengthen and support the policy and financing environment for family planning/maternal, neonatal, and child health and nutrition (FP/MNCHN) and tuberculosis (TB) interventions to enable the Philippines to achieve its health-related Millennium Development Goals (MDGs), as well as to expand and sustain its KP/UHC initiative.

To achieve this goal, the HPDP organized itself into four groups designed to deliver different forms of technical assistance to build the capacity of the DOH:

1. The **Support to Field Operations (SFO)** manages and delivers technical assistance on policy, regulation, and financing concerns to the DOH Operations Clusters and Centers for Health Development (CHDs) to address scale-up problems of family planning/maternal, neonatal, and child health and nutrition (FP/MNCHN) and tuberculosis (TB) interventions.
2. The **Support to Policy, Regulation, and Financing (SPRF)** provides assistance to the DOH Central Office including technical clusters, bureaus, the Philippine Health Insurance Corporation (PhilHealth), and other attached agencies in removing policy, regulatory, and financial barriers that impede the flow of resources for FP/MNCHN and TB interventions.
3. The **Support to Implementation Research, Monitoring, and Evaluation (SIRME)** assists the DOH in monitoring the progress and evaluating the impact of interventions aimed at improving FP/MNCHN and TB health outcomes, and in conducting implementation research on possible solutions to scale-up problems.
4. The **Support to Capacity Building and Knowledge Management (SCBKM)** provides assistance to the DOH in managing interventions designed to build up and sustain capacity to manage information, scale up reform implementation, and address future strategic policy issues of the health sector, specifically:
    1. Establish of an Institutional Platform for the KP/UHC;
    2. Provide interim support to the Office of the Secretary of Health (OSEC) on KP/UHC strategic thrusts, such as for drafting the Implementing Rules and Regulations of the Responsible Parenthood and Reproductive Health Act (RPRH IRR);

3. Develop a training design and conduct of short courses on contracting for staff members of the DOH Regional Offices (ROs), formerly called the Centers for Health Development;
4. Develop and test a protocol to assess the skills and training needs of family planning/maternal, neonatal, and child health and nutrition (FP/MNCHN) point persons, DOH representatives, and Provincial Health Team Leaders (PHTLs);
5. Deploy Health Policy Associates (HPAs);
6. Create a web-based repository of FP/MNCHN policies and issuances for public access.

This technical report discusses the products and accomplishments of the HDPD SCBKM.

1.1 HPDP SCBKM by the Numbers

Over the course of the project's five-year implementation, and in spite of setbacks, the HDPD SCBKM was able to yield the following outcomes:

The HPDPB as an Institutional Platform for Support to the Department of Health (DOH)

- 1 Assessment of the HPDPB staff conducted to determine capacity
- 1 Assessment of the Research Hub as part of the Institutional Platform

Short Course on Procurement Planning and Contracts Management

- 3 modules developed as part of the short course materials; each module has a Participant's Workbook and a Facilitator's Guidebook, and PowerPoint Slides to conduct the lectures
- 3 five-day workshops conducted to train a cohort of regional staff while enhancing the materials
- 1 five-day workshop for the ROs not able to send participants to the first run
- 22 regional participants completed the three modules of the short course
- 21 regional participants completed only the first module
- 2 roll-out training workshops on Module One were conducted for DOH RO IV-A and RO VI
- 30 participants from DOH RO IV-A

- 15 participants from DOH RO VI
- 3 participants from the University of the Philippines - Visayas Foundation, Inc. during the DOH RO-VI workshop

Technical Exchange

- 93 Health Policy Fellows
- 11 Health Policy Associates

Mentoring and Coaching

- 14 SFO and SPRF products assisted
- 3 Health Policy Associates deployed

Summer Workshops on Policy Analysis

- 3 training workshops conducted
- 22 participants in 2012, mostly young professionals and new graduates
- 20 participants in 2013, including from government agencies
- 11 participants in 2014, mostly young medical doctors

2.0 Support to the Establishment of an Institutional Platform

Key to the development of effective policy reform for the KP/UHC is the ability to harness credible, readily-available, and sustainable resources of analytical information and evidence to support the strategic management and implementation of the KP/UHC by the Department of Health (DOH), the Philippine Health Insurance Corporation (PhilHealth), other attached agencies, and local government units (LGUs).

The Health Policy Development Program (HPDP) supported the capacity building activities of the Department of Health (DOH) towards the development of an Institutional Platform for the Secretary of Health. The HPDP commissioned a Support to the Establishment of an Institutional Platform Task Force (SEIP-TF) to establish an Institutional Platform in June 2013.

The Task Force commissioned by the HPDP recommended a hybrid model built on closely interacting components, with options for the long and short term, to address all the information and intelligence needs of the KP/UHC program.[1]

Among the Task Force's recommended options for the short and medium terms is a strengthened DOH capacity for outsourcing and contracts management, especially in the HPDPB, the National Center for Disease Prevention and Control (NCDPC), and the Centers for Health Development (CHDs). For the long term, the Task Force recommended the establishment of a stronger HPDPB, with fully-trained technical staff members fulfilling portfolio management and research fund management responsibilities.

In assessing the various models of institutional platforms, the SEIP-TF used an assessment tool to study international and local models. The SEIP-TF conducted desk reviews, key informant interviews (KIIs), and site visits wherever it was deemed necessary. Based on the assessment, a hybrid model was proposed. In addition, the risks and opportunities in adopting the hybrid model were determined. Critical elements considered in the development of a start-up and mobilization plan were also identified. The scopes of work for the detailed design and planning for start-up and mobilization were likewise prepared. These recommendations were presented to the Secretary for his approval in December 2012.

Based on the selected model or option, a detailed design and start-up and mobilization plan was then developed. This included specifying the necessary institutional

[1] HPDP, January 28, 2013.

arrangements, legal framework, funding sources, composition, terms of engagement, and necessary transactions of the platform. To conduct the detailed planning, the SEIP-TF engaged other experts, as needed, which included an organizational development expert, a legal expert, and a finance expert. The start-up and mobilization plan was presented to the Secretary in March 2013.

It was intended that the HPDP, through the SEIP-TF, would assist the DOH in the physical set-up, organization, and start-up operations of the platform. The SEIP-TF would also assist in the development of operations manuals and tools to assess the progress and sustainability of the Institutional Platform. The HPDP SCBKM, on the other hand, was to provide technical assistance and support to the activities towards the assessment and proposal to establish an Institutional Platform that was intended to be operational by June 2013. Among the immediate expectations from the Institutional Platform included the development of an overall KP/UHC monitoring and evaluation frame, and the updating of the Philippine National Health Accounts (PNHA).

The proposed KPIP had four objectives and corresponding program components, namely:

1. Strategic research;
2. Monitoring and performance assessment;
3. Transactional information; and
4. Capacity building.

2.1 Results and Accomplishments

The creation of business intelligence for the KP/UHC encompassed different levels of inquiry, tools and approaches, and stakeholders. To narrow down options of the structure and functions of the Institutional Platform, the SEIP-TF, with the assistance of the HPDP SCBKM, carried out the following:

1. **Rapid assessment of relevant local institutions and organizations.** The rapid assessment, held from November 13 to December 10, 2012, was conducted to provide a broad overview of relevant local institutions. The rapid assessment covered a total of 28 institutions, 25 of which indicated that they currently undertake health policy research. For a list of the institutions included in the rapid assessment, please refer to Appendix A. This rapid assessment revealed that the country does not yet have a single institution expressly established to deal with the concerns of the KP/UHC, and with the interdisciplinary expertise in the areas of health policy and

systems research, health economics and financing, monitoring and evaluation, health technology assessment, and outcomes research.

2. **Desk review of relevant institutional or organizational experiences in other countries.** This desk review collected information to understand how advanced industrial countries, as well as middle-income countries (MICs), have addressed the need for information and intelligence for the strategic management of health financing and delivery systems. This desk review was not meant to be exhaustive; it relied heavily on publications, assessment reports, and other resources found in the institutions' websites. As with the local institutions and organizations, the focus was on overseas institutions that have proven expertise and experience in the areas of health policy and systems research, health economics and financing, monitoring and evaluation, health technology assessment, or outcomes research. For a list of the international health policy systems research institutions and organizations included in the desk review, please refer to Appendix B. Based on the desk review conducted, these health policy systems, research institutions, and organizations are generally attached to or under the department or ministry of health or the health insurance fund in order to better fulfill their mandate of supporting policymaking or regulation.

3. **Key informant interviews of prime stakeholders.** The key informant interviews (KIIs) were in-depth interviews conducted with prime stakeholders to know the resources available to them, to understand their actual needs for technical support, and to gauge their potential contributions or collaborations to the Institutional Platform. Some of the prime stakeholders interviewed were the Secretary of Health; the President and Chief Executive Officer of Philippine Health Insurance Corporation (PhilHealth); the Assistant Secretary of the Health Policy, Finance, and Research Development Cluster; the Bureau Chief of the Health Policy Development and Planning Bureau (HPDPB); and the leadership of the HPDP.

2.2 Conclusion and Recommendations

Based on the results of the rapid assessment of local institutions, the desk review of international institutions, and the key informant interviews of prime stakeholders, the SEIP-TF arrived at the conclusion that the Institutional Platform should have the following desired properties, as per its established objectives and functions:

1. Maintains independence in the development, design, and implementation of KP/UHC-related studies and in the analysis of data, but remains closely-linked and attuned to the information needs for KP/UHC strategic management;
2. Has a sufficient level of technical expertise;
3. Addresses the three areas of KP/UHC information and intelligence needs, namely strategic research, monitoring and performance assessment, and transactional information; and
4. Allows for a short-term time horizon to address pressing or priority information needs during the first two years of KP/UHC implementation, and a long-term time horizon to ensure sustainability and to consolidate the Institutional Platform.

The challenges posed by the broad mandate of the KPIP suggest that no single institution can fulfill the above-mentioned properties, at least in the short-term. And while the proposal to establish an Institutional Platform was completed, this was not pursued. The plans and steps recommended by the SEIP-TF were not performed, and the Institutional Platform was not established as planned.

While this plan was put on hold, the HPDP recommended that the HPDPB could serve as the Institutional Platform. Thus, the HPDP conducted an assessment of the skills and capacities of the HPDPB staff members. Based on the assessment, it was revealed that the HPDPB did not have the capacity to serve as the Institutional Platform for the KP/UHC, and that its staff members needed skills upgrading to enable them to perform the tasks and roles prescribed by the SEIP-TF.

3.0 The HPDPB as an Institutional Platform for Support to the Department of Health (DOH)

In earlier policy notes, the HPDP has stated that the strengthening of the Health Policy Development and Planning Bureau (HPDPB) is a key element for building the Institutional Platform. At the moment, by default, the HPDP performs some of the functions of the HPDPB as defined in its mandate, and thus serves many of the functions of the Institutional Platform. It is able to do so mainly because it has the skilled personnel and the flexibility to recruit experts at market rates. Thus, it is able to respond quickly to the demands of the DOH, particularly of the Secretary of Health. Moreover, it has developed through time and reputation a network of experts and institutions from which it can draw expertise and support.

3.1 Plans and Support for the HPDPB as the Institutional Platform

To flesh out concrete activities for the capacity building of the HPDPB, the following preliminary steps were proposed:

1. Review the defined mandate and functions of the HPDPB.
2. Conduct an assessment of the skills and actual functions of existing HPDPB staff through a stock-taking exercise and an internal review.
3. Assess the available skills vis-à-vis the defined and required functions demanded by the health research value chain.
4. Design a capacity building plan to address gaps in skills and competencies, and explore ways to augment capacities through the following:
   a. Reinforce personnel with new hires, fellows, or detailed personnel from other DOH offices;
   b. Design and conduct short-courses and training programs;
   c. Implement technical exchange and visiting experts' programs; and
   d. Undertake joint policy work.

It was also proposed that the HPDP continue to provide the following forms of support towards the capacity building of the HPDPB, while HPDPB builds its capacity:

1. Provide technical assistance in the review of functions and assessment of skills by contracting a facilitator and consultant;

2. Assist in the development of a recruitment strategy for the HPDPB to upgrade its staff complement;
3. Assist in enhancing the skills of personnel in contracts management—including the development of concept notes, proposals, terms of reference (TOR), scopes of work (SOW), recruitment and selection of experts, and the monitoring and evaluation of outputs—data processing and analysis, as well as the monitoring and evaluation of implementation of current and new personnel, through several avenues such as:
   a. Mentoring and coaching by HPDP experts of selected HPDPB personnel by serving as a laboratory where HPDPB personnel can have hands-on experience in contracts and portfolio management, data processing and analysis, and policy development and analysis;
   b. Deploying visiting experts to the HPDPB for specific and defined tasks;
   c. Detailing of selected HPDPB personnel at the HPDP;
   d. Supporting short-term and long-term fellowships and training for select HPDPB personnel.

We realized that the capacity development of the HPDPB requires a major commitment to reengineer its structure, and thus will take some time. We proposed to implement the capacity building plan in two phases.

Phase one covered the preparatory activities, which aimed to:

1. Review functions and assessment of skills of the HPDPB;
2. Identify capacity building options and priorities based on the assessment; and
3. Draft of the implementation schedule and arrangements, including personnel involvements.

Phase two covered the actual conduct of the activities developed in phase one.

We proposed to initiate phase one activities, in particular the review of functions and the assessment of skills of the HPDPB, in July 2013. The identification of capacity building options and the drafting of the implementation schedule were also proposed to

be initiated in July 2013, with the implementation of phase two targeted to start in August 2013. The various capacity building programs identified was planned to take place over the next four and a half years of the HPDP project life under the "laboratory" approach.

But as comprehensive as these plans were to further develop the capacity of the HPDPB as an institutional platform, some did not push through due to unforeseen circumstances.

The plan to reinforce personnel with new hires, fellows, or detailed personnel from other DOH offices was instead done informally through consultancy, as the move was initially met with some resistance from current personnel.

The short courses and training programs, on the other hand, were designed and conducted not only with the HPDPB but also with other DOH Regional Offices (ROs). The technical exchange and visiting experts' programs we proposed expanded as well, as it was properly implemented by the HPDP but not designed with the HPDPB in mind anymore. The plan to push for more joint policy work with other government agencies and offices also did not push through, as Health Secretary Enrique T. Ona was already on his way out during the implementation period of the proposed capacity building activities.

3.2 Enhancing the HPDPB Capacity for Research and Management

The Health Policy Development and Planning Bureau (HPDPB) serves as the secretariat to the Research Reference Hub (RRH) of the Department of Health (DOH), and has been envisioned to provide the necessary evidence and knowledge backbone to support strategic and effective policy development and planning.[2] As the secretariat of the RRH, the HPDPB functions as its *de facto* research manager, making it the natural recipient of capacity building as the need to strengthen its capacities is particularly imperative.

However, the RRH Executive Board (RRHEB) realized that the capacity for health systems research management in the country remains weak, and thus emphasized the need for developing "research portfolio managers."

[2] See DOH Department Order No. 2012-0197 entitled, "Establishment of a Research Reference Hub in the Department of Health."

Thus, a concept note on how to develop a capacity building plan for the HPDPB was drafted in June 2013. This concept note proposed the framework, objectives, and activities needed to develop and implement a capacity building plan for the HPDPB of the DOH. The need to strengthen HPDPB capacities, especially those required to manage and coordinate the planning and policy development work of the entire DOH bureaucracy, has been articulated by the HPDPB itself in relation to its management of the DOH RRH.

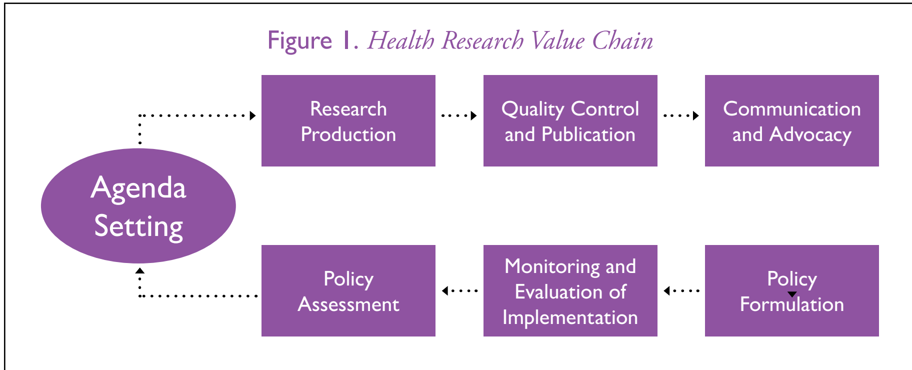
3.2.1 Framework

To perform its core function to provide technical support to the DOH in policy development, policy analysis, and strategic planning, the HPDPB must be able to manage the processes identified in the health research value chain. In order to be effective and efficient, the HPDPB must:

1. Understand what is being asked and translate these into concrete information requirements;
2. Respond to information requirements, including knowing what inputs and support are needed, where to source these inputs and support, and how to process these inputs and support;
3. Package and present the outputs;
4. Assist in translating the results into policies; and
5. Monitor the impact and outcomes of these policies.

In order to identify which capacities of the HPDPB needed to be strengthened, we proposed to situate the functions of the HPDPB in relation to a health research value chain as illustrated in Figure 1. This chain mapped out the relevant steps needed to be undertaken in order to produce, disseminate, and use information for health policy development.

Figure 1. *Health Research Value Chain*



Agenda setting involves identifying the problems, and then identifying what pieces of information are needed in order to arrive at solutions for these problems. **Research production** involves conducting the necessary research to obtain the information, while **quality control and publication** is about ensuring that the methods used to obtain the information are rigorous and meet the minimum standards of quality. The **communication and advocacy** steps ensure that the information obtained from the research is disseminated in a form that can be easily understood by users of the research, in particular the SOH.

The generation of information should lead to solutions—policies that are promulgated out of the findings of the research. However, the research value chain does not end with **policy formulation**. The **monitoring and evaluation of policy implementation** would indicate whether or not the policy interventions are effective in solving the problems that were defined in the agenda setting **(policy assessment)**. Moreover, monitoring and evaluation of policy implementation are also likely to identify current or potential problems which require new information, thus bringing the process full circle.

The efficient management of this process does not imply that the HPDPB itself has to undertake all of the steps in the chain. The HPDPB should be able to harness technical inputs and support from other offices of the DOH, from other government offices outside of the DOH (e.g., Department of Budget and Management, National Statistics Office, and PhilHealth), and from research outputs and

data available in the market. The HPDPB can rely on its network of partner experts and institutions to provide services that its internal personnel cannot.

In the same manner, the HPDPB can use its resources to leverage inputs and support from other actors and stakeholders both from within the DOH and from outside. In many instances, especially in the case of the DOH RRH, the HPDPB acts as a "research portfolio manager" or service contractor.

The agenda can be set by actors other than the DOH (agenda setting). It can come from the legislative branch (e.g., the Responsible Parenthood and Reproductive Health Law or the RPRH Law, the National Health Insurance Act or the NHI Act), the executive branch (e.g., the RPRH Law Implementing Rules and Regulations or IRR), the private sector (e.g., pricing of goods and services, production of drugs), and from the market (e.g., emerging diseases, health care utilization, epidemics).

The HPDPB should be able to consolidate these inputs and prioritize them. Response to these health agendas can be in the form of new research (research production), which can either be produced by the DOH or sourced elsewhere. The HPDPB should then be able to contract out the research to the most appropriate person or institution, and ensure that the research questions respond adequately to the problem statement (quality control and publication). The HPDBPB must then have the capability to process these research outputs and package them into materials that the DOH can use, such as technical advisories or memoranda to the OSEC or to other DOH officials that will lead to new or revised policy guidelines (communication and advocacy). To be truly responsible and to take accountability for the policies of the department, the HPDPB must then be able to monitor and evaluate the impacts and outcomes of the policies so that there is a continuous review of policy guidelines, implementation, and measure of performance.

The tasks expected of the HPDPB were numerous and challenging. However, the skills and capacities expected to effectively perform these tasks were not present. Due to the inadequate number of qualified personnel and the numerous demands on the department,

the HPDPB was ill-equipped to effectively manage the processes expected in the health research value chain. It was therefore proposed that in order to address the issue of lack of adequate personnel and the necessary skills at the HPDPB to effectively perform its functions in policy development and strategic planning, and especially as a manager of the health research value chain, a capacity building plan must be designed to enhance the skills and competencies of the HPDPB.

3.2.2 Approach to HPDPB capacity building: HPDP as Laboratory

The HPDP adopts processes and systems in building capacities that have been utilized and proven to be effective by the UPecon Foundation, Inc. through years of doing policy work. These include building and expanding capacities through "learning by doing," mentoring, joint policy work, tapping and managing central as well as local technical assistance providers, the development and conduct of training programs that have been linked to concrete job-related issues, and building appreciation for the best available evidence to inform decisions.

A recent demonstration of this "learning by doing" approach was HPDP's assistance to the drafting of the IRR of the RPRH Law. Joint drafting meetings attended by HPDP consultants and the DOH Technical Working Group (TWG) members were conducted to produce a draft and respond to issues raised by the Drafting Committee. Research on a range of topics, which include describing the mechanisms of different family planning (FP) methods and the legal and ethical issues of conscientious objection, were conducted in order to clarify issues. In the end, this process of joint development empowered the DOH TWG to defend the draft at the Drafting Committee meetings and at the public consultations that followed, where HPDP staff members were not present to give direct support.

This example illustrates how the HPDP can assist the DOH, in particular the HPDPB, in building capacities by engaging in joint policy work, mentoring activities, the development and conduct of training programs that address specific policy issues, and the joint conduct of actual contracting and outsourcing. The HPDP could

serve as a "laboratory" where members consist of joint working teams composed of DOH-HPDPB staff and HPDP contractors. DOH-HPDPB staff could be deployed to the HPDP and partnered with HPDP consultants for specific time periods for specific tasks. The HPDPB could likewise assist in identifying visiting experts who can be contracted and deployed to the DOH.

It was envisioned that by the end of the Aquino administration, the HPDPB would have the necessary skills and capacity to assist the next DOH administration in keeping the momentum of KP/UHC implementation. While the HPDPB progressively builds up its capacity, the HPDP will then continue to provide support to the DOH in KP/UHC implementation through multiple channels: at the level of the OSEC, through the Operations Clusters and the Technical Clusters, including the proposed RPRH office, and in strengthening the research consortiums at the regional level.

4.0 Short Course on Procurement Planning and Contracts Management

The HPDP developed a short course on procurement planning and contracts management to equip DOH staff and personnel, especially those in the DOH Regional Offices (ROs), with knowledge on how to properly manage and allocate their annual budget from the national government.

Between October 2013 and September 2014, the HPDP conducted a series of consultations with the DOH Regional Offices (ROs) on a number of concerns, including their budget utilization and work plan execution. To assist the RO staff members in addressing the problems identified, the HPDP deployed a small team of budget and planning specialists to help them analyze their budget utilization and expenditure plans.

Upon the request of some Regional Directors (RDs), a training workshop on contracting was held in August 2014 for selected staff of ROs VI, VII, and VIII with the aim of enhancing their skills in developing contracts to allow outsourcing of activities and services to providers from other government offices or the private sector. Given the depletion of RO staff members due to the rationalization plan, and with utilization issues brought by increased budgets directly allocated and released to the regions, there was a great need to tap the skills and resources of other sectors in providing health services.

The HPDP then proposed to continue and extend this initiative to assist the ROs in effectively spending their budgets to achieve outcomes by undertaking the following:

1. Support the development of a curriculum, teaching materials, and references included in a pilot short course covering four modules: budget planning, expenditure management, procurement planning, and contracts management; and
2. Develop a cohort of trainers that will be capacitated through the course.

The HPDP, together with the USAID regional projects (LuzonHealth, VisayasHealth, MindanaoHealth) and IMPACT (Innovations and Multi-sectoral Partnerships to Achieve Control of TB), designed the course program and materials that incorporated feedback from participants during the pilot training workshops, and considered provisions for technical assistance (TA) on pressing contracting concerns such as writing terms of reference (TOR)/scopes of work (SOW), outsourcing of TA services, and addressing issues with the procurement law provisions. The regional projects

and IMPACT, as the USAID coordinating agencies (CAs) with the project mandates to provide direct technical assistance to the ROs, were intended to be the principal implementers of the training workshops in the regions, with the HPDP providing the course materials and facilitators.

The curriculum was intended to enhance the skills of regional staff in the following areas:

1. **Budget planning and expenditure management.** This module covers both purposive budget planning and efficient expenditure management. The short course is expected to enhance the capacity of staff to be more analytical in work and budget planning, and make realistic financial projections or cash requirements for program spending and the implementation of outsourced services contracts. The HPDP budget specialists will be used as resource persons in analyzing the regional budgets, identifying bottlenecks in spending, and defining spending limits and accountability.

2. **Procurement planning.** This module covers procurement planning, writing TORs/SOWs, preparing bid documents, and the bidding process. The short course will provide sessions on the relevant procurement law provisions, and materials as easy guides and references. Lessons on TOR/SOW writing will include not only the activities necessary but also the qualifications of the desired contractor or provider of technical assistance, the criteria for selection including the appropriate weights given to each of the factor, the budget allocation among the different activities in the project, the requisite penalties for contract violations and inadequacies in performance, and the points to be used in assessing proposals and selecting contract awardees. Logistics management will also be included to expand the knowledge of relevant CO and RO staff members, and to enhance their performance in monitoring supply and delivering commodities and technical services.

3. **Contracts management.** This module covers contracts monitoring, enforcement, and evaluation of deliverables. The short course will develop skills in evaluating outputs and deliverables, not merely in counting the completion of activities but more importantly in evaluating if these activities have significant impact in the desired outcomes. During the short course, the participants will hone their skills in identifying relevant and appropriate indicators and in developing simple monitoring and evaluation tools that would assist the RO staff members in tracking the progress of outsourced projects.

The different modules can be tested through the conduct of short-duration training workshops (three to five days) where the participants can attest to the usefulness of the curriculum and the practicality and ease of use of the course materials and training guides. From these short-duration training workshops, the curriculum will be refined to create standard learning protocols. Course materials such as lessons, exercises, and references will be developed with actual cases in the regions.

4.1 Proposed Conduct of Short Courses

The HPDP proposed that participants for the pilot courses come from the DOH Operational Clusters. The implementation intended to surface issues that concerned the ROs, particularly in terms of the processes and content of procurement, including lack of expertise at the regional level, signing limits for contracts, as well variations in program applicability across the regions that can be included in the training curriculum.

The course intended to present case studies based on proposed program interventions that can be outsourced such as adolescent and youth reproductive health (AYRH) or TB performance-based contracts with the private sector, together with those that are developed out of actual regional procurement concerns.

The HPDP aimed to utilize its long-term staff and consultants (e.g., the budget and financial planning specialists, logistics experts, monitoring and evaluation experts), and experts from the other USAID CAs (the regional CAs and IMPACT) to develop the course curriculum and materials, as well as serve as resource persons in the pilot conduct of the course modules.

While the regional CAs were identified to provide direct technical assistance to the regional staff on budget planning and analysis, TOR/SOW writing, procurement and project management, the HPDP would provide the course curriculum and materials (jointly-developed with the other CAs), as well as the procurement experts who will facilitate the course implementation.

After the short course curriculum and materials have been refined, the entire short course or selected modules would be conducted to allow participation of more regional staff and other local agencies and institutions, with possible funding either from the DOH or from the other USAID regional cooperating agencies.

4.2 Results and Achievements

In three training workshops held between December 2014 and September 2015, a cohort of 22 DOH regional staff members from 11 Regional Offices (ROs) and other Coordinating Agencies (CAs) participated in the further development of the short course and materials. For a list of these contributors and participants for the short course, please refer to Appendix D.

The HPDP sought the commitment of the participating ROs to send not only the same participants to the three workshops, but to also send staff members involved in budget preparation, procurement, and program implementation. This suggestion was based on the observation that the procurement process relies heavily on the coordination between program and administrative staff. The HPDP sought the participation of the same staff members in the three workshops so that they can be trained on the whole planning, procurement, and contract monitoring cycle. Suggestions and feedback from the participants, as well as our own observations regarding the dynamics of the training workshop, were used to improve the learning materials of the short course.

These 22 regional staff members are now trained with new knowledge and skills from the short course workshops and materials, to answer questions and mentor colleagues with respect to planning for the contracting of technical services, to facilitate the development of SOWs/TORs, costing out budget for activities, to develop monitoring and evaluation tools and criteria, and to conduct monitoring and evaluation activities.

The HPDP conducted a second round of workshops for the five ROs that were not able to send participants to the earlier workshops. This included relevant Central Office staff, two staff members from the Disease Control and Prevention Bureau's (DCPB) TB and FP programs and two from the HHRDB, who observed and served as resource persons for concerns related to CO-RO coordination and training. Four of the five ROs sent two participants each, for a total of eight regional staff members. Two ROs in the original cohort sent three new staff members as participants.

The HPDP then conducted two roll-out training workshops on Module I for RO IV-A, attended by 30 participants; and for RO VI, attended by 15 staff members and an additional three participants

from the University of the Philippines Visayas Foundation, Inc. (UPVFI), a sub-grantee of the UPecon Foundation. Roll-out training workshops were conducted to further develop the short course with the cohort, and to train the cohort to conduct the training workshops themselves.

During the course of the training workshops, the HPDP observed that many of the participants were highly engaged. More importantly, the lecturers were able to discuss the lessons in the proper context of actual RO work and activities, making these lessons more relevant and useful to the participants. Overall, the participants found the training workshops very useful for their work in their respective ROs.

The program and materials for all the modules have been transformed into a Participant's Workbook and a Facilitator's Guidebook; each module includes both. Materials for Module One, which are about procurement planning, were sent to the Government Procurement Policy Board (GPPB) for their comments and suggestions. Materials for Modules Two and Three, which are about budget and expenditure, were sent to the Health Policy Development and Planning Bureau (HPDPB) for their comments and suggestions. The HPDPB has, in fact, requested that these materials be used for their Policy Planning Research and Legislative (PPRL) training module being developed with the Development Academy of the Philippines (DAP).

All materials have been submitted to the DOH Central Office, the HPDPB and the Health Human Resource Development Bureau (HHRDB), for institutionalization as part of the DOH staff capacity building program, and for possible adoption as a certified DOH training that can be considered as either a required course for DOH staff members or as a continuing education that is considered for promotions. In addition, the HPDP also explored with the Civil Service Commission (CSC) whether the course can be included as a sub-component of the Career Executive Service Officer (CESO) course that DOH staff members will take; and likewise explored with the Civil Service Commission (CSC) if the course may be treated as a post-graduate certificate that will earn employees credits for promotions. For the complete final program syllabus of the short course, please refer to Appendix C.

4.3 Recommendations

The HPDP arrived at the following recommendations for the institutionalization of the short course on procurement planning and contracts management:

1. The course curriculum, materials and references, training guides, and manuals should constitute a set of knowledge products that can serve as resources for the continuing education of DOH staff members, as well as ready references to help staff in their daily work. Materials may still be refined to include more case studies that are relevant to the context of the respective participating regions and offices.

2. To address accessibility, online facilities may be developed so participants can enroll and participate in sessions from their offices, or opt to take the course outside office hours. Depending on available resources, course materials can be packaged in print or audio-visual formats, such as audio-visual recordings of lectures, graphical presentations of sample cases, and anecdotes of regional actual experiences.

3. To address timing and limited regional staffing concerns, the conduct of the modules can be staggered. The short course was designed to be modular in content to allow more flexible implementation given the time constraints and variations in the skills and training needs of regional staff members. This way, the modules can be conducted separately and simultaneously across the regions to accommodate more participants. It will be ideal to conduct the training on the four modules following the planning schedule of the ROs, i.e., the budget and expenditure planning module before the procurement module.

4. The short course may be further developed so that an enrollee must pass exams and complete certain requirements to receive certification. Each module may earn the participant a certificate and a whole course may earn the participant a diploma. This can be done in cooperation with other government agencies. For example, the course may be accredited by the Government Procurement Policy Board (GPPB) so that a certificate-holder may be qualified to be a member of the Bids and Awards Committee (BAC).

5.0 Technical Exchange

The Health Policy Development Program (HPDP) developed technical exchange programs aimed to train and deploy young professionals and clinicians to selected DOH Regional Offices (ROs) to bridge policy analysis, development implementation, and clinical practice, and to encourage them to develop career choices in the health sector.

The technical exchange programs followed the same objectives and approach of the Health Policy Fellows (HPF) Program, which the HPDP implemented from 2007 to 2012. It deployed a total of 93 Fellows: 50 to the DOH Regional Offices (ROs), 22 to the DOH Central Office, 18 to the HPDP, and three to the Philippine Health Insurance Corporation (PhilHealth).

The HPDPB did not implement the HPF Program as it was transmitted to the Department of Health (DOH) for implementation. However, the HPDPB, the unit under the DOH tasked with implementing the program, did not provide HPFs to the ROs but only to select units under the DOH Central Office. The HPDP believes priority should have been given to the ROs since they need the technical assistance the most, compared to the DOH Central Office units based in Metro Manila that have more access to technical assistance from consultants and academic institutions.

Thus, the HPDP initiated their own technical exchange programs designed to assist both the DOH Central Office and the ROs, namely:

1. The Health Policy Associates Program;
2. The Health Policy Review Associates Program; and
3. The Budget and Financial Planning Associates Program.

5.1 The Health Policy Associates Program

Following the same objectives and approach of the Health Policy Fellows (HPF) Program, the HPDP initiated a Health Policy Associates (HPA) Program to bridge policy analysis, development implementation, and clinical practice. The intention was to help increase health practitioners' understanding and appreciation of public health policy development, such as the need for policy guidelines and administrative orders on the training of medical practitioners, the requirements and standards for medical equipment in health facilities, and the guidelines for clinical practice.

This "bridge" was meant to not only bridge the gap between theory and practice, but to also minimize adverse reactions to policy pronouncements and improve implementation and compliance among the policy makers and frontline workers in the DOH.

Under the program, the HPAs were tasked to provide technical assistance to the Regional Offices (ROs) in managing the implementation of the KP/UHC program of the DOH. The HPAs attended meetings, consulted with and provided technical advisories to the Regional Directors (RDs), participated in HPDP activities in the ROs, and participated in activities organized by the ROs.

From January to September 2013, there were 11 HPAs engaged with the HPDP under the program. They were all medical doctors with different specializations: one was an infectious diseases pediatrician; one was a developmental pediatrician; one was an obstetrician-gynecologist; six were internal medicine doctors with sub-specialization in infectious diseases; and two were general practitioners with experience in public health.

As all of the HPAs were medical doctors, it was deemed important for them to continue their private practice and maintain their contact with their patients, providers of health care services, medical associations, and other private entities. Thus, it was decided that the engagement of the HPAs would be limited to part-time basis employment only, wherein they were only required to work for six to ten days in a month in their respective ROs.

The HPAs were assigned to different ROs and each had a unique way of connecting with their respective offices and directors. Appendix E provides details about the Health Policy Associates such as their specialization, area of assignment, and the technical assistance they have provided to their respective ROs.

A major accomplishment of the HPAs was their assistance in the assessment of KP/UHC implementation at the regional and local levels through the conduct of the key informant interviews (KIIs) with their RDs and selected personnel in their respective ROs. The assessment was conducted to determine the reasons behind each region's varying performance in implementing the KP/UHC; to identify the bottlenecks in implementing different KP/UHC activities; to gauge the capability of the ROs and the local government units (LGUs) to implement the KP/UHC; and to determine the assistance needed from the DOH Central Office and ROs to address the identified bottlenecks.

This activity provided the HPAs with an opportunity to understand the policies and the corresponding activities of the ROs relative to the implementation of the KP/UHC. It also helped them determine the gaps in the implementation of the KP/UHC, and identify the policy issues or concerns where they could assist their respective ROs. These policy issues, in turn, served as the basis for the technical advisories they formulated for their respective ROs.

However, some of the RDs were initially resistant to the deployment of the HPAs as they could only spend an average of six to seven days in their designated ROs. This was different from the full-time technical assistance and administrative support provided by the Health Policy Fellows (HPF) years prior. And since the HPDP recruited young practicing doctors and specialists, most of the HPAs were not yet familiar with the public health system and faced some difficulties engaging with their respective ROs and RDs.

Towards the end of the program, the HPDP sent out assessment forms to the RDs and requested them to evaluate the HPAs assigned to them. This helped the HPDP evaluate the usefulness and effectiveness of the program in providing technical support to the ROs in scaling up the KP/UHC.

Only five RDs responded to our request. The RDs found the HPAs helpful as additional resource persons and would like the program to be continued, recommending that the HPAs spend more time and pursue more responsibilities in their respective offices. However, they also clarified that in order for the HPAs to be really useful in their respective ROs, the role and competencies of the HPAs should be clearly defined prior to deployment. This way, the HPAs will have concrete deliverables by the end of the program based on the actual needs of their respective ROs.

Based on our evaluation of the program, we find that the Health Policy Associates Program requires clinicians who possess not only knowledge on quality health care, but also an understanding of the public service system and interpersonal skills so that they can better engage with the RDs and their staff members in order to discuss the salient issues of the ROs. They should also have a heart for public health and are willing to learn the systems, procedures, and intricacies of the country's health sector in order to better bridge the gap between the private and public health sector.

5.2 The Health Policy Review Associates Program

The HPDP created the Health Policy Review Associates Program to build a cohort of health policy associates that can be deployed to the different offices, attached agencies, and health facilities of the DOH in the next administration and in the next round of health projects.

This cohort then received training and mentoring to develop skills in using clinical and policy evidence to diagnose and analyze problems, formulate sound health policies, and generate innovative solutions. This program also aimed to widen the pool of health policy researchers to ensure a steady stream of young talents who would consider careers in health sector assessment, and health policy formulation and implementation.

Between March and September 2016, the HPDP took in four young professionals as health policy review associates. They were trained in health policy analysis through econometric tools such as Stata for data management and analysis; comprehensive lectures in health policy development, health sector frame analysis, impact assessment, and monitoring and evaluation; and through participation in several forums and conferences. They also did data search, literature review, and technical writing for the Health Sector Review (HSR) report and policy briefs.

5.3 The Budget and Financial Planning Associates Program

To increase the absorptive capacities of the ROs in fast-tracking the utilization of their DOH budget in line with their performance commitments and national health priorities and targets, the HPDP proposed the full-time deployment of Budget and Financial Planning Associates (BFAs) to the ROs. One BFA was deployed per interested RO, and they reported directly to the Regional Director (RD).

To provide technical support to the deployed BFAs, the HPDP also planned to recruit and engage Budget and Financial Planning Advisers who can be called on to provide technical assistance on budget tracking and analysis as needed. However, the planning personnel of the ROs resisted the deployment of both the budget associates and advisers, even though their offices needed the assistance. Thus, when working with the different offices and attached agencies of the DOH, it is highly recommended to secure their consent and commitment from the beginning of the program so that they will cooperate and not resist any form of technical assistance provided.

The BFAs' engagement with the ROs helped demonstrate the importance of information relay, priority-setting, budget planning, execution and tracking, as well as service outsourcing to the private sector and institutional providers, which hopefully contributed to the enhancement of their capacities to fast-track the mobilization of the DOH budget.

5.4 Recommendations

It is worthwhile to continuously engage private practitioners as partners in policy making, and in evaluating policy impact and feasibility of implementation. However, mechanisms should be put in place to make it easier for private practitioners to understand and participate in the daily operations of government offices such as the DOH Central Office and Regional Offices.

While pre-deployment orientations for the technical exchange programs are important and helpful, the exposure and familiarity of the recruited associates to the operations of their designated offices is crucial. This is how they can work through the different systems in place at the regional and local levels. For example, most of the practicing doctors and specialists recruited as HPAs were not yet familiar with the public health system and the operations of their designated ROs, and as such had difficulty in engaging with their respective RDs and doing certain tasks assigned to them.

Also, the requirements for the associates to be recruited and deployed to the different ROs should be expanded so that the technical exchange program can have a bigger talent pool to tap into for technical assistance. For example, the selection of the HPAs was limited to young doctors and specialists based in areas where designated ROs are located. As such, the search for participants proved difficult as there were very few practitioners who fit the criteria and were willing to spare six to ten days in a month to assist in the policy formulation and implementation work for KP/UHC.

In general, when working with the DOH and other government offices, the HPDP recommends that the consent and commitment from partner offices and agencies be secured first prior to the implementation of any project or program. This helps ensure their participation, and lessens the likelihood that they will resist the technical assistance being offered to them.

6.0 Mentoring and Coaching

In the second year of implementation of the HPDP, the SCBKM team was tasked to support and collaborate with other HPDP teams in the conduct of mentoring and coaching activities, including the implementation of the Kalusugan Pangkalahatan Operations Monitoring (KPOM) survey, as a capacity building modality to support the DOH technical staff.

By using the HPDP as a laboratory for capacity building, mentoring and coaching has been executed together with the development of other knowledge products. The primary recipient of capacity building was the Health Policy, Finance, and Research Development (HPFRD) cluster, particularly the HPDPB.

The DOH office has the mandate and the overarching role in policy making and analysis and particular attention has been given to the HPDPB. During the first year, an assessment of the HPDPB mandates and its corresponding staff capacities was conducted through a document review of mandated roles and functions, a staff assessment through the Myers-Briggs Type Indicator and capacity building workshops, and a performance evaluation by selected HPDPB clients and partners through interviews.

Initially, there were 14 products of the SFO and the SPRF that were planned to be assisted in the mentoring and coaching activities. These products are listed in the table below.

Table 1. *SFO and SPRF Products Assisted in the Mentoring and Coaching Activities*

	Products to Help Improve Policies and Regulations on Service Delivery	Details
1	Support to the Development of Operational Guidelines for Family Planning and Reproductive Health Policies *With SPRF*	• Mentoring and coaching of DOH technical staff from the Central Office and the CHDs on the development of guidelines for FP and RH policies • Presentation of concept notes; possibly use brown bag seminar series
2	Support to the Development of Guidelines on Logistics Management for FP/MNCHN Supplies and Commodities *With SFO – Luzon; SPRF*	• DOH CO and CHD staff on logistics management; HPDPB staff from policy division partnered with SPRF consultants as manual is being developed) • Deployment of visiting experts on logistics management that can help clarify the nature of logistics problems, help identify measures to address gaps in logistics, and assist the CHDs in employing recommended measures

	Products to Help Improve Policies and Regulations on Service Delivery	Details
		• Technical report on the support provided by the Health Policy Associates in the development of guidelines for logistics management; HPA deployed to the WCFH cluster for the development of the logistics manual • Technical report on the mentoring and coaching of DOH staff on logistics management for FP/MNCHN supplies
3	Support to the Revision of Guidelines and Tools for CHT Deployment *With SFO – Visayas / Mindanao*	• Operations cluster, CHD, and DOH staff can be detailed at the HPDP • CHD NCR-Marikina • Capacity building of DOH technical staff will be achieved through mentoring and coaching activities
4	Support to the Development of Implementing Guidelines for the National Policy and Strategic Framework on Adolescent Health and Development (DOH AO No. 2013-0013) *With SPRF*	• Operations cluster, CHD, and DOH staff can be detailed at the HPDP • HPDP will conduct mentoring and coaching of selected DOH staff on the guideline development process
5	Support to the Enhancement of Policies and Guidelines in Designating Service Delivery Network *With SFO – Visayas / Mindanao*	• Operations cluster, CHD, and DOH staff can be detailed at the HPDP • Technical report on the outputs from the mentoring and coaching of DOH technical staff on the revised guidelines in designating service delivery networks (SDNs)
6	Support to the Development of Guidelines on the Delivery of FP Services in Hospitals *With SFO - Luzon*	• Operations cluster, CHD, and DOH staff detailed at the HPDP
7	Support to the Revision of the FP Clinical Standards Manual *With SPRF- FP/MNCHN*	• Operations cluster, CHD, and DOH staff can be detailed at the HPDP • Mentoring and coaching of DOH technical staff on the revised FP Clinical Standards Manual (SCBKM)
8	Support to the Development of Guidelines for the Accreditation and Certification System for FP Training Providers *With SPRF- FP/MNCHN*	Operations cluster, CHD, and DOH staff can be detailed at the HPDP
9	Support to the Execution of the 2014 DOH Budget *With SFO – Visayas/Mindanao.*	HPDPB Planning Division staff members can be partnered with HPDP consultants

	Products to Help Improve Policies and Regulations on Service Delivery	Details
10	Support to the Preparation of the 2015 DOH Budget	• HPDPB Planning Division staff members can be partnered with HPDP consultants • Written inputs and comments on the budget preparation guidelines • Provide visiting experts for results-based budgeting
	Products to Help Strengthen Policy and National Program Monitoring and Evaluation	**Details**
11	Support to the Development of a TB Performance Grants Mechanism *With SFO – Luzon / Visayas / Mindanao*	• Selected DOH staff to undergo mentoring and coaching by being assigned to a partner HPDP consultant in the development of the TB performance grants mechanism • SCBKM and DCOP
12	Support to the Development of Implementing Guidelines on KP/UHC Operations Monitoring	• Mentoring and coaching of DOH TC (HPDPB) staff on implementing guidelines for KP/UHC Operations Monitoring • Mentoring and coaching of DOH OC and CHD staff on the analysis and reporting of KP/UHC Operations Monitoring data • SFO KPOM, SCBKM for training on contracts management • Demonstration of data processing, analysis, dissemination of results • Supported the conduct of or participation to workshops and seminars on specific issues like use of data processing programs
13	Support to the DOH Health Policy, Finance, and Research and Development Cluster as part of the Institutional Platform	• Preparation of the 2015 budget, KP monitoring and evaluation, SPRF • HPDPB, BIHC, OSEC, WCFH Cluster • SCBKM, SPRF BEL, SFO KPOM, SIRME • Policy communication experts for the OSEC • Capacity building plan • Attendance to courses in research management, monitoring and evaluation, budget preparation and execution, and development of sector policy reviews with global health perspectives

	Products to Help Strengthen Policy and National Program Monitoring and Evaluation	Details
14	Support to the Organizational Development of the Women, Children, and Family Health (WCFH) Cluster as part of the Institutional Platform	• Mentoring and coaching of Family Health Office (FHO) staff in the process of developing FP/MNCHN policies • SCBKM and SPRF FP/MNCHN • Deployment of visiting experts

6.1 Assistance to the HPDPB for the KP Dashboard

HPDPB staff members in charge of the KP Dashboard partnered with the SFO-HPDP group to conduct of operational monitoring and evaluation (M&E) activities that aimed to train HPDPB staff members in the institutionalization of the KPOM in the DOH. Activities were jointly handled by the SFO group and the SIRME group. Selected HPDPB staff members were taught data processing; funds management; KPOM management; how to draft SOW; how to use the Stata data analysis software; and how to translate KPOM data sets into reports. However, due to the Rationalization Plan of the DOH, some trained HPDPB staff members have been reassigned and given different tasks.

The HPDP's mentoring and coaching partnership with the HPDPB produced DOH inputs to the draft of the Sin Tax IRR (Implementing Rules and Regulations), preparation and revision of slides for the KP Roadmap, and assistance in the data collection and validation of survey results for the KPOM. Through these activities, HPDPB staff members learned new applications and formulas in Microsoft Excel, strategies and approaches in data validation using available data sets and references, and ways to work with LGU (local government unit) and hospital personnel during data validation.

Concerned FHO-DOH staff members were also partnered with the SPRF-HPDP as they developed guidelines and policies on family planning (FP) and reproductive health (RH) policies; community health team (CHT) deployment; adolescent health and development; designating service delivery network (SDN); delivery of FP services in hospitals; revision of the FP Clinical Standards Manual; and for the accreditation and certification system for FP training providers.

To determine the impact of particular mentoring and coaching activities, relative to the performance of tasks that facilitate policy

development and analysis of different DOH offices and agencies, the HPDP formulated activity forms and guide questions per technical assistance provided to serve as a guide during interviews with the participants.

Technical assistance provided by the HPDP was welcome at the FHO-DOH, and they found that the HPDP's level of intervention for their programs was just enough, even if there were many things that needed to be prioritized based on the provisions of the RPRH.

However, some partnerships were not successful in terms of meeting the mentoring and coaching objectives. If there was technical assistance already extended by the HPDP, some partner offices and agencies relied too much on the technical assistance being extended by the HPDP instead of learning how to perform their tasks through the partnership. Participants from partner offices and agencies were satisfied with the partnership primarily because the activities aided the completion of their work, to the point that they need not do some of their tasks anymore. This was not the intended or expected result from the mentoring and coaching activities.

6.2 Deployment of Health Policy Associates

Health Policy Associates (HPAs) were recruited to assist in the mentoring and coaching activities for the Family Health Office (FHO-DOH) and the Bureau of International Health Cooperation (BIHC-DOH). The SPRF-HPDP has been involved and consulted during the recruitment and interview process, as two of the HPAs will be assigned to them as part of the technical assistance to the FHO-DOH. Due to the DOH Rationalization Plan, the FHO-DOH evidently needed additional staff members to carry out their programs; by functioning as "bridges," the HPAs were able to extend their support.

Two HPAs were hired, with period of engagement from February 18 to August 17, 2014. Working closely with the SPRF-HPDP, one HPA worked on the FP/MNCHN catch-up plan, while the other HPA investigated the model and protocol of the Marie Stopes FP outreach programs. They were tasked to assist in the documentation of the regional assessment process of the FHO-DOH, traveling to selected provinces for the implementation of the FP/MNCHN catch-up plan. Due to the scope of their work, the two HPAs had

engagement not just with the HPDP but also with the DOH Central and Regional Offices, as well as with the local health units.

On February 2014, another HPA was recruited in order to assist the BIHC-DOH, with engagement from March 3 to September 2, 2014. For six months, the HPA focused on monitoring and reporting Foreign Assisted Projects (FAPs) through the development of a monitoring tool, mapping FAPs and their distribution using Google Maps and a fusion table, and drafting a working copy of the FAPs' annual portfolio report.

Then, the HPA encoded data into the KP Dashboard and taught BIHC-DOH staff members how to do the same. However, BIHC-DOH program managers and staff members did not have the time to transfer the data into the KP Dashboard as they were always busy with administrative concerns, and focused more on DOH-managed projects rather than jointly-managed and partner-managed projects.

6.3 Support to the Demonstration Project on Strengthening Regional Operations in DOH Regional Office VI (RO-VI)

The HPDP also executed demonstration projects to show how specific programs and policies of the Department of Health (DOH) can be implemented at scale. A demonstration project is a bound experiment where different factors that affect policy implementation can be studied, and provides an opportunity to enhance current practices and help make necessary adjustments where needed.

These demonstration projects came as a response to the unprecedented expansion in fiscal space of the DOH in the last five years. Through policy mandates such as the General Appropriations Act and the passage of Republic Act No. 10354, or "The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012," the DOH budget reached PHP122 billion, which was five times its 2010 budget levels. The RPRH Law mandated increasing the amount of allocated funds to procure necessary commodities and to expand services to reduce unmet needs of mothers.

Amidst this expansion in fiscal space, the DOH was expected to exercise technical leadership in a devolved health system, where implementing programs at scale remains a challenge. This often required the issuance of clear guidelines, the issuance of available resources, the presence of capable managers to customize interventions, and the availability of service providers, among others.

However, program reviews conducted in the last five years revealed that ensuring all these elements are in place, at the right time, and in correct combinations was difficult.

Thus, as part of its technical assistance to the DOH, the HPDP executed demonstration projects designed to address specific problems of policy implementation and to provide definite interventions linked to achieving desired results and health outcomes, as applicable. These demonstration projects can be classified into two groups:

1. Those that test the feasibility of implementing recent policies; and
2. Those that determine the capacities and resources needed to implement programs and policies at scale.

These demonstration projects and project sites included:

1. Support to the Demonstration Project on the Introduction of Family Planning (FP) Services in Cavite;
2. Support to the Demonstration Project on the Enhancement of FP Services in Provincial, Government-Owned Hospitals in Cebu;
3. Support to the Demonstration Project on Demand-Driven FP Logistics: Collection and Use of FP Consumption Data in Cavite in Cavite;
4. Support to the Demonstration Project on the Establishment of Maternal, Neonatal, and Child Health and Nutrition (MNCHN) Service Delivery Network (SDN) in Tacloban City;
5. Support to the Demonstration Project on Establishing a Platform for Adolescent and Youth Reproductive Health (AYRH) Services in the Bicol Medical Center (BMC);
6. Support to the Demonstration Project on Contracting Private Providers to Reduce Missed Tuberculosis (TB) Cases in Cavite;
7. Support to the Demonstration Project on Contracting Private Sector Providers to Reduce Missed TB Cases in Davao City; and
8. Support to the Demonstration Project on Strengthening Regional Operations in DOH Regional Office VI (RO-VI).

Overall, the results of the demonstration projects show that the implementation of the existing guidelines of the DOH to expand and improve services to address unmet need can produce results. This chapter, however, will focus on the objectives and the outcomes of the demonstration project on strengthening the regional operations of the DOH RO-VI. For a complete discussion of the objectives and the outcomes of the other demonstration projects, please refer to the report *Demonstration Projects of the HPDP Volumes 1 and 2*.

6.3.1 Objectives

The demonstration project on strengthening the regional operations of the DOH RO-VI aimed to determine and demonstrate the kind of support needed by a Regional Office (RO) to further improve its performance given the expanded mandate, higher budget, and higher expectations to improve health outcomes.

While the budget and mandates of the DOH have increased significantly in the last five years, these have yet to be translated into improved health outcomes, especially for poor Filipinos. Challenges in scaling up programs and policies remain due to systemic bottlenecks and capacity gaps, especially at the regional level, brought about by a devolved health care delivery and financing system. Ad hoc support from the DOH Central Office, which is often limited to specific priorities, have been provided to the Regional Offices, but this has little to no effect in addressing systemic bottlenecks and capacity gaps.

Thus, this demonstration project aimed to develop a mechanism for a DOH Regional Office to determine the kind of support it needs to further improve its performance, and to secure and sustain access to its needed expertise.

In the case of DOH RO-VI, in particular, the broad range of expected technical assistance has been whittled down to focus on improving FP/MNCHN performance in the region, particularly in the Iloilo Province. Thus, instead of looking at the different aspects of regional operations—such as program, budget and finance, logistics, regulation, and human resources, among others—as separate concerns, these areas were examined in the context of FP/

MNCHN goals, primarily reducing maternal deaths.

The lessons and the experience derived from the implementation of this demonstration project can serve as a basis for the development of guidelines in providing support to the operations of DOH Regional Offices.

6.3.2 Results and Achievements

The demonstration project in the DOH RO-VI showed that a Regional Office can have a wide range of technical assistance needs at any given time. Through this demonstration project, the DOH RO-VI had a clearer idea of the technical assistance it needs and can request from its development partners.

The technical assistance and interventions introduced to the DOH RO-VI was simplified from a long list of requests to a few that were also limited by the HPDP's areas of work. The interventions introduced to strengthen the regional operations of the DOH RO-VI are:

1. **Introduction to Sector Frame Analysis (SFA)** through orientation workshops and mentoring. This is part of the program planning with the aim of reducing the number of maternal deaths in Region VI, particularly in the Iloilo Province and Iloilo City. Maternal death reduction (MDR) was chosen as an indicator because it is a sensitive proxy for the effectiveness of public health programs and the responsiveness of the health care delivery system from the community to the hospital levels.

2. **Support to budget execution and management,** including a workshop to review the 2016 Work and Financial Plan (WFP) and the 2017 budget proposal. This included the tracking and analysis of the 2015 DOH RO-VI budget disbursement, and the quarterly analysis of budget execution; and an orientation workshop on the budget process in connection with the review of the 2016 WFP and the 2017 budget proposal.

3. **Assistance to procurement planning and contracts management** through workshops on procurement planning and contracts management, including Terms of Reference (TOR) writing. By the end of the project, three TORs were finished, and one TOR passed the Bids and Awards Committee (BAC) already.

4. **Development of guidelines for the Maternal Death Review (MDR).** This involved describing the operational steps of conducting the MDR, including: 1) collecting and processing maternal death data, and filtering maternal deaths out of women of reproductive age (WRA) deaths; and 2) conducting MDR meetings, including the dissemination of results. The DOH RO-VI conducted the MDR every quarter, as recommended in the project design. The Nurse Deployment Program (NDP) nurses started collecting maternal death data but stopped when their contracts expired.

5. **Assistance to training on reporting causes of death.** Medical certification training capacitates the authorized individual who signs the death certificates, ensuring correct information. Even if no post-training evaluation was done, the trainees recognized errors from their practice.

6. **Assistance for the consultation forum on the Health Sector Review (HSR) in Western Visayas.** This was conducted through the provision of an assessment of the performance of the health sector contained in a document entitled, "The Challenge of Reaching the Poor with a Continuum of Care." The assessment focused on the long-term impact on health outcomes, particularly on poor Filipinos, of various health sector reforms implemented in country for the past 25 years, with the support from development partners and other health stakeholders.

7. **Development of guidelines for a regional grants mechanism for the local government unit (LGU).** Grants for Adolescent Health was used as a demonstration case. The aim of this technical assistance was to make the application process as simple as possible to facilitate

application, and to direct appropriate incentives at project implementers.

8. **Development of an implementation guide and instruments for the maternal death reduction strategy in Iloilo.** The guide recommends specific actions that will be executed by the Iloilo Province and other stakeholders to prevent unwanted pregnancies and to ensure safe delivery of pregnant women in Pantawid Pamilyang Pilipino Program (4Ps) households. The guide also serves as a tool by which the Iloilo Provincial Health Office (PHO) can secure support from various partners that may be interested to implement specific components of the strategy.

9. **Assistance to improving the deployment and supervision** of Development Management Officers (DMOs), NDP nurses, Public Health Associates (PHAs), and Universal Health Care (UHC) implementers in scaling up UHC. This involved assessing the challenges to deploying DMOS, NDP nurses, PHAs, and UHC implementers, and recommending measures to address the problems encountered.

6.3.3 Challenges

Over the course of designing and implementing the demonstration project, the HPDP encountered many challenges which, in turn, yielded valuable lessons for the conduct of future demonstration projects.

The scope and limits of the responsibilities and accountabilities of the UP Visayas Foundation, Inc. (UPVFI), a sub-grantee of the UPecon Foundation, Inc., was not clear in the beginning. Also, the DOH RO-VI had an initial impression that the technical assistance was broad enough to cover everything and anything that the Regional Office would need.

In the course of project implementation, the HPDP encountered the following challenges:

1. The main challenge the HPDP faced in providing technical assistance to the DOH RO-VI was setting up meetings and

activities with the RO staff given their busy schedules.

2. In planning, while the regional goals and targets were well-articulated, specific strategies and interventions were left to the discretion of the program managers, LGUs, and development partners. This resulted to a wide variation in the quality, comprehensiveness, and responsiveness of the LGU Annual Operational Plans (AOPs) and the program WFPs. Moreover, regional staff members had limited planning skills and tools.
3. The region had weak finance management capacity such that the budget was not tracked regularly.
4. The region also had limited capacity for the procurement of technical services, as it had limited experience in contracting consultancy services. There was limited knowledge, skills, and confidence in TOR writing, which made outsourcing a difficult task for the regional staff members.

6.4 Recommendations

Different aspects of our mentoring and coaching initiatives, including our technical assistance to strengthen the regional operations of the DOH RO-VI, yielded valuable insights to help improve the conduct of similar activities in the future.

Based on our observations and from feedback from the HPAs, we arrived at the following recommendations to further improve the conduct of mentoring and coaching activities in the future:

1. **Regularly update data in the KP Dashboard.** The KP Dashboard should be used to help the BIHC-DOH and other DOH technical clusters to plan how much budget should be allotted and what type of project should be implemented in a certain area, given that the programs were receiving funding from FAPs. The data presented in the KP Dashboard would have helped them analyze, determine, and plan for the programs that would benefit from the FAPs; however, as a result of not being able to encode and analyze this set of data, assistance has remained donor-driven.

2. **Clearly define the role and tasks of the HPAs.** As tasks were assigned to HPAs, they observed that most of their

tasks were similar to what a regular consultant does, especially since they worked with consultants for the FP/MNCHN catch-up plan. As there were also not many opportunities for mentoring that focuses on policy making, the HPAs were mostly doing research to help with the formulation of products, but not with the actual writing of policies. Thus, the role, tasks, and deliverables expected of the HPAs should be clearly defined prior to deployment; this way, they can be clearly distinguished from other health consultants, who might otherwise have the same functions and deliverables. Then, the duration of the program can be extended to more than six months to allow the HPAs to meet the program's objectives.

3. **Secure the commitment of the different DOH offices involved in the program.** For future projects with the FHO, BIHC, and other DOH offices or attached agencies, it should be clear to parties involved that the HPDP is there to provide technical assistance; the HPDP should not be the main driving force behind the projects. For example, the FHO program managers were not as involved as they should be in the FP/MNCHN catch-up plan activities, considering that it was their program. It is recommended that, prior to the provision of any technical assistance, the HPDP should meet with the involved DOH offices and discuss the projects which the program managers think need technical assistance. This way, the HPDP can screen which projects really need their support, and then properly schedule the tasks of future HPAs so that overlaps and dormant periods can be avoided.

4. **Enforce an effective monitoring and evaluation system.** Training uses up a significant portion of the DOH's budget; however, attention to monitoring and evaluation was lacking. For example, the FHO has conducted several training workshops for midwives; however, it would be useful to conduct monitoring and evaluation of its participants so that the FHO can assess whether they were successful in the conduct of the training workshops. Reforms are needed to effectively institutionalize a monitoring and evaluation system, which can start with the

addition of a competent technical staff member dedicated to the monitoring of projects.

Additionally, based on the lessons learned from the abovementioned challenges, the HPDP has the following recommendations for the conduct of similar demonstration projects in the future:

1. Client expectations must be managed, and the clarity of the demonstration project concept has to be ensured as the project begins negotiations with the Regional Office (RO). In the demonstration project with the DOH RO-VI, it was intentionally broad in the beginning to allow the RO to discuss a range of assistance needed. The downside to this approach was, it initially yielded a long list of technical assistance requirements, which risked spreading the assistance over many areas and ending up with no substantial impact.

2. Performance indicators or service utilization outcomes should be specified early on to allow parties to plan for the data collection and analysis that will be required later.

3. Focus on a specific health outcome or goal, then view the different aspects of the RO operations in the context of this chosen health outcome or goal. In the case of the technical assistance to the DOH RO VI, the focus was on improving FP/MNCHN performance in the region, particularly in the Iloilo Province. Thus, instead of looking at the different aspects of regional operations—such as program, budget and finance, logistics, regulation, and human resources, among others—as separate concerns, these areas were examined in the context of FP/MNCHN goals, primarily reducing maternal deaths.

4. A Memorandum of Agreement (MOA) should be forged between the Regional Office and the technical assistance (TA) provider where the motivations of each party in entering into a partnership are described; and where the goals, objectives, activities, and approaches of the project are also identified and described. Most importantly, the

MOA should also identify and describe the responsibilities of the Regional Office and the TA provider, and the ways by which each party will carry out their responsibilities. The commitment of the Regional Office and the TA provider for the partnership in terms of time, human resources, and financial resources should also be made clear.

5. A joint implementation plan should be formulated containing the following: 1) the background information of the project; 2) the tasks, the task descriptions, and how the Regional Office and the TA provider plan to accomplish the assigned tasks, including the financial resources available from each partner; 3) the management approach of the project that will describe the working relationship of the partners; and 4) the management structure in both the Regional Office and the TA provider. It would be helpful if both partners create their respective core team to work in the implementation of the activities related to the completion of deliverables. It would also be helpful to have a pool of resource persons that can help in the provision of technical assistance; and have a schedule of the implementation of activities, including the report submission.

6. The introduction of the Sector Frame Analysis (SFA) is helpful to the Regional Office, specifically to its different programs. In the case of the DOH RO-VI, its regional goals and targets were articulated, but the specific strategies and interventions widely varied because they were left to the discretion of program managers, the LGUs, and development partners. To address this problem, it is recommended that the Regional Office articulates a clear regional strategy for critical programs with corresponding performance benchmarks, preferred strategies, and specific interventions to be supported. These parameters can then serve as a basis for deriving the allocation of resources, delegating the assignments and tasks of regional staff members, providing regional support to the LGUs and other partners, and obtaining counterpart support from development partners.

7.0 Summer Workshops on Policy Analysis

Establishing a supportive policy environment for the health sector is one of the goals of the Health Policy Development Program (HPDP). Working towards this goal, the HPDP conducted a series of summer workshops as a venue to introduce health policy analysis to new professionals and to encourage new graduates to work in the health sector.

This series of summer workshops, a total of three training workshops held between 2012 and 2014, aimed to attract more young professionals and new graduates to increase the pool of skilled health policy and health data analysts, and to widen the network of institutions working in health research and policy analysis.

The goal was not only to build and populate the pool and network as a resource base for the entire health sector, but also to encourage new skilled professionals to join the HPDP and the DOH, including its allied agencies such as the PhilHealth, CHDs, the Bureau of Food and Drug (BFAD), and the Commission on Population (POPCOM), among other agencies. The workshop also aimed to enhance the capacity of the HPDP and the DOH to respond to the requirements of the scaled-up implementation of KP/UHC goals and the mandates of the RPRH Law.

The workshop was designed to provide learning opportunities and to introduce to the participants the following key concepts on policy analysis:

1. Critical ways of understanding the nature of policy problems and issues;
2. Use of quantitative methods to identify and evaluate the effectiveness of alternative solutions;
3. Analytical approaches using current data; and
4. Ways to organize and present results into policy briefs.

7.1 Selection of Participants

The workshop was offered to young and promising professionals in institutions critical to health policy development. Invitation letters and flyers were sent to more than 100 relevant institutions nationwide, including universities, colleges, organizations for health professionals, regional offices of the National Economic and Development Authority (NEDA), non-governmental research and advocacy organizations, and public and private research outfits.

Participants were selected based on a certain set criteria, including completion of any college degree from 2005 onwards, recommendation from the head of their institution, their academic

and professional work history, interviews, and potential for future involvement in health policy research work. Workshop applicants presently employed were required to submit a referral from the head of their agency, while fresh graduates were required to submit a recommendation from the dean of the school from which they have graduated.

The criteria were based on the expectation that the participants of these workshops will serve as the foundations on which future capacity for health policy analysis will be built. Similarly, the institutions to which they belong were likewise expected to become much more active partners in a network that helps develop and assess health policy at the national and local levels.

7.2 Workshop Approaches and Topics

The workshop on policy analysis made use of the following approaches:

1. Principles, methods, and frameworks were introduced by working on cases where new policies were developed, assessed, or revised;
2. Data, tools, and software were introduced in laboratory work where participants work on specific policy questions and use the latest data, methods, and software to analyze such issues;
3. Participants had interactions with prominent people who continue to influence policy development in the country; and
4. Participants were given specific research questions to analyze and turn into a policy brief.

The workshop was structured in a way that it not only provided the participants a crash course on health policy analysis and data management, but also allowed them to process the concepts and methods they just learned and connect them to actual policy development work.

The workshop provided a detailed introduction to health policy analysis. It covered various approaches in policy analysis using quantitative and econometric methods. The course also included the fundamentals of research and technical report writing in order to assist the participants in writing actual health policy evaluation papers using reference materials and data provided during the course.

The workshop covered the following topics:

1. **Sector frame and health value chain analysis.** This discussion presented a logical framework that illustrates the relationship of various actors and institutions involved in the demand and supply of health care goods and services, including policy development, budgeting and expenditure planning, procurement and delivery of commodities and supplies, provision of services by providers, and actual use of beneficiaries. It presented how the DOH, PhilHealth, local government units (LGUs), health providers, households and individuals, and other players interact with each other and influence health service utilization, health coverage, and, ultimately, health outcomes.

2. **Official demographic and health statistics, and an overview of survey data sets.** This session provided an overview of the data sets and information available in the different National Statistics Office (NSO) surveys, including general sampling design and information content. It introduced the participants to the available data and information that can be used for policy analysis from health-specific surveys, such as the National Demographic and Health Survey (NDHS) and the Family Planning Survey (FPS), to broad household surveys such as the Family Income and Expenditure Surveys (FIES) and the Annual Poverty Indicator Survey (APIS). The discussion also covered the latest available health information content from recent surveys, including the limitations of these data.

3. **Introduction to data management and analysis using statistical package and spreadsheet applications.** The course provided the participants an understanding of and instilled basic skills in Microsoft Excel and Stata, a data analysis and statistical software. The participants then learned basic data management and quantitative methods through hands-on exercises on financial and statistical computations using NSO survey data sets. The hands-on exercises also discussed how quantitative methods can be employed to address policy issues and research questions.

4. **Setting targets: Identifying, characterizing, and counting target policy and program beneficiaries.** This lesson familiarized participants with the different targeting approaches to identifying program or policy beneficiaries using select variables processed and generated from the NSO data sets. This included a case discussion demonstrating how targeting of beneficiaries was done for a particular policy using available data. This was followed by a laboratory work where each of the participants was guided by experts to generate estimates of target beneficiaries using recent data.

5. **Modeling, specifying, and estimating the effect of a policy on health service utilization.** The participants were introduced to quantitative modeling and the specification of econometric models. Later in the session, the participants applied these quantitative methods using Microsoft Excel and Stata to estimate parameters that describe the behavior of families in seeking and using family health services. The computed behavioral parameters provided greater insight on the effect of policies on the utilization of family health services. To provide greater policy relevance, the exercise used the latest available data set at the time. Participants were assisted by experts in the hands-on exercises.

6. **Costing methods.** The participants were introduced to the costing of commodities and products in family health programs. This included a discussion of mechanisms for estimating the costs of commodities under a variety of alternative scenarios, counting target users and determining the volume of commodity requirements, among others, to facilitate informed decisions on the planning, budgeting, and efficient use of funds. A case study was presented to illustrate how the costing of commodities was done to implement allocation of resources to target beneficiaries to get the most policy impact. A guided hands-on exercise followed the case presentation to allow the participants to apply what they have learned during the session using the latest data sets at the time.

7. **Initial modeling, specifications, and estimates of individual papers using relevant data sets.** The participants learned how to develop and estimate quantitative models to address randomly-assigned policy questions. The participants used relevant data sets, the latest one at the time, and received guidance from experts in developing quantitative models. This enabled the participants to apply what they have learned in the previous sessions and to develop an outline for an assigned research or policy paper.

8. **Technical writing.** Participants were guided in developing the outline for their full research paper, with assistance from mentors from the HPDP's pool of consultants and technical advisers.

At the end of the workshop, participants presented and defended the policy notes they wrote using the Stata statistical program to process relevant National Demographic and Health Survey (NDHS) data. Topics for the policy notes were randomly assigned to the participants to ensure that they thoroughly understood the concepts taught during the workshop, and that they worked on challenging topics that were not within their own spheres of expertise. Topics ranged from family planning/maternal, newborn, and child health and nutrition (FP/MNCHN), health facility utilization, government health and social services, and cost of public and private hospital confinement, among other topics.

Although the policy notes produced by the participants used actual data and were reviewed by industry experts and other resource persons from the UPecon-HPDP, these were considered rough, initial attempts at health policy analysis and were not meant to be used for health policy implementation.

7.3 Resource Persons

The HPDP engaged its pool of technical consultants and senior advisers, faculty from the University of the Philippines, and other eminent persons in the research community as resource persons for this course.

The daily workshop sessions were capped off with roundtable discussions with well-known experts from different fields such as

health policy (Dr. Alberto Romualdez, Dr. Mary Ann Lansang, and Dr. Orville Solon), poverty and income inequality (Dr. Arsenio Balisacan), public policy research (Dr. Josef Yap), health insurance (Dr. Eduardo Banzon), technical writing for good policy papers (Dr. Emmanuel de Dios), and private sector health perspectives (Rhais Gamboa), just to name a few.

The experts also reviewed the policy notes and discussed with the participants the appropriateness of the models they used, the analysis made, and the conclusions reached.

7.4 Results and Achievements

In 2012, there were 22 workshop participants from all over the country, most of whom were from educational and research institutions, while four were from government planning and policy offices – one each from the National Economic and Development Authority (NEDA) Regions VIII and XI, and two from the PhilHealth Head Office. After the workshop, five of the participants eventually joined the HPDP and its partner in the Visayas (UPVFI) as health policy and data analysts, nine continued to teach and do research, while the rest held posts in government service and in non-governmental organizations (NGOs), which provide community health research and services.

In 2013, there were 20 participants from all over the country, most of whom were research assistants and fresh graduates. The workshop for this particular year deliberately aimed to attract more young professionals and fresh graduates to further increase the pool of skilled health policy and health data analysts in the country, and to widen the network of institutions working in health research and policy analysis. Of the 20 participants, there were six fresh graduates, seven research assistants from NGOs, two educators, three government employees, and two medical doctors doing research and policy analysis who both eventually joined the DOH-HPDPB as Health Policy Fellows.

In 2014, the workshop was conducted for 14 health professionals, almost all of whom are young medical doctors, to enhance their capacity for analyzing the impact of policies on consumer or patient benefits using quantitative methods and extensive available data. The workshop sought to develop the young doctors' ability to be more critical in their understanding of patient behavior, such as consumer

response to PhilHealth's maternity package or to the government's supplementary feeding programs. Hopefully, this new level of understanding will help these young doctors become more involved in implementing and developing new health policies, even as they choose to embark in their own respective clinical practices.

As in previous workshops, the participants were trained in the use of the statistical program Stata to generate the data needed for their policy analysis. They were guided through the process of quantitative analysis by mentors who are professors in the University of the Philippines School of Economics (UPSE) and senior consultants in the HPDP. The workshop encouraged participants to practice the use of quantitative analysis by working on their own non-health related policy problem. Working on a non-health related policy problem enabled participants to focus on the process of data analysis itself rather than on their preconceived notions on health policy issues.

For a complete list of the participants and their policy notes, please refer to Appendix F.

7.5 Recommendations

Based from the outcome of the workshops and feedback from the participants, the HPDP arrived at the following recommendations to further improve the conduct of the summer workshops on policy analysis:

1. The summer workshops on policy analysis should be conducted regularly, preferably in partnership with different health and government institutions so that the attendance and participation of key staff members can earn them credits or diplomas.
2. Much like with the conduct of the short course on procurement planning and contracts management, the summer workshops on policy analysis can also be broken down into modules. This way, concepts and lessons are easier to digest, and there will be more time left for hands-on activities and roundtable discussions.
3. Materials for the workshops on policy analysis, such as data sets and introductory guides to Stata, can be made accessible online so that participants and other interested parties can access them anytime as long as they have a stable internet connection.

4. Aside from the training proper and its hand-outs, licensed Stata software and authorized data sets should also be provided to the participants for better knowledge transfer. This way, participants will not only cascade the information they have learned, but also introduce and promote the use of the Stata software and the data sets in their respective offices or institutions.
5. The workshop approaches and content can be further refined to address the needs of the participants and their respective offices or institutions. They should also be updated for relevance to the latest available data sets.

8.0 Conclusion and General Recommendations

The capacity building activities proposed and implemented by the HPDP built on the strengths of the organization. Activities such as the assessment for the KP/UHC Institutional Platform (see Chapter 2.0) and the summer workshops on policy analysis (see Chapter 7.0) leveraged on the HPDP's experience and expertise in evidence-based health policy development and assessment.

Since members of the HPDP are a mix of trained health professionals and economists, the HPDP can see the bigger picture in terms of the health sector and the national economy. In the process of crafting health policies, the HPDP was able to provide not just the clinical perspective, but also the fiscal and social implications of a given health policy. By working closely with field personnel, such as staff members of the DOH Regional Offices (ROs), the HPDP was able to have a strong monitoring and evaluation (M&E) mechanism that allowed it to properly assess the reach and the impact of certain health policies.

But the HPDP's expertise alone was not enough to propel the success of its projects. Over the course of the implementation of the proposed capacity building activities, there were many local and national events that posed opportunities and challenges to the programs. On top of this, working with the DOH Central Office and Regional Offices (ROs) surfaced various bureaucratic barriers and issues that typically arise during the course of inter-agency and public-private partnerships.

One such barrier was how the staff members of the different ROs perceived consultants and technical assistance from the HPDP, especially during the testing of demo projects and in the deployment of Health Policy Associates (see Chapter 5.0). On one hand, this can just be considered a jurisdictional issue: the technical assistance being offered by the HPDP was not welcomed in certain DOH offices and units simply because they believed that they are not within the jurisdiction of the HPDP.

On the other hand, it can also be reflective of the image of the HPDP: certain DOH offices and units associate the HPDP with more work load for their staff members, especially since the HPDP also needs their assistance in the operationalization and assessment of health policies. This image somehow gets in the way of proper coordination with different DOH offices and units, as some of their staff members resisted the technical assistance and support being offered by the HPDP.

8.1 Opportunities and Challenges

There were many advancements under the Aquino administration that the HPDP tapped into to create its capacity building activities as support for the DOH.

The Aquino administration promoted public-private partnerships (PPPs), most notably in the development of public health facilities. Also, in the General Appropriations Act (GAA) of 2011, bulk of the budget allotted to the DOH went to its Regional Offices (ROs), in part in support of boosting maternal and child healthcare services in line with the Millennium Development Goals (MDGs).

The passing of both the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 and the Sin Tax Law also opened up opportunities for the HPDP to work with different DOH offices, units, and attached agencies, and even the private sector and advocacy groups, for the drafting of health policies and Implementing Rules and Regulations (IRRs).

These developments under the Aquino administration opened up an opportunity for the HPDP to create a short course on procurement planning and contracts management (see Chapter 4.0) for the budget officers of the DOH ROs. The short course proved useful for the regional staff members as it addressed their current needs: how to manage and distribute their annual budgets, and how to draft terms of references (TORs) / scopes of work (SOWs) and manage projects for PPPs.

In this regard, the short course was the most successful capacity building activity of the HPDP, not only because of how well-received the technical assistance was, but also because of how the HPDP was able to establish good relationships with the Regional Directors (RDs) and the budget officers. In general, the HPDP had better response and engagement with the DOH Regional Offices versus the DOH Central Office, especially since the RDs were very responsive and cooperative. The HPDP directed its capacity building activities to the ROs as bulk of the DOH operations were in the regions—it was the ROs that implemented the health policies and programs. Through the short course, the HPDP also had direct engagement with the ROs, thus further strengthening ties with the ROs.

The changing administration and leadership within the DOH in 2014 affected the implementation and continuation of some

projects. The assessment for the KP/UHC Institutional Platform (KPIP) was done as per the request of then Secretary of Health Ona. However, when Secretary Ona left the DOH, the KPIP project was eventually discontinued under the new leadership of the DOH. The Health Policy Development and Planning Bureau (HPDPB), the unit under the DOH mandated to support the KPIP, did not have the capacity then to provide the technical and operational requirements of the KPIP. The HPDP assessed the HPDPB and, in a bid to build the capacity of the bureau, recommended that it undergo restructuring. However, the HPDPB did not follow the recommendations of the HPDP; perhaps staff members of the HPDPB wanted more collaborative work with the HPDP, rather than mentoring and coaching that might have connoted inferiority in those that needed to be mentored and coached.

Other institutional problems such as bureaucratic processes, or "red tape," in certain DOH offices and units, and even in certain LGUs, also posed a problem. It proved difficult to work with different people on the field as they already have set ways of working, and do not necessarily have the same priorities and focus as the HPDP. Thus, projects and assistance from the HPDP were initially met with resistance. And in the cases where the HPDP was able to establish good relationships with partner offices and units, partnerships were sometimes cut short or affected when certain staff members of the ROs were moved or reassigned to another office or unit during the course of a project. While funding was not an issue, the government, for example, even funded some demo projects, changes in personnel proved to be a constant problem, as staff members both in the DOH Central Office and Regional Offices were constantly being reassigned during the course of different projects.

8.2 Recommendations for Future Capacity Building Activities

The KP/UHC Institutional Platform (KPIP) and the capacity building activities were two of the major objectives of the Support to Capacity Building and Knowledge Management (SCBKM) group of the HPDP.

The HPDP intended to provide technical assistance to the HPDPB and the Health Human Resource Development Bureau (HHRDB), as they were the two offices designed to develop staff capacity for the DOH. The Directors of the two offices were receptive to the technical assistance the HPDP was offering, such as the short course on procurement planning and contracts management; however, it was the staff members of the two offices who were resistant to the technical assistance.

In order to minimize resistance, the HPDP proposed that technical assistance provided be institutionalized within the DOH. For example, the HPDP proposed to the HHRDB that the short course be institutionalized, and that participation in the short course be diploma-earning so that it can be a substitute for Government Procurement Policy Board (GPPB) accreditation.

Other capacity building activities, such as the technical exchange program, did not achieve what it set out to do. The implementation of the technical exchange program was always met with resistance, even during HPDP (2007-2012): some technical exchange programs were not welcomed because they were deemed redundant, as they seemed to overlap with other existing programs of the DOH. The Health Policy Fellows (HPFs), on the other hand, were welcome in the ROs since they provided administrative support more than clinical assistance. Government offices tend to be hierarchal, and thus appreciated the presence of HPFs more since their presence didn't threaten the lines of authority. Health Policy Associates (HPAs), on the other hand, while younger than most regional staff members, had more stature as they were experienced medical practitioners; their presence, in turn, threatened the status quo in some ROs, which inevitably lead to the resistance to the technical assistance being provided.

In the future, it might be best for the HPDP to not refer to these technical assistance as "capacity building" or "mentoring and coaching" programs as the terms hold serious implications for some people. Some staff members from the DOH Central Office and

ROs have commented that this implied that they are not competent enough to perform their jobs. However, this was not the intention of the HPDP that was just performing its mandate of providing technical support to the DOH.

By all accounts, the Health Policy Associates (HPAs) program, one of the programs under the HPDP's proposed technical exchange, was not successful. Not only was it short-lived, as it was only able to last for six months, it was also not able to achieve its objectives: to bridge clinical capacity and policy making, and to enable the private and the public health sector to learn from each other. The HPAs, most of whom were young and competent private practitioners, did not have previous experience in the public health sector, and thus took a while to understand how public health offices work.

Some Regional Directors (RDs) and staff members were also impatient, and were even wary of the clinical assistance being offered by the HPAs. Some RDs even commented that they appreciated the presence of the Health Policy Fellows (HPFs) more as they helped with other tasks, such as the preparation of PowerPoint presentations and the writing of reports, and not just provided clinical assistance. In order for the program to be considered a success, the ROs should have picked up helpful feedback from the HPAs in order to reform their health policies; unfortunately, this did not happen as feedback from the HPAs was not welcome.

8.2 Conclusion

The HPDP started out with the best intentions to provide capacity building programs and technical assistance to the DOH Central Office and Regional Offices (ROs). Programs such as the short course on procurement planning and contracts management proved successful, providing the necessary assistance to the ROs when it comes to managing their annual budget and contracting third-party suppliers.

However, unforeseen circumstances such as the changing administration and leadership of the DOH, and the unstable political and social climate of the country, affected the implementation of some of the capacity building activities that the HPDP proposed.

In the future, when coming up with proposals for capacity building activities, the HPDP should be more forward-looking and anticipate the different scenarios that can happen during the course of program implementation. Possible reception and resistance of the different DOH offices, such as the Central Office and the Regional Offices (ROs), should be considered and examined in order to come with contingency plans for the different programs. This way, the implementation of the program would not be disrupted or, at best, resistance to the technical assistance can be assuaged.

References

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Lansang, M., Picazo, O., & Quimbo, S. (2013). *Options for Establishing an Institutional Platform for the Strategic Management of the Kalusugan Pangkalahatan/Universal Health Care Program.* Diliman, Quezon City : Support to the Establishment of an Institutional Platform Task Force, Health Policy Development Program.

Appendix

A. Institutions Included in the Rapid Assessment of Local Experiences Related to Health Financing and Systems Research

	Local Institutions
1	Asian Institute of Management
2	Ateneo Center for Economic Research and Development
3	Ateneo Graduate School of Business
4	Ateneo School of Government
5	Ateneo School of Medicine and Public Health
6	Center for Health Development Baguio
7	Development Academy of the Philippines
8	De La Salle University Behavioral Science Department
9	Foundation for the Advancement of Clinical Epidemiology
10	Health Policy Development and Planning Bureau
11	Institute of Philippine Culture
12	Isla Lipana & Co./ PricewaterhouseCoopers
13	National College of Public Administration and Governance
14	National Institutes of Health
15	Office of the Population Studies
16	Philippine Center for Economic Development
17	Philippine Council for Health Research and Development
18	Philippine Health Insurance Corporation
19	Philippine Institute for Development Studies
20	PITC Pharma Inc.
21	Research Institute for Mindanao Culture
22	Research Institute for Tropical Medicine
23	University of the Philippines College of Medicine
24	University of the Philippines College of Public Health

25	University of the Philippines Economics Foundation (through HPDP)
26	University of the Philippines Population Institute
27	University of the Philippines School of Economics
28	United Stated Agency for International Development

B. International Health Policy Systems Research Institutions and Organizations Included in the Desk Review

	International Institution or Organization
NORTH AMERICA	
1	Canada, Center for Health Economics and Policy Analysis
2	Canada, Toronto Health Economics and Technology Assessment Collaborative
3	Canada, Canadian Institute for Health Information
4	Canada, Institute for Clinical Evaluative Sciences
5	Canada, Institute of Health Economics
6	United States, Agency for Health Research and Quality
7	United States, Centers for Medicare and Medicaid Services, formerly known as Health Care Financing Administration
8	United States, Institute of Medicine
9	United States, National Institutes of Health
LATIN AMERICA	
10	Mexico, Mexican Health Foundation *(Fundacion Mexicana para la Salud)*
EUROPE	
11	United Kingdom, National Institute for Health Research
12	United Kingdom, National Institute for Health and Clinical Excellence
AFRICA	
13	Kenya, Africa Population and Health Research Center
14	South Africa, Human Sciences Research Council
15	Sub-Saharan Africa, Consortium for Health Policy and Systems Analysis for Africa
EAST ASIA	
16	China, China Health Economics Institute
17	Japan, Institute for Health Economics and Policy
18	Singapore, Centre for Health Services Research
19	South Korea, Health Insurance Review Agency
20	Taiwan, National Health Research Institute
21	Thailand, International Health Policy Program
22	Thailand, Health Systems Research Institute

C. Short Course on Procurement Planning and Contracts Management Program Syllabus

Module One: Procurement Planning, Bid Preparation, and Terms of Reference (TOR)/Scope of Work (SOW) Development

1. Overview of the Budget Cycle
2. Linking Budget Planning to Procurement
3. Overview on the Procurement Law – Rules on Consulting Services
4. Contract Implementation and Alternative Methods of Procurement
5. Red Flags of Procurement – The "COAbles"
6. Procurement Planning
7. Introduction to Bid Preparation/Costing
8. Setting Evaluation Criteria for Shortlisting and Bids
9. Elements of a Sound TOR/SOW and Project Conceptualization
10. Bidding Documents

Module Two: Budget Planning, Program/Project Costing, and Expenditure Management

1. Contextualizing the Budget Process: The DBM Perspective
2. Overview of the Budget Cycle
3. Bottom-Up Budgeting
4. Participatory Planning in Budgeting
5. Budget Planning: Utilizing Data for Prioritization and Evidence-Based Policy and Planning
6. Budget Planning: Target and MFO Goal Setting
7. Budget Planning: Realistic Costing
8. The Role of the PPBDC in Budget Planning and Consolidation of the DOH Budget
9. Defending the Budget
10. Budget Execution
11. Various Forms and their Relevance
12. Features and Highlights of the DBM FY 2015 Guidelines on the Release of Funds (NBC 556)
13. Budget Accountability
14. Vulnerabilities in the PFM Budget Cycle

Module Three: Contracts Management, Monitoring and Evaluation

1. Introduction to Project Life Cycle (PLC)
2. Indicators
3. Introduction to Monitoring and Evaluation
4. Project Initiation
5. Project Planning
6. Monitoring and Result for Evaluation
7. Developing Monitoring and Evaluation Systems
8. Data and Systems for Monitoring and Evaluations
9. Project Execution
10. Project Closeout

D. Short Course on Procurement Planning and Contracts Management Contributors and Participants

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Innovations and Multi-Sectoral Partnerships To Achieve Control of TB (IMPACT)	
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E. Health Policy Associates by Area of Specialization, Area of Assignment, and Technical Assistance Provided

	Health Policy Associate and Area of Specialization	Area of Assignment	Technical Assistance Provider
1	**Bridgit Hydee Salao** *General Practice* *Former Assistant Project Leader for an HPDP Local Technical Assistance Program (LTAP); developmental worker; former Municipal Health Officer (MHO) in Mountain Province*	CHD CAR	• Indigenous People's (IP) Friendly Birthing Facility in CAR • TCL-type monitoring tool to be used by the CHTs to assist in monitoring and reporting system for the CHT mobilization.
2	**Apple Pagulayan** *General Practice* *Former MHO in Cagayan Valley and Medical Officer in Apayao Provincial Hospital; former Doctor to the Barrios (DTTB) scholar*	CHD Cagayan Valley (II)	• Preparation of a master list of all National Household Targeting System (NHTS) hospitalized per municipality • Proposal to address high turnover rates of CHT partners
3	**Suzanne Degollado** *Pediatrics – Infectious Diseases* *Maintains clinical practice in government and private hospitals in Guagua, San Fernando and Angeles, Pampanga*	CHD Central Luzon (III)	• Guidelines for the operation of blood services network (basis for an AO). • Bridging the gap in knowledge and practices in immunization of health care workers in barangay health centers and private practitioners.
4	**Rosally Zamora** *Internal Medicine – Infectious Diseases* *A visiting consultant in East Avenue Medical Center; faculty member in San Beda College of Medicine*	CHD NCR	• Tracking of CHD grants awarded to LGUs using the ETS
5	**Evalyn Roxas** *Internal Medicine – Infectious Diseases* *A visiting consultant in East Avenue Medical Center, Ospital ng Maynila, and Mary Mediatrix Medical Center; tuberculosis-Directly Observed Treatment Short course (TB-DOTS) and human immunodeficiency virus (HIV) team head of Ospital ng Maynila; faculty member of the College of Medicine of Pamantasan ng Lungsod ng Maynila*	CHD CALABARZON (IV-A)	• TB – HIV collaborative activities in Region IV-A

6	**Xyrene Gonzales** *OB – Gynecology* *A visiting consultant in a private hospital in Cavite*	CHD MIMAROPA (IV-B)	• After the completion of the KII reports and the HPAs' technical conference, did not complete the program
7	**Karen Gregorio** *Internal Medicine – Infectious Diseases* *Did some public health work in Ethiopia; maintains a clinical practice in Legaspi, Albay*	CHD Bicol (V)	• Strengthening the basic service delivery network (SDN) in the Bicol region • Proposed information dissemination activities
8	**Ann Marie Velasco** *Internal Medicine – Infectious Diseases* *Maintains a clinical practice in Kalibo, Aklan*	CHD Western Visayas (VI)	• After the delivery of KII reports, did not complete the program
9	**Annabel Laranjo** *Internal Medicine – Infectious Diseases* *Maintains a clinical practice in Perpetual Succour Hospital in Cebu City; a faculty member in Deles College*	CHD Central Visayas (VII)	• Consortium between teaching centers Vicente Sotto Memorial Medical Center (Cebu City) and Governor Celestino Gallares Memorial Hospital (Tagbilaran City) and the district hospitals of Region VII
10	**Cindy Llego** Pediatrics – Developmental *Training Officer and a member of the Ethics, Training and Research Board of the Department of Paediatrics of Northern Mindanao Medical Center; Active Consultant for Polymedic Medical Plaza; Assistant Professor in Xavier University's Dr. Jose P. Rizal School of Medicine; Research Reviewer for the Clinical Child Psychology and Psychiatry - SAGE International Journal*	CHD Northern Mindanao (X)	• Listed down recommendations to discuss with the LGUs • Engaging the LGU in sustaining the CHTs at the LGUs
11	**Kathryn Roa** *Internal Medicine – Infectious Diseases* *Former HPDP Fellow; maintains a clinical practice in Davao Doctors Hospital*	CHD Davao (XI)	• Bottom-Up Budgeting (BUB) • Increasing KP/UHC performance via CHT retraining and monitoring activities • SDN format of the health facilities directory • Dengue control activities

F. Participants of the Summer Workshops on Policy Analysis and their Policy Notes

Participants of the 2012 Summer Workshop on Policy Analysis and their Policy Notes

	Participants	Policy Notes
1	Nina Karla M. Alparce	How Can Fear of FP Side Effects Be Reduced?
2	Kezzie Lyn Bacalocos	Promoting a Better Choice to Uplift the Lives of Women… and Their Families
3	Rosa Lea S. Baldevarona	Light Smoking as a Risk Behavior to Pregnant Women
4	Harvey V. Baldovino	He Said, She said, or We Said? Couples' Consensus on Family Size
5	Adrienne Marrie S. Bugayong	Information? We Need Action! Family Planning Advertisements and Use of Modern Family Planning Methods
6	Liezl P. Bugtay	Defining Out-of-Pocket Expenses of PhilHealth's Poor versus Non-Poor Members
7	Jaime O. Cañedo	Connecting the Links: An Assessment to Response of Women to Sexual Violence
8	Benedict Mark M. Carmelita	Patient Hospitalization: Determining Preference Level Among Health Facilities
9	Noel B. Del Castillo	Are they protected? Condom Usage and the Plight of Young Filipino Women
10	Pierce S. Docena	Is Public Hospital Confinement Really Cheaper?
11	Michael Jibson C. Hernandez	Increasing Awareness Level of HIV/AIDS
12	Erma L. Lagarto	An Assessment of Performance of PHIC Regional Offices: Pro-Poor Enrolment, Revenue Collection, or Total Enrolment
13	Abner O. Lawangen	Delaying Early Sexual Intercourse Among Under 21 Filipino Women in the Philippines
14	Jerene C. Managbanag	Greater Actual Number of Children Vis-à-Vis the Ideal: The Underlying Factors
15	James Matthew B. Miraflor	Determinants of Treatment-Seeking Behavior among Mothers of Children Under Five with Fever
16	Leonina M. Morillo	Out-of-Pocket (OOP) Expenditures for Out-Patient (OP) Consultation
17	Marjhun A. Ricarte	Should We Bother Intensifying Use of Oral Rehydration Solution in Metro Manila?
18	Ken P. Sarmiento	Decision-Making Patterns in the Use of Bi-Tubal Ligation (BTL)
19	Xerxes T. Seposo	Facility Utilization: Displacement Theory
20	Carlos L. Tolentino II	Advance Facility Based Delivery, Reduce MMR
21	Charis Mae A. Tolentino	Will the Poor's Demand for Traditional Remedies or Self-Medication Decrease as PhilHealth Coverage Increases?
22	Dakila Kim P. Yee	How Much are the Poorest Willing to Pay for Pills?

Participants of the 2013 Summer Workshop on Policy Analysis and their Policy Notes

	Participants	Policy Notes
1	Mel Lorenzo M. Accad	Sucking for the first time: Factors associated with late initiation of breastfeeding among Filipino mothers
2	Junelyn C. Alawas	The spotting scope: Identifying the socioeconomic markers of women who are more likely to experience family planning failure
3	Madeiline Joy J. Aloria	Is condom a top contraceptive choice among live-in couples? A study on the socio-demographic factors influencing the likelihood of condom use and the reproductive choices within non-marital cohabitation
4	Bates M. Bathan	A dose of pill: Women's preference for providers of oral contraceptives in the Philippines
5	Sol Francesca S. Cortes	The first cut: Teenage first time mothers and their choice of caesarean section provider
6	Vida Karna C. Dejos	Profiling the women who complete antenatal care visits: Who and where are they?
7	Allisonne V. Delos Santos	Pinoy LAPM. Good Find, Rare Kind: A study on the demand for long-term acting and permanent methods in the Philippines
8	Kenmore B. Espinoza	The Incision Hub: An analysis on women's characteristics affecting their choice of provider for caesarean section
9	Jana Crissia DC. Estacio	What factors influence the choice of family planning among Filipino women?
10	Jea G. Ferrer	Women, why not use rubbers, jellies and foams? Factors that influence why women do not use modern family planning methods
11	Vicente D. Ingen	In a nutshell: Immunization is essential for child survival
12	John Raymond B. Jison	The perils of exclusion: Probing the characteristics of Filipinos who are not covered by the National Health Insurance Program (PhilHealth)
13	Wilbert Lee	Hope or despair? A policy analysis on factors associated with the age of first pregnancy
14	Lady Lou Marapao	Is abortion illegal in the Philippines?
15	Erwin A. Pagayanan	An analysis of factors affecting women's choice of birth place
16	Aaron Sanchez	Where do I go? The effect of being covered by PhilHealth on the choice of healthcare provider
17	Ma. Socorro Santos	No place like home: Determinants of where a pregnant teen will deliver
18	Jose Paulo Ungson	My dead sister: How family characteristics relate to MMR
19	Gloria Nenita V. Velasco	The role of health providers and insurance in the initiation of the first antenatal care visit
20	Joshua C. Young	Cutting it close: No scalpel vasectomy among married couples of reproductive age

Participants of the 2014 Summer Workshop on Quantitative Policy Analysis and their Policy Notes

	Participants	Policy Notes
1	Romiena Mae S. Albano	Who are the beneficiaries of GSIS pension?
2	Rita Mae C. Ang, MD, MPM	Is the Supplemental Feeding Program able to target its intended beneficiaries?
3	Kirth M. Asis	Jobs for the underserved through community-based employment program
4	Lariza Marie Luna Canseco	Comprehensive Agrarian Reform Program beneficiaries: Intended targets or not?
5	Jan Caezar B. Cordero	Are the vulnerable groups benefitting from disaster relief?
6	Jennifer G. Coritico	Achieving financial freedom through government lending
7	Emar Giron	Scholarship benefits and student financial assistance (Government)
8	Miguel Luiz B. Guillermo	Who benefits from Conditional Cash Transfers?
9	Jonathan A. Kupahu	The Food for Work Program: Does it serve the purpose?
10	Mickhael B. Langit, MD	Availment of loans from the Philippine Social Security System
11	Denise Valerie Silfverberg	Who benefits from government-financed housing programs?
12	Maria Elinor Grace Q. Sison, MD, MPM	Who utilizes disability benefits?
13	Erika Tabunar	Availment of maternity benefits in the Philippines based on the Annual Poverty Indicators Survey, 2011
14	Robert Totanes	Who benefits from PhilHealth?

This technical report discusses the products and accomplishments of the Support to Capacity Building and Knowledge Management (SCBKM) of the Health Policy Development Program (HPDP). The SCBKM provides assistance to the Department of Health (DOH) in managing interventions designed to build up and sustain capacity to manage information, scale up reform implementation, and address future strategic policy issues of the health sector. At the outset, the HPDP SCKBM has been tasked to produce six main knowledge products, including the establishment of an institutional platform for the *Kalusugan Pangkalahatan*/Universal Health Care (KP/UHC) and the development of a short course on procurement planning and contracts management.

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