Evaluation of Health Facilities Enhancement Program

Oscar Picazo
Ida Marie Pantig
Danica Aisa Ortiz
Nina Ashley Dela Cruz
Melanie Aldeon
Juan Alfonso Tanghal

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Outline

i. Introduction

ii. Background of the study

iii. Phase 1: Process Evaluation
   ▪ Receipt, completion, functionality and sustainability of HFEP investments

iv. Phase 2: Impact Evaluation
   ▪ Assessment of net effect of the program (utilization)

v. HFEP General Findings

vi. Policy Options
Introduction
Health Facilities Enhancement Program (HFEP)

Health Facilities Enhancement Program is one of the banner programs of the Aquino Administration for the upgrading of facilities through investments in infrastructure and medical equipment.

HFEP aims to:

(1) upgrade priority BHSs and RHUs to provide BEmONC services for the reduction of maternal mortality;

(2) upgrade government hospitals and health facilities in provinces to make them more responsive to the health needs of the catchment population;

(3) upgrade lower level facilities to be able to accommodate nursing students and to establish gate-keeping functions to avoid congestion in higher level hospitals, and;

(4) expand the services of existing tertiary hospitals to provide higher tertiary care and as teaching, training hospitals.
Health Facilities Enhancement Program (HFEP)

Priorities:
- **2010**: B/CEmONC, blood facilities in regions with high MMR
- **2011**: BEmONCs, DOH hospitals
- **2012**: government hospitals; expansion of tertiary hospitals
- **2014**: centralized bidding for equipment (big ticket items) and procurement
- **2015**: NHTS/GIDA/NAPC areas; non-compliant hospitals (DOH and PhilHealth)
- **2017**: upgrading of Level 1 to Level 2 DOH hospitals; psychiatric health services; MOOE budget for hiring, monitoring and evaluation, etc.

HFEP budget has swelled to **PHP 26.9 billion** in 2016 from **PHP 43 million** in 2007.

Source: General Appropriations Act
Background of the Study
Background of the Study

2013: DBM requested PIDS to conduct an impact evaluation of big ticket government projects

HFEP Impact Evaluation at PIDS:
- Phase 1: **Process Evaluation** (June 2014-April 2015)
- Phase 2: **Impact Evaluation** (May 2015-January 2016)
Available literature on the HFEP


Sepe, SC (n.d.) A Descriptive Study on the Utilization of Maternal Care Services Among Selected Rural Health Units Given 2011 Health Facilities Enhancement Program Funding. HPDPB. Department of Health.
HFEP Process for:
Identification and Planning
- Lacks technical rigor
- No link between allocation and province’s poverty incidence/needs based on PIPH
- Serious design limitations

Budget Allocation and Control
- Delayed and abandoned projects due to poor internal control
- Underestimation of time and resource constraints

Project Execution and Completion
- 2009-2010: 200-300 days before funds are released
- Delays in completion due to micromanagement

Effectiveness and Cost-effectiveness
- Certain investments were able to correct existing spatial maldistribution of facilities
- But there were also facilities that were built too close to each other/lacked geographic planning
- No other literature were located on cost effectiveness

Functionality and Availability of Services and Commodities
- BEmONC RHUs had improved service abilities after HFEP investments
- Serious stockouts in FP commodities and occasional stockouts for TB drugs and kits (2013-2014)

Sustainability of Financing
- Downward trend of LGU financing to hospitals at the time when HFEP allocations are increasing

Utilization of Services in Hospitals
- Evidences of increased utilization of outpatient and inpatient services in DOH hospitals which received HFEP
Purpose of the study

- State of funding and completion of HFEP projects
- Functionality of the completed projects
- Utilization of health services
- Sustainability of HFEP investments

Scope of work of the study

- Budgeting & allocation: Not covered
- Costing & procurement
- Project implementation & completion: Covered
- Functionality and utilization
- Sustainability
Sources of Data

Secondary data
- Philippine Statistical Yearbooks
- DOH Health Facilities Development Bureau
- Hospital Statistical Reports (HSR)
- Individual Facility Survey

- Basic Facility Profile
  - Emergency obstetric capacity
  - License level of facility

- HFEP Support Received
  - HFEP Investments (Infrastructure and Equipment)
  - Completion and Functionality of Investment
  - Infirmary and Hospital Capacity
  - Problems Encountered: HFEP Infrastructure and Equipment
  - Marginal Impact of HFEP

- Outputs and Operational Indicators
  - Number of birth deliveries per month, inpatients per day and OPD consultations per day
  - PS and MOOE support
  - PhilHealth accreditation, reimbursements and members
Facilities Visited

31 Provinces

174 RHUs, BHSs, CHOs

123 Hospitals and Infirmaries

- PIDS determined the provinces and municipalities, but PHO/PEO modified sampling of health facilities based on logistics
- No BHSs were included due to budgetary and time constraints
- No DOH-retained hospitals were included
## Facilities Visited

**Phase 1:** 18 RHUs; 19 hospitals  
**Phase 2:** 156 RHUs; 104 hospitals

### Phase 1: Process Evaluation (June 2014-April 2015)

<table>
<thead>
<tr>
<th>Provinces</th>
<th>BHSs, RHUs and CHOs</th>
<th>Infirmaries and Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tarlac</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Quezon</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Capiz</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Zamboanga del Norte</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Surigao del Sur</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Catanduanes</td>
<td>2</td>
<td>6</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>19</strong></td>
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</tbody>
</table>

### Phase 2: Impact Evaluation (June 2015-January 2016)

<table>
<thead>
<tr>
<th>Provinces</th>
<th>BHSs, RHUs and CHOs</th>
<th>Infirmaries and Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agusan del Norte</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Aklan</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Antique</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Batangas</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Benguet</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Biliran</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156</strong></td>
<td><strong>104</strong></td>
</tr>
</tbody>
</table>
Survey Results: Completion and Functionality
Completion and Functionality

Average number of years it takes to complete HFEP-supported facilities

- Birthing clinic, stand-alone: 1 year
- Rural or city health unit: 1.8 years
- Infirmary: 3 years
- Level 1 hospital: 3.7 years
- Level 2 hospital: 4 years

Source: This study
## Completion and functionality

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Fully Functional</th>
<th>Partly Functional</th>
<th>Non-functional</th>
<th>Completed</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHUs &amp; birthing centers</td>
<td>23</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Hospitals &amp; infirmaries</td>
<td>19</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>19</td>
<td>10</td>
<td>6</td>
<td>35</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: This study

Caramoran District Hospital, Catanduanes
Adult male and female wards not separated; toilet not separated

Balaoang RHU Birthing Center, Paniqui, Tarlac
No doctor
Facilities that reported any problem

- Decanting of patients while infra is ongoing: 28%
- Delayed startup of infra: 11%
- Minor defects in infra: 22%
- Major defects in infra: 17%
- Incorrect specifications of completed infra: 11%
- Delayed completion of infra: 11%
- Poor siting: 11%

Share (%) of RHUs and birthing centers that encountered problems in civil works

Source: This study
Share (%) of hospitals and infirmaries that encountered problems in civil works

Source: This study
Manukan CH, Zambo del Norte

Poor decanting of patients while construction is going on

Unfinished constructions; x-ray room not up to standard; additional funding shouldered by PLGU

Sen. G. Roxas Mem DH, Capiz

Approved by HFEP as Level 1 hospital; declared by Licensing Unit as infirmary

Cortes MH, Surigao del Sur
Triangulation: % of health facilities that completed HFEP-requested civil works as scheduled, based on KP OM system of HPDP

Subprovincial/District Hospitals

<table>
<thead>
<tr>
<th></th>
<th>2013 3RDQ</th>
<th>2013 4THQ</th>
<th>2014 1STQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.5</td>
<td>47.3</td>
<td>51</td>
</tr>
</tbody>
</table>

Rural Health Units

<table>
<thead>
<tr>
<th></th>
<th>2013 3RDQ</th>
<th>2013 4THQ</th>
<th>2014 1STQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48.7</td>
<td>44</td>
<td>58.7</td>
</tr>
</tbody>
</table>

Source: Tan/HPDP, 2014
Share (%) of RHUs and birthing centers that encountered problems in the delivery and installation of medical equipment

- Locally unavailable consumables and spare parts for major equipment: 6%
- Delayed installation and lack of orientation on equipment installation and calibration: 6%
- Voltage problems with major equipment: 6%
- Late delivery of equipment: 11%
- Delivery of inferior or substandard equipment: 11%
- Too early delivery of equipment: 11%
- Value of equipment deemed much less than claimed: 17%
- Delivery of unrequested, unnecessary, or duplicative equipment: 28%
- Nondelivery of equipment: 28%
- Health facilities that reported any problem: 89%

Source: This study
Almost everywhere
Equipment waiting to be installed

Zamboanga del Norte RHUs
Raining with microscopes

San Miguel RHU, Catanduanes
Dental chair with faulty hydraulics
Pres. Roxas RHU, Capiz
Voltage problems

Pres. M.A. Roxas RHU, Zamboanga del Norte
Dental chair won’t fit in dental room
### Share (%) of hospitals and infirmaries that encountered problems in the delivery and installation of medical equipment

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too early delivery of equipment</td>
<td>5</td>
</tr>
<tr>
<td>Value of equipment deemed much less than claimed</td>
<td>11</td>
</tr>
<tr>
<td>Locally unavailable consumables and spare parts for major equipment</td>
<td>16</td>
</tr>
<tr>
<td>Lapse of warranty period prior to use and poor after-sales servicing</td>
<td>16</td>
</tr>
<tr>
<td>Delayed installation and lack of orientation on equipment installation and calibration</td>
<td>16</td>
</tr>
<tr>
<td>Voltage problems with major equipment</td>
<td>16</td>
</tr>
<tr>
<td>Late delivery of equipment</td>
<td>16</td>
</tr>
<tr>
<td>Delivery of unrequested, unnecessary, or duplicative equipment</td>
<td>21</td>
</tr>
<tr>
<td>Delivery of inferior or substandard equipment</td>
<td>26</td>
</tr>
<tr>
<td>Nondelivery of equipment</td>
<td>47</td>
</tr>
<tr>
<td>Health facilities that reported any problem</td>
<td>74</td>
</tr>
</tbody>
</table>

Source: This study
Tarlac PH and 2 hospitals
Lapse of warranty period prior to use and poor after-sales servicing

Viga DH, Catanduanes; Manukan CH, Zambo Norte; and other hospitals
Delayed installation of equipment

Nine infirmaries and hospitals
Non-delivery of equipment
Triangulation: % of health facilities that received HFEP-requested equipment as scheduled, based on KP OM system of HPDP.
Survey Findings: Utilization and Sustainability
Average number of patient consultations per day in RHUs

- San Miguel, Catanduanes: 100
- San Agustin, Surigao del Sur: 100
- Hinatuan, Surigao del Sur: 100
- Viga, Catanduanes: 70
- Sindangan, Zambo Norte: 70
- Katipunan, Zambo Norte: 60
- Pres. Roxas, Capiz: 35
- Pres. Roxas, Zambo Norte: 20

Source: This study
Generally high utilization rates of RHUs
Average number of birth deliveries per month in RHUs and birthing centers

<table>
<thead>
<tr>
<th>Location</th>
<th>Deliveries per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rizal, Zambo Norte</td>
<td>9</td>
</tr>
<tr>
<td>Ramos, Tarlac</td>
<td>12</td>
</tr>
<tr>
<td>J. Aguirre Birthing Center, Manukan,...</td>
<td>14</td>
</tr>
<tr>
<td>Sigma, Capiz</td>
<td>17</td>
</tr>
<tr>
<td>Baras-baras, Tarlac City</td>
<td>20</td>
</tr>
<tr>
<td>Panitan, Capiz</td>
<td>25</td>
</tr>
<tr>
<td>San Agustin, Surigao del Sur</td>
<td>25</td>
</tr>
<tr>
<td>Katipunan, Zambo Norte</td>
<td>30</td>
</tr>
<tr>
<td>Pres. Roxas, Zambo Norte</td>
<td>35</td>
</tr>
<tr>
<td>Pres. Roxas, Capiz</td>
<td>50</td>
</tr>
<tr>
<td>Tayabas CHO, Quezon</td>
<td>90</td>
</tr>
<tr>
<td>San Miguel, Catanduanes</td>
<td>97</td>
</tr>
<tr>
<td>Polanco, Zambo Norte</td>
<td>300</td>
</tr>
</tbody>
</table>

Source: This study
Polanco RHU

Katipunan RHU

San Agustin RHU
Average number of OPD consultations per day in hospitals and infirmaries

- Cortes CH: 10
- Guinayangan MH: 13
- Caramoran MH: 23
- Bato MCH: 25
- Viga DH: 30
- Juan M. Alberto MDH: 32
- Candelaria MH: 35
- Pandan DH: 38
- Hinatuan DH: 50
- A.S. Ty MMC: 55
- Bislig DH: 65
- Roxas Memorial PH OPD: 70
- Gumaca DH: 90
- Eastern Bicol MC: 150

Source: This study
Share (%) of facilities accredited for PhilHealth benefit packages after HFEP, 2015

**RHUS & BIRTHING CENTERS**
- TB DOTS: 74%
- Maternity Package: 68%
- Outpatient Benefit Package/PCB1: 80%
- Animal Bite Clinic: 14%

**HOSPITALS & INFIRMARIES**
- TB DOTS: 42%
- Maternity Care Package: 100%
- Newborn Screening: 53%
- Animal Bite Clinic: 38%
- In-patient care: 100%

Source: This study
### Share (%) of inpatients enrolled in PhilHealth in hospitals and infirmaries, 2015

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Inpatient Share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinayangan DH</td>
<td>95</td>
</tr>
<tr>
<td>Bislig DH</td>
<td>80</td>
</tr>
<tr>
<td>Sindangan DH</td>
<td>78</td>
</tr>
<tr>
<td>A.S. Ty MMC</td>
<td>65</td>
</tr>
<tr>
<td>Hinatuan DH</td>
<td>65</td>
</tr>
<tr>
<td>Pandan DH</td>
<td>63</td>
</tr>
<tr>
<td>Pinan DH</td>
<td>50</td>
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<tr>
<td>Caramoran MH</td>
<td>50</td>
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<tr>
<td>J.M. Alberto MDH</td>
<td>46</td>
</tr>
<tr>
<td>Viga DH</td>
<td>40</td>
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<tr>
<td>Bato MCH</td>
<td>40</td>
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</tbody>
</table>

### Annual PhilHealth revenues (PHP Mn) and daily PHIC inpatients in hospitals and infirmaries, 2015

<table>
<thead>
<tr>
<th>Hospital</th>
<th>PHIC Inpax Per Day</th>
<th>PHIC Revenues Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.S. Ty MMC</td>
<td>91</td>
<td>64</td>
</tr>
<tr>
<td>Bislig DH</td>
<td>45</td>
<td>24</td>
</tr>
<tr>
<td>Guinayangan MH</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Hinatuan DH</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>J.M. Alberto MDH</td>
<td>6.2</td>
<td>6.2</td>
</tr>
<tr>
<td>Viga DH</td>
<td>4.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Bato MCH</td>
<td>0.6</td>
<td>0.6</td>
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</tbody>
</table>

Source: This study
How to measure trends and patterns for “with” and “without”

Comparison of trends for the period 2006-2015 for facilities “with” and “without”* HFEP

Comparison of trends for “with” and “without” facilities before, during and after HFEP

*“Without” HFEP includes facilities with grants for infrastructure not directly related to the delivery of medical care (e.g. waiting shed, etc.)
The positive result of HFEP was evident in hospitals for inpatient care.
Results for RHUs “with” and “without” HFEP on utilization did not come out as expected.

Average number of birth deliveries per month in RHUs and CHOs with and without HFEP, 2006-2015

Average number of outpatient consultations per day in RHUs and CHOs with and without HFEP, 2006-2015
Defining *Before, During and After* HFEP

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<tbody>
<tr>
<td>Facility 1</td>
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<tr>
<td>Facility 2</td>
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<tr>
<td>Facility 3</td>
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<tr>
<td>Facility 4</td>
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<td></td>
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<tr>
<td>Facility 5</td>
<td></td>
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</tbody>
</table>
Before, During and After HFEP

There are three challenges of making a “before and after” HFEP comparison of health facilities.

I. The staggered and prolonged construction and rehabilitation period requires health service data running as far back as ten years. For instance, the Sarrat RHU (Ilocos Norte) and Cuenca District Hospital (Batangas) has taken as long as 7-9 years, and they are still not finished. Typically, an RHU takes 2-5 years to finish its HFEP project; an infirmary or hospital typically takes 3-7 years.

II. There is no clear demarcation of “before” and “after”; health service utilization continues “during” the construction and rehabilitation project, often under adverse conditions of crowding, noise, dust and pollution, and patients’ discomfort.

III. While most HFEP investments occurred on the same site, a handful of projects were done on a different site (Mabitac RHU, Aborlan Hospital in Palawan, Capiz OPD Center). For these transferred sites, services before and after HFEP may no longer be comparable.
Utilization of health services increased after HFEP.

- **Average number of Outpatient Consultations per day**
  - RHUs and CHOs (n=60)
  - Hospitals and infirmaries (n=57)

- **Average number of Birth Deliveries per month**
  - RHUs and CHOs (n=59)
  - Hospitals and infirmaries (n=61)

- **Average number of inpatients per day**
  - Hospitals and infirmaries (n=58)
The rate of increase for “with” facilities is greater than “without” facilities.
Summary
Overall Impressions

Despite the generally high utilization of services in health facilities, the following must be noted:

I. There has been little, if any, increase in the number of RHUs, although there has been a significant increase in barangay health stations, many of which are being turned into birthing centers.

II. For the most part, HFEP is just replacing old hospital capacity. There has been no completely new hospitals; the new constructions are merely replacing old existing hospitals, with no major expansion in bed capacity.

III. New services are being established with the new, improved health facilities. These include CEmONCs, animal bite centers, modern diagnostic and imaging centers, sewage treatment plants, and new morgues.

IV. The service expansion is most pronounced in RHUs which now have separate rooms or facilities for birthing/delivery, TB DOTS, dentistry, etc.

V. The impact of capital investments is often diluted by staff shortage and dramatic contractualization of health workers, as well as persistent drug shortage.
Analytical challenges

✓ Confounding factors from the demand side – **higher health service utilization** can be attributed partially to **social health insurance reforms** of PhilHealth under the KP initiative:

- Increasing number of enrolled Filipinos
- Stricter enforcement of No Balance Billing (NBB) policy
- Migration and urbanization which increase the catchment population around the hospital
Analytical challenges

✓ Confounding factors from the supply side – despite the improved supply side arising from HFEP, lower health service utilization can be observed due to the following:

- Positive impact of family planning program – led to a decline in births in birthing centers (e.g. Ivisan RHU, Capiz)
- Increasing number of birthing centers in outlying barangays – lowered the utilization of birthing centers in RHU/poblacion (e.g. Kibungan RHU in Benguet, Tayabas CHO in Quezon)
- Increasing incidence of teenage pregnancy – need to be referred to a higher level facility (CEmONC) and reduces utilization of BHS/RHU birthing centers (BEmONCs, e.g. San Miguel RHU in Catanduanes)
- Increasing role of private sector in more affluent urban areas
- Change in licensing standard in 2013 which lowered the status of primary hospitals into infirmaries and secondary hospitals into primary hospitals
Analytical challenges

✓ Essential difference between IE of individuals/households and institutions:

<table>
<thead>
<tr>
<th>Individuals/Households</th>
<th>Institutions (RHUs, Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same</strong> biology of individual</td>
<td><strong>Governance</strong> changes (elections)</td>
</tr>
<tr>
<td><strong>No change</strong> in individual knowledge, attitudes, and practices (KAP), except the KAP being measured</td>
<td><strong>Organizational</strong> changes (e.g., Palawan provincial government “centralization” of hospitals under PEO and away from PHO; intensive M&amp;E in Batangas)</td>
</tr>
<tr>
<td>Small changes in households (addition or subtraction of members)</td>
<td><strong>Management</strong> changes (retirements, recruitments)</td>
</tr>
<tr>
<td><strong>Same residence</strong></td>
<td><strong>Staff</strong> changes (national staff deployment programs, contractualization of staff, training of staff)</td>
</tr>
<tr>
<td>Changes in socioeconomic status <strong>caused by the intervention</strong></td>
<td><strong>Technology</strong> changes</td>
</tr>
<tr>
<td></td>
<td><strong>Regulatory</strong> changes (change in DOH licensing, accreditation)</td>
</tr>
<tr>
<td></td>
<td><strong>Financing</strong> changes (IRA, PHIC reimbursements, donors)</td>
</tr>
<tr>
<td></td>
<td>Changes in <strong>health facility site</strong></td>
</tr>
</tbody>
</table>
Conclusion

- HFEP Shortcomings
  - Problems with **construction** and **equipping**
  - Poor **coordination** and **infrequent monitoring**
- Lack of service delivery network **plan for expansion and upgrading** (including human resources)
- **Building “incrementalism”** mentality
- **Financial sustainability**
Building “incrementalism” mentality

Pres. Roxas RHU, Capiz

San Agustin RHU, Surigao del Sur
Good examples of functionality and/or resource generation

Infirmaries and hospitals
- Roxas Memorial PH OPD, Capiz
- Guinayangan MH, Quezon
- Gumaca DH, Quezon
- Hinatuan DH, Surigao del Sur
- Juan M. Alberto MDH, Catanduanes

RHUs, CHOss, and birthing centers
- Tayabas CH Unit birthing centers, Quezon
- San Agustin RHU, Surigao del Sur
- Polanco RHU, Zamboanga del Norte
- Don Jose Aguirre birthing center, Manukan, Zamboanga del Norte
Recommendations: Funding, contracting, and contract management

- Organize facilities to be supported by HFEP into sets, lots, or tranches that can be offered to would-be contractors under “contracting in lots” approach, preferably on a turn-key basis.

- Replace the current practice of incremental, multi-year infrastructure funding with “finish one-at-a-time but quickly” approach.
Recommendations: Monitoring and commissioning

- Hold an initial project meeting with all stakeholders (including DOH, LGU, PHIC, health facility itself) on the rationale, specifications, schedule, equipping and other deliverables.
- Require signage indicating the amount and schedule of completion.
- Formulate a Manual of Operations for the entire commissioning process.
- Address all issues on the “Punch List” before final payment of the contractor.
Recommendations: Ensuring sustainability

- Explore how the **DBM requirement limiting the proportion of IRA** that can be spent on PE (personal emoluments) can be waived.

- Seek **NG support for an augmentation budget for human resources** in lieu of the current direct provision of them through various staff augmentation programs.

- Declare **blanket accreditation of all LGU health facilities that have been licensed by DOH for specific public health services** (TB DOTS, neonatal screening, birth delivery/MCP, animal bite, etc.).

- Implement **fee retention**, or at least establish a **Trust Fund for health** in each LGU so that these revenues can be ring-fenced.
Thank you

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TWITTER: twitter.com/PIDS_PH
EMAIL: ipantig@mail.pids.gov.ph