



Leveraging for Better Investment in Health: H
A Workshop on Budget Advocacy
Fersal Hotel, Puerto Princesa, Palawan
March 10-11, 2016



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DAY 1 | PRELIMINARIES

Nilda de Vera, RN, Project Manager of Health Action Information Network, is the lead facilitator of the workshop. The 2-day workshop commenced with the singing of the Philippine National Anthem, immediately followed by a prayer.

Ms. de Vera, facilitated a quick '*kamustahan*' to set the mood for the introduction of the participants. The introduction followed a format, first was to get the participants' expectations and their significant experiences in budget work.



Expectation. Most of the participants said that they want to learn more from the workshop. Majority shared that that they hope to take home updates and new strategies from the workshop on budget process. Some verbalized that they would like to learn from other participants' experiences to help them improve push, defend and present their budget proposals. While some shared that they expect to learn more on how to maximize budget and seek for other sources.



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Experiences in budget work. A number of participant shared that their experience in budget work is at the personal level like, budgeting their salary, budget at their respective homes, managing their expenses, and making sure that they set aside for savings. Some shared their work experiences along budget and finance, like budget for the health programs of their respective departments, operational budget of their respective departments, budget for supplies such as office supplies and medicines, vaccines and FP commodities.

Workshop Objectives. The objectives of the activity were presented:

General Objective:

Aims to strengthen capacities of participants on developing investments on RH towards the advocacy and implementation of RA 10354.

Specific:

1. Identify salient features of the RPRH Law as the context of budget advocacy towards better investment in health
2. Discuss the development, politics and preparation of government budgeting
3. Define prospects for RH budget advocacy in budget legislation
4. Characterize local budgeting process: the Albay experience
5. Explain advocacy perspective on the budget: the SMART Approach, and
6. Apply principles and considerations in leveraging budget of health

Program Orientation. An overview of the two-day workshop was also presented. For the first day, the points of discussions for the first day are:

- Identifying Context: RH Situation and RPRH Law
- Government Budgeting: Development, Politics and Preparation (DOH Budget)
- Budget Legislation: Prospects for RH Budget Advocacy

While for the second day are:

- Local Budgeting Process: The Albay Experience
- Advocacy Perspective on the Budget: The SMART Approach



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➤ Leveraging the Budget for Health (Workshop)



IDENTIFYING CONTEXT: RH SITUATION AND RPRH LAW



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Gerardo P. Andamo, RN, the Executive Director of Health Action Information Network provided inputs on RH, presented the 12 elements of RH and indicators of relevance for budget advocacy, and revisited the salient features of the RPRH Law



To ensure that everyone is on the same ground, health and RH and RH care were defined. Health refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity... while RH pertains to health in all matters relating to the reproductive system and to its functions and processes. While reproductive health care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by addressing reproductive health-related problems.

Elements of Reproductive Health. The RPRH Law has 12 elements. Most often, RH is associated to Family Planning, disregarding the other 11 elements.

1. Family planning information and services.



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- a. Goal is Maternal and Child Health
 - i. Proper timing of pregnancy (20-30 years old)
 - ii. Proper spacing of pregnancy (3 years interval)
 - iii. Proper number of pregnancy (3 pregnancies)
- b. Accessibility
 - i. Health education
 - ii. Health service provision
- c. Coverage
 - iii. Actual versus Target Population
 - iv. Local community resources:
 - material
 - technological
 - human
- d. Utilization
 - i. Contraceptive Prevalence Rate
 - ii. Attrition Rate
 - iii. Methods of sustainability
- e. Relevant Health Statistics
 - i. Population Size
 - ii. Natural Increase – births increase the population size, deaths decrease the population size
 - iii. Sex ratio – number of males over females
 - iv. Crowding index – number of members of the family divided by number of rooms. The more number of members in the room, the more crowded it is
 - v. Population Density – Number of population per square kilometers
 - vi. Population Pyramid – double bar graph – sex + age composition.
 - vii. Crude birth rate- number of births over the total population multiplied to 1,000. Can be compared to previous years to identify if there is relative population increase due to births.



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- viii. Crude death rate- number of deaths over the total population multiplied to 1,000. Can be compared to previous years to identify if there is relative population decrease due to deaths.
- ix. General Fertility Rate number of women ages 15-44 multiplied to 1,000. This is a stronger indicator than the crude rates

Mr. Andamo pointed out that crude rates of different communities cannot be compared. Crude rates can only be compared to the records of the previous years. These data and evidences can help support advocating for budget.

2. Maternal, infant and child health and nutrition, including breastfeeding

- a. Goal: Promotion of women's health, safe motherhood, infant and child's health
- b. Indicators of Relevance:
 - i. Availability
 - 1. Health Center Services(Pre-natal, post-partal, EPI, IMCI)
 - 2. Birthing facility – e.g. under construction, no health human resource
 - 3. Community-based referral network – e.g. establish links with secondary and tertiary hospitals
 - 4. Service Delivery Network
 - ii. Accessibility
 - iii. Coverage
 - iv. Utilization
- c. Additional Relevant Health Statistics
 - i. Infant Mortality Rate – infant mortality is high is if it higher than 50 per 1000 live births
 - ii. Neonatal Mortality Rate –this refers to deaths of 0-28 days over the number of live births multiplied by 1,000
 - iii. Child mortality Rate – child deaths
 - iv. Maternal Mortality Rate – deaths of women related to pregnancy, delivery and puerperium over the number of births multiplied by 1,000.



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- v. Proportionate Mortality Rate – deaths due to particular case over the total deaths multiplied to 100
 - vi. Case Fatality Rate – number of deaths in every 100 cases. Used to compare severity of a certain cause of death
 - vii. Cause-of-death Rate – number of deaths due to a particular cause over the total population.
 - viii. Incidence rate – number of new cases over the population at risk
 - ix. Prevalence rate – old and new cases over the total population multiplied by 100,000
3. Proscription of abortion and management of abortion complications
- a. Goal: morbidity and mortality reduction of abortion and its complications
 - b. Indicators of Relevance:
 - i. Availability
- Support Services
 - ii. Accessibility
 - iii. Coverage
 - iv. Utilization
 - c. Additional Relevant Health Statistics:
 - i. Age-sex and Cause-specific Mortality Rate
 - ii. Abortion Incidence Rate
 - iii. Maternal Mortality Patterns
4. Adolescent and youth reproductive health guidance and counseling
- a. Goal: promotion of adolescent /young adult reproductive health and prevention of health problems particular to this phase of human development
 - b. Indicators of Relevance:
 - i. Availability
 - ii. Adolescent/Young Adult RH Centers
 - iii. Youth-managed RH Advocacy
- ☐ Health Service Programs



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- c. Accessibility
 - d. Coverage
 - e. Utilization
 - f. Additional Relevant Health Statistics:
 - i. Age-specific Fertility Rate
 - ii. Age-specific Morbidity and Mortality Rates
5. Prevention, treatment and management of reproductive tract infections (RTIs), HIV/ AIDS and other sexually transmittable infections (STIs)
- a. Goal: morbidity and mortality reduction of reproductive tract infections: STIs, endogenous infections and iatrogenic infections
 - b. Indicators of Relevance:
 - i. Availability
 - ii. Establishment of social hygiene clinics
 - iii. Strengthened social hygiene and treatment hub services
 - iv. Compliance to sanitation codes
 - c. Accessibility
 - d. Coverage
 - i. Special population groups
 - e. Utilization
6. Elimination of violence against women and children and other forms of sexual and gender-based violence
- a. Indicators of Relevance:
 - i. Availability
 - Establishing Support Mechanisms
 - Rapid Response Teams
 - Establishment of social hygiene clinics



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- Victim to Survivor Programs
 - b. Accessibility
 - i. Multi-sectoral initiatives
 - c. Coverage
 - d. Utilization
- 7. Education and counseling on sexuality and reproductive health
 - a. Goal: increase awareness on sexuality, RH and related issues, problems and and concerns towards responsible actions
 - b. Availability
 - i. RH Education Campaigns
 - ii. RH Advocacy Groups
 - iii. Training and Organizing of Interest Groups (Barangay RH Officers or BRHO)
 - iv. Peer Counselors Program
 - v. RH in the Places of Work
 - c. Accessibility
 - d. Coverage
 - e. Utilization
- 8. Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders
 - a. Goal: decrease incidence and mortality of reproductive system cancers
 - b. Indicators of Relevance:
 - i. Availability
 - 1. Primary Level Disease Prevention Methods:
 - a. Cancer Awareness and Education Programs
 - b. Campaigns including HPV vaccination, postponement of coital debut, etc.
 - 2. Secondary Level Disease Prevention Methods



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- a. Programs on early screening and detection
 - b. Surveillance among population groups
 - 3. Tertiary Level Disease Prevention Methods
 - a. Cancer Treatment and Management
 - b. Pain Management Program
 - ii. Accessibility
 - Financial support programs
 - iii. Coverage
 - iv. Utilization
 - v. Additional Relevant Health Statistics:
 - 1. Proportionate Mortality Rate of Cancer
 - 2. (general, age and sex-specific death rates)
 - 3. Statistical Trend Analysis of Reproductive System Cancers
- 9. Male responsibility and involvement and men's reproductive health
 - a. Goal: increase men's awareness and involvement on male reproductive health
 - b. Indicators of Relevance:
 - i. Availability
 - Men's Health Programs
 - Men's Clinic
 - Men's Health Organization
 - ii. Accessibility
 - iii. Coverage
 - iv. Utilization
 - v. Additional Relevant Health Statistics:
 - Life expectancy at birth
 - Disease Patterns: Male Morbidity and Mortality Rates
 - Male Swaroop's Index



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10. Prevention, treatment and management of infertility and sexual dysfunctions

a. Indicators of Relevance:

i. Availability

- Infertility Management Programs
- Case Finding Programs
- Getting out of the shell projects (Disclosure programs)
- Treatment and Management Programs

ii. Accessibility

- Affordable Fertility Clinics

iii. Coverage

iv. Utilization

11. Reproductive health education for the adolescents

a. Indicators of Relevance:

i. Availability

- Curricular RH integration
- Elementary
- High school
- Collegiate
- Health Science Education
- Faculty development & training

ii. Accessibility

iii. Coverage

iv. Utilization

12. Mental health aspect of reproductive health care

a. Indicators of Relevance:

i. Availability



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- Mental health programs
- Wellness of daily living
- Extreme life experiences
- Mental disorders
- Substance abuse and other forms of addiction
- Health Human resource development & training
- ii. Accessibility
- iii. Coverage
- iv. Utilization

Along mental health, Mr. Andamo discussed that this refers to the wellness of daily living - process of attaining and maintaining mental well-being across the life cycle. If one meets an extreme life experiences –a pivotal event that is out of the ordinary threatens personal equilibrium. Also, mental disorder – are deviations from mental health that may be slight to extreme conditions. While substance abuse and other forms of addiction - - psychological and physical dependence to particular substance, a condition affecting the very life of the individual.





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GOVERNMENT BUDGETING: DEVELOPMENT, POLITICS AND PREPARATION AND THE CASE FOR THE DOH BUDGET

Mari car 'Chi' Laigo Vallido is the Advocacy and Communication Specialist of the Forum for Family Planning and Development, and member and consultant of Alternative Budget Initiative – an organization that presents and lobbies alternative budget for health in the House of the Representatives and the Senate. She shared about national budget, experiences on advocating RH budget at the national level, the DOH budget and the political dynamics and how politics and politicians affect the budget process at the national level.

When we talk about budget, we are actually dealing with the how to spend the budget and importantly, the source. The budget is a very important policy tool because, it is the nation's resources are generated and allocated through the budget; the budget states the amount of public resources needed for and how government (national or local) plans to generate them for public expenditures; and the budget impacts the lives of virtually everybody in society differently, depending on how resources are allocated.

Everybody should be concerned about the budget. There is too much pressure for limited resources. There is lack of consultation/participation in allocation of resources. There is lack of accountability to the people (principal/agent principle). And there is ignorance and/or even disinterest in the budget process.

In the Philippine Constitution, under section 22, article VII, the President shall submit to the Congress within thirty (30) days from the opening of every regular session, as the basis of the General Appropriations Bill, a budget of receipts and expenditures and sources of financing, including receipts from existing and proposed revenue measures.

Under section 24, article VI, all appropriations, revenue or tariff bills, authorizing increase of the public debt, bills of local application and private bills shall originate exclusively in the House of Representatives, but the Senate may propose or concur with amendments

While the Congress may not increase the appropriations recommended by the President for the operation of the government as specified in the budget, as stated in section 25 article VI. Furthermore, the form, content, and manner of preparation of the budget shall be prescribed by law.



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A special appropriations bill shall specify the purpose for which it is intended, and shall be supported by funds actually available as certified by the National Treasurer, or to be raised by a corresponding revenue proposal therein.

No law shall be passed authorizing any transfer of appropriations, however, the President, the President of the Senate, the Speaker of the House of Representatives, the Chief Justice of the Supreme Court, and the Heads of Constitutional Commissions may, by law, be authorized to augment any item in the general appropriations law for their respective offices from savings in other items of their respective appropriations.

If, by the end of the fiscal year, the Congress shall have failed to pass the General Appropriations Bill for the ensuing fiscal year, the General Appropriations Law for the preceding fiscal year shall be deemed reenacted and shall remain in force and effect until the General Appropriations Bill is passed by the Congress. On the other hand, CSOs can present an alternative budget in the congress. This is to ensure that the needs of the people and their voices are heard in the very congress where the entire country should be represented.

Appropriations are being improved by the legislation, such as General Appropriations Law, Supplemental Appropriations Law, Automatic Appropriations Law, and Public Works Acts. Before the budget hearings begin, it is important to do your research. Start with the past year's budget. Research not only for your advocacy objective, but also what and who are the detractors. Study basic budget terms, familiarize yourself with an NEP and GAA. Craft your message and write the papers (policy briefs, position papers) which you can share with the champions in the congress. To get who carries your advocacy in the congress, it is important to really determine your champion. Then brief the legislators.

During the budget briefings and hearings, you have to consider the committees and who chairs these committees. The mother committee is where presentation of macroeconomic assumptions (NEP) and budget briefing at the department level happens. For advocates, you can create a framework for understanding budget choices. Try to shape how media and policymakers appreciate the budget proposal. P2P with members of Congress. Most importantly, hold briefings and forums to mainstream your issue and to demand the call for budget for these issues.



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At the Sub-committee level, budget hearing is done by agency by agency. The advocate aggressively make their case. Make sure to focus attention on decisive policymakers in Congress: Committee Chair, Speaker, and Appropriation chair and committee members.

Champions can help raise your issue and advocacy in their speeches, or Sponsorship Speeches, debates on General Principles and Macroeconomic Assumptions, and deliberations on the budgets of each department, agency, office, including GOCCs. The advocate should consider that every legislator matters at this point. Talk with them. Keep track of developments and changes. Support your legislator- champion.

When things go well, then approval on the second reading of the GAB. There would amendments, finalization and printing of the GAB for the 3rd reading and includes submission and inclusion of possible amendments to the GAB, approval of amendments for inclusion in the 3rd Reading Copy, and printing of the GAB for 3rd reading consideration. Once the GAB has been approved on the 3rd reading, it will then be transmitted to the senate.

During the deliberations in the senate, advocates may prepare proposals, brief senators, determine champions, start with lobby work, and monitor changes.

Both the House of Representatives and the Senate will have their respective versions of the GAB. The Conferees of both Houses meet in a BICAM to settle and reconcile differing provisions of each Chamber's versions of the bill. This is an opportunity for P2P with your conferees. It is vital to keep track of the differences between the Senate and House versions, and do some outside lobby. The Conference Committee Report is ratified by each House. Moving forward, finalization and printing of the enrolled copy of the GAB and the signing of the enrolled copy of the GAB.

The challenge is... for many people, this includes a lot of figures and numbers. There's lack of access to information, an example is outdated websites of government agencies which should have been a medium for people to access information. There is a need for executive agencies processes for civil society participation. The capacities of CSOs needs to be strengthen and the advocacy needs to keep on going.



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In conclusion, “Enacting the budget bill is something that cannot be fully described in words. More crucial is the chemistry of feelings and attitudes among Congressmen that bridges differences and forges agreements.”

LOCAL BUDGETING PROCESS: THE CASE OF ALBAY PROVINCE

Freddie R. Boral, R.N., R.M., LLSA is a local legislative staff at the provincial government of Albay. He focused on the Local Budget Process emphasizing Participatory Budgeting in Local Government Units, Phases of the Local Budget Process and LGU-CSO Participation in the phases of Local Budget Process. He believes that this is one way to help identify entry points to which the CSO can enter and participate in the budgeting process.



He is advocating for participatory budgeting in the Local Government Units. Local budget should reflect in aims and aspirations of the citizens and it is achieved by giving citizens opportunities in formulating options and making choices that will affect how the government acts.



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Benefits of Participatory Budgeting. Participatory budgeting helps the LGU to maximize the use of resources. In the budgeting process, there are a lot of voices that will appear and it is the most dominant who will appear in the budget and Mr. Boral believes that it is very important for CSOs and there are a lot of excellent people in the government who will actually put sufficient allocation to fund services that are intended for their citizens or constituents.

It also reduces delay in the implementation of urgent projects. One example of delay is when someone contradicts because they were not consulted with the project or the budget. Another thing is when we are implementing the programs already, the CSOs can help in the monitoring and evaluation to ensure that the plan, programs and activities are implemented.

Another benefit is that it develops trust in the government since with participatory budgeting we are opening doors to CSOs to participate, to see the process and it will develop transparency and accountability in the processes and it will ensure the continuity and sustainability of the plans. As we are working in government agencies we are very much cognizant that our services are politically vulnerable and it will depend on the priority of the seating politician. However, if we have CSOs, we can remind them and tell them what we should be doing and that would be of a great help.

Lastly, participatory budgeting ensures the integration and implementation of the approved Annual Investment Program.

CSOs involvement in Local Budget Process. The aim is to make LGUs receptive to opening their doors for more enhanced and constructive engagement of CSOs, not only in planning but also in the whole local budget process.

“NO-ONE-SIZE-FITS-ALL APPROACH” wherein the LGU is given the liberty on where to allow the CSO to participate in the local budget. However, it is ideal for the LGUs to setup terms of engagement on citizens’ participation and it is very important to have the fund.



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It is ideal to set up terms of engagement on citizen's participation that would cover the following matters:

1. Requirement for CSO accreditation, process, subject to guidelines issued by appropriate oversight agency. It is very important to cover local sanggunian, CSOs should complement the rules of sanggunian concern
2. Identification of budget phase/s where CSO participation may be allowed.
3. Identification of the scope and mechanics of CSO participation. CSO complement to external rules of sanggunian concern
4. Logistical and other arrangements; and
5. Other concerns of the LGU and the CSO.

Planning-Budgeting Cycle. In planning there is long term plan, a medium term plan and a short term plan. Mr. Boral pointed that there are phases to ensure that the resources are adequately provided and the priority programs, plans and activities are provided well in terms of resources and if it is legally binding and if the budget compliant to national policies to the general rules and limitations set forth by the budgeting mandates.

Budget execution is how we implement the plans, programs and activities and at the same time trying to monitor and know if it is effective and if we are doing well in terms of implementation.

Plan Budget Link Model. Provincial Development Physical Framework Plan (PDPFP) is the physical development and financial plans rolled in to one in the provincial level.

Comprehensive Development Plan (CDP) is in the municipal level and involves long term planning which is a 6-15 year development plan.



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Local Development Investment Program (LDIP) is the 3 to 6 year slice of the long term plan which is the medium term plan which is further narrowed down to the AIP or the Annual Investment Program which is the annual slice of mediocre planning.

The annual budget operationalizes the annual investment program. There is a link between plan and the budget. The budget placed in the LGU is plan based and well supported.

Local Budget Process. Every step in the local budget process is equally important, distinct but interrelated. It is composed by budget preparation, budget authorization, budget review, budget execution and budget accountability. It is cyclical. It starts with budget preparation and ends with budget accountability. It is a continuing process. We are implementing the plan that we prepared last year and we are preparing for the plan and budget for the incoming year.

The local budget process pertains to the provision of financial resources to government functions to accomplish project and program objectives based on approved development plans and programs. It is the local government's way to achieve the goal.

Pre-Budget Preparation. In the pre-budget preparation, people from the CSO can assist us and we can invite them to participate in the preparation of annual investment program.

Budget Preparation. It is the duty of the local chief executive to prepare the executive budget for the ensuing fiscal year. The executive budget will take into consideration through the statements of income and expenditures and the budget proposals of the heads of departments and offices, and the estimates of income from the local finance committee.

During the budget preparation process, the key players are the Local Chief Executive, the Local Finance Committee, and the Department Heads.



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The budget preparation starts with the budget call coming from the local chief executive. The priorities of the administration and the achievements of the province or the local government unit are identified.

The local finance committee will then conduct a local budget forum where the budgets are presented. The local government officer shall cover the target, the performance indicators and priority tasks of the local government unit. The participants in the forum are the people who are involved in the preparation of the budget. CSOs can be invited to participate in the budget forum to gain overall appreciation of the trusts and priorities of the local government unit for the budget year.

After the council, the department heads will submit the budget proposals to the local finance committee. The local chief executive can encourage department heads to seek inputs from the CSOs to include the plans, programs and activities.

The department heads will conduct a budget hearing. The LGU role is to participate in the planning sessions and seek their inputs that can be carried in the budget process. The department heads will then prepare the local expenditure program wherein the sources of funds and allocation are identified.

The local chief executive will forward the budget message together with the executive budget to the local sanggunian for their proper decision. The local chief executive will indicate if they can provide the budget call to the accredited CSOs and they can compare if the budget is indicated in the AIP form identified as priorities of the AIP.

Budget authorization. In budget authorization, the key players are the local chief executive, the sanggunian, the local finance committee, and the head of department or office.

The sanggunian, particularly the committee chair of the budget and appropriation or finance committee will conduct preliminary review and evaluation of the Executive Budget and then conduct deliberation on budget. They can seek assistance from department heads and local finance committee to justify their proposal and for the department of finance to assist in the analysis of the Annual and Supplemental budgets.



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The sanggunian authorizes the budget through the passage of the Annual or Supplemental Budget in the form of appropriation ordinance. The sanggunian secretary will then forward the document to the local chief executive for approval.

The local chief executive can veto or approve the appropriation ordinance. If vetoed, the local legislature can override the decision of local chief executive by 2/3 vote of the majority of all members and the appropriation ordinance can still proceed. However, if the appropriation ordinance is approved, it is the responsibility of the sanggunian secretary to post the document and forward it to the reviewing authority in compliance of the full disclosure policy. This can be monitored by the CSOs.

Mr. Boral pointed that deliberation is very important and CSOs should be there especially when we have committee hearings and budget hearings so that they can be given a voice in budget. However, it should be limited because the local sanggunian has internal rules and regulations that should be followed.

The LGU may allow accredited CSOs to observe the voting conducted by the local sanggunian.

Mr. Boral emphasized that the accredited CSOs may inform the local chief executive in writing of their observation of the deliberation and enactment of the appropriation ordinance. The opinion of the NGOs and CSOs can supplement the decision of the local chief executive to veto. The local chief executive will communicate in the local sanggunian as to why he vetoed the said measure.

Budget Review. For lower sanggunian, component cities and municipalities, appropriation ordinances or fiscal documents such as appropriation ordinances and annual budgets are forwarded to the local sanggunian for review. In the case of the province, the regional office of the department budget and management will review the said document.

The key players are the sanggunian secretary, the reviewing authority, the local chief executive and the sanggunian. The secretary to sanggunian submits the Appropriation Ordinance to the reviewing authority who will check the completeness and formats of the documents. If it doesn't fit to what is prescribed by law, the reviewing authority



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returns it in writing to the sanggunian. If it fits to what is prescribed by law, the reviewing authority will proceed to reviewing the Appropriation Ordinance.

In reviewing the Appropriation Ordinance, the Reviewing Authority checks if it is compliant to budgetary requirements and general limitations whether it is compliant with the AIP or if there are items that are prohibited by law. The Reviewing Authority will then issue the Review Action which is their suggestions that should be followed whether it is based to a law, cooperative with conditions, cooperative in part or cooperative in full and it will be forwarded to the Local Chief Executive and they will eventually forward it to the sanggunian to appropriately act on the budget review. If arrangements allow, the LGU may furnish the review letter to accredited CSOs. The CSOs will check on compliance.

Budget Execution Phase. This is the part where we implement plans programs and activities.

The Local Accountant or the Local Budget Office will record the approved budget in the registries. It indicates the plans, programs and activities (PPAs), the amount of the budget and whether it is ready for release.

The Budget Officer will now release allotment as a way to inform the department that they can proceed with the documents of their PPAs and then Local Treasurer will then prepare the Cash Program. The Department Heads will prepare the Financial/ Physical Performance Targets and it is ready for the Obligation and Disbursement of Funds for the Implementation of PPAs. Mr. Boral stated that there are instances wherein budget shortages are identified since the budget has sources of funds.

The CSO can monitor the compliance in the preparation of Cash Programs, Financial and Physical Performance Targets and inform beneficiaries and committees concerned.

Mr. Boral pointed that even if it is not present in the LGUs but by identifying this entry point, we can encourage our CSOs to be even more active in government processes. During the procurement process, we can invite CSOs who are accredited and serve as the observer in the process. They can also participate in the spot checking or the monitoring of the evaluation process.



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Budget Accountability. This focuses on monitoring and evaluation. It is important that we monitor the programs and activities to ensure that we are on the right track. The program evaluation is done after the program has been implemented. The result of the two processes can influence the actual implementation and the planning and programming of the activities for the coming year. The result should give impact to the constituents. After this, we come full circle and go back to Budget Preparation.

An LGU in Transition for RPRH: The Case of Albay

During the second part of the presentation, Mr. Boral presented the Three-Year Budgetary Comparison of the AIP, Budget Message and Annual Budget, RPRH Related Policies and Vulnerabilities and Promising Features in Albay.

AIP observations include the AIP Health Sector and under it is the Health Service Program which includes operation of Provincial Health Office and hospitals in our community; Maternal and Child Health Care; Capability building; Reproductive Health; Standard Program for Immunization; Nutrition Program; FPI and HIV/AIDS and Health promotion.

Based on Mr. Boral's observation, the activities for 2015 are in partnership with other agencies and NGOs, national government agencies. They have partnered with the UNFPA for the implementation of several projects.

In the Budget Message, Mr. Boral have seen that they were compliant on the date of submission of the executive budget. The budget of Albay is IRRA dependent. The non-tax revenues and tax revenues are secondary and tertiary sources of Albay's income.

Mr. Boral pointed that the implementation of the law is important because it identifies stakeholders, people in the provincial government of Albay, the academe, the CSOs to help in overseeing all the functions and services in relation to the law.



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Vulnerabilities

Firstly, Mr. Boral identifies the threat to the sustainability of RPRH programs, projects and activities possibly resulting from the change in leadership as vulnerability because it is election time and there is a huge possibility that the new governor will be anti RH.

Secondly, the attitude of the LGU stakeholders towards CSO participation may also be a vulnerability because even if there is a memorandum coming from the DILG and other offices, there are people who are resistant to change. The CSOs are only invited for voting/ quorum requirement mandated by law which is associated to the transition from traditional to participative budgeting.

Lastly, the low level of participation from the accredited CSOs is vulnerability because of CSOs lack of technical knowledge on the local budget process and their perception that there is low level of support for accredited CSOs.

Promising Features

The following are the promising features identified by Mr. Boral

- Establishment of the Albay Inter-Agency Council for Responsible Parenthood and Reproductive Health which shall complement with existing policies and harmonize RPRH PPAs.
- Existence of Offices Implementing RPRH Initiatives. (i.e. PHO, Albay AIDS Council and PHO-PMD)
- The vivification of the Local CSO scene.

According to Mr. Boral, in the process of implementing discussion, he realized that downloading a national program or the law per se to the Local Government Units is challenging. He believes that there is a gap between national agencies and the LGUs. He stated that the national agencies should reach out to the level of the LGUs and the LGUs likewise are having a hard time to interpret the national policies.

His second point is the period of Uncertainty for RPRH- *how will the next set of elective officials approach the implementation of the RPRH law or program?*

His third point is the transitioning from traditional to participative budgeting.



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Questions

Mr. Marwin

First, the role of the CSO seems to be vast. How many projects have you implemented? Second, how do you implement GAD funding?

Mr. Boral

Before we proceed with the AIP preparation, we conduct small meetings with technical working group to talk about our plans, programs and activities. We have permanent member who is part of a women's organization in our community and we are encouraging them to write inputs.

Mr. Marwin

How are they selected?

Mr. Boral

We have an accreditation process that will identify requirements. CSOs are listed and leaders are selected, requirements are: they should exist for one year. They have SEC registration and any other documents that prove that they are accredited. The local budget officer is encouraging the local CSOs to join budget process like budget hearings.

Mr. Marwin

In health?

Mr. Boral

In health, different department has separate activities and then we identify each of them and converge it to the local annual budget. It can be a lump sum or it can be mainstream income.



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Learning Exercise

Based on the two discussions, government budget and local budget process, answer the following questions comprehensively:

- In what areas of the budgeting process do you think you can participate?
- What kind of participation can you provide?
- How can you participate in these areas?

The participants answered the questions individually and then they were divided into four groups.



DAY 2

Recap. Ms. Joji Martal volunteered to do the recap. According to her, at first most of them thought the workshop was hard because they aren't familiar with budgeting. When Mr. Gerry Andamo started to talk, the purpose of the workshop became clear to them. They were able to understand everything about the elements of RH. He was good and it seems like he already memorized the formulas. Family planning was also tackled.



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Ms. Chi Vallido discussed how hard it is to facilitate and monitor national budget and this made her realize that as members of the community they should get involved in budgeting because if they don't have enough budget, they would not reach our goals so they can reach our goals in our advocacy.

She also mentioned that they were able to see the budget process through Mr. Freddie Boral's discussion. It was a good presentation on how they did the budgeting in Albay. Hopefully whatever they learned, they can apply when they go back to their respective communities after the training. The NGO and the government of Albay has a good relationship, and if Albay was able to do that then it is a challenge to Palawan. It was a good budget process because they encouraged the people to participate. She also pointed out that they should participate and get involved in budgeting because it is one of our rights as individuals in our community.

Workshop Presentation

Based on the two discussions, government budget and local budget process, answer the following questions comprehensively:

- In what areas of the budgeting process do you think you can participate?
- What kind of participation can you provide?
- How can you participate in these areas?

Most of Group 1 members think that they can participate during the preparation and accountability stage. They can provide breakdown of budget or expenditures and data and statistics. They can also participate by assisting and defending during budget hearing and through partnership and consultation. One of the members also stated that they can help revise proposals if there are instructions to revise it.

The Group 3 will start by planning budget linkages. They will take a look into medium term plan and the long term plan and identify what the priority of the local chief executive is. This is seen in the Executive Legislative Agenda (ELA).



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There is a budget call for budget preparation. They will let the local chief executive issue a memorandum calling for a signal for a budget preparation so that everyone will be aware of the preparation of the budget. They will prepare the estimated income, the annual income of the preceding year and the actual income of the current year so it is already prepared before the budget forum.

During the budget forum, speakers come from local accountant, the local treasurer, the local chief executive and the local budget officer. Some speakers during the budget forum vary depending on the concern.

After the budget forum, the local chief executive will inform them the direction from the local government so that they can focus the proposal in the said direction. They will be having a budget proposal and will collate them then we will try to consolidate it.

Next, they will be having a budget hearing wherein they have to prepare their major final output and budget breakdown. They should be able to defend it

Then, they have the final draft where they consolidate the output from the budget hearing and they will let the local chief executive sign the draft and submit it to the local *sanggunian*.

They do not have participation in budget authorization and budget review unless they are called by the legislators or the provincial budget officer. The final say usually comes from the local *sanggunian* or the congress if it is national concern.

During budget execution, everyone is involved, each department, each component of the program is involved.

Lastly, during the budget accountability, the ones involved are the proponent, the local budget officer, the local treasurer and the local chief executive.

Most of the members of Group 4 usually prepare for the activities by participation in planning workshops/ meeting within the program/ department/ division. Staff and nurses are tasked to plan by the MHOs. It is participatory approach.



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Usually there are heads of office so they are not involved during the budgeting but the most important thing is that before we finish the program is to make sure that there is proper documentation of the budget. If possible, they can attend planning workshops. Planning workshop depends on the organization.

They usually facilitate the community to find out their need and make them feel that they need the program. They provide list of required resources. When planning, it is better to be accurate. It is better that they have too much than too little. When they defend the budget proposal, it is better if they know why they need the particular line item or supplies, materials or activity.

In their level, they have the capacity to participate by presentation of data and of budget, defend/ justify activities and budget, advocacy, and identify our champion. Members of the council are the ones who attend hearings but they can look for advocates who are members of the council that can help them in their advocacy. They don't have much role in the budget hearing so they should look for someone who has the power who can strengthen and sustain the program that we believe in and that will help them in the future.

According to Group 2, they can participate in the budget preparation through budget planning workshop, preparation of health data to be used as basis for the funding of health priority projects, recommendation of priority health projects based on the data gathered, identification of priority projects to be proposed, identification and empowerment of champions and advocates, advocate/ lobbying for fund appropriation.

As supervising officer of the provincial health office, they can facilitate the planning workshop, consolidate proposal of all units prepared by unit heads and prepare of MHOs' budget proposal as well as present and defend proposal budget to local finance committee. This is also the role of Dr. Jing Abiog-Damalerio as head of the MHOs and she added that she still haggles while she's defending.



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ADVOCACY PERSPECTIVE ON THE BUDGET – OVERVIEW OF THE SMART APPROACH

Ms. Maricar ‘Chi’ Laigo Vallido presented local government reports and opportunities for transparencies and accountability as well as a walkthrough of advocacy planning.

Session Objectives:

Ms. Vallido wants to show the participants how transparent their roles should be in their reports

- Identify sources of LGU financial data; this is very helpful when we are monitoring.
- Deepen understanding of these data to assist in positive engagement with respective LGUs and to ensure/strengthen transparency and accountability

Budget, Financial Statements and Other Financial Reports

1. Budget – contains the estimated income and expenditures for the ensuing year as embodied in an appropriation ordinance.
2. Financial Statements – summarizes the financial transactions as of/covering a certain period (monthly, quarterly, annual)



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- Balance Sheet, Income Statement, Cash Flow Statement and Notes to Financial Statements
- 3. Other Financial Reports – like those required by various agencies...

Where to access your LGU's financial data

Data should be accessible because it is public property so we can demand for it.

1. Local Chief Executive (LCE) Annual and Supplemental Budget, if any, as enacted by your Local *Sanggunian* through an Appropriations Ordinance
 - Localized General Appropriations Act (GAA)

Content of Budget Document

- a. Budget Message of the LCE vis-à-vis local development plan (including output from Local Health Board)
 - b. Brief summary of functions, projects and activities in pursuit of development goals and delivery of basic services, like health; we should see where our money goes.
 - c. Summary of financial statements
2. Posted in conspicuous places
 3. DILG
 - a. Full Disclosure Policy (FDP) Portal
 - b. LGPMS
 4. Bureau of Local Government Finance (BLGF), Department of Finance
 - a. Statement of Receipts and Expenditures (SRE)
 6. Commission on Audit (COA) Annual Audit Report (AAR) and special reports



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We have a lot of sources of data if we really want to review the budget and see how our money was spent. If you could not get the data from the office of the mayor, there are a lot of ways to really get the data that you need not just to challenge the leadership but at the same time to have a better preparation for the budget or if for example, if the CSOs are interested to engage in the budget process, these are their research materials.

6. General Appropriations Act and Accomplishment Reports of national agencies for various PPAs implemented in your LGUs, including funding for the Grassroots Participatory Planning and Budgeting (GPPB), formerly known as the Bottom-up-Budgeting (BuB)

The Full Disclosure Policy is the government's policy that requires LGUs to fully disclose certain reports and documents to keep their constituents informed of how the LGU funds or financial resources are managed, disbursed, spent or used. This was enforced and made mandatory by Robredo for 9 years when he was the mayor.

The Full Disclosure Policy should be disclosed because it is in the law. These memorandum circulars mandate the government to post in conspicuous places:

- MC 2010-083 dated August 31, 2010
- MC 2011-008-A dated January 31, 2011
- MC 2011-134 dated September 19, 2011
- MC 2012-141 dated August 9, 2012

Conspicuous Places

DILG MC 2011-134

- Provincial capitol, city hall, municipal hall, barangay hall, and government-owned facilities to include, but not limited to:
 - Social center, gymnasium, auditorium, manpower development center, training center, transport terminal, public market, public school, health station or center and hospital



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- Privately-owned buildings or facilities where the general public usually converges, including those owned by religious groups and the Chamber of Commerce, subject to their consent

Every individual should understand where his budget goes and at the same time, he would be encouraged to pay taxes. This will also inspire us since we know where our taxes go after our hard work.

Information sharing with CSOs and the Private Sector
DILGMC2011-134

- LCEs, upon request, are to provide copies of the FDP reports to:
 - the media
 - civic, basic sector, and business groups

DILGMC2012-141

“Amending Guidelines on DILGMC No. 2010-83”

- **Amendments pertain to:**
 1. Classifying the reports into three (3) types
 2. Start and frequency of Posting of Reports
 3. Additional reports:
 - a. Report of Local Disaster Risk Reduction Fund (LDRRMF) Utilization
 - b. Bid Results in Consulting Services to be included in the Bid Results
 4. In case LGU does not have PDAF or Debt Service
 - Post Certificate of No Debt Service or No PDAF, duly signed by the LCE

Three (3) Types of FDP Reports

A. Budget Reports

1. Annual Budget
2. Statement of Debt Service
3. Statement of Receipts and Expenditures



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4. QuarterlyStatementofCashFlow
- B.ProcurementReports
 5. Annual Procurement Plan or Procurement List
 6. Items to Bid
 7. Bid Results on Civil Works, Goods and Services, and Consulting Services
 8. Abstract of Bids as Calculated
 9. Supplemental Procurement Plan, if any
- C.SpecialPurposeFundReports
 10. SpecialEducationFund(SEF)IncomeandExpendituresEstimates
 11. ReportofSEFUtilization
 12. AnnualGenderandDevelopment(GAD) Accomplishment Report
 13. Trust Fund (PDAF) Utilization
 14. 20% Component of the IRA Utilization
 15. Report of Local Disaster Risk Reduction and Management Fund (LDRRMF) Utilization

This is a public report so we can access it. This is also good for the students who want to go into the process and they want to make a thesis on how to help the government improve the monitoring of the budget so that it will be better for the following year and improve their view in these issues and data statistics. It is a good source for us and it will be a good help when we do our budgeting.

Ms. Chi shared the website <http://fdpp.blgs.gov.ph/>. This is where we can search documents by entering the province of municipality.

Limitations of the FDPP and FDP reports

- It does not emphasize the importance of investment planning (plan-budget link model)
- Uploaded reports are scanned copies, some of which are unsigned
- Uneven compliance to the prescribed templates



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- No “*kuwento* to the *kuwenta*”; we should be able to understand what these reports mean so that we can help them more or challenge them or else the project will be nonsense.

Local Governance Performance Measurement System

- An on line information system on local governments
- A self-assessment management and development tool
- Enables LGUs to determine their capabilities and limitations in the delivery of essential public services using governance and development indicators
- Presents the LGUs’ basic and financial profile to deepen understanding of how the LGUs perform vis-à-vis other LGUs within its class and the national average of the same LGU type, regardless of income class. If we need data and we are making a proposal and we would like to focus on a particular municipality, this is where the municipal development plan and other provisions are included.
- Not only collects data and reports results but most importantly, it generates information that may guide in the formulation of executive and legislative agenda- in policy and program development and implementation.
- Should be accessed by CSOs to understand and monitor their respective LGUs’ profile for an increased participation in local public finance

Local Governance Performance Measurement System is another way for us to engage with the LGU. We can also type in their website what we are looking for, what year, which type, etc.

LGPM Financial Performance Reports

1. Revenue Generation Indicators:

- a. Cost to Collect Revenues
- b. Locally-Sourced Revenue to Total Income
- c. Regular Revenue to Total Income
- d. Locally-Sourced Revenue Level
- e. Locally-Sourced Revenue per Capita
- f. Real Property Tax (RPT) Accomplishment Rate



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2. Resource Allocation & Utilization Indicators:

- a. Personal Services Expenditure Ratio
- b. Total Expenditure per Capita
- c. Debt Service Ratio

Financial Reports required by the Local Government Code

- **Summary of all revenues collected and funds received including the appropriations and disbursements of such funds during the preceding fiscal year**

• Local treasurers, accountants, budget officers and other accountable officers shall, within thirty (30) days from the end of each fiscal year, post in at least three (3) publicly accessible and conspicuous places in the local government unit. (Section 352, LGC).

What is the role of the Commission on Audit (COA) on Local Public Finance?

- COA - a constitutional body mandated to perform the audit of all financial transactions of all government agencies, including the LGUs.
- Responsible for making rules on accounting and auditing to prevent irregular, unnecessary, excessive or extravagant expenditures of all government agencies.
-

Specific Scope of COA Audit

- To ascertain the propriety of financial transactions and compliance of the LGU to prescribed rules & regulations
- To ascertain the accuracy of financial records & reports, as well as the fairness of presentation of the financial statements
-

Types of COA Reports

1. Annual Financial Report (AFR)

- Consolidated report of COA to the President of the Philippines and Congress not later than the last day of September of each year.



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- Published in the country's national newspaper every year under the Financial Highlights of Local Government Units.
- **Based on the Balance Sheet of all LGUs**, the following are highlighted in the published report:
 - Top Ten Provinces, Cities, and Municipalities Based on Current Assets
 - LGUs with Substantial Amount of Cash in Bank
 - Top Ten Provinces, Cities, and Municipalities Based on Total Liabilities
 - Top Ten Provinces, Cities, and Municipalities Based on Total Equity
- **Based on the Statement of Income and Expenditures**, the following are generated:
 - LGUs with Highest and Lowest Gross Income
 - Highest and Lowest LGU Spenders
 - LGUs with Highest and Lowest Share from Internal Revenue Allotment
 - LGUs with Highest and Lowest Net Income
- **LGUs included in the list are the benchmark of other LGUs.**

2. Annual Audit Report (AAR)

- The final output of the yearly comprehensive audit conducted by COA
- Consists of Four (4) Parts:

Part I: Audited Financial Statements

Part II: Significant Findings and Recommendations

- Medium used by COA to communicate to the LGU and to proper authorities the result of COA appraisal of how management had discharged its fiscal responsibility

Part III: Status of Implementation of Prior Year's Audit Recommendations

Part IV: Annexes

- Financial Statements by Fund
- Statements of Appropriations, Allotments, Obligations & Balances by Fund



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- Various Schedules – Receivables, Payables, Projects under the 20% Development Fund, etc.

LGU-Citizens Partnership in Increasing Revenue

- External Sources
 - IRA
 - National wealth
 - NGA appropriations
 - BuB, PCF, KC, NCDD etc.

CSO Participation in Enhancing LGU Tax and Non-tax Revenues:

- Real Property Taxes
- Business taxes
- Permits, fees and licenses

NGA Incentives through DILG

Aside from the funds that we get from the LGU, there are other incentives that are given by the national government

- Performance Challenge Fund
- Gawad Pamana ng Lahi
- PAyapa at MAsaganang Pamaya NAn or PAMANA DILG Fund (together with OPAPP)

PCF Allocation

a. As subsidy for the 1st to 3rd class LGUs and 2011 newly-converted cities that passed the 2011 SGH:

- Province – P 7M
- City – P 3M
- Municipality – P 1M



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b. As incentive to the 2012 *GawadPamanangLahi* Regional awardees:

- Province – P 3M
- City – P2M
- Municipality – P 1M

c. As incentive to the 2012 *GawadPamanangLahi* National awardees

- P5 M each for province, city, municipality

PCFUtilization

- Shall be used to finance local development projects indicated in the 2012 AIPs of LGUs
- Temporarily suspended in 2013 with the implementation of BuB

GawadPamanangLahi

- An award for exemplary performance in local governance – administrative, social, economic and environmental governance
- DILG MC 2011-113 dated August 9, 2011 as amended by MC No. 2012-80 dated April 25, 2012
- An instrument to scale-up the valuing of accountability, transparency and inclusivity in local administration and development

1. National award

- commenced in 2012 and every three years thereafter
- **Php5M** per province, city, municipality

2. National Award Committee (NAC)

- Chaired by the DILG Secretary
- Members:
 - at least four (4) Heads of any of the NGAs – DOH, DepEd, DSWD, DTI, DOT, DA, DOF, DENR, DBM, DAR



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- Representatives from the Leagues of LGUs
 - CSOs
 - Private Sector
3. National Board of Judges – Representatives from: DILG, Leagues, CSOs, Private Sector
 3. National Team(s) of Validators – Representatives from the CSOs, Private Sector, Leagues and DILG
 - Conducts on-site validation on the Top 5 Regional Awardees, per category, and thereafter submits a validation report to the Board of Judges

Seal of Good Local Governance

- Replaced the Seal of Good Housekeeping

Workshop

Participants were divided into four groups. They were asked to do the following:

1. Identify a particular topic for RH budget advocacy
2. Present for approval/ modification/ finalization

The following groups shared their specific topics for the discussion and application of the budgetary process. The first group which consists of participants from the Municipal Health Office decided to focus on Trainor's Training on Human Sexuality; the second group with participants from Palawan State University and the NGOs chose to focus on Adolescent Sexuality and Reproductive Health (ASRH) training of trainers; the third group of participants from the Provincial Health Office/ PCSD wanted to focus on Training of Peer Educators on Prevention of Teenage Pregnancy in Palawan; and the fourth group that is comprised of the participants from DOH/ CHO opted to focus on Implementation of the existing 100% condom use program- distribution of free condoms in entertainment establishments.



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LEVERAGING THE BUDGET FOR HEALTH

Developing the Advocacy Plan

The discussion is a walkthrough of the development of an advocacy plan with a focus on the budget. Since the participants were able to identify the issues they wanted to focus on budget-wise, Ms. Chi assumes that there is shortage in the budget when it comes to the reproductive health and they want to build the capacities of health workers in terms of handling reproductive health or human sexuality. They see as an issue the increasing number of teen pregnancy therefore the participants want the budget to support particularly the youth groups or developing the peer educators which consists of the manuals among other stuff because if they say that they are going to do trainings and organizing they should know what the budget entails which they will be able to identify as they go through the 3 phases.

Ms. Chi started the discussion by defining key concepts. A goal is a long-term outcome to describe the overall mission or purpose of a project, usually supported by several objectives. Some examples are reduction of teen pregnancy, capacity to conduct a sex education, and reduction of maternal mortality.

An objective is a brief statement of intent describing the specific outcome sought. We're trying to say that we want to reduce the number of teen pregnancy by the rate 5% in the municipality of San Vicente for example and we should find out our objective.

A quick win is a discrete, critical policy or funding decision that must occur in the near term to achieve a broader goal. Sometimes, we do not achieve our objective but we are doing a lot of quick wins. Accomplishment of some of our activities is one example of a quick win. Creating a manual on sex education is a quick win.

A funding quick win example in our project, at a national scale we have an increased funding for reproductive health by 5% from the previous year so that is our basis for our 2015 advocacy work we were able to increase the budget to up to 14%, we're not saying that we are the only ones who did it but still we are pretty much involved in helping out the Department of Health in graphing the increasing budget so we tracked that there is a 14% increase but our objective is at least 5% on services.

One example of a policy quick win at a local government level, in our project, we want the creation of a provincial advocacy team to be signed as an ordinance. On the first year of our project we only want a drafting of the ordinance but by the time the year ended we already had three ordinances signed.



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Another example given by Ms. Chi as a visibility quick win is to conduct the first national family planning conference on 2016.

She also shared the secret to a quick win is that we should focus our energy and attention on ***opportunities for action*** that have the ***highest potential for impact*** in the ***near term***

SMART

A **SMART** objective increases the likelihood of achieving a **Quick Win**

Specific

Measurable

Attainable

Relevant

Time-bound

Smart Advocacy Approach

LandscapeAssessment is where we do our research and find out the available data. If we say that we want to address teen pregnancy because this portion of the advocacy work tells you that your data is showing that the number of teen pregnancy is high. Your data is showing that maternal mortality is high; your data is showing that the HIV/AIDS situation among young people is increasing or the STI cases among young people is high. Those are the things that you track in your hospitals or your clinics.

SMART Objectives is identification of SMART objectives needed to alter the landscape to produce effective quick wins. You already have an issue; we have to find out how to address it.

Quick Win Achievement is documentation and monitoring of outputs and outcomes toward impact



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Evidence of Impact is validation of results using evidence and review of the landscape for change. We have to identify our indicators. For example, our indicator is the ordinance signed, or the budget, or the letter from the secretary of health saying that they will support the conduct of the national family planning conference, etc.

SMART in 9 Steps

Phase 1 Build Consensus

Step 1 Decide Who to Involve. We have to decide who to involve. For example, we can involve HAIN, or DOH, or Forum, etc. They can be from the private sector, government, health care providers, members of the academia, or civil society. You may not need these people yet but we can tap them and ask for help from them.

Step 2 Set SMART Objective. From all of the issues identified, what are the objectives we have to do to achieve that? What are we trying to accomplish and what can we do *now*?

Specific indicates what will be achieved and by what means

Measurable framed with quantitative or qualitative descriptors

Attainable is within reach

Relevant contributes to the overall goal of your advocacy efforts

Time-bound sets a specific date for achievement

For example, Budget for FP training of BHWs included in the 2017 budget

Governor signs annual budget allocation for 1 million pesos for the skills enhancement program of BHWs.

Now, Palawan/Municipality has no budget for FP Training for BHWs. What do you want to achieve? Simply have a budget for FP Training for BHWs included in the 2017 AIP. If there is no established youth organization in Puerto Princesa, you can establish one. If there is no peer education training for the health providers, the goal is to have one. Those are some of the objectives you can list down.

One example is PHO includes the training of BHWs in the Budget proposal. You may do only one advocacy per objective. For example, if you want a BHW organization or alliance, you'll write a statement of support for the training if you want



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them to be advocates. We can mobilize BHWs to claim budget for the trainings by training them, teaching them to make statements or doing mobilization activities.

You can also select a champion from the local *sanggunian* who will issue a statement or file a bill to make the training of BHWs regular.

Another possible objective can be CSOs provides manuals on FP to the LGU. If for example you want a partnership with the roots of health by advocating to them so they can help you with making the manual. LGU allocates 1million for the Skills enhancement program of BHWs is the last example of objective.

The illustration showed how the now can get us to our goal.

- What do we hope to achieve in the long term?
- What are the short-term SMART objectives of our advocacy?
- What do we do first?

Step 3 Identify the Decision maker.

For example, when the RH Law was already in the Supreme Court level, we do not know how long it is going to drag on so we profiled all the Supreme Court justices. I already have a folder of each Supreme Court justice. I already have the issues that they are interested in. During the hearing I listened to their statements and analyzed so we know who to go to. Building rapport like visiting the community is already one of our advocacy works.

- Who has the power to help ensure that your issue is addressed?
- For example, who can ensure that contraceptive supplies and services are available for women who would want and need them?



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Phase 2 Focus Efforts

Step 4 Review the Context

The decision making context are statements representing what decision makers or other influential individuals or bodies are saying about the issue to be addressed by your goal and objective. We usually look at their press statements, programs that they started or if they are opposed to or they supported a certain issue. This is where we examine external challenges and external opportunities. For example, an external challenge would be that they are religious, anti RH because they are close to the bishop but one of the external opportunities would be that there have always been evidences to show that he gives funds, or he doesn't prevent his department heads to allocate funds. Maybe he is not knowledgeable enough, for example Governor Alvarez, misconception is our analysis with him about the reproductive health, all the while he thought that when we say RH it only involves family planning, just the population control but then he realized that there are a lot more elements, there is cancer, HIV, etc.

Step 5 Know the Decision maker

What Do We Know About the Decision maker?

- What is their background? What are their core concerns?
- Have they made any statements for or against family planning?
- Whose opinion do they care most about?
- Are they willing and able to act on issues they care about?

What Does the Decision maker Value?

- Maternal health or women's rights?
- Cost-effectiveness of public health programs?
- Young people?
- Socio-economic development?
- Cost-effectiveness?

How Do We Best Approach Each Decision maker?

- **Provide information**
 - Why is our issue important? If for example, we only have 30 seconds to talk to this member of congress, we should know why our issue is important and why it should matter to him or her as a decision maker.



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- **Encourage the will to act**
 - What is most likely to persuade the decision maker to take action? This happens when we know the decision maker's core values and how do we approach our statements to him or her.
- **Recognize their leadership**
 - How can we thank the decision maker publicly and celebrate his/her role in securing a win? Do we have a plaque of appreciation? Are we going to write an article? Are we going to invite them to a gathering? Because they like that so they can see their voters and they can see that the BHWs and health workers appreciate them.

Step 6 Determine the Ask

What Is Our "Ask" and How Can We Support It?

Support the ask through

- **Rational arguments**
 - Use facts or evidence. Example: The governor is an economist so we discuss the bottom line.
- **Emotional arguments**
 - Use evocative stories and photos. Example: We can talk to the people who influence the governor by sharing a story of someone's daughter who had a maternal death or if we do not enough time we can inform them the increase in number of the maternal deaths and similar cases in the community.
- **Ethical arguments**
 - Use a rights-based approach. Example: We can cite what already is in the law.

This differs depending on what you produce. It can be a briefing paper, a statement, or a story. You should be ready. For example if you go on person to person to the members of the congress before the budget hearing, we should know their arguments so we should be ready to give the briefing paper to them. If this person doesn't know much about data, we should give them a story. We should tailor fit it to the person we are going to talk to.



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Another example, Congressman Pacquiao is a member of appropriations committee, he also heads the MDG committee of the congress although he only went to work 3 times, he still is the chair so what can he understand? We provide him pictures and a story of who we are featuring.

The more you know your target audience the better we can prepare for our statements.

The Five-Point Message Box

1. Enter decision maker's name
2. Enter decision maker's core concerns
3. Anticipate objections and prepare response
4. Articulate the SMART ask
5. Answer the question: "What is the benefit?"

Message and Messenger

- Each team member should be able to deliver the message and the supporting message points
- Remember: the messenger is as important as the message

Example: When we go to the councilor should I bring a night high school student just to set an example or can I go there alone? Should I bring a parent of the child who had a miscarriage in class? Will that matter to the decision maker?

Determine the Messenger

Policymaker

Celebrity

Community Members

Example: We have a campaign in UN Women- Speak Harassment wherein one of our celebrity endorser is actress Glaiza de Castro because that is the concern that she chose to volunteer to

They do not have to be famous on TV they can be a public figure who influences the people in the community



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Deliver the Message

- Will your request be part of an informal discussion or require a formal presentation?
- How much time will you have to make your case?
- If more than one of you is involved in the meeting, who will present the issue and who will ask the decision maker to act?
- How will you follow up after the meeting? Is another meeting needed?

Phase 3 Achieve Change

Step 7 Develop a Work Plan and Budget

Assess Internal Resources

- Do we have financial resources?
- Do we have the time?
- Do we have the data to support our request?
- Do we have human resources?

Specify Advocacy Activities

- How will the activity further our objective?
- How does it relate to what the decision maker considers important?
- Is the activity worth the time and money it will require?
- Is the activity needed to achieve a Quick Win?
- Is the activity SMART?

Which activity has a potential that we can make sustainable into an ordinance?

Step 8 Set Benchmarks for Success

Three Ways to Measure Success

- **Outputs**—Did you carry out all the advocacy activities in your work plan?
- **Outcomes**—Did you fulfill your SMART objectives and achieve a Quick Win?
- **Impact**—Did your Quick Win improve the situation for those who need and want access to family planning?



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We will review the steps we have done and whether we accomplished activities and if not, what are the gaps? If there is a gap, we can proceed to objective 2. What can we do next?

Step 9 Implement and Assess
Assessing Our Impact

We assess

- Because advocacy can produce useful results
- To capture longer-term gains from quick wins. Where do we contribute? Why are we doing this if we don't even contribute to the reduction of teen pregnancy or reduction of maternal mortality?
- To better explain the value of our investments in advocacy.
- To keep our eyes on the long-term impact as we track our quick-wins. Example, you already have ready materials that we can use in teaching future health workers and hopefully it will improve the service delivery which also translates to better health access especially in affecting the deduction of health indicators that we want to reduce.

What Do You Do After a Quick Win?

- Review your plan
- Ask: What must happen next to get to your goal?
- Has your landscape changed? Is the next objective still correct?
- Should you reformulate your advocacy strategy? Should you add another objective?

Time to Take Action

- What are our immediate actions following this meeting?
 - Review assignments and next steps
 - Set up the next phone or in-person follow-up on progress
 - Evaluate progress against benchmarks to ensure that we are on track



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PRESENTATION

The participants presented their SMART Advocacy Strategy outputs. The first group that started with the presentation was Group 3 which is composed of participants from the Provincial Health Office/ PCSD with the goal to provide accurate information/counselling on teenage pregnancy prevention among Palaweño youth. The Group 2 with participants from Palawan State University and the NGOs focused on the goal to reduce incidence of teen age pregnancy in five years while the Group 1 which consists of participants from the Municipal Health Office went with the goal to enhance the knowledge on adolescent reproductive health among MHO front liners. The Group 4 from DOH/ CHO presented last with the goal to decrease incidence of sexually transmitted infections through the use of condoms in all Entertainment Establishments in Puerto Princesa City





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EVALUATION AND FEEDBACK

Evaluation guides were distributed and participants were asked to fill them out.





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ANNEX A- PARTICIPANTS' DIRECTORY

Developing Investments for Reproductive Health: Alternatives and Challenges

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ANNEX B- EVALUATION RESULTS

To help us improve the workshop, we need your comments and suggestions. Please be candid and frank in your evaluation.

1. In general, how did you find the content of the workshop?

- Very useful to my work
- Excellent, very informative & applicable
- Very informative
- I have learned a lot especially on the process of making a budget and looking on ways for it to be included in the priorities of the province
- It's very good for me, because I gain knowledge in budgeting, which I have no experience in budgeting, so, after this training I already how to do budget advocacy for health. I also know the 12 elements of RH, but some are already __
- Interesting/ Helpful
- Very useful **(2)**
- The workshop may be very compressed in 2 days. But in general, this is very helpful in our work
- Enlightening
- Kinda lost from the start, but eventually I was able to cope up and learned the process of budgeting
- Helpful
- It was full of knowledge
- Helpful to us, usually at the level of the MHO
- Very informative or useful data & shared experiences
- Very comprehensive
- Excellent **(6)**
- No answer **(1)**
-

2. In general, how did you find the way the workshop was conducted (i.e., teaching methods, speakers and facilitators)?

- Speakers are very good! Excellent
- Excellent
- The speakers were knowledgeable & workshops were appropriate



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- Great speakers, learning by doing
- Very good
- Great. Thank you so much I will use this forum in my program
- Adequate
- Facilitators are expert in the field that they are discussing (some presentations-ppt. can be improved to lessen texts)
- As is
- Very good **(2)**
- Manageable! Smooth
- Well done
- Very satisfactory **(2)**
- Visual aids are good, speakers were able to give justice in each topic they delivered
- Helpful
- They were great
- Interesting

- Excellent
- Participatory approach
- Very satisfactory, some topics though were presented so swiftly
- Resource speakers are knowledgeable and have the mastery of the topic (konting lively lang in terms of presenting para happy)

3. Which part of the workshop did you find to be:

a. most informative?

- Budget process
- Budget process and workshop
- Discussion on budget process
- The lecturer
- All topics
- Discussion on budget process
- Elements of RH Bill



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- Budget advocacy (last part in Day 2)
- National situationer on RH
- Discussion
- Budget process **(2)**
- Engaging in reproductive health budget formulation **(2)**
- Elements of RPRH
- SMART
- All **(5)**
- No answer **(3)**

b. most interesting?

- Process of doing budget advocacy
- Evaluation of output
- Workshop itself
- The process of lobbying for a budget
- Albay example
- Elements of RH Bill
- Budget advocacy (last part in Day 2)
- Everything
- Statistical data
- Presentation of workshop
- Elements on RH **(3)**
- Everything, especially the budget process
- Budget advocacy process
- Budget process
- All **(4)**
- No answer **(3)**

c. most useful?

- All **(5)**
- Steps of the budget process and workshop
- Process of lobby
- Planning/ Advocacy template
- Budget process
- Budget advocacy (last part in Day 2)
- Everything
- Doing workshop/budget proposals
- Evaluation of workshop
- Budget process



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- The bloody workshop
- Workshop
- Smart advocacy strategy
- No answer **(6)**

d. least helpful?

- Everything is helpful
- I just wish there will be printed program for each participants
- Albay case
- Elements on RH
- All **(3)**
- None **(5)**
- No answer **(13)**

4. Were there workshop topics which you felt needed more clarification?

- Yes **(4)**
 - ✚ **which topic(s)?** – Budget process
 - ✚ Relevant health Stat
- No **(16)**
- No answer **(3)**

5. What three major new learning did you acquire from this workshop? This can be new information, skills or strategies.

a.

- Budget cycle
- The use of vital health statistics in making arguments for budget and advocacy
- Steps of the budget process
- The process that the budget goes through
- Philippine Budget for RH
- Government budget
- Budget formulation process
- Elements of RH Bill
- Budgeting
- Statistics



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- Health Stat
- Budget process **(2)**
- All about the government budget
- Elements of RPRH (compilation of health data)
- Budget process
- Where to access financial data
- Budget proposal
- No answer **(5)**

b.

- Website on fund utilization info
- How budget is formed
- How to identify advocates/champion
- The approach for the budget to be included in priorities
- Local budget process
- Workshop
- Advocacy
- Learning the local budget process
- Budget preparation
- Element of RH **(2)**
- SMART advocacy strategy
- Budgeting
- Local advocacy
-
- Laws affecting the budget process
- Smart work plan
- No answer **(7)**

c.

- Where to get the budget to support RH Program
- Skills on lobbying
- SMART Advocacy Approach **(2)**
- Government budget
- Engaging in preparing _ budget formulation
- The national and local budget
- In what part of the budget process I can feasibly participate
- Elements of RH and its indicators
- No answer **(12)**

6. What three major changes will you be proposing to your organization in relation to communication and advocacy?



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a.

- Support budget proposal & good evidence/ statistics
 - The use of GAD budget of our school
 - To involve more the personnel at the lower level in planning
 - Through our DOH Reps, lobbying during LHB
 - Use SMART, learn a lot
 - Proper utilization of GAD Budget for RH
 - Training
-
- Inclusion of one or 2 elements of RH Law to the PAs of LGU
 - SMART Advocacy
 - Transparency
 - Start on depending budget proposals
 - Give to support to AIP – for the RPRH
 - Participatory
 - Development of champions
 - Budget process flow
 - No answer **(8)**

b.

- The integration of school program for RH
- Presence of CSO in budget hearing
- Start to have another programme regarding RH
- Maturity
- Training on RPRH law among clients



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- No answer **(16)**

c.

- The integration of RH for syllabus and curriculum
- Implementation of policies and guidelines in budget proposals
- Add some budget on the programme regarding RH
- No answer **(18)**

7. Name very specific training needs you have around communication and advocacy, which you would like to see HAIN or other groups organize.

- Reduction of teenage pregnancy
- ARH for health workers
- RH Bill
- Budget advocacy
- Symposium to the secondary & tertiary students and out of school youth
- Training on Trainers about RH
- Another schedule for symposium to ____ school & college students
- No answer **(16)**

8. Your general feeling of the workshop



Happy **(22)**

Confused

Disgusted

No Answer **(1)**

//

9. Other comments and suggestions (i.e. venue, accommodation and foods)

- Thank you for helping Palawan
- Thank you for the training
- Other hotel next time



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- Thank you
- Another venue for next training
- Venue, good; Food, good
- Very good
- Excellent
- Keep on smiling
- Start on time or just 30 minutes late
- Great
- More workshop in the future
- Ice breakers
- None **(1)**
- No answer **(9)**