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# Integrating COVID-19 Vaccination in Primary Care Service Delivery: Insights from Implementation Research in the Philippines

*Navigating Konsulta implementation through collaborative M&E*

**10<sup>th</sup> M&E Network Forum**

November 29, 2023

Seda Vertis North, Quezon City

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**ReachHealth**

Improved Health for Underserved Filipinos:  
Family Planning and Maternal and Neonatal Health  
Innovations and Capacity Building Platforms (FP/MNH ICP)

# Outline of Discussion

1. Introduction and Context of the Study
2. Research & Evaluation questions
3. Data sources and methodology
4. Results of the study
5. Conclusion and policy implications
6. Insights for implementers



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# Introduction & Context of the Study

# Philhealth's Konsulta Package



an expanded primary care benefit package to cover targeted (individual-based) services & commodities **available for all Filipinos.**

## ***Patients perspective:***

- Benefits: Have access to consultation, laboratory and medications from primary care facilities that's subsidized by Philhealth
- Actionables: Need to register to a facility and undergo **First Patient Encounter** (an initial health profiling session with a health care provider)

## ***Healthcare provider perspective:***

- Expand access to essential services for patients
- Strengthened gatekeeping of health system
- Access to public funding through PhilHealth
- Opportunity for a more integrated primary care experience

# Local Context (Provincial and Municipality level)

- **Iloilo Province**
  - Located in Region 6 – Western Visayas
  - Consists of 43 component LGUs (1 city and 42 municipalities)
  - Population of 2 million people
- **Problem**
  - low facility accreditation in Konsulta, and consequently weak implementation of the Konsulta processes
  - In parallel, challenges in implementing vaccination and FP
- **Intervention:** addressing these issues in an integrated manner



# Integration of FP and COVID-19 to Konsulta

- Provincial and local priorities
  - COVID-19 performance was behind based on surveillance
  - Desire to increase Family Planning service provision
  - *Consider program level integration*
- Konsulta as part of UHC implementation
  - Opportunity to increase accessibility to hard-to-reach population
  - First patient encounter as an opportunity to engage patients on their health concerns
  - *Considering organizational integration*

# Research Questions

1. What hinders facilities from securing Konsulta accreditation and implementing it effectively, particularly in the:
  - Conduct of Registration and First Patient Encounter
  - Use of electronic health records and health information systems
  - Reimbursement of claims from PhilHealth
2. How to integrate public health programs (in this case vaccination and family planning) in the the Konsulta delivery process?
  - Will this increase COVID-19 vaccination or FP uptake?



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# Methodology





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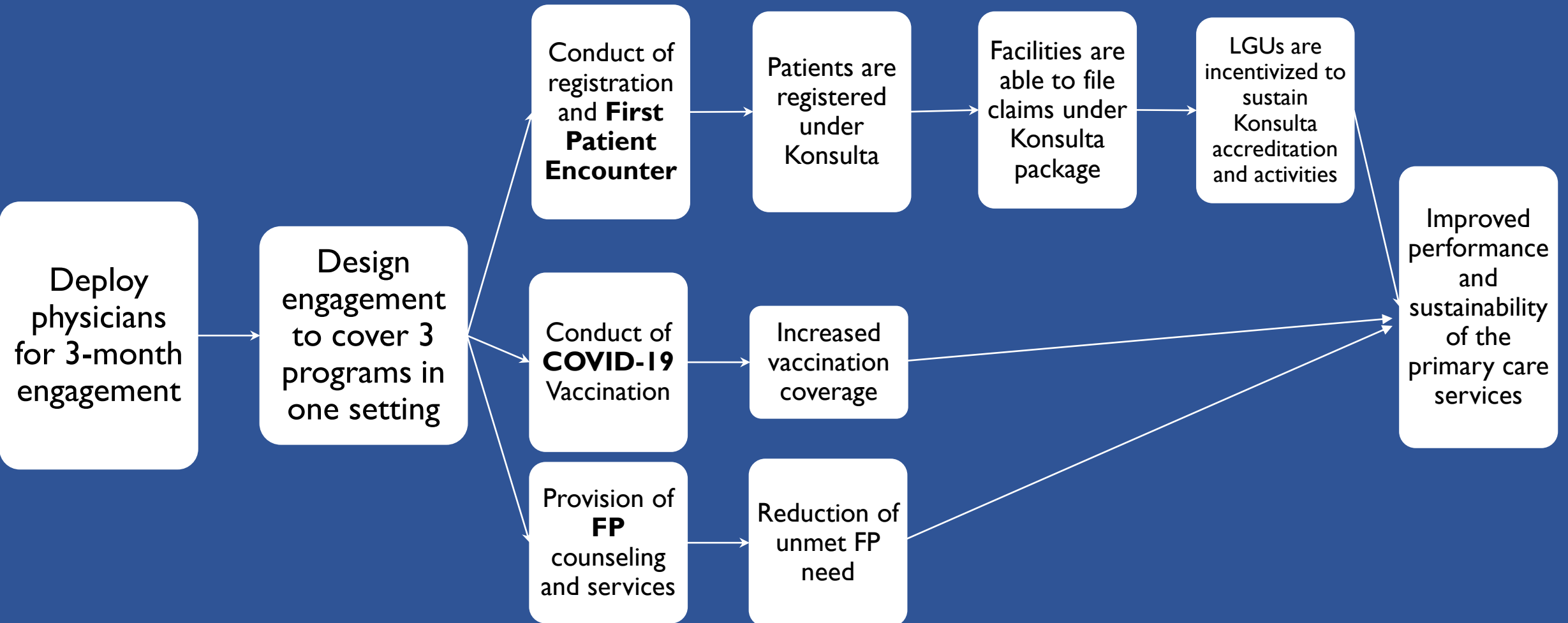
# The Iloilo Integrated Konsulta- COVID 19-Family Planning Initiative

September 2022 – April 2023

36/43 municipalities across the province of Iloilo

36 consultant physicians + 1 project coordinator hired over 3-6 months

# Intervention design and logic model



# Components of the Intervention

**General Objective:** To provide technical and human resources support to Iloilo Provincial Health Office's initiatives on Konsulta Implementation and integration of key health services. Specifically, it aims to achieve the ff:

To **increase** the number of RHUs accredited for the Konsulta package

To **conduct** regular Konsulta registration and profiling activities across the various supported LGUs in the province

To **improve** COVID-19 vaccination and FP Program performance through an integrated activity with Konsulta

To **document** challenges and lessons learned for future dissemination

# Technical Assistance from USAID-RTI International



Formation of technical working group to navigate implementation



Provision of medical consultants which were deployed to 36 LGUs across the province over a 3-6 month period



Provision of 1 project coordinator to manage data and coordination measures



Conduct of regular checkpoint meetings and two pause & reflect sessions for M&E purposes

# Implementation Timeline

Timeline	Activity	Remarks
September 1 - October 15, 2022	Conduct of Consultative Meetings with Key Stakeholders (3 sessions)	Inclusive of Iloilo PHO, Regional PHIC6 and LHIO, National and Regional ReachHealth Members, MHOs
October 25-27, 2022	Orientation of Physicians and MHOs, Dry-Run of Integrated Registration Activity	
October 28, 2022 - January 31, 2023	<b>Deployment of 1<sup>st</sup> Batch of Medical Consultants</b> - Submission of weekly reports and conduct of checkpoint meetings	20 medical doctors (60 working days only)
December 21, 2023	Conduct of Midterm Pause and Reflect	
February 1 - April 10, 2023	<b>Deployment of 2<sup>nd</sup> Batch of Medical Consultants</b> - Submission of weekly reports and conduct of checkpoint meetings	18 medical doctors (30-60 working days only)
April 4, 2023	Conduct of Final Pause and Reflect	

# Monitoring & Evaluation

- **Monitoring**

- *Weekly reports - Each consultant was tasked to submit weekly reports involving program outputs and feedback gathered during implementation. Involved quantitative and qualitative data.*
- *Online dashboard – Quantitative data gathered from weekly reports would be consolidated into an online dashboard by the project coordinator, and shared to the initial TWG.*

- **Evaluation**

- *Monthly analysis of performance*
  - *Comparison of outputs between LGUs*
  - *Review of comments, insights, and recommendations of weekly reports*
- *Irregular checkpoint meetings*
  - *Consultants with key stakeholders were called to address urgent concerns*
- *Conduct of Pause and Reflect ( midterm and final)*
  - *Structured FGDs among stakeholders to understand challenges and potential solutions further*

Integrated Konsulta-COVID19-FP Project - Weekly Accomplishment Form

Week #: 14

Time Period: January 16-20, 2023

Date Prepared: January 25, 2023

COVID		5-11	12-17	18-59	60 up	Total
1 <sup>st</sup> Dose	M-25	M-43	M-16	M-0	M-44	
	F-12	F-2	F-25	F-3	F-42	
2 <sup>nd</sup> Dose	M-17	M-0	M-13	M-0	M-30	
	F-11	F-0	F-12	F-0	F-23	
1 <sup>st</sup> Booster	M-0	M-6	M-205	M-17	M-228	
	F-0	F-8	F-183	F-16	F-207	
2 <sup>nd</sup> Booster	M-0	M-0	M-55	M-12	M-67	
	F-0	F-1	F-51	F-25	F-77	
	M-42	M-9	M-289	M-29	M-369	
	F-23	F-11	F-271	F-44	F-349	
<b>By Brand:</b>		Pfizer	Sinovac	Moderna	J&J	
1 <sup>st</sup> Dose	M-42	M-2	M-0	M-0	M-44	
	F-42	F-0	F-0	F-0	F-42	
2 <sup>nd</sup> Dose	M-30	M-0	M-0	M-0	M-30	
	F-23	F-0	F-0	F-0	F-23	
1 <sup>st</sup> Booster	M-225	M-0	M-0	M-0	M-228	
	F-205	F-2	F-0	F-0	F-207	
2 <sup>nd</sup> Booster	M-67	M-0	M-0	M-0	M-67	
	F-77	F-0	F-0	F-0	F-77	
	M-364	M-5	M-0	M-0	M-369	
	F-347	F-2	F-0	F-0	F-349	
					<b>T-718</b>	
Vaccination sites for the week:	Date (Month/Date/Year)	Location				
		1.				
		2.				
		3.				
		4.				
		5.				
FP		NA	CU	OA	Total	
	10-14	0	0	0	0	
	15-19	2	8	0	10	
	20-49	29	592	32	653	
Konsulta		31	600	32	663	
	Mass Registration		M	F		
		Pre-Listed	288	542	830	
		Walk-in	229	519	748	
	LGU-Based Registration		M	F		
		Pre-Listed	698	656	1,354	
		Walk-in	1693	2213	3,906	
					<b>T-6,838</b>	

Integrated Konsulta-COVID19-FP Project - Weekly Accomplishment Form

Week #: 4

Time Period: January 23-27, 2023

Date Prepared: January 31, 2023

COVID		5-11	12-17	18-59	60 up	Total
1 <sup>st</sup> Dose	M-6	M-0	M-13	M-1	M-20	
	F-4	F-0	F-11	F-2	F-17	
2 <sup>nd</sup> Dose	M-9	M-1	M-2	M-0	M-12	
	F-6	F-1	F-15	F-0	F-22	
1 <sup>st</sup> Booster	M-0	M-2	M-103	M-7	M-112	
	F-0	F-1	F-110	F-6	F-117	
2 <sup>nd</sup> Booster	M-0	M-0	M-30	M-1	M-31	
	F-0	F-0	F-14	F-0	F-14	
	M-15	M-3	M-148	M-9	M-175	
	F-10	F-2	F-150	F-8	F-170	
<b>By Brand:</b>		Pfizer	Sinovac	Moderna	J&J	
1 <sup>st</sup> Dose	M-20	M-0	M-0	M-0	M-20	
	F-16	F-1	F-0	F-0	F-17	
2 <sup>nd</sup> Dose	M-12	M-0	M-0	M-0	M-12	
	F-21	F-1	F-0	F-0	F-22	
1 <sup>st</sup> Booster	M-108	M-4	M-0	M-0	M-112	
	F-107	F-10	F-0	F-0	F-117	
2 <sup>nd</sup> Booster	M-31	M-0	M-0	M-0	M-31	
	F-14	F-0	F-0	F-0	F-14	
	M-171	M-4	M-0	M-0	M-175	
	F-158	F-12	F-0	F-0	F-170	
					<b>T-345</b>	
Vaccination sites for the week:	Date (Month/Date/Year)	Location				
		1.				
		2.				
		3.				
		4.				
		5.				
FP		NA	CU	OA	Total	
	10-14	0	0	0	0	
	15-19	0	15	5	20	
	20-49	16	162	6	184	
Konsulta		16	177	11	204	
	Mass Registration		M	F		
		Pre-Listed	155	88	243	
		Walk-in	68	46	114	
	LGU-Based Registration		M-223	F-134	T-357	
		Pre-Listed	1528	1474	3,002	
		Walk-in	269	532	801	
					<b>T-4,160</b>	

# Online Dashboard

- Data Gathering

- Developed weekly report format with the ff. data points per LGU, and consolidated across the province.
  - COVID-19: Disaggregated by age group, sex, vaccination dose, brand
  - FP: NA, OA, CU
  - Konsulta: Regular Registration, Mass Registration
  - Remarks: For narrative information, and other remarks on implementation
  - Confirmed and signed by MHO

- GoogleSurveys

- Released at certain points of the engagement

- Irregular Checkpoint Meetings

- Conducted every 2-3 weeks with all consultants and other local stakeholders

- Data Tracking

- Development of dashboard for province-wide tracking
- Consolidation of key files in GoogleDrive

Covid-FP-Konsulta Dashboard and Entry Sheet

File Edit View Insert Format Data Tools Extensions Help

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Summary of Achievements				
Oct 17 to March 24, 2023				
<b>COVID19</b>				
Pinaslakas Targets (90% Coverage for A2, 50% 1st Booster for Gen Population)				
	Total Jobs Administered	Total Jobs for Senior Citizens	Jabs given for 1st Booster (General Population)	Others
	13,366.00	2085	8373	
	Number of Patients	12.69%		
	Percent of Total Patients Registered			
	Jabs administered versus original target of 33,957	39.36%		
<b>Family Planning</b>				
	Patients COUNSELED and Services Provided	NA	OA	CU
	9,891.00	777	303	8811
	Number of patients			
	FP counseled & serviced over total konsulta registered	9.39%		
	FP counseled & serviced over original target (3,240)	305.28%		
	Total acceptors	1,080.00		
	Acceptors over original target (3,240 pax)	33.33%		
<b>Konsulta Registration</b>				
	Total Number Registered with First Patient Encounter	LGU Based Registration (No PHO and Philhealth)	Mass Registration (with PHO and Philhealth)	
	105,300.00	88853	16447	
	Number of patients			
	Number of patients over initial target of 72000	148.25%	As of March 24, 2023	15/36
	Total Potential 1st tranche reimbursements starting Jan 2023 (P200)	₱21,060,000.00	Actual Reimbursements Generated:	185,665.14
	Total potential 2nd tranche reimbursements for 2023 (P300)	₱31,590,000.00	Date as of:	March 1, 2023
<b>Konsulta Accreditation</b>				
	Total Number of LGUs Targeted	43	Versus Target	Remarks
	Total Number of LGUs supported	36		
	Total Accredited LGUs	34	79.07%	
	Total Submitted			5 of these LGUs are with our HR augmentation
	Total Not Yet Submitted			

+ | Dashboard | Konsulta Accredited | COVID Tally | FP Tally | Konsulta Registration | COVID Tally (Batch2) | FP Tally (Batch2) | Konsulta Registration (Batch2)



# Data analysis: RE-AIM Framework

- To evaluate the impact of our intervention, we employed the RE-AIM framework, offering a structured approach for assessing the *reach*, *effectiveness*, *adoption*, *implementation fidelity*, and *maintenance* in care (sustainability of program).<sup>30</sup>
- By utilizing RE-AIM, we efficiently planned, evaluated, and assessed the outputs of the intervention, including its effectiveness and sustainability.



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# Results of the Study

RE-AIM Dimensions/ Indicators	Projected Targets n (%)	Actual Performance n (%)	Means of Verification	Remarks
<b>REACH</b> Proportion of population that were registered to a primary care provider	420,000 (≈20.0)	405,826 (19.3)	Facility-level data; Program reports	The cumulative total population registered with a primary care provider includes individuals registered prior to the study. However, a substantial portion of the overall result can be attributed to the interventions implemented during the study.
<b>EFFECTIVENESS</b> Number of individuals that had FPE (including health profiling)	72,000 (100.0)*	110,795 (153.9)		Our observations indicate that the rotating barangay-based model has had a greater impact on the increase in first-patient consultations compared to both continuous facility-based model and mass registration approaches.
Number of WRA given family planning services	3,240 (100.0)**	10,369 (320.0)	Facility-level data; Program reports	The total number of WRA with FP methods initiated were not accurately tracked. However, we were able to document 1,099 WRA as new or other acceptors, while the rest only received FP counseling services.
Number of individuals given COVID-19 vaccination	33,957 (100.0)***	15,628 (46.0)		The primary series coverage was already high at the start of the study. However, the lower-than-expected results can be attributed to challenges in closely monitoring adaptive measures for vaccination and vaccine supply shortages during the study period.
<b>ADOPTION</b> Number of primary care facilities who participated in the intervention	43 (100.0)	36 (81.4)	Program reports	Only 36 out of all 43 public primary care facilities participated in the study. Among the 36 facilities, a total of 27 were accredited by PhilHealth by the end of the intervention.

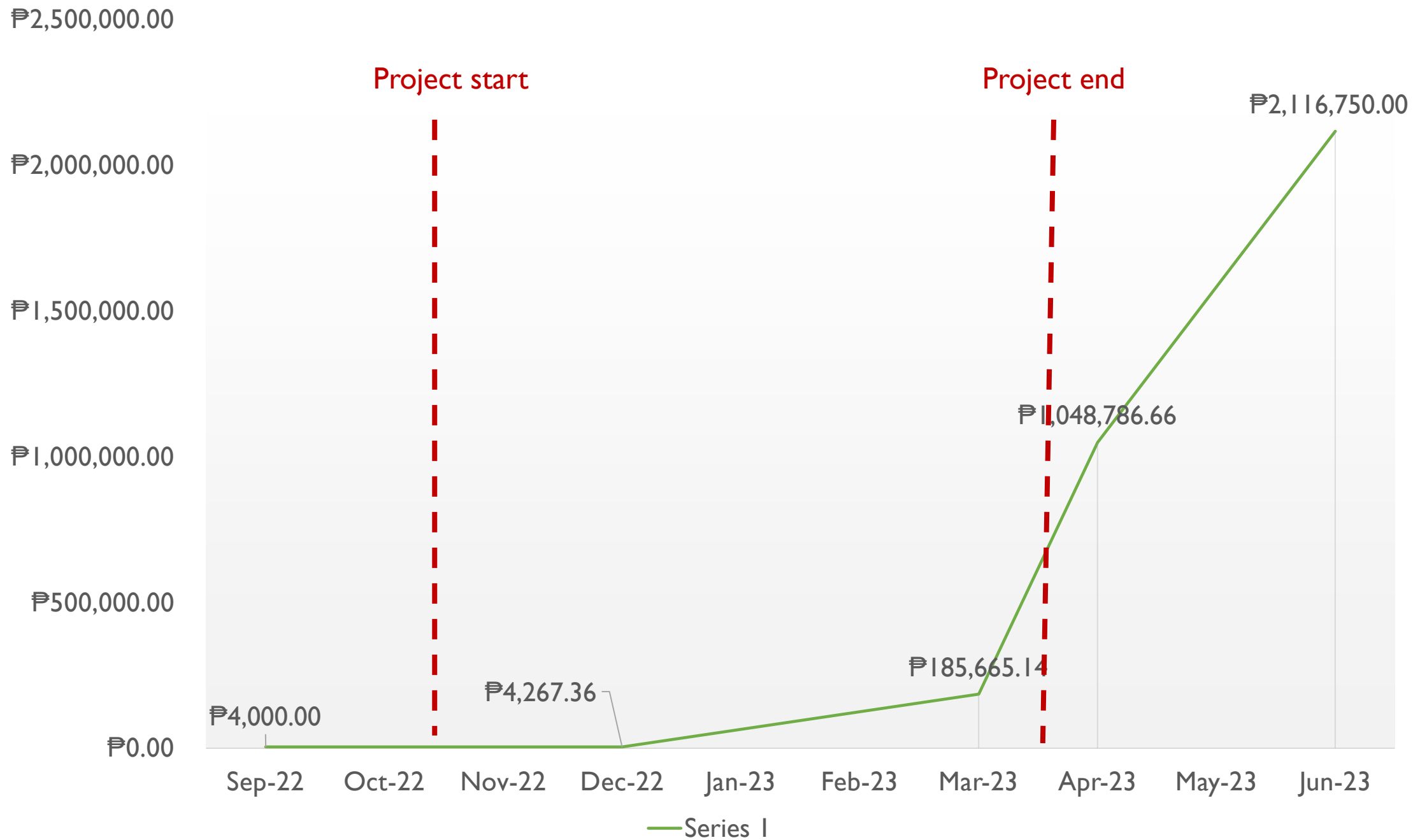
RE-AIM Dimensions/ Indicators	Projected Targets n (%)	Actual Performance n (%)	Means of Verification	Remarks
<p><b>IMPLEMENTATION</b></p> <p>Fidelity (adherence to steps and intervention protocol)</p>	<p>Consistency between recommended and implemented processes in the intervention protocol</p>	<p>See remarks</p>	<p>Minutes of mid-implementation review and pause-and-reflect sessions; FGD transcripts</p>	<p>Modifications in the registration activities and a vaccine hesitancy survey was added. Initially, the registration format consisted of two designs: 1) facility-based registration and profiling setup and (2) a mass registration activity held once per LGU with additional workforce support. Recommendations to adopt a patient-centric approach through a “rotating barangay-based model” which involved conducting scaled-down mass registration activities in each barangay (village) without the need for additional personnel. Also, a vaccine hesitancy survey was later introduced to gather additional information on the topic.</p>

RE-AIM Dimensions/ Indicators	Projected Targets n (%)	Actual Performance n (%)	Means of Verification	Remarks
<b>MAINTENANCE</b>  Number of primary care facilities continuing to implement the intervention after the study period	35 (100.0)	See remarks	Observation checklist;  Post-implementation review;	As of the writing of this paper, the facilities are actively carrying out the intervention, and USAID's ReachHealth project continues to provide the necessary technical assistance to ensure sustained implementation in these sites.
Increase in the amount of health insurance reimbursements	No target indicated; baseline was <PhP 4,000.00 (US\$ 80)	PhP 553,915.41 (US\$ 11,078)	Facility-level data	At the beginning of the activity, the participating facilities generated less than PhP 4,000 in health insurance reimbursements. The significant increase at assessment period is considered a critical driver for sustained financing of the intervention.

# Results of the 6-month integration project

	Indicator	Target/Projected Reach set in October 2022	Performance prior to engagement (Sept 2022)	Accomplishment as of April 1 <sup>st</sup> Week	
<b>COVID-19 Vaccination</b>	Total COVID-19 jabs administered	33,957	N/A	15,628 jabs given	46.02%
<b>Family Planning</b>	Patients counseled and provided services	3,240	N/A	10,369 clients	320.03%
	New Acceptors and Other Acceptors ( <i>Projected Reach</i> )	3,240	N/A	1,099 clients	33.91%
<b>Konsulta Accreditation</b>	Accredited LGUs	43 LGUs	19 LGUs	35 LGUs	81.39%
<b>Konsulta Implementation</b>	Registered Individuals with First Patient Encounter	72,000 individuals	< 2,000 individuals	110,795 individuals	153.88%
	Number of LGUs generated Reimbursements	No target set	2/19 accredited LGUs	15/35 accredited LGUs	42.8%
	Amount Generated via SAP (encoded through ICLinicSys only)	No target set	<P4,000	P553,915.00	Increase by 13,847.87%

# Reimbursements generated from Sept 2022 to June 2023



RE-AIM Dimensions	Facilitators	Barriers
Reach	<ul style="list-style-type: none"> <li>Endorsement from the municipal health officer and mayor</li> <li>Availability of human resources for health</li> <li>Positive reception of the Konsulta package by local health teams</li> <li>Close proximity of the primary care services to households</li> </ul>	<ul style="list-style-type: none"> <li>Lack of support from local chief executive</li> <li>Insufficient human resources</li> <li>Inadequate financial support for conducting mass registration activities</li> <li>Considerable distance from the site of registration and profiling</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>Availability of vaccines and family planning commodities</li> <li>Involvement of the family decision maker</li> <li>Presence of physician for patient persuasion, in contrast to other healthcare workers</li> </ul>	<ul style="list-style-type: none"> <li>Misinformation by organized local groups</li> <li>Absence of vaccines and family planning commodities</li> <li>Timing of profiling activity (weekdays meant fewer working individuals and more senior citizens)</li> </ul>
Adoption	<ul style="list-style-type: none"> <li>High interest of municipal health officers</li> <li>Provision of incentives for municipalities committed to implementation (i.e. augment human resources)</li> <li>Initial funding for the hiring of medical consultants to provide technical support</li> </ul>	<ul style="list-style-type: none"> <li>Obtaining approval from local legislative body to participate in the intervention takes time</li> <li>Unfavorable perception of the current capitation amount of the primary care benefit package considered to be below the market cost</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Existence of efficient knowledge-sharing channels through multi-stakeholder group chats and frequent meetings</li> <li>Effective utilization of weekly reports and regular feedbacking of implementation challenges</li> </ul>	<ul style="list-style-type: none"> <li>Lengthy process in securing primary care facility accreditation from public health insurance</li> <li>Lack of resources to conduct mass registration in certain settings</li> </ul>
Maintenance	<ul style="list-style-type: none"> <li>Commitment of local chief executives and municipal health officers</li> <li>Able to generate reimbursements from implementing the intervention</li> </ul>	<ul style="list-style-type: none"> <li>Lack of support from local chief executives</li> <li>Inadequate national-level support to address broader issues, such as accreditation of EMRs and changes and agile policies to respond to diverse circumstances</li> </ul>





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# Conclusion

# 8-Point Agenda - Insights

- Reduce vulnerability and mitigate scarring from the COVID-19 pandemic
  - Ensuring capacity of healthcare in surges
  - Ramping up vaccination and uptake of boosters for the elderly and vulnerable populations
- Introducing integration strategies as part of the Konsulta package creates an avenue for addressing gaps in healthcare for the vulnerable population
- Furthermore, resilience in the face of health disasters is supported by enhancing the capability of facilities to provide quality services under primary care.

# Philippine Development Plan - Insights

- Promoting human and social development – Boost Health
  - **Outcome 1:** Primary care as a venue for addressing social determinants of health at the community level
  - **Outcome 2:** Healthy choices and behaviors are enabled if primary care services are well designed and are sustained effectively
  - **Outcome 3:** Access to quality primary care services at the community level creates an opportunity for Filipinos to understand and participate in their healthcare journey better.
  - **Outcome 4:** Overall health systems are strengthened by creating a strong foundation within primary care facilities – calling for increasing investments within the space.

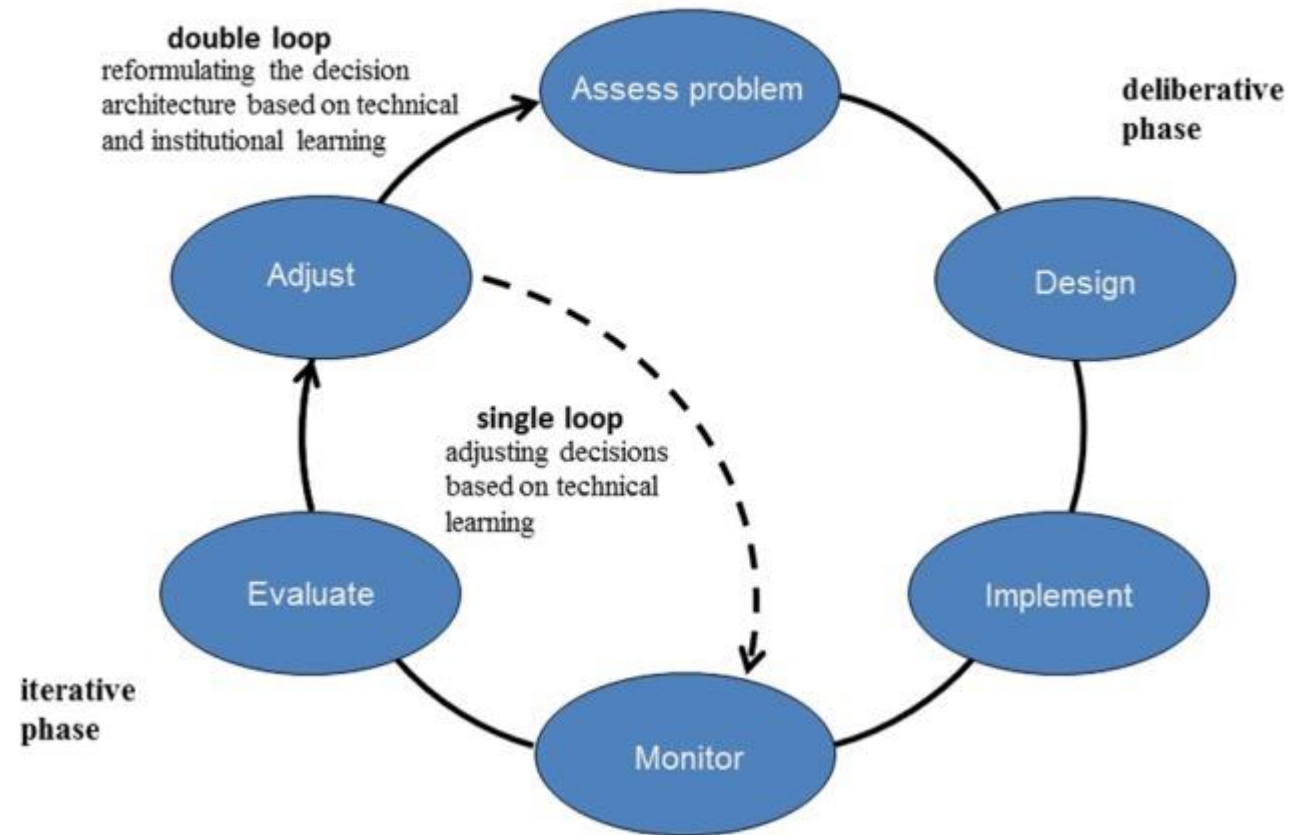
# Insights for Implementers on Konsulta

- Be purposive and collaborative when implementing Konsulta (or other UHC reforms) in your LGUs
  - Integrate priority programs into key UHC activities
  - Gather relevant stakeholders to support your initiative
  - Identify where resources can be shared and serve multiple related goals
- Create short learning loops to quickly optimize implementation of Konsulta and integrated health services in your areas
  - Mastering MyPhilhealthPortal, IClinicSys, and SAP Generation are crucial for as bottlenecks

# Short-Learning Loops for Collaboration

- Learning loops help improve program implementation through timely reflections.
- Cultivating these processes among partners are important in improving our engagements.

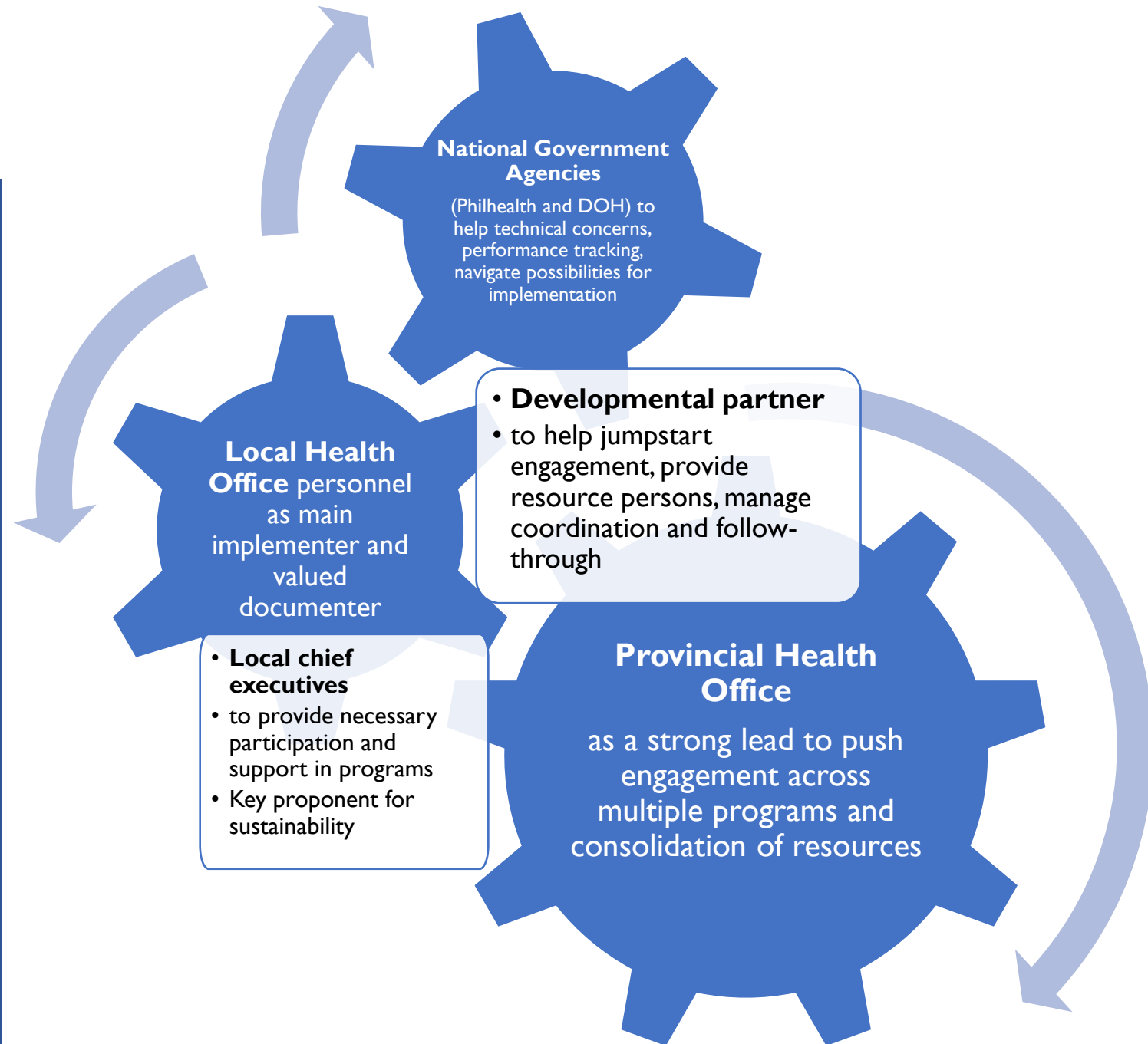
## Adaptive Management Cycle



Williams BK, Brown ED. Double-Loop Learning in Adaptive Management: The Need, the Challenge, and the Opportunity. *Environ Manage*. 2018 Dec;62(6):995-1006. doi: 10.1007/s00267-018-1107-5. Epub 2018 Sep 29. PMID: 30269185; PMCID: PMC6244979.

# Collaboration of Stakeholders

- Define and appreciate the different stakeholders, their roles, and the support provided
- Determine win-win-win scenarios
- Learning and implementing together



# Conclusion

- New normal – implication of integration under Konsulta package
  - COVID-19 vaccination as a sample health program used to integrate into Konsulta implementation
  - Other priority health programs determined by the LGUs should be a part of Konsulta implementation.
  - The intention is to capture all Filipinos health profile and address some level of disease burden during this nationwide initiative.
- Partnerships in M&E
  - Implementing M&E practices in the community level require participation of local stakeholders in planning – to help secure appreciation of the data being gathered and evaluated.



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