

Sustainable Human Development Program

(Center)

[2024] PROJECT ACCOMPLISHMENT REPORT

I. Project Information**Project Code** HERXA**Project Title** Development of Updated Modules of Barangay Health Leadership and Management Program (BHLMP) and Immunization Champion Course (ICC) and the Conduct of Trainers Training**Project Start** July 1, 2024**Project End** December 31, 2024 (extended to February 29, 2025)**Project Price** PHP 6,500,000.00**Client Organization** Relief International**II. Project Team****Project Manager:** Marites D. Solomon**Team Members**

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|--------------------------|-------------------------|----|
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III. Project Details**Project Description**

This project revolves around the **development of updated training modules** on the Barangay Health Leadership and Management Program (BHLMP) and the Immunization Champion Program and the subsequent conduct of **Training of Trainers (ToT)** course for those who shall facilitate the conduct of the training among selected priority provinces in the Philippines.

The updated module on the BHLMP shall revolve around the capacitation of Barangay Leaders and Healthcare Workers with better leadership and management skills to address immunization gaps and ensure sustained protection against vaccine-preventable diseases. The Immunization Champion course on the other hand shall pave the way towards the strengthening of identified individuals or organizations serving as support and advocates for the immunization program, through a behaviorally transforming methodology.

The potential Trainers to undergo the ToT shall be identified by Relief International. They shall undergo a five-day training for the necessary facilitation, leadership, advocacy, and training delivery skills and techniques to effectively implement and train barangay stakeholders, allowing for broader reach or coverage in a shorter period. As the ones expected to directly train barangay level stakeholders on the BHLMP and the Immunization Champion Program, the ToT participants therefore will have a critical supporting role to LGUS in building local healthcare leadership, strengthening health systems, fostering community engagement, improving communication, and enhancing immunization efforts at the local level.

Project Objectives

In general, the project aims to strengthen the capacity of barangay leaders and healthcare workers in health leadership and management, enhancing their ability to effectively manage healthcare initiatives, collaborate to address immunization gaps, and sustain gains in protecting children and communities against vaccine-preventable diseases. This will be achieved through the development of two updated training modules, and the facilitation of a Training of Trainers (ToT) course, empowering instructors/resource persons/facilitators to deliver the training content/material to barangay leaders, and healthcare workers and immunization champions.

Specifically, the project shall:

1. Design two updated training modules on the
 - a. Barangay Health Leadership and Management Program (BHLMP)
 - b. Immunization Champion Program.
2. Build a pool of competent instructors/resource persons with capacities to effectively deliver the updated training modules/materials to identified barangay and other stakeholders.
3. Provide supportive supervision and coaching to ToT participants in the first run of the two training modules.

Focus Area Health Leadership, Governance and Management

Project Type Course/Module Development and Training

Project Beneficiary Local Government Units at the Barangay Level as well as Private/Government Health Workers working with RI, DOH/CHD and some LGUs

Regional Coverage Nationwide

IV. Project Accomplishments

Critical Project Activities

The project commenced in March 2024 with Relief International's invitation to DAP, followed by a series of coordination meetings and proposal submissions. The Contract of Service was finalized and signed in early August 2024, after undergoing technical, legal, and financial review. Internal project mobilization, including consultant onboarding, ran parallel to these administrative processes.

Technically, the project progressed through three key phases:

Phase 1: Development of Training Modules

- A desk review and a four-day multi-stakeholder writeshop (Sept 17–20) led to the revision of two core courses: Barangay Health Leadership and Management Program (BHLMP) and the Immunization Champion Course (ICC).

- Updates included integration of the BeSD and “What Makes a Barangay Healthy” frameworks, output-driven session design, and tools/templates for stakeholder mapping, action planning, and communication strategies.
- Training of Trainers (ToT) design was finalized based on revised content.

Phase 2: Conduct of Training of Trainers and Supportive Supervision

- **BHLMP ToT:** Two batches were conducted in October 2024 (Oct 14–18 and Oct 21–25), with diverse participants from DOH, CHDs, LGUs, and partner organizations. Batch 2 integrated improvements from Batch 1 and strengthened use of core frameworks.
- **ICC ToT:** First batch conducted Oct 28–31, focused on equipping facilitators for volunteer-based immunization advocacy. The second batch was replaced by a **pretest run** held on Feb 19–21, 2025 with volunteers from Quezon City.
- **Supportive Supervision:** DAP provided on-site guidance and technical feedback during pretests/rollouts in Caloocan (CHLGMP) and Davao del Norte (BCC-CV), ensuring quality delivery and practical application of training content.

Phase 3: Packaging of Training Materials and Reports

- Final revisions were made to modules and materials, incorporating insights from ToT and rollout activities.
- Training packages included facilitator guides, instructional design, complete slide decks, AVPs, workshop templates, evaluation tools, and a learner’s guide for Bakuna Champions.
- Final deliverables included four ToT reports, two supervision reports, a development report for the BCC-CV, and the terminal project report.

Despite an original project timeline of June–December 2024, administrative delays and external factors led to a **mutually agreed no-cost extension** through February 2025. Coordination meetings continued into March to complete packaging and documentation.

Project Outcome

The Development Academy of the Philippines (DAP) successfully completed all committed project deliverables, achieving the intended outcomes despite early delays. With a no-cost extension granted until February 2025, DAP adjusted the schedule to accommodate necessary module enhancements and the availability of partners.

Key Outputs and Achievements:

1. Inception Report
Defined the project’s conceptual framework, methods, responsibilities, and initial literature review, grounding immunization within four lenses: governance, DRR, SBC, and GEDSI.
2. Training Modules Developed
 - Community Health Leadership, Governance and Management Program (CHLGMP): A 5-day course equipping barangay leaders to champion immunization through governance and planning.
 - Bakuna Champion Course for Community Volunteers (BCC-CV): A 3-day training for grassroots advocates to promote vaccine confidence and address hesitancy. Both modules applied the SECI model, integrated BeSD, GEDSI, and SBC principles, and were designed for inclusive, community-level application.
3. Four Training of Trainers (ToT) Sessions Conducted
 - Two ToTs for CHLGMP in October 2024 helped refine facilitation tools, session flow, and contextual relevance. Batch 2 solidified CHLGMP’s unique value and promoted collective leadership models.
 - One ToT for ICC (Batch 1) deepened learner engagement, refined training tools, and reinforced alignment with the DOH Bakuna Champion Playbook.

- One Pretest Run of BCC-CV (as Batch 2 equivalent) validated the course with volunteers and yielded key enhancements such as simplified content, a restructured learner's journal, clearer monitoring tools, and stronger LGU engagement strategies.
4. Supportive Supervision Conducted
 - CHLGMP Caloocan Run (Feb 2025) resulted in insights for improving facilitation quality, session coherence, speaker alignment, and participant selection.
 - BCC-CV Davao del Norte Run (Feb 2025) provided feedback to further enhance communication strategies, instructional clarity, logistical readiness, and post-training supervision models.
 5. Packaging of Final Modules and Reports
 Finalized instructional designs, slide decks, facilitator guides, evaluation tools, AVPs, and a Tagalog Learner's Manual for BCC-CV. Comprehensive training reports and a terminal project report were also submitted.

The following is a summary of the delivered Packaged Final Course Materials and Reports

Course	Materials/Document/Reports
Community Health Leadership Governance and Management Program	• Instructional Design • Facilitator's Guide • CHLGMP Slide Deck • Workshop Templates • Audio-Visual Aids • Pre- and Post-Tests • Course Evaluation and Speakers Evaluation
Bakuna Champion Course for Community Volunteers	• Instructional Design • Facilitator's Guide • Bakuna Champion Course for Community Volunteers Slide Deck • Workshop Templates • Audio-Visual Aids • Pre- and Post-Tests • Course Evaluation and Speakers Evaluation • Bakuna Champion Learners/Volunteers' Guide in Tagalog
Supportive Supervision Materials	• Report on the CHLGMP Supportive Supervision of Caloocan Feb 3-7, 2025 • Report on the BCC-CV Supportive Supervision of Davao Del Norte Feb 25-27, 2025. • Supportive Supervision Guide for CHLGMP Training Team • Supportive Supervision Guide for the BCC-CV Training Team • Supportive Supervision Guide for the Community Health Leaders By Program Staff • The LGU Bakuna Champion Mentoring and Supportive Supervision Plan
Reports	• BHLMP ToT Batch 1 Training Report • BHLMP ToT Batch 2 Training Report • ICC ToT Batch 1 Training Report • ICC ToT Batch 2-equivalent Pretest Training Report • Report on the CHLGMP Supportive Supervision • Report on the BCC-CV Supportive Supervision • Report on the Development of the Bakuna Champion Course for Community Volunteers • Terminal Report – Development and Implementation of the BHLMP and ICC

Key Challenges

The development of the updated training modules for the Bakuna Champions and the Barangay Health Leadership and Management Program (BHLMP) was an ambitious undertaking that faced significant implementation challenges at various stages of the project cycle. These challenges

spanned the areas of project scoping, approval and contracting timelines, institutional transitions, and resource mobilization:

1. Design and Scoping Issues

- **Initial Design-Implementation Gap**
The original TOR required DAP to conduct up to 86 training runs in just 8 months—an impractical demand given the budget, human resources, and geographic scope. DAP flagged the mismatch early, prompting a design shift.
- **Shift in Project Design**
To address feasibility concerns, the project transitioned from direct training delivery to a Training of Trainers (ToT) model. While more scalable, this shift required revised expectations, updated deliverables, and a new financial plan.

2. Delays in Contracting and Onboarding

- **Contracting Delays**
Though the proposal was approved in April 2024, the contract wasn't finalized until August. This disrupted internal preparations, including consultant hiring and procurement of services.
- **Institutional Transitions in DAP**
Leadership and administrative changes within DAP delayed decision-making and slowed down internal processes, further affecting staffing and mobilization.
- **Late Onboarding of Experts**
Despite early identification of subject matter experts, full engagement only began in September due to procurement delays and staff transitions—contributing to compressed development timelines.

3. Training Delivery Challenges

- **Misaligned Expectations During ToTs**
Trainers and participants had different expectations about the ToT format. While DAP applied its standard experiential and reflective approach, others expected a more traditional walkthrough. The lack of a pre-training alignment meeting contributed to confusion.
- **Bakuna Champion Course (BCC) Rollout Challenges**
 - **Diverging Feedback:** Field partners gave inconsistent feedback on technical depth, overlap with DOH tools, and course uniqueness—raising concerns about endless revisions.
 - **Facilitation Gaps:** Some trainers lacked preparedness in handling structured learning exercises and applying facilitation principles, due to limited time for practice.
 - **Language and Localization:** While Taglish worked well in sessions, official materials had to be in English. Localization was assumed to be a regional responsibility but was inconsistently done.
 - **Ambiguity in Contextualization:** The roles and responsibilities for adapting materials to local contexts were unclear, resulting in varied implementation quality.

4. Integration and Mandate Clarity

- **Perceived Misalignment with DOH Bakuna Playbook.** Feedback from DOH and partners questioned the necessity of the ICC course, given the existing Bakuna Playbook. Concerns were raised about duplication, brand confusion, and alignment.
- **DAP's Position on Mandate.** DAP emphasized that its role was to update and tailor an existing course for grassroots volunteers, not revise DOH national materials. Full integration or merging with the DOH Playbook was beyond the project scope and could risk content dilution and authority conflicts.

Key Takeaways:

- The project was challenged by ambitious initial expectations, delayed contracting, institutional transitions, and differing definitions of training methodologies.
- While adaptive measures were put in place, particularly the shift to ToT and modular enhancements, challenges in coordination, alignment, and facilitation readiness impacted the speed and consistency of rollout.

- Clarity in roles, expectations, and scope control is essential in multi-agency projects, especially when engaging with national frameworks like the DOH Playbook.

Lessons Learned

Part 1: Project Implementation Lessons

1. **Early Feasibility Assessment is Critical**
Unrealistic initial scopes should be evaluated jointly early in the design phase to align ambition with resources, timelines, and capacity—avoiding costly midstream revisions.
2. **Adaptive Design and Collaborative Problem-Solving Work**
Shifting to a ToT model was a successful pivot. It demonstrated the value of flexibility, clear role definition, and open partner communication to align resources with project goals.
3. **Contracting Delays Undermine Implementation Timelines**
Administrative bottlenecks significantly compressed the implementation period. Synchronizing program and contracting timelines, and enabling early personnel mobilization, are essential.
4. **Institutional Transitions Require Continuity Planning**
Leadership and procedural changes within DAP created avoidable delays. Maintaining internal capacity and decision-making continuity is vital, especially in externally funded, time-bound projects.
5. **Pre-Training Engagement Ensures Alignment**
Misaligned expectations during the ToT highlight the need for early partner orientation to clarify training approaches, especially when experiential methodologies are used.
6. **Manage Feedback with Boundaries and Version Control**
While field feedback is valuable, constant revisions can dilute course identity. Establishing revision limits and communicating rationale for scope control is necessary.

Part 2: Lessons on Course Development and Delivery

7. Course Design Principles

- **CHLGMP**: Focused on systems thinking and reflective leadership; sessions are sequenced for governance transformation.
- **BCC-CV**: Simplified and contextualized for volunteers with varying literacy levels; emphasized identity-building and motivational learning.
- Both courses underscore the importance of learner-centered design, real-life relevance, and intentional sequencing.

8. Course Delivery and Facilitation

- Skilled, participatory facilitation was key across both courses.
- **CHLGMP**: Used 4A's (Activity–Analysis–Abstraction–Application) to deepen systems thinking.
- **BCC-CV**: Applied ORID (Objective–Reflective–Interpretive–Decisional) to guide reflection and decision-making.
- CHLGMP emphasized leadership dialogue; BCC-CV used energizers, games, and flexible formats for grassroots learners.

9. Training Team, Faculty, and Partners

- **CHLGMP**: Needed alignment of external speakers with leadership goals and real-world governance.
- **BCC-CV**: Required user-friendly guides, clear scripts, and consistent facilitation styles to support non-technical volunteers.
- Both stressed the value of pre-training orientation and equipping facilitators with appropriate tools.

10. Strategy and Program Implementation

- **Participant Selection is Crucial:** CHLGMP benefits from involving actual barangay decision-makers; BCC-CV is most effective with socially influential volunteers.
- **Maintain Program Identity:** CHLGMP must remain leadership-focused; BCC-CV branding (e.g., “Bakuna Champion”) clarifies its advocacy purpose.
- **Sustainability Needs Planning:** CHLGMP calls for disciplined revisions; BCC-CV suggests post-training follow-ups like mentorship and defined volunteer roles.

11. Localization and Regional Adaptation

- Localization enhances comprehension and relevance.
- **BCC-CV:** Prioritized language adaptation, culturally resonant examples, and flexibility for diverse learners.
- **CHLGMP:** Embedded local data and governance realities into modules, especially “Current Realities,” to contextualize systems thinking.
- Effective localization involves more than translation—it requires making content resonate with lived experiences and community realities.

OVERALL INSIGHTS

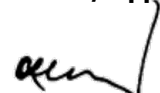
- Success hinged on adaptive management, clear communication, **and** intentional design tailored to learner profiles.
- Course effectiveness was reinforced by structured facilitation, contextual relevance, **and** inclusive participation.
- Future efforts should prioritize alignment in roles, methodology, and strategy—while remaining responsive to evolving implementation realities.

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