

No.

**SUMMARY REPORT ON THE INTEGRATED  
FAMILY PLANNING AND MATERNAL  
AND CHILD HEALTH PROJECT  
IN  
THE PHILIPPINES**

**MARCH, 1963**

**JAPAN INTERNATIONAL COOPERATION AGENCY  
(JICA)**

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FAMILY PLANNING AND MATERNAL  
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**MARCH, 1983**

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## FOREWORD

Since 1981, a project which integrates family planning and maternal and child health has been carried out in two model areas in the Philippines through cooperation between the Governments of Japan and the Philippines.

The Philippine Government, appreciating results obtained in these model areas, requested the Japanese Government to include nine more areas across the country in the project.

In October, 1983, the Japan International Cooperation Agency dispatched an itinerant team for guidance and survey of the project.

This report summarizes the results of the survey and discussions conducted by the team. It is hoped that this report will be helpful in carrying out the family planning and maternal/child health project of the Philippines.

I wish to express my deep appreciation to those who have extended close cooperation to the survey team.

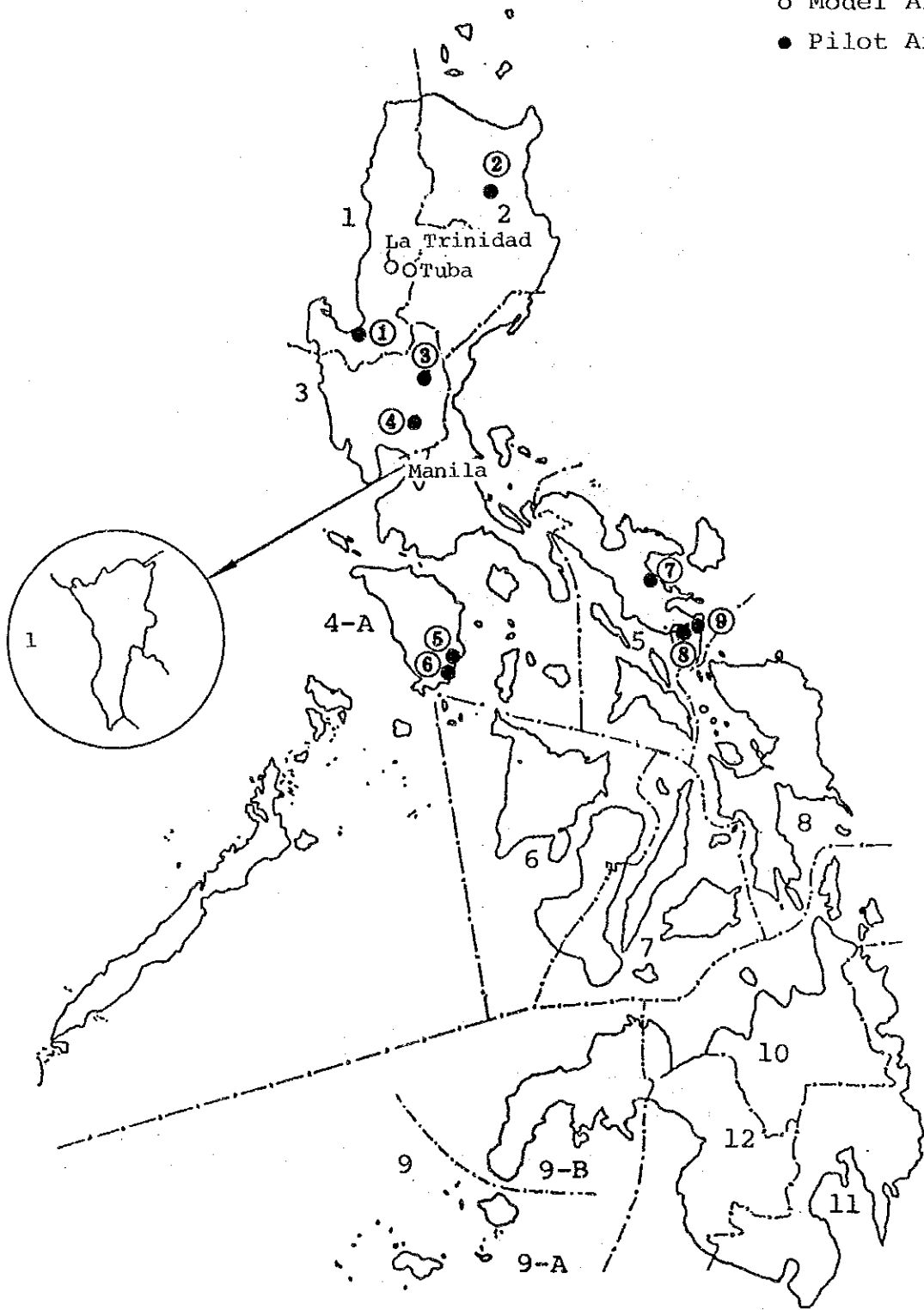
Masao Hasegawa,  
Executive Director,  
Japan International Cooperation Agency



Project Site

○ Model Area

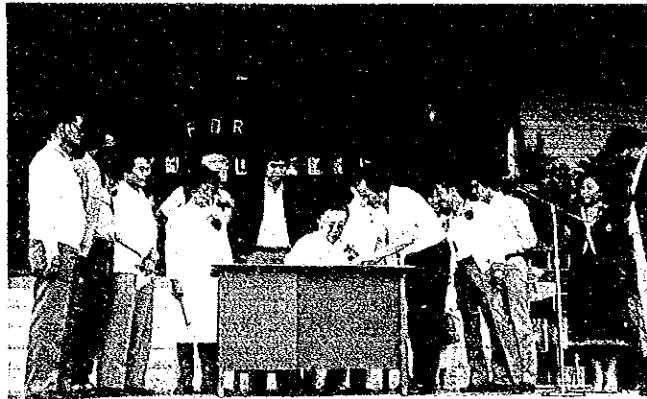
● Pilot Area



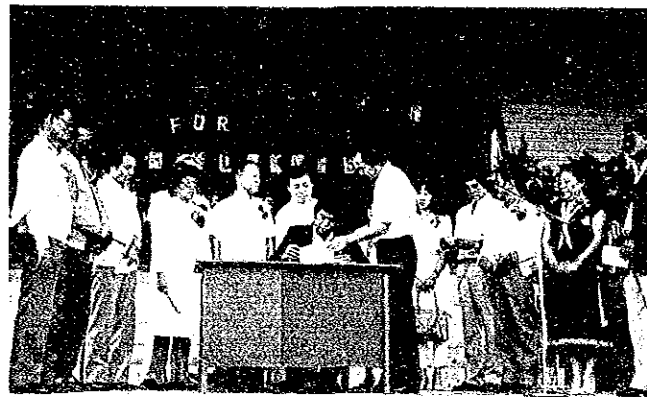




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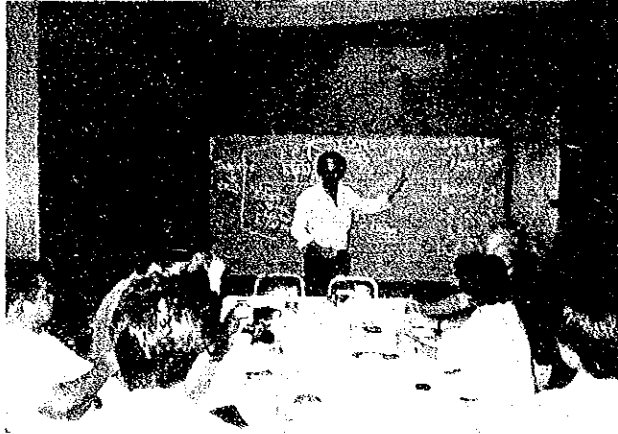
On October 10th, the team attended the commencement ceremony of the BSPOs at the elementary school of Paguis Baranguay and taking this opportunity, Dr. Hirayama, leader of the Team and Mr. Callanta, deputy executive director of POPCOM signed the 'MINUTES OF DISCUSSIONS'

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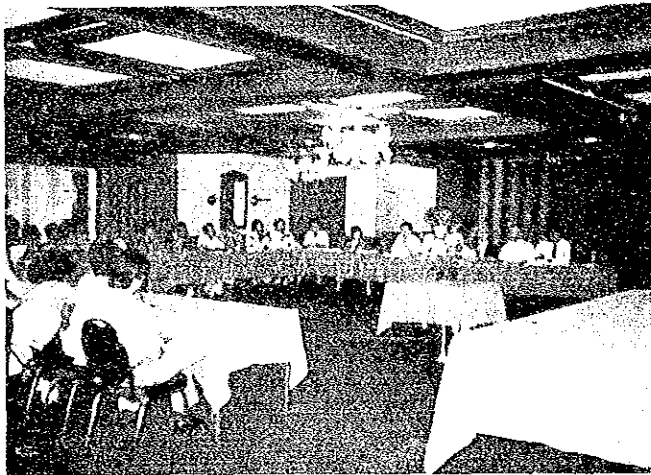


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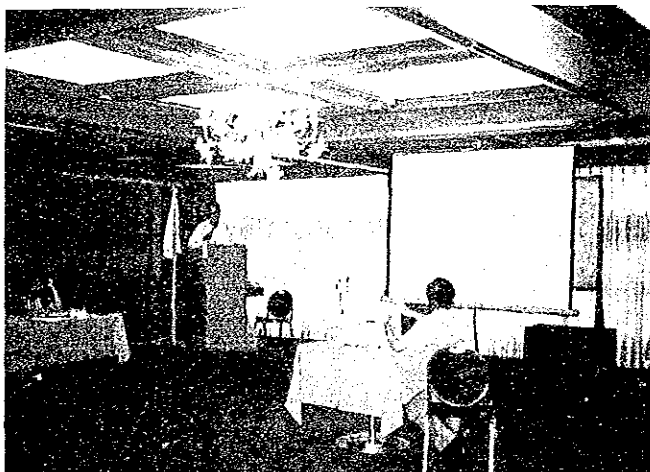


(No. 4) Discussion at the central office of POPCOM  
(No. 5/No. 6) "Luzon Conference on Family Planning  
and Maternal and Child Health" in  
Benguet

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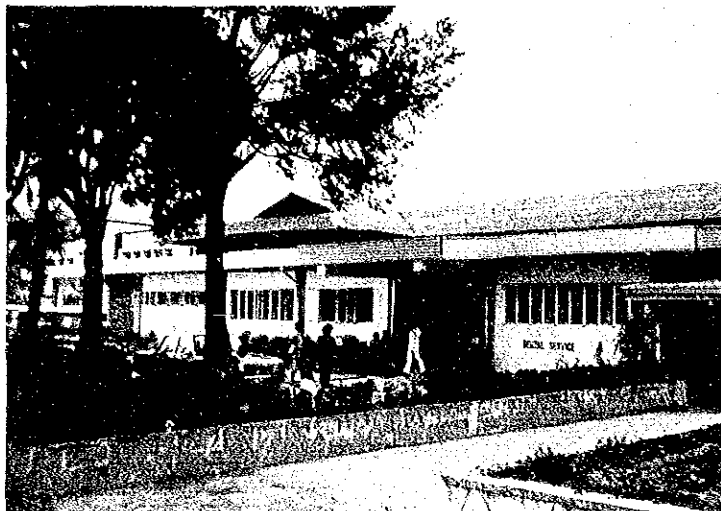


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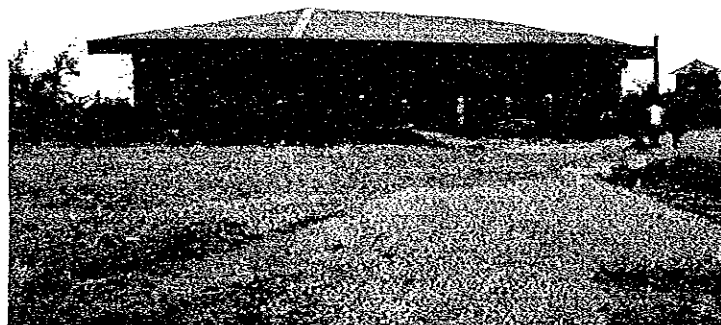


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- (No. 7) General Hospital in La Trinidad, Benguet  
(No. 8) Rural Health Unit in Tuba, Benguet  
(No. 9) Explanation on health situation by the doctor in Benguet

(No. 8)



(No. 9)





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## I. Conclusion of Survey



## I. Conclusion of Survey

### 1. Determination of Pilot Areas

The nine (9) areas selected consist of two (2) cities and seven (7) municipalities scattered on the Luzon Island and southern part of the Mindro Island which locates south of the Manila Bay.

The Survey team had visited seven (7) areas out of the nine selected areas where the team had exchanged views with chiefs of regional governments. Also, the team, visiting different barangays, had opportunities to get in touch with regional residents and to inspect such facilities as health units and schools. Of the pilot areas, those which locate to north of Manila city on the Luzon Island were found to be more populous and with well organized facilities giving impression that those were urban or suburban type communities.

On the other hand, pilot areas in southern Luzon and in the Mindro Island are agricultural or fishing areas either surrounded by rich rice fields or located on coastal areas. Their infrastructures were not up to standard, without provision of power or water supply systems in most barangay. Even some urban areas were in lack of these facilities as well. Throughout entire pilot areas, however, people looked happy and it was our impression that they had keen interest in this project and they were positive in improving their living through health care.

It was during June - August, 1983, or quite recently, that these areas had agreed to accept this project. Though there is no doubt that they came to agree to accept this project partly by reason of approaches made by POPCOM, their acceptance was

made not by pressure from the central authorities.

In each pilot area, such acceptance had been lawfully determined by passing resolution of the municipal or town assemblies after thorough-going study by each community for acceptance of this project followed by resolution of barangay assemblies and then by resolution of the municipal or town assemblies, which responded to the request by barangays.

With passing of resolutions to accept this project, such equipment and materials as 16 mm projectors, OHP, health hygiene related films and parasiticides provided by the Japanese Government as well as vehicles for areas where adequate transportation is not available had been supplied through governors to mayors and town heads which caused inhabitants physically feel that the project was there with them.

Procedures in which POPCOM, after concluding a "Memorandum of Agreement" with governors, delivers the equipment and materials and the governors, in turn, deliver these equipment and materials to regional governments in accordance with resolutions of municipal or town assemblies, were followed.

Of these series of procedures, what this survey team had most highly commended is that a detailed equipment/material list is attached as a part of the Memorandum and that responsible parties for proper use, maintenance and custody of such vehicles and equipment/materials were clearly indicated. However, even a well established control system is only on papers and it is not saying too much to say that whether or not practically these can be observed depends on the capability of the regional administrators.

In this respect, all mayors and town heads with whom this team could get in touch had all been found to be bestowed with splendid administrative skill and the team had full confidence in these mayors and town heads.

For accomplishment of this project, committees had been organized from provincial level down to the barangay level with participation by not only the staff in charge of and related to this project of local governments and POPCOM but by officials of local branches of the Ministry of Education, Culture and Sports, Ministry of Agriculture, Ministry of Social Welfare Activities and Ministry of Health, who are concerned in this activity. The fact that in the Philippines where sectionalism is very strong in administrative branches, as far as this project is concerned, all related sections of the different ministries, etc., worked in strong unity may prove that this project is considered highly beneficial to entire Philippines.

With determination to accept this project, all the pilot cities and municipalities have established their plans on family planning, maternal/child health care, parasite control, nutrition and environmental hygiene. Each pilot city and municipality, by allocating approximately 5 to 10% of their budgets as their shares for the local costs for promotion of this project (costs for orientation, lecturing and training in their areas, maintenance and custody of equipment/materials received) are proceeding for realization of their work schedules.

As for the parasite control, while deepening understanding of residents by a movie theater circuiting barangays, satisfactory results are being obtained by giving parastocides with

school children the major target. On the environmental hygiene, it was apparent the efforts had been made for improvement and diffusion of sanitary toilets in certain pilot areas.

As mentioned above, it was found that project activities in the nine pilot areas had already been commenced and that these activities were projects integrating POPCOM and the regional administrative organizations, that is what our evaluation team sent in February, 1983 had recommended. It was felt that these activities were understood not as a mere foreign aid, but they had been recognized as the family planning activities and maternal/child health care activities of the regional government themselves forming a part of the social development activities, that is to say, the most ideal form of this project.

On October 10, at La Trinidad, a minute was signed by Dr. Hirayama, leader of the survey team and Mr. Callanta, deputy executive director of POPCOM (Refer to the appendix). Names of cities and municipalities of the nine pilot areas are mentioned in this Minute and it was agreed that Japan would extend cooperation to expand the project to these pilot areas with two model areas as the core areas.

## 2. Progress of the project and Problems to be solved

At the POPCOM headquarters in Manila and at Tuba and La Trinidad in Benguet Province, the team was given briefings on the progress of the project.

Also the team had attended in La Trinidad a ceremony ending a course for Barangay health workers and appointing day care workers. (health worker - is a regional health promotion member) A system whereby to educate women in one area in a group of 20 to 30 women at a time by a lecture meeting.

When they complete the lecture course, a certificate is awarded to all those attended the course, who would then start no-paid volunteer activities within their community. It is planned to give lectures to all women in an entire community eventually. Through this attendance, the team could get acquainted with the actual situations of the resident education. Furthermore, the team could visit hospitals, health units of two model municipalities and listen to comments by staff in charge of the project.

POPCOM gave explanations on histories and the current situations on progress of the project, with particular emphasis on the maternal/child health, their plan which integrates parasite control with the family planning and the system for promoting these activities. Although these ideas had been originally suggested by the Japanese side, it was felt strongly that POPCOM had systemized these ideas as it's own and it is also strongly felt that once this theory is thoroughly penetrated into the field leaders, there is a high hope for good result.

Studies on the model areas proved that further progress had been made since the time when the last evaluation was made.

Records of studies, statistics on birth rate, infant mortality, mortality, causes of death, classification of diseases of those who had medical checks (prevalence rate =  $\frac{\text{No. of women counselled}}{\text{Population of women}}$ ), state of drinking water (by water service, well, fountain) and toilet were maintained in impressively good order.

Also deserved to commend is the enthusiasm of FP/MCH. Problems still to be solved concerning the maternal/child health and family planning are described in a format requesting studies and answers.

On family planning;

- (1) Why ratios of contraception methods used in each community (cities, municipalities) are different? (we should like to know the background, if any.) There are certain regions where use of condoms far exceeds our expectation. Is this due to good reception of Japanese condoms?
- (2) We should like to know actual failure ratio in each contraception method. Although data in Japan is available, this data in the Philippines is indispensable for future birth control guidance, since it is of prime importance to select the method with least failure rate.
- (3) Due to the above reasons, the prevalence rate which simply represents the total of the different methods ranging from the contraceptive operation to the rhythm method each having different effect seems not to be a



perfect answer except for the purpose of enhancement of understanding of family planning of regional residents. It, therefore, is expected to be of much help to acquire the failure rate for each method.

On health care indices;

- (1) Is the birth registration accurate? In Japan, sometimes a death immediately after a birth is registered as a stillbirth. While the Japanese law requires a birth registration within seven (7) days from each birth, that of the Philippines allows thirty (30) days from date of birth. What is the possibility wherein such a death of a newly born child be concealed by registering as a stillbirth?

This affects both the birth rate and the infant mortality. On the other hand, with increase of deliveries in hospitals, this hidden death of infants may surface up resulting in the ostensibly increased infant mortality and higher birth rate. We had experienced this statistical problem in Okinawa Prefecture 10 years ago.

- (2) What is the ratio of infants getting medical checks?

Is this same as the ratio of infants receiving vaccinations? How is the number of children subject to such vaccinations obtained? How is notification of vaccinations given?

These two ratios may be used as the guidelines in carrying out maternal/child health care services.

In addition to ensure effect of the vaccination, researches on transportation of vaccines to health units, storage conditions at health units, transportation to places where vaccination is performed are required. Especially, these studies are important on live polio vaccine. At health units, storage of this vaccine in a refrigerator may be all right, but there arises a question on the power failure.

- (3) The statistics show that mortality of pregnant women is relatively low. Are there any cases where any death of pregnant women classified into other reasons than pregnancy?

Are there any cases of toxemia of pregnancy?

- (4) What are percentages of the handicapped children? Especially cerebral palsy? Since these occur due to problems and troubles at their birth (apparent death, immature infant, serious jaundice of newly born babies, etc.), it is considered that the ratio of handicapped children will decrease with increase in in-hospital births with improvement of care units for newly born babies of these hospitals.

- (5) How are hospitals utilized when children get sick? Can guidance be given during health care education on when medical diagnoses are required help increase ratio of counselling with doctors, reducing mortality?

- (6) It is assumed that updating of equipment and activities of hospitals which are considered as the central hospitals of an area may, not only improve medical effect,

but will also benefit residents of areas outside of the model/pilot areas of this project. What medical equipment and materials would be effective for this purpose? (evaluate this from both the medical care aspect as well as from the psychological aspects of patients).

- (7) What articles, equipment and materials are considered helpful for effective health care education? For visual and audio educational materials, items which can be prepared at local sites would be recommendable since this allows to prepare items quite suitable for respective localities, or films with familiar scenes such as showing neighbors on these films.

Is there any way to utilize primary schools and day nurseries not only for children but also for adults education through children? Is there any possibility of improving school health rooms and establishment of model toilets and wash rooms?

In Japan, at most schools, they regularly check whether children are clipping their nails and whether children bring their own towels. How about in the Philippine?

It is recommended to educate use of footwears since barefoot is not good from the health care stand point.

The following describes our views on Parasite Control.

The positive ratio of worm eggs in feces in both model and pilot areas had shown such a high ratio of 70 to

90%, except for approximately 50% for school children in La Trinidad. Major parasites within digestive

tracts are; Ascaris, Trichuris and Hookworms. While in

most areas, ascaris had shown the highest frequency, in Sorsogon, that of the hookworm had shown the highest. In each area amoebic dysentery was a problem with malaria observed in Oriental Mindoro area.

Although both amoebic dysentery and malaria cause serious disasters too, we consider that this project should focus on control of ascaris, trichuris and hookworm.

Ascaris can be eradicated by improvement of environmental hygiene (toilet, drinking water) by educating good sanitary practices (hand washing, nail clipping, to refrain from walking around with barefoot and by keeping household clean) and by repeated deworming.

Of course, in order to carry out these activities, it is necessary to conduct hygienic education. Trichuris will be reduced with measures for ascaris control taken.

As for the hookworms, since in the Philippines, due to distribution of *Necator Americanus*, the major infection source of this worm is through human skin, wearing of footwears or slippers by children is a particularly effective mean for prevention of this infection.

Further note should be taken to the fact that this worm is less resistant to dryness and low temperature than ascaris.

Although there was one area (Roxas) where the ratio of potable water-proof toilets reached more than 70% of all available water and toilets, in general, environment of each area was still in the course of improvement. Since standards for classification of drinking water and

toilets vary from one area to another, unification of standards is recommended.

In case of toilets and wells observed at several households in the municipality of Conception, toilet bowls of both flush toilets and water-proof toilets were constructed to allow water to seep into the underground water layer through the bowl bottom, there is a probable contamination of underground water by cyst and bacteria of amoebatic dysentery.

It is worth our commend that in most areas, stool test has already been performed. However, it appears that the rate of parasite carrier reported from each area may not be necessarily reliable as the testing methods are not yet unified to the Cellophane thick smear technique. It, therefore, seems to be necessary to immediately provide training intended for medical doctors, nurses, midwives and health technicians of the model areas and pilot areas by Mr. Kainami. The training shall be performed within the model areas, (Tuba, La Trinidad) for providing knowledge on life cycle, diagnosis and prevention of ascaris, trichuris and hookworm and for practicing of the cellophane thick smear technique. Stationing of Mr. Kainami - an expert on these matters, in the Model area will enable to offer post guidance for those who finished such training from time to time. For the pilot areas, a circuit guidance after completion of training will be necessary.

Finally, we consider preparation of the following statistical materials essential for assessment of this project and comparison of activities of each area.

- (1) Parasite Infection Ratio;  
by: Ascaris, trichuris, hookworm, others, total.  
(by sex, by barangay, by school)  
(pre-school, in-school, adults)
- (2) Count of worms killed by deworming of school children;  
(Specify counts for each deworming, by school, and interval from the previous deworming)
- (3) Daily customs of school children;  
Hand washing, nail clipping, barefoot  
(By school)
- (4) Environmental hygiene;  
drinking water,  
toilet,  
cleaning of household.  
(By barangay)

### 3. Future activities by experts

According to the provision of the signed minute whereby Japanese experts provide technical cooperation with model areas as their base for such activities, it was agreed that .

Ms. Yamashita - expert on maternal and child health care and Mr. Kainami, an expert on parasite control, would be stationed in Benguet.

Ms. Yamashita is scheduled to stay until March, 1986 when this project will be terminated and Mr. Kainami to August, 1984. It is very important to obtain results which can be expressed in figures during this period. Thus, during the final meeting with POPCOM, it was agreed to select a model barangays within the model areas to evaluate results. The Japanese survey team left the Philippines after agreeing that the model barangays are to be selected through consultations between POPCOM and the group of Japanese experts.

According to reports received, two barangays had been selected from each of nine areas based on the following criteria.

- (1) The maximum household and population of each barangay shall be 200 and 1,000 respectively.
- (2) More than 50% of the household are provided with a flush toilet or sanitary toilet. Adequate water supply should be available.
- (3) There should be a primary school which accepts children of up to 6th grade.
- (4) There should be independent health unit and a day nursery.

- (5) Parasite infection ratio shall be higher than 70%.
- (6) Convenient transportation facility shall be available.
- (7) Cooperation by captains of the barangays, teachers and community leaders shall be available.

It is considered that during the first year of their works, experts shall concentrate their efforts on activities within the model areas giving emphasis on establishment of work bases. Although education courses for middle level technicians would be held in the model areas which would form the base of this activity, it is considered to be quite effective to utilize a system in which trainees from pilot areas, after going back to their communities, would become lecturers at "Communicating meetings" which are to be held in their respective barangays.

Ms. Yamashita will spend her time during the first year to ascertain accuracy of data which are the bases of various statistics and to find out the most effective way to enhance health care education of residents. Through these works, she will be able to communicate and provide guidance to health personnels. Mr. Kainami's major task will be cooperation for the parasite control in the model areas. In order to make best use of his knowledge and skill, it is desirable to implement vigorous parasite control in model barangays. In model barangays, outstanding results should be realized in reduction of the parasite infection ratio which would serve as a distinguished example not only for the model areas but also for the pilot areas. Such examples will allow personnels concerned of POPCOM and the Ministry of Health to learn through experience and will encourage activities of T.D.W. and residents.



In these model barangays, following activities are expected.

- (1) Orientation to T.D.W. and primary school teachers.

Orientation and hygiene education to all residents.

- (2) Stool testing of whole inhabitants.

Deworming by drugs of those who show positive reaction to worm eggs.

Counting of dewormed worms. (at primary schools only).

Study on living custom; (for primary school children only). Hand washing, nail clipping, wearing of foot-wears. Study on provision of toilets and water supply of each household.

- (3) Meeting to report test results, health education, consultation on countermeasures.

- (4) Stool testing of all residents three months after deworming.

Deworming of those who had shown positive reaction for worm egg carrying.

Study of the number of those who show positive reaction to worm eggs. (for primary school children only)

Hygiene education to those who show positive reaction for worm egg carrying

- (5) Repeating of (4) above.

- (6) Reviewing of activities during the past one year and planning for the next year.

Appendix

MINUTES OF DISCUSSION BETWEEN THE JAPANESE TEAM  
AND THE PHILIPPINE AUTHORITIES CONCERNED  
ON THE TECHNICAL COOPERATION IN FAMILY PLANNING

The Japanese Advisory Team, organized by the Japan International Cooperation Agency (JICA) visited the Republic of the Philippines from 29th September to 13th October 1983 and had a series of discussion with the Philippine authorities concerned on the Japanese technical cooperation in the Family Planning Project of the Philippines.

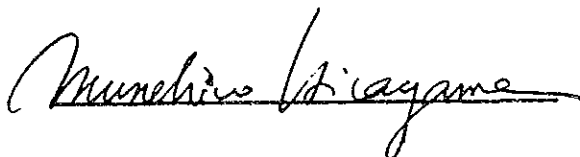
The following agreement has been reached between the two parties.

1. The Japanese side will cooperate in family planning activities in the following nine (9) Pilot Areas designated by the Philippine side.


- |              |  |
|--------------|--|
| (Region I)   | 1) Dagupan City, Pangasinan Province                 |
| (Region II)  | 2) Tuguegarao Municipality, Cagayan Province         |
| (Region III) | 3) Conception Municipality, Tarlac Province          |
|              | 4) Cabanatuan City, Nueva Ecija Province             |
| (Region IV)  | 5) Roxas Municipality, Oriental Mindoro Province     |
|              | 6) Mansalaya Municipality, Oriental Mindoro Province |
| (Region V)   | 7) Tiwi Municipality, Albay Province                 |
|              | 8) Sorsogon Municipality, Sorsogon Province          |
|              | 9) Gubat Municipality, Sorsogon Province             |

2. In transferring the achievements of Japan's technical cooperation in the Model Areas to the nine Pilot Areas, the Philippine side will play a major part with the cooperation of the Japanese side which will provide necessary machinery, equipment, materials and training of middle - level technicians.
3. In Benguet, the Japanese experts will undertake the training of counterparts from the Model/Pilot Areas.
4. The training of Filipinos in Japan will be conducted mainly for those who are related to the Project in the Model/Pilot Areas.
5. The Japanese will provide necessary machinery, equipment and materials to the Model/Pilot Areas within the limit of its budget.

Benguet, October 10th, 1983



MUNEHIRO HIRAYAMA, M.D.  
Head of the Japanese  
Advisory Team



EDGAR P. CALLANTA  
Deputy Executive Director  
Commission on Population  
Chairman, National  
Coordinating Committee



## II. Members and Schedule of the Team



1. Members of the Consultation Team

Name and Position	Responsibility
<p>Munehiro HIRAYAMA, M.D.</p> <p>Professor, Dept. of Maternal and Child Health, School of Health Sciences, Faculty of Medicine, Tokyo University</p>	<p>Team Leader, Generalization and Maternal and Child Health</p>
<p>Teruki SASANO</p> <p>Head, Office for the Medical Cooperation, Dept. of Medical Cooperation Japan International Cooperation Agency (JICA)</p>	<p>Implementation Planning</p>
<p>Syuichiro SEKI, M.D.</p> <p>Planner, Maternal and Child Health Division, Children and Families Bureau, Ministry of Health and Welfare</p>	<p>Public Health</p>
<p>Kuninori SHIWAKU, M.D.</p> <p>Associate Professor, Dept. of Parasitology Aichi Medical University</p>	<p>Parasite Control</p>
<p>Yojiro ISHI, D.V.M.</p> <p>Administration Division, Dept. of Medical Cooperation, Japan International Cooperation Agency (JICA)</p>	<p>Coodination</p>

## 2. Survey Itinerary

Term: September 29, 1983 --- October 13, 1983

Date	Outline of Activities
Sep. 29 (Thu.)	<ul style="list-style-type: none"> <li>• Mr. Sasano alone Dept. from Tokyo 10:15 by PR431 Arrv. at Manila 13:30</li> <li>• Ms. I. Yamashita flew on the same flight to assume her post</li> <li>• Meeting at JICA office (with Mr. Takahara, First Secretary and JICA staff concerned)</li> </ul>
Sep. 30 (Fri.)	<ul style="list-style-type: none"> <li>• Depart. from Manila 9:30 by PR</li> <li>• Arrv. at Legaspi 10:30 (350 km Southeast of Manila) by: Mr. Maulion, POPCOM's JICA Project Manager, Ms. Yamashita and Mr. Suzuki</li> <li>• Visit to the municipality of Tiwi (45 km north of Legaspi), a candidate for pilot areas</li> <li>• Attendance to orientation of JICA Project</li> <li>• Inspection of health unit and primary school</li> <li>• Attendance to an echo seminar at the public hall of Cale barangay</li> <li>• Stay at: Legaspi</li> </ul>
Oct. 1 (Sat.)	<ul style="list-style-type: none"> <li>• Call at Sorsogon, a candidate of pilot areas (55 km south of Legaspi)</li> <li>• Inspection of health care and sanitary conditions of Capuri and Ticol barangays</li> <li>• Heard reports on health care and sanitary conditions at the municipal hall of Sorsogon</li> <li>• Observation of nurseries and cottage industries of Buhatan barangay</li> <li>• Call at Gubat municipality, a candidate for pilot areas (19 km south of Sorsogon)</li> <li>• Observation of health unit and town residential area</li> <li>• Hearing of reports on health care and sanitary conditions at the Gubat municipal hall</li> <li>• Stay at; Gubat</li> </ul>



Date	Outline of Activities
Oct. 2 (Sun.)	<ul style="list-style-type: none"> <li>• Observation of a kindergarden in a barangay near Gubay</li> <li>• Courtesy call on Governor of Sorsogon Province</li> <li>• Lucheon party at the governor's official residence</li> <li>• Visit at Legaspi POPCOM regional office</li> <li>• Depart. from Legaspi 18:00 by PR</li> <li>• Arrv. at Manila 19:00</li> </ul>
Oct. 3 (Mon.)	<ul style="list-style-type: none"> <li>• Dept. from Manila 5:00 by POPCOM jeep</li> <li>• Accompanied by: Mr. Maulion Ms. Yamashita Mr. Suzuki</li> <li>• Arrived at Roxas municipality - a scheduled pilot area on the Mindro Island at 15:30 (250 km south of Manila)</li> <li>• Heard reports on health care and sanitary conditions at Roxas municipal hall</li> <li>• Stay at: Roxas</li> </ul>
Oct. 4 (Tue.)	<ul style="list-style-type: none"> <li>• Observation of health units, primary schools of Cantil and Libtong barangays and a Provincial hospital in Roxas municipality</li> <li>• Arrival at Mansalay Minicipality at 15:00 (12 km south of Roxas)</li> <li>• Heard reports on health care and sanitary conditions at the Mansalay municipal hall</li> <li>• Observation of deworming of primary school children at the Cabalwa barangay primary school</li> <li>• Stay at: Mansalay</li> </ul>
Oct. 5 (Wed.)	<ul style="list-style-type: none"> <li>• Observation of health unit, primary school and junior high school of Balugo barangay</li> <li>• Returned Manila 22:00</li> </ul>
Oct. 6 (Thu.)	<ul style="list-style-type: none"> <li>• Mr. Seki, Shiwaku and Ishii arrived at Manila at 13:00 by PR 431 from Narita</li> <li>• Dr. Hirayama arrived Manila at 15:00 from Singapore</li> <li>• Consultation at JICA office (attended by Mr. Takahara, First Secretary, and JICA staff)</li> </ul>

Date	Outline of Activities
Oct. 7 (Fri.)	<ul style="list-style-type: none"> <li>• Meeting with POPCOM staff concerned at POPCOM Central Office</li> <li>• Courtesy call on The Honorable Mrs. Silvia P. Montes, Minister of Social Services and Development/Chairman, Board of Commissioners, POPCOM</li> </ul>
Oct. 8 (Sat.)	<ul style="list-style-type: none"> <li>• Five member of survey team and Ms. Yamashita and Mr. Suzuki  Depart. from Manila 9:40 am. by flight: PR,  Arrv. at Baguio 10:40 am.</li> <li>• Heard reports on progress of project at Tuba municipal hall</li> <li>• Observation of Tuba Health Unit</li> <li>• Meeting with staff in charge of the project at La Trinidad municipal hall</li> <li>• Observation of the Benguet Hospital and health unit of La Trinidad</li> <li>• Stay at: Benguet</li> </ul>
Oct. 9 (Sun.)	<ul style="list-style-type: none"> <li>• Mayors and town heads and POPCOM regional staff of eleven (11) model and pilot areas and POPCOM central office staff in charge of this project assembled at the hall of the Nevada Hotel, Benguet, to hold a meeting to report on current situations of activities in all areas which lasted whole day. All Japanese members also attended the meeting.</li> <li>• Stay at: Benguet</li> </ul>
Oct. 10 (Mon.)	<ul style="list-style-type: none"> <li>• Attended the commencement ceremony of BSPO volunteers held at the primary school of Paguis barangay</li> <li>• During the ceremony, Dr. Hirayama and Mr. Callanta of POPCOM signed the Minute</li> <li>• Invitation to a dinner party by the Governor of Benguet Province.</li> <li>• Stay at: Benguet</li> </ul>
Oct. 11 (Tue.)	<ul style="list-style-type: none"> <li>• Depart from Benguet; 9:00 am by POPCOM jeeps, the team was separated into two groups</li> <li>• Dr. Hirayama left for Tokyo;  Depart. from Manila. 14:30 pm. PR432.</li> </ul>

Date	Outline of Activities
	<ul style="list-style-type: none"> <li>• Four (4) Members inspected two pilot areas, Degupan City and Conception Municipality Returned Manila: 21:00 pm</li> </ul>
Oct. 12 (Wed.)	<ul style="list-style-type: none"> <li>• Reported on survey results at POPCOM Central Office and JICA office</li> </ul>
Oct. 13 (Thu.)	<ul style="list-style-type: none"> <li>• Depart. from Manila 14:30 PR432</li> <li>• Arrv. at Narita 19:30</li> </ul>









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