

フィリピン家族計画プロジェクト 巡回指導調査団報告書

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1985年2月

国際協力事業団医療協力部

国際協力事業団

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は じ め に

わが国のフィリピンに対する家族計画協力は、昭和56年度以降2モデル地区を中心に、さらに昭和58年新たに9パイロット地区に対象範囲を広げて家族計画と母子保健を統合したプロジェクトを実施してきた。

当事業団はプロジェクト指導のため昭和59年11月に巡回指導調査団を派遣した。本報告書は調査団の調査協議結果を取りまとめたものである。

ここに本プロジェクトの巡回指導にあらたに団長をはじめ団員の方々、ならびに本件4チーム派遣にご協力いただいた関係機関に深甚なる謝意を表するとともに、今後とも一層のご協力をお願いする次第である。

昭和60年2月

国際協力事業団

理事 中 平 立

も く じ

はじめに

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1. 調査団構成（氏名，担当および所属先）

- (1) 平山宗宏 団長 / 母子保健 東京大学医学部
保健学科（教授）
- (2) 塩飽邦憲 寄生虫対策 愛知医科大学
寄生虫学教室（講師）
- (3) 田辺耕治 協力計画 国際協力事業団
医療協力特別業務室（室長代理）

2. 活動日程

（1984年）

月 日 (曜)	時 間	内 容
11月18日 (日)	08. 30	成田空港に集合，塔乗手続き（空港使用料 2,000円）。 フィリピン航空 PR431 便にて成田空港発。 マニラ空港着。鈴木，碓両専門家，マニラ事務所岡野所員の出迎えを受ける。 POPCOMの車にて，Manila Garden Hotel 着。 ホテルにて，鈴木，碓両専門家，岡野所員と日程等打合せ。 ホテルにて，JICA事務所長主催夕食会に招かれる。所長，高原書記官，岡崎所員，鈴木・碓両専門家と意見交換。 (Manila Garden Hotel 泊，泊料 901.55 ペソ ≒ 47 US \$)
	10. 25	
	13. 40	
	14. 30	
	15. 00-16. 20	
	18. 30-20. 40	
11月19日 (月)	09. 00	チェック・アウト後，ホテル発マニラ国内空港へ出発。 塔乗手続き後，PR206 便にて Baguio に向け離陸。 Baguio LOAKAN 空港着。山下，海浪両専門家他 Benguet Province, Regional Population Office, Municipal Tuba 等関係者の出迎えを受ける。 Hyatt Terraces Baguio に入り，陸路 Baguio 入りした鈴木・碓両専門家，Project Manager Mrs. Dumlao 他 POPCOM メンバーと合流。 ホテルにて，Mrs. Dumlao 他 POPCOM 職員と打合せ。
	10. 25	
	11. 20	
	12. 00	
	12. 30-13. 30	

月 日 (曜)	時 間	内 容
11月19日 (月)	13. 35-18. 10 19. 00-21. 00	モデル・バランガイである La Trinidad 町の Barangay Bahong 訪問, Community Health Center, 小学校での活動を視察。Benguet Rural Health Unit を視察。 Benguet Province の Governor 主催夕食会に招かれる。Governor は病気で出席できず, Vice Governor がホスト役をつとめる。 (Hyatt Terraces Baguio 泊, 泊料 737.75 ペソ ≒ 37 US \$, これは閑散期料金)
11月20日 (火)	07. 30 09. 20-12. 40 13. 00-13. 20 15. 30-16. 40 22. 00	チェックアウト後, ホテルを後に Tuba 町のモデル・バランガイ Barangay Nangalisan に向う。 Barangay Nangalisan にて, Community Health Center, Rural Health Center, 小学校を訪問し, 視察する。小学校にて昼食。 Barangay Asin の小学校訪問。 Barangay Nangalisan より Banguio 経由, モデル・パンラガイである Banragay Twinpeacs の Health Center 着。視察後, Benguet を後にする。 陸路マニラ着, Manila Garden Hotel に入る。 (Manila Garden Hotel 泊)
11月21日 (水)	04. 00 05. 25-06. 28 07. 00-08. 30 09. 50-17. 00 16. 00-22. 00	チェック・アウト後, マニラ国内空港へ。 PR 177 便にて, Manila 発 Legaspi 着。Regional Population Officer, Mayor of Gubat 他多数の出迎えを受ける。 Legaspi 発, Sorsogon 経由, Gubat 着。Risal Beach Resort に入る。 Risal Beach Resort にて開催された, 2nd Consultative Conference POPCOM-JICA Integrated FP/MCH Project に参加。 調査団主催夕食会および After Dinner Party。 (Risal Beach Resort 泊, 泊料 225 ペソ ≒ 11 US \$)

月 日 (曜)	時 間	内 容
11月22日 (木)	08. 20	チェック・アウト後、パイロット・エリアである Gubat 町内のプロジェクト関係活動の視察のため、ホテルを後にする。
	08. 40-09. 50	Bonifacio 小学校, Gubat District Hospital, Gubat Puericulture Center (建設・整備中) など視察。
	10. 00- 12. 00	Gubat 町の Encinas Hall で開催された, Municipal Development Council 主催の Ist Graduation Ceremonies/Integrated Training Programe にゲストとして参列。
	12. 10-12. 30	Gubat 町長宅にて, 昼食会。
	13. 50-16. 10	Gubat 町を後にし, Sorsogon 町へ入り, Barangay Buhatan 役場, Buhatan の小学校, Sorsogon Provincial Center, Main Health Center (RHU & FP Center), Provincial Hospital を視察。
	18. 30	Legaspi 着。Hotel La Trinidad に入る。 (Hotel La Trinidad 泊, 泊料 304.64 ペソ≒15 US\$)
11月23日 (金)	08. 00	チェック・アウト後, ホテル発, パイロット・エリアとされている Tiwi 町へ向う。 途中, St. Domingo, Bacacay 両町にて, 9 月中～下旬の Mayon 火山の噴火とその後の台風・大雨による泥流災害現場を見る。
	09. 10-10. 00	Tiwi 町着。町役場にて, 町長の説明を聞く。
	10. 00-14. 00	Tiwi 町内での活動を視察。Barangay Cararayan での予防接種, 寄生虫検査, Barangay Health Center, 地熱発電所, Day care Center, Rural Health & FP Center など。
	16. 00	Tiwi 町より Legaspi に戻り, 空港着。チェック・インし, PR180 便に搭乗し, 30 分ほど機中で待つが, 定刻 18.00 を過ぎても飛ばず。荷物室のドアが閉まらないためノー・フライトとなり, 24 日朝に変更される。

月 日 (曜)	時 間	内 容
	19. 20	マニラに帰る予定であったが Legaspi 市内に戻り、ホテル入り。 (Hotel La Trinidad 泊)
11月24日 (土)	05. 00	ホテルチェック・アウトし、05.30 予定の空港行バス待ち。
	06. 25	Legaspi 空港着。
	08. 00-08. 35	07.00に変更になったPR180便、ようやく1時間遅れにて、Legaspiを出発し、マニラ着。
	08. 50	Manila Garden Hotel 入り。
	11. 20-14. 00	ホテル内にて、POPCOMのMs. Jamiias, Mrs. Dumlao, 高原書記官, 岡崎所員, 全専門家参加し, 最終打合せ。
	14. 10-17. 20	田辺団員のみ, ホテル内にて対フィリピン協力について, 高原書記官, 岡崎所員と打合せ。鈴木, 碓両専門家同席。
	18. 10-23. 00	高原書記官宅にて, 夕食会。専門家全員参加。 (Manila Garden Hotel 泊)
11月25日 (日)	12. 00	チェック・アウト後, ホテルを訪れた前 Project Manager Mr. Maurion と小ミーティング。
	12. 30	ホテル発, マニラ国際空港着。チェック・イン (空港使用料 200 ペソ ≒ 10 US \$)
	14. 40-	PR432 便にて, マニラ発。
	19. 20	成田空港着。
	20. 00	空港を後に, 一同家路に着く。

3. 調査結果

(1) 総括および母子保健について

はじめに

今回の巡回指導チームの派遣は、JICA-POPCOM Integrated Family Planning and MCH Project の第3年目に当たっており、実際の事業の進捗状況は次の通りである。すなわち、調整員が派遣されてから、つまり Benguet 県における Model 地区二町への協力が開始されてから3年目、同地区駐在の専門家2名が派遣されてから丸1年、新たに Pilot 地区が決定されてから1年であるが、これら Pilot 地区への供与機材は丁度届きはじめたところで、その活動が各市町村のもとで開始された時期、ということであった。

巡回指導に当たっては、日程の都合もあってマニラにおける POPCOM との協議の時間的余裕があまりとれず、Model 地区および Pilot 地区の一部を直接訪問し、Gubat における全地区代表者による Conference に出席して過去1年間の進捗状況を聞き、討議を通じて必要な助言をするという形となった。

従ってこれまでの協力の成果を数字の上で評価するには尚早であり、Benguet 県における成績が得られたに止まったが、各地区における熱意と期待の大きいことが強く感じられた。以下に項目をあげて巡回指導中に得た本事業に関わる調査結果を報告する。

1) Model 地区における事業の状況

Benguet 県においては、山下、海浪両専門家の駐在により、技術移転(教育)の実績は着実に進行している。

母子保健・家族計画においては、Model 地区2町の中にとくに専門家が重点的に訪問指導する Model 集落(Barangay)を定め、住民の力による保健支所(Barangay level の Health Station)を建てて健診、指導を開始している。この住民自らの財力と労力奉仕による Health Station 建設に代表される自助努力は注目に値する。

数字で示される保健的指標については、なお結論は尚早ではあるが、例えば La Trinidad 町の次のごとき数値は十分評価できるものである。成績は本 Project 開始前の1981年と開始後の1982、83、84年(但し中間)とについての調査である。

乳児死亡率は1981年以降18~19(出生1,000対)と変わらないが、死亡原因の中の胃腸炎は最近2年間0である。母性死亡は4年間を通じて報告がない。

家族計画の受容者率(Prevalence Rate, FP Acceptance)は、81、82年の50.4%、82.4%から83、84年の63.2%、68.1%へと増加、さらに継続

的受容者数は同様に1,241~1,344から1,755~1,956へと上昇している。注目されるのはその使用方法で、コンドームが81年の24%から82年~84年の46~51%へ、ピルが同様8%から17~19%へと上昇、他の方法(FVSC7%→13%、IUD3%→4%、リズム法5%→7%)にはそれほどの変化はない。

寄生虫感染率は81年から84年に向けて68%→57%と減少、トイレについては、Flush Typeが11%→29%と増加、逆にトイレのない家庭が15%から1%へと激減した。

84年における下記それぞれの達成率も明らかな向上を示している。達成率とは年度はじめの予定者に対する実施率で、年間出生数をこの場合は200程度としている。

妊婦登録80%

妊婦健診81%

妊婦の予防接種84%

有資格の助産婦の立会い83%

小児の予防接種DPT96%

ポリオ94%

麻診92%

Model 地区内に Model 集落を設定する方式は、技術移転(現場での指導)の能率上も、効果判定上にも有効な方法であると考えられる。

2) The Second Consultative Conference of the POPCOM-JICA FP/MCH Project

昨年の Banguio 市内で開催された第1回に続く第2回の Conference であり、各 Model 地区と Pilot 地区からの市町長による本事業関連の状況報告と討議が行われた。われわれはこの Conference を通じて能率よく実状を知ることができ有効であった。地元 Gubat 町は供与機材である AV 機器を用いた発表を行ない、非常にわかりやすく印象強く、視聴覚機材の有用性をはからずもよく示してくれた。

なお、当地は敬けんなカソリック教徒が多く、また労働力を要する農村地区が主であるので、単に産児制限をすすめるだけでは住民に受け入れられず、とくに外国人が人口問題に関わる協力事業を行うに際しては十分な配慮が必要であるので、われわれはこの Conference における挨拶の中で地元の誤解をうけることのないよう配慮した方向を示唆した。(後出挨拶文参照)

3) Pilot 地区の視察

新たに Pilot 地区となった市町のうち、Conference の開催された Gubat 町とそ

れに隣接する二地区を視察する機会を得た。健診の現場、保育所、保健関連担当者ないしボランティアの教育状況、それにその地域の特性を理解するのに有益な場所等を視察したが、いずれも町ごとの工夫と熱意を示しており、今後 Pilot 地区としての効果の上がるであろうことが十分にうかがえた。

本プロジェクトによる新機材は丁度届いたところで、レントゲン装置等を入れる建物の新改築が行われていた。ただし一部では町内に手術台を活用できる既設病院がないなど、受入れ側の事情に関わりなく、比側による画一的な機材の選定が行われた心配があり、今後注意を要する点であろう。また病院が保健省の管轄であるため POPCOM の間の連繋のわるい点も感じられたので、これも今後改善ないし協力主体の変更を含めた検討が必要であろう。

おわりに

以上今回の巡回指導を通じて得た成果および調査結果の概要について報告した。このプロジェクト協力は順調に進められ、成果についても十分期待できるというのが今回の調査の総括である。なお一点やや不安なことは、POPCOM の担当者の異動があり、本プロジェクトの POPCOM 側責任者、Counterpart が 2 名とも交替したことであり、これまでの本事業の方向に変化がおこると現場での混乱につながりかねないので、JICA としてもさらに十分な連繋が必要であろう。（平山宗宏団長）

A SHORT MESSAGE/IMPRESSION DELIVERED DURING THE SECOND CONSULTATIVE CONFERENCE OF THE POPCOM-JICA I FP/MCH PROJECT AT RIZAL BEACH RESORT, GUBAT, SORSOGON ON NOVEMBER 21, 1984.

Honorable Mayor Angel R. Pura, Jr., the host, Honorable Mayors and Project Directors, Program Coordinators, Officers of the Local Government and friends.

It is a great honor and pleasure for us that we are able to visit Gubat, and have a fortunate opportunity to join this conference, and also meet many friends again. We also deeply appreciate the well-organized conference and warm-hearted hospitality of the host, Mayor Pura and the people of Gubat.

The purpose of our team is to visit the model areas and pilot areas, and discuss the ways and means for its success.

Today, we are able to know the status of the project by the reports from the pilot areas, especially we were able to understand better the activities in Gubat through the use of the new AV facilities during the presentation of the report. This is a very good education for us. These active and successful activities are due to the excellent and far-seeing leadership of the Mayors and staff of the Regional Offices and the earnest effort of all staff of the health services in each pilot area. We are very happy to know the acceptable activities of Japanese experts Ms. Yamashita and Mr. Takeshi Kainami, supported by the friendly Filipino staff and people.

We know that POPCOM probably needs some geographic data on Family Planning which influence population control because as described in a report, the broad goals of the Philippine Population Program is to reduce the population growth rate to levels that promote national welfare and

individual well being.

At this moment, I would like to emphasize that the policy and action on population control belong to your government and the Japanese government will just cooperate on health and welfare of the present and future children of the Philippines. So, I don't use the word "Family Planning", instead I use the word "Maternal and Child Health" in the meetings, especially, meetings of the community level.

In Japan, the activities and services on Family Planning and deworming during childhood, etc. belong to the Division of MCH of the Ministry of Health and Welfare. So, to our definition, MCH includes all activities which are discussed in this conference. Of course, JICA also needs good data on some vital statistics, as a tool of evidence of our efforts and expenses. From the standpoint of MCH, aside from the changes of birth rate, decrease of infant mortality and morbidity, increase of adequate water supply and sanitary toilets, and improved health through deworming etc. are very useful, the self-reliance effort by the community will be evaluated highly.

In our cooperation program, we do not highly emphasize the strategy using the permanent sterilization methods such as operation, and of course never with artificial abortion.

We want to cooperate in the upgrading of the MCH level in the community and we want to expect the successful results on Family Planning for better life in the future.

Evaluation of the success of Family Planning in a limited sense through contraceptive use is very difficult, because only one failure during 365 days, results in total failure. That means the 364 days of-

fert will come to nothing, with just one failure on contraceptive.

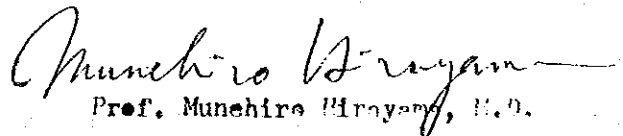
On the other hand the developments of MCH including environmental health in the community are also difficult to evaluate but certainly promote the health of residents and decrease the mortality and morbidity within several years.

Anyway, we believe that the project will result to success. We also knew that we need long term observation to confirm the successful results.

Let us be reminded of this year's theme of the World Health Organization (WHO) "Children's health, tomorrow's wealth".

Again, on behalf of the visiting team, I deeply appreciate this wonderful and impressive conference.

Thank you.


Prof. Munchiro Hirayama, M.D.

Head, JICA Advisory Team

(2) 寄生虫対策について

今回の調査によって、モデル地区の、モデル・バランガイおよびパイロット地区において、住民と行政関係者（POPCOM, Municipal Officer, TDWなど）が活発的な活動を行っており、本プロジェクトが順調に進められていることを確認した。

寄生虫対策についても、各地区で活発な活動が実施されていた。特に次の点について前進が認められた。

- 1) 海浪専門家の着任により、寄生虫検査法の標準化がなされるとともに、技術レベルが高められつつある。
- 2) 顕微鏡、薬剤等の供与機材の到着と配布により、これらの機材は有効に活用され、寄生虫対策が強化されている。

しかし、この1年間の活動によっても、寄生虫（回虫、鞭虫、鉤虫）感染率の低下している地区は少ない。これは、検査レベルの向上によって発見率が高まったことも一因と考えられるが、基本的には駆虫後の再感染によるものと考えられる。再感染をなくするためには、環境改善（特に water-sealed toilet の設置、deep well の建設）が重要であるが、環境改善には多くの費用を要するために、1年間では顕著な成果をあげていない。

寄生虫対策については、検査と駆虫のくり返しだけでは、感染率は低下せず、住民の関心が薄れる可能性が大きい。寄生虫の再感染がなぜ起きるのかを、自分のバランガイでの結果を元に住民に考えさせる中で、実現可能な環境改善を行なうことが重要である。

以上のことを考えると、海浪専門家の今後の役割としては、次の点が考えられる。

- 1) モデル地区、パイロット地区の検査スタッフに対して寄生虫検査法についての指導、特にパイロット地区に対しては研修後の指導を現地に出向いて行なう必要がある。
- 2) モデル地区のモデル・バランガイにおいて、寄生虫対策、特に住民の自発的な環境改善の活動を引き出す指導を今後も継続する必要がある。

このために、特にパイロット地区への出張のために（山下専門家、璇専門家も含めて）域内旅費の増額をお願いしたい。本来はフィリピン側が支出すべき経費であるが、現実的にはJICAで負担せざるを得ないと考えられる。（塩飽邦憲団員）

(3) 今後の協力について

1981年に締結された新しい討議々事録(以下、R/Dという)に基づく協力の経緯は、おおよそ次のごときものである。

1981年度	6～7月	計画打合せ調査団派遣 第2次R/D締結
	8月	モデル地区2ヶ所決定
	12月	専門家(調整業務担当)1名派遣
1982年度	9～10月	基礎調査実施
	2月	中間エバリュエーション調査団派遣
	2～3月	中堅技術者養成トレーニング(第1回)開催
1983年度	8月	専門家(寄生虫対策担当)1名派遣
	9月	巡回指導調査団派遣, 専門家(母子保健担当)1名派遣
	10～12月	パイロット地区(9ヶ所)決定
	2～3月	中堅技術者養成トレーニング(第2回)開催
1984年度	11月	巡回指導調査団派遣

このように本件プロジェクト協力が進められてきており、現在は協力期間約4年の3年間を経た段階となっている。したがって、協力期間は、残すところ1985年度の一年間のみとなっており、この最後の一年間における協力をどうするか、そのあとの協力をどうするかの方角づけをすべき段階となっている。この2点について、下記に簡単に述べてみたい。

- 1) 現行R/Dによる協力最終年度である1985年度における協力の技術面についての方向は前述されているが、協力計画全般からみた場合には、いかに協力をとりまとめるかが課題となろう。すなわち、協力期間の延長も云々されているが、延長のあるなしにかかわらず、今までの協力の成果をとりまとめ、達成できた点、計画していたが達成できなかった点、今後の課題などを明確にし、モデル地区およびパイロット地区の比側全体計画の中における位置付けについて、レビューすることが必要とされる。このことは、協力が終了する場合には、比側へのリコメンデーションの基礎資料とし、また延長の必要性がある場合には、延長後の協力量針、内容等具体的協力計画策定のための基礎とするためである。特に、特定地区を対象としたモデル地区協力方式は、往々にして、単にその地区のみに限定された協りに収斂することが多く、「モデル」とか「パイロット」と名付けた意味が見られない傾向がある。このような結果としないためにも、本件プロジェクトのモデル地区・パイロット地区方式のアプローチの方法などについて、十分なエバリュエーションが重要であることを強調しておきたい。

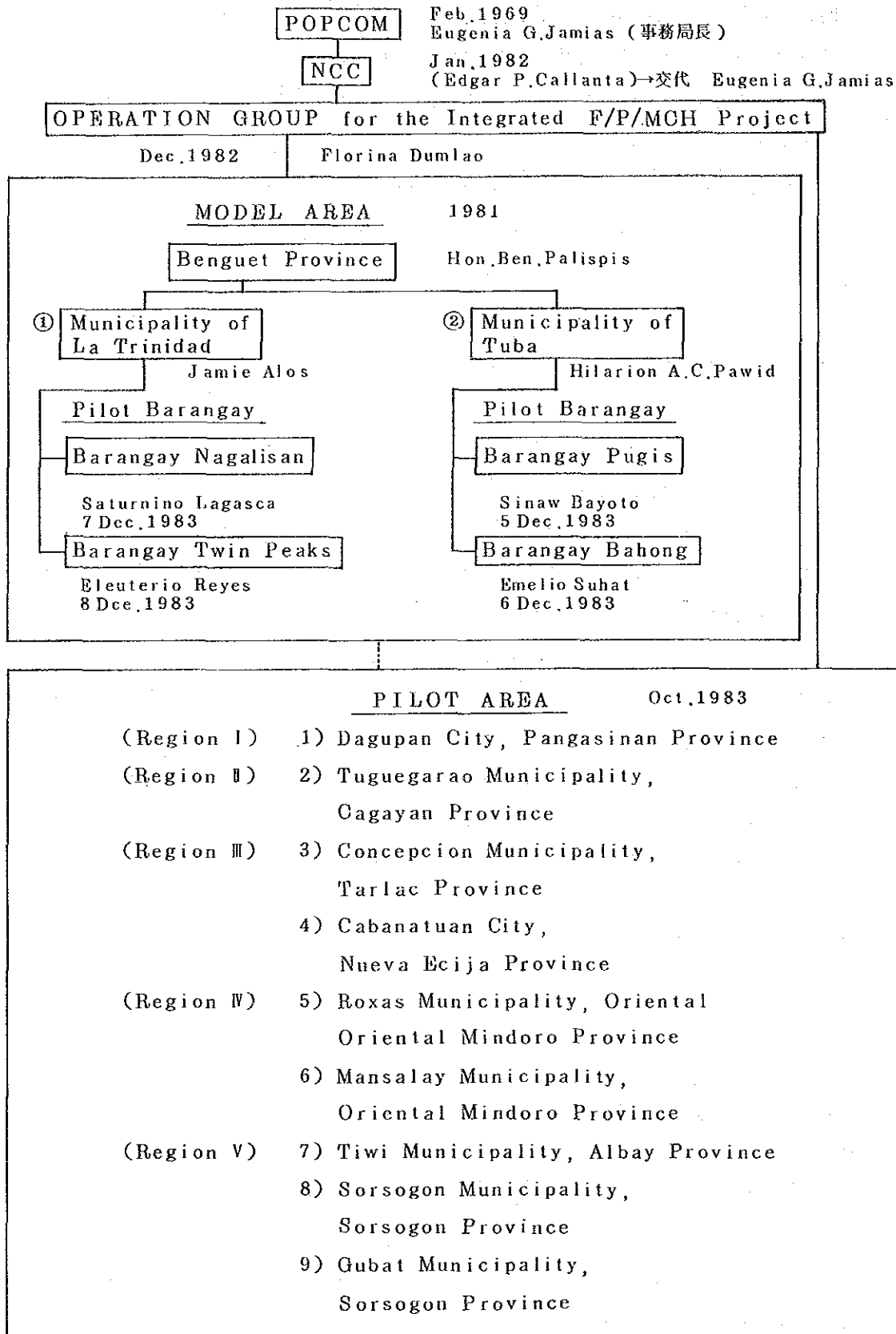
2) 協力期間の延長については、1983年度に派遣された巡回指導調査団に対しても、比側から口頭ではあるが延長要請が出されているように、前々から話題に上っている。今回の調査時には、比側中央の責任者たちと協議する十分な時間がなかったこと、またプロジェクトに係る責任者の交代直後であったこともあり、具体的な延長要請の話は出なかったが、調査団帰国後の情報では、比側は延長要請書を提出したい意向とのことである。

この問題に関する最終決定は、1985年度に派遣予定されているエバリュエーション調査に待つこととなるが、協力期間完了時の1986年3月まで、専門家が実際にモデル地区で活動を始めてからは2年半、パイロット地区での活動が開動されてからは、2年のみであり、特にパイロット地区における活動のレベルは、ようやく本格化する段階であると云える。このため、行政をも巻き込んだプロジェクトであり、延長の問題を考えるに当たっては、単にPOPCOMの意向のみでなく、パイロット地区である市町村の行政の長の意向をも勘案しなければならないであろう。また、今後協力を進めて行く上で問題となるのは、現在のような母子保健や寄生虫対策に対する協力を地域レベルで進めて行く場合、行政の末端レベルへ行けば行くほど、保健省の管かつの施設、人材の協力がなければ実施不可能となる点である。この点を改善するためには、中央政府レベルで、POPCOMが保健省の協力を得られるようプロジェクトにも保健省が参画しているという体制をつくる必要がある。このことは、省庁間の主導権をどこが持つかということにも波及してくる問題で、簡単にそのような体制が確立されることは極めて難しいと思われるが。

本件問題に関連して、1985年度のエバリュエーション調査団の派遣は、1985年8～9月頃までに実施することが望まれる。(田辺耕治団員)

4. 資料

(1) FP/MCH PROJECT概念図 (表中, 年月は発足日時, 代表者名)



(2) プロジェクト関連用語

BHC	Barangay Health Center
BHW	Barangay Health Worker
BSPO	Barangay Service Point Officer
Captain	Head of Barangay
CHC	Community Health Center
FP	Family Planning
FPOP	Family Planning Organization of the Philippines
FTOW	Full Time Out Reach Worker
MCH	Maternal/Child Health
MOH	Ministry Of Health
NCC	National Coordinating Committee
PCC	Provincial Coordinating Committee
PCF	Population Center Foundation
POPCOM	Commission on Population
PPO	Population Provincial Officer
RHU	Rural Health Unit
RPO	Regional Population Office
TDW	Team of Development Workers

Japan aids population project

A three-member Japanese mission is in Manila to discuss with the Commission on Population (Popcom) and to evaluate the developments in a project which seeks to help promote the health and welfare of mothers and children in rural areas of the Philippines.

The mission is headed by Dr. Munehiro Hirayama, a professor of the School of Medicine, Tokyo University. The two other members are Dr. Kuninori Shiwaku of Aichi Medical School and Koji Tanabe of Japan International Cooperation Agency (JICA).

The JICA-assisted project is called Integrated Family Planning and Maternal/Child Health Project whose slogan is "Every Child Is A Wanted Child." It is a technical cooperation project between the governments of the Philippines and Japan with the Popcom and the

JICA as executing agencies of the two governments, respectively. The two governments have a long history of technical cooperation in the field of family planning since 1974.

The mission will visit pilot project areas such as La Trinidad, Legaspi

City, and other model areas. The project has been effectively implemented in La Trinidad since 1981 and has been appreciated by local people.

The uniqueness of this project is that no aspect forces people to reduce the number of children.

Baguio Midland COURIER P. 9, No 46 / 18 Nov. '84

JICA visits health units

LA TRINIDAD, Benguet — A three-man Japanese International Cooperation Agency advisory team will visit the pilot municipalities of La Trinidad and Tuba under the POPCOM-JICA Integrated Family Planning and Maternal Child Health Project on Nov. 19-20.

This was bared by Provincial administrator Gabriel Pawid Keith, co-chairman of the Provincial Steering Committee.

The team is headed by Prof. Muchiro Hirayama of the Tokyo University. Members are: Dr. Kuninori Shiwaku, associate professor of the

department of parasitology, Aichi Medical University; and Koji Tanabe, deputy head, department of medical cooperation, JICA.

The team will visit the model barangays of Baheng and Bugulas in La Trinidad, and Nangalisan and Twin Peaks in Tuba. They will be hosted by the province headed by Gov. Ben Palarispis in a Monday evening dinner-program. Accompanying the team are Edgar P. Calanta, deputy executive director, Commission on Population; and Mrs. Ma. Florina Illeto-Dumlao, project manager of the integrated project.

From JICA are Ichiko Yamashita, expert on maternal and child health; Takeshi Kainami, expert on parasite control; Ryoichi Suzuki,

Benguet . . . (Continued from Page 8)

financial transactions, plans and programs for the current and ensuing years, and local legislation.

An important feature of the report is a statement of the programs and projects completed or accomplished by the local unit.

An annual report is submitted to the sangguniang bayan not later than the 31st of March following the year under report, copies forwarded the provincial governor and the Ministry of

project coordinator for family planning; and Kenji Ikari, incoming project coordinator for family planning.

(4) モデルエリア La Trinidad 1984年報告 (1 ~ 9 月)

BENGUET PROVINCIAL COORDINATING COMMITTEE
Integrated FP/MCH Project
La Trinidad, Benguet

Report - CY 1984 (as of September ' 84)

I. Introduction:

A joint project of the Japan International Cooperation Agency (JICA), the Commission on Population (POPCOM) and the Province of Benguet, the Integrated Family Planning (FP) and Maternal and Child Health (MCH) Project being implemented in the municipalities of La Trinidad and Tuba, is now on its 3rd inspiring year since its onset in May 1982.

The project comes in four components namely; Family Planning, Nutrition, Maternal and Child Health and Parasite Control.

Strengthened by the support of the local government, the Japanese Experts and the magnanimous equipment assistance made available to the project by the government of Japan, the Team of Development Workers (TDWs), a carefully organized core group consisting of the different agency workers, moved on with their given task to carry out the objectives of the project.

Although results have been encouragingly significant, the project has still a long way to go. Unless extended, the project is envisioned to terminate in March 1986.

II. HIGHLIGHTS:

1. The municipalities of La Trinidad and Tuba garnered GREEN BANNER AWARDS for having been adjudged as Outstanding municipalities in Region I in the implementation of the Nutrition Program. To a great extent, this Award has been recognized as an effect of the on-going Integrated FP/MCH Project whereby Nutrition is one of the components.
2. The arrival of the Mission from the Peoples Republic of China, who came on March 3 - 6, 1984, to observe in the two municipalities just so they could gain experiences, acquire knowledge and ideas about the techniques and strategies on how we implement the Integrated Project, that they may also apply in their country, has brought to light a deeper meaning and value of the project, not only to the project implementors, but more importantly, to the Local officials concerned.

3. Three Provincial Coordinating Committee meetings have been conducted during the period whereby the needs and problems encountered in the implementation of the project have been discussed and threshed out by the committee members.
4. The resolution of the Provincial Coordinating Committee requesting for the extension of Mr. Kainamis' services has been favorably indorsed and approved by the authorities concerned.
5. Starting January 1964, the Provincial Laboratory has been in full operation, not only as a laboratory for stool examination but also, as a training venue of parasitologists and MCH trainees from the Model as well as the pilot areas.
6. The transfer of Japanese technology has been made evident as the members of the Team of Development Workers (TDWs) manifested their ability to handle the microscope and fully participated in the mass stool examination, deworming and MCH activities. This was made possible with the series of trainings on Parasite Control and Maternal and Child Care which were successfully conducted by the JICA Experts, Mr. Kainami and Miss Yamashita.
7. A sustained monitoring, participation, assistance and guidance in the implementation of the project has always been undertaken by the Provincial Coordinating Committee (PCC) through the Provincial Population Office in coordination with the local officials, the JICA Experts and the Team of Development Workers.
8. The formerly fragmented functioning of the different agency workers in the two municipalities has been transformed further into a well organized team with a well integrated development program operations. This is a good instrument that could bring about a successful program implementation.
9. Inspired by the industry and dedication seen in the two JICA Experts, the support of the local officials, TDWs and most specially the community people has been made evident as shown in the following examples:
 - a. The parent teachers association of Mangalisan Barangay of Tuba has set up washing facilities made of tiles in each classroom in the elementary school. Funding for this came from their very own resources
 - b. Barangay Bahong of La Trinidad built up its own Barangay Health Station, each volunteering his own labor.
 - c. Local officials did their part by appropriating funds for project assistance.

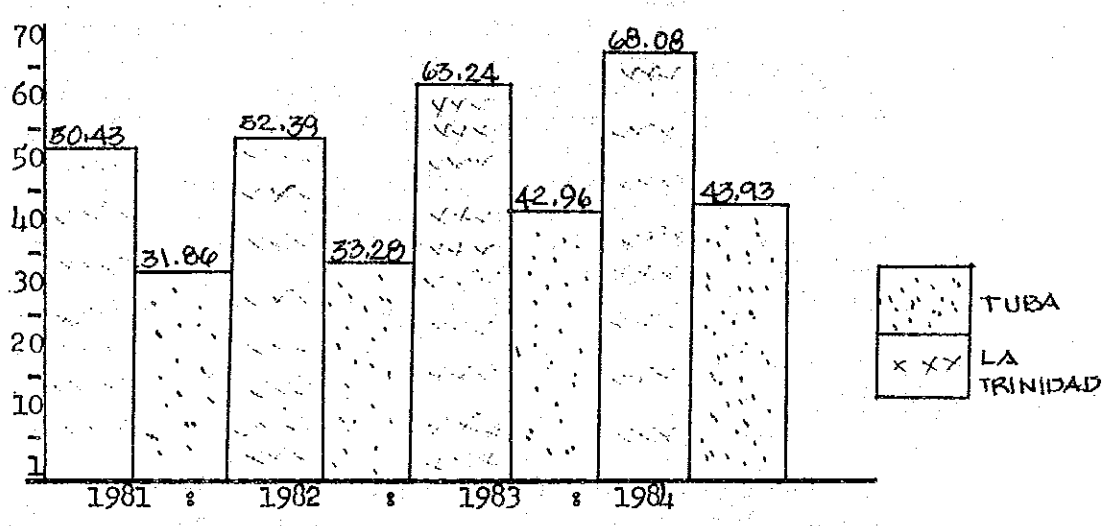
10. The turn-over of equipments in September this year gave way to a more intensified Parasite Control and MCH activities in the Barangays.

III. PROGRESS PER PROGRAM COMPONENT

a. Family Planning

The prevalence of Family Planning acceptance in the model areas has increased from 53% in 1983 to 55.5% in October 1984. This is expected to increase further at the end of the year.

The following table shows the yearly progress in the prevalence of Family Planning acceptance since the onset of the project



Although it is considered as one of the least effective contraceptive method, Condom still ranks first in terms of acceptability, with a high 52.5 percent. This is due to the fact that it has no noted side effects, and that the demand of the Japanese brand "Skinless" is great.

The lowest in terms of acceptability is the spermicidal methods which is only 3.9%. Reason is due to non-provision of such method by the government for the FP/MCH Project. Although many couples clamor for this method, only those who can afford to buy from drug stores can avail of such method.

b. MATERNAL AND CHILD HEALTH (MCH)

Through the years, infant mortality rate has been increasing from 15.1 per 1000 population in 1981 (baseline data) to 18.5 in 1982 and higher still to 18.94 in 1983.

The same is true to Maternal death rate which started from 1.0 per one thousand population in 1981 to .84 in 1982 to 2.87 in 1983.

At a glance of these figures, one may be construed to think that this particular component of the project has been neglected. On the contrary, the true implication of such noted increase of the figures is the fact that it was the continuous, successful campaigns for birth and death registration that had a great bearing on the increased figures. This campaign conducted by the TDWs even in the hardly reached far flung barangays brought about the actual and more reliable data on birth and death registration. Thus, the increases.

A high percentage range of 90% to 100% on pre-natal care has been attained since Miss Yamashita started. However, in terms of child/baby care, only 20% has been attained. As explained by the TDWs, this low figure is due to the practice of mothers of bringing their babies/children to the clinics only when they are sick.

c. NUTRITION

As mentioned earlier, the nutrition program in the model municipalities and the Province as well, has been greatly enhanced by the project as evidenced by their awards of recognition as outstanding areas.

The nutritional status of children is another evidence of this achievement. Records show that only .78% of the targeted children fall under the severely malnourished or 3rd degree as of September this year as compared to 1% in 1983.

During a meeting with the Provincial Coordinating committee (PCG) it was unanimously agreed upon that targets under this component should be the 3rd degree malnourished children.

A total of thirty five day care centers have been maintained during the year in the different barangays.

d. PARASITE CONTROL

During the start of the project while there were no experts yet in the area, this particular component has been basically centered on intensive mass education and information drives on environmental sanitation with special emphasis on excreta disposal system. The relatively poor excreta disposal systems have been clearly identified as the root of parasite infestation which has been fairly approximated to range from 70% to 80% in 1981.

Actual mass stool examination and deworming started only during the 1st quarter of 1981 (this year) after Mr. Kainami, the JICA Expert on Parasite Control, has set the basics by training the parasitologists from both the model and pilot areas.

Initial results of these activities showed encouraging results. The recorded infestation rate of Tuba municipality was 64.9%, and La Trinidad was 56.8 %, both of which are much lower than that in 1981.

The infestation by type of parasites is presented hereunder:

<u>Type of Infestation</u>	<u>percentage</u>	<u>Rank</u>
1. Ascaris	<u>41 %</u>	<u>1st</u>
2. Whipworm	<u>30 %</u>	<u>2nd</u>
3. Hookworm	<u>14.5 %</u>	<u>8th</u>
4. Ascaris and Whipworm	<u>25 %</u>	<u>3rd</u>
5. Ascaris and Hookworm	<u>1.25 %</u>	<u>5th</u>
6. Ascaris, Hookworm & Whipworm	<u>.55 %</u>	<u>7th</u>
7. Hookworm and Whipworm	<u>.70 %</u>	<u>6th</u>

NOTE: This is Tuba Municipality. No available data for La Trinidad as of the time this report was prepared.

The rates are expected to decrease during the 2nd and 3rd deworming activities. Treatment is done immediately as soon as the child is found positive of worms.

IV. PROBLEMS AND RECOMMENDATIONS:

- a. About 10% of Family Planning acceptors drop out during the year due to lack of appropriate contraceptive supplies that are of the choice of the couples.

Recommendation:

- Provision of contraceptives which are in demand such as Neo-Sampons, Ovral brand of pills and more skinless condoms is highly recommended to maintain and further increase the level of acceptance.

- b. The infant mortality rate which is rather high is due to inadequate and at the same time poor quality of medicines that the government provides to the people through the Rural Health Units.

Recommendation:

- Provision of medicines (of quality) for gastro-enteritis, Asphyxia and broncho-pneumonia which are the leading causes of infant mortality should be considered by the project authorities. It is also recommended that vitamins for the malnourished children should be included.

- c. The Prevalance of other parasites like amoeba and hookworm infestation in the model areas creates a big problem under the parasite control aspect of the project. This is because the project provides treatment only for ascaris and trichuris.

Recommendation:

- To attain the desired objectives of the project, the amoeba and hookworm infestation in the model areas should not be disregarded. Considerations for treatment of such infestation with the overall parasite control aspect of the project is highly recommended .

- d. Mobility on the part of the Provincial Coordinating Committee to monitor and visit the project area is very difficult without any vehicle assigned for the purpose. It has been observed in the course of the implementation of the project, that there is a need for the PCC members to personally visit the project area.

Recommendation:

- For purposes of regular monitoring and evaluating the manner by which the project is being implemented and, in order that the members of the PCC can regularly visit the model areas to enable them to come out with the needed guidance due the project implementors, it is highly recommended that a vehicle be granted to the Provincial Coordinating committee for the purpose. In addition to this, coordination and referrals made to both Regional and Central levels will be facilitated.
- e. Parasite infestation is not only prevalent in the model areas but the entire Province. The other municipalities need assistance in this aspect.

Recommendation:

- To share a little assistance to the clamoring municipalities would be noble. It is recommended that this can be done in terms of training. Medtechs and/or parasitologists assigned from these municipalities may be trained by the JICA Experts after all those from the pilot and model areas shall have been through. In this manner, the project will be able to expand in terms of technical trainings.

FOR THE PROVINCIAL COORDINATING COMMITTEE

MARGARET P. LUMIQUED
Provincial Population Officer
Secretary, PCC

NOTED:

BEN PALISPIS
Provincial Governor
Chairman, Provincial Coordinating Committee

PROGRESS EFFECT OF THE POPCOM-JICA PROJECT
Municipality of La Trinidad

INDICATORS	1981	1982	1983	1984 (Midyear)
1. Maternal and Child Health (MCH)				
1. Infant mortality Rate	18.32/1000	19/1000	19/1000	17.94
2. Maternal Death Rate	0	0	0	0
3. Leading Causes of Infant Mortality (Per 1000 population)				
a) Gastroenteritis	1.37	1.15	0	0
b) Asphyxia	1.37	0	0	0
c) Broncho-Pneumonia	9.60	6.91	11	7.60
d) Pre-Maturity	0	0	1.2	.25
e) Bronchitis	0	0	0	0
f) Others	0	0	0	0
4. Leading causes of Morbidity (per population)				
a) Upper Respiratory Diseases	33.49	22.05	92.83	45.60
b) Intestinal Parasitism	92.52	20	52.44	18.50
c) Gastro-enterities	2.12	3.16	5.67	230
d) Bronchitis	5.60	9.37	3.71	1.82
e) Hypertension	4.66	3.60	10.40	0
11. Family Planning				
1. Prevalence Rate (FP Acceptance)	50.43 %	52.39	63.24	68.08
2. Continuing Family Planning	1241	1,344	1,755	1,956
Maintained				
3. New Acceptors Recruited		377	228	291

INDICATORS		1981	1982	1983	1984 (midyear)
4. Method Mix Continuing FP Acceptors					
FVSC		7.40 %	(189) 14.06	(221) 12.66	(252) 12.8
MVSC		0	0	0	0
IUD		2.50 %	5.20	4.6	4.4
Pill		7.76 %	17.33	18.9	19.3
Condom		24.15 %	46	48	50.9
Rhythm		5.16 %	9.5	8.2	6.7
Others		3.46 %	7.73	7.3	5.6
III. Nutrition (Pre-Schoolers)					
1. Normal		33.32 %	39.35	67	41
2. 1st Degree Malnourished		40.22 %	42.27	19	30
3. 2nd Degree Malnourished		24.85 %	16.94	7	17
4. 3rd Degree Malnourished		1.61 %	2.44	1	1
5. Day Care Centers established (Number)		4	8	15	27
Parasite Control/Environmental Sanitation					
1. Parasite Infestation Rate		68.3	0	56.80	56.8
2. Excreta Disposal	a) Sanitary Pit Privy-	46.44	47.26	56.29	55.85
	b) Water Sealed	29.03	30.84	24.34	25.33
	c) Flush Type	10.73	9.98	28.66	28.66
	d) without Toilet	15.22	11.90	1.44	1.28

3rd QUARTER REPORT
1984

Benguet Province
Province

District 1 La Trinidad
Municipality

% PERFORMANCE REMARKS

ACTUAL

PLANNED

SPECIFIC ACTIVITY

1. FAMILY PLANNING

a. Total Population

31,622

b. Total MCRA

2,922

c. Prevalence Rate

70.74

d. No. of NAs Recruited

196

130%

Methods used:

FVSS

34

MVSS

0

IUD

3

Pill

47

Injectible

0

Condom

64

Rhythm

43

Others

5

f. No. of CUs Maintained

2067

106%

Methods used:

FVSS

284

MVSS

0

IUD

91

Pill

415

Injectible

0

SPECIFIC ACTIVITY	PLANNED	ACTUAL	% PERFORMANCE	REMARKS
Condom		1036		
Rhythm		162		
Others		79		
g. No. of dropouts identified		81		
No. of dropouts followed-up	81	81	100%	
No. of dropouts re-motivated	54	59	91.52%	
h. No. of service providers maintained				
Physician		25		
Nurse		486		
Midwives		29		
Dentists		13		
BSPOB	23	23	100%	
BHW	242	271	112%	
SW				
Others				
MATERNAL AND CHILD HEALTH				
<u>A. Maternal Health</u>				
1. # of pregnant women registered	200	159	80%	
2. # of pregnant women given prenatal care	200	161	81%	
3. # of prenatal cases immunized	159	134	84%	
4. # of high risk pregnancies identified		0	0	
5. # of delivery by attendant	200	165	83%	PHU and Hospital deliveries

SPECIFIC ACTIVITY	PLANNED	ACTUAL	PERFORMANCE	REMARKS
a. medical personnel		165		RHU, Hospital
b. paramedic				
- formally trained	actual cases (1/20 NH)	9		formally trained hilot
- not trained	"	0		
6. # of deliveries by place:				
a. Hospital	"	88		
b. Home	25% of 802	86		RHU target
7. # of post-natal women attended	25% of 802	176		
# of women motivated for FP		118		
# of women accepted a method		49		
8. # of breastfeeding mother	25% of 802	157		
B. <u>Child Health</u>				
1. # of children involved (pop)				
2. # of children immunised				
DPT	222	207	94	
DPT 1 DTP 2	217	208	96	
Polio	221	207	94	
OPV 1 OPV 2	385	354	92	
Measles	54	54	100%	
Others				
3. # of malnourished children PIS identified	412	333	81%	
Mild	294	205	70	
Moderate				
Severe	28	20	71.4	
4. # of severely malnourished children restored to mildly malnourished	28	8	29%	

ACTIVITIES	PLANNED	ACTUAL	% OF ACCOMPLISHMENT
1. Use of suction apparatus immediately after birth to remove secretions.		877	
2. Use of Isoletter for premature babies		13	
3. Free or discounted chest x-ray to patients coming from La Trinidad & Tuba	La Trinidad Tuba	16 0	15 4
4. Dental Services to Patients			
a) Dental prophylaxis		66	
b) Fillings		175	
c) Extractions		514	
d) Treatments (dental infections)		630	

SPECIFIC ACTIVITY	PLANNED	ACTUAL	% PERFORMANCE	REMARKS
III. ENVIRONMENTAL SANITATION				
A. Toilets/Water/Garbage.				
1. # of households with pit privy	70	68	97.14	
2. # of households with adequate water system	800	520	65.00	
3. # of population with unimproved water sources	550	330	60.00	
4. # of households with adequate disposal system (Open dumping)	233	170	72.96	
B. Parasite Control				
1. # of target population	4539	3580		
2. # of stool examined		1400		
3. # of positive cases		39.1		
4. Infection Rate		39.1		
5. % of dewormed				
IV Supportive Projects/Local Gov't Assistance				
1. Homeworker's Class-G IGP	30	28	93%	
2. RIC Organized	10	10	100%	
a. Food Processing	40	35	87%	
b. Livestock/Poultry Raising	45	38	84%	
3. Waterworks				

II. FAMILY PLANNING:

MODEL BARANGAYS	a. New acceptors recruited										b/ Continuing users maintained										c. Prevalence rate									
	MCRA	FS	NVS	IUD	PILL	CON	RHY	ETC	TOT	FVSC	MUSC	IUD	PILL	CON	RHY	ETC	TOTAL	Prevalence rate												
	DUM	TEM	AL								DUM	TEM					CE													
BAHONG	195	1	0	2	4	17	0	1	25	17	7	18	90	3	1	116														
PUGUIS	201	2	0	0	4	14	2	2	24	15	0	19	66	17	10	127	60.98%													
NON-MODEL BRGYS																														
ALAPANG	167	2	0	0	2	14	0	0	18	16	0	4	24	49	6	5	104	Contraceptive												
ALNO	113	0	0	0	0	4	1		5	3		1	0	27	3	0	34	Effectiveness												
AMBIONG	110	1	0	1	1	10	0	0	13	5	0	1	5	29	6	7	53													
BALILI	282	8	0	1	4	35	1	0	49	35	0	8	28	116	12	13	212	&												
BETAG	246	2	0	1	4	8	2		17	13	0	20	54	104	4	2	203													
BECKEL	218	2	0	3	9	1	0	0	15	26	0	2	20	75	10	10	143													
BINENG	80	1	0	3	2	0	0	0	6	3	0	2	19	18	4	5	51													
CRUZ	114	0	0	2	3	13	1	1	20	8		6	31	53	10	3	111													
PCIO	421	7	0	2	13	22	0	0	44	39	0	19	64	110	17	23	277													
LUBAS	98	0	0	1	7	1	0	0	9	4	0	0	6	25	10	6	54													
POBLACION	279	2	0	1	6	13	1	1	24	28	0	16	67	150	4	5	270													
SHILAN	186	3	0	0	2	5	1	0	11	14	0	0	10	30	5	12	71													
TAWANE	74	0	0	0	1	5	1		7	9	0	3	11	45	6	0	74													
WANGAL	95	1	0	2	3	0	0	0	6	7	0	0	2	24	10	2	45													
TOTAL	2879	32	0	19	65	162	10	5	293	251	0	89	378	996	127	104	1945													

SERVICE DELIVERY :

	1st Quarter	2nd Quarter	3rd Quarter	Annual Target	Achv. %
A. Pre-Marriage Counselling	36	46	64	146	100%
B. FP Referrals	15	25	32	48	150%
C. Lectures Conducted	10	13	11	28	121%
D. Motivational Contact	399	322	354	1,000	107.5%
E. Home visits	52	81	79	300	70.66%
F. Follow-up to Drop-outs	73	99	72	350	70%
G. Film showing	4	2	4	4	250%
H. IEC Materials Distributed					
Comics	160	275	300	1,000	73.5%
Pamphlets/Brochures	87	34	165	500	57%
Posters	5	80	130	350	61%
Calendars	44	0	0	44	100%
I. Community Assemblies	4	0	0	4	100%
J. Symposiums	0	1	0	2	50%
K. BSPOs Maintained	23	23	23	23	100%

II. FAMILY PLANNING:

a. New acceptors recruited b/ Continuing users maintained c. Prevalence rate

MODEL BARANGAYS :	MCRA :	FS :	MVS :	IUD :	PILL :	CON :	RHY :	ETC :	TCR :	FVSC :	MUSC :	IUD :	PILL :	CON :	RHY :	ETC :	TOTAL :	Prevalence rate
BAHONG	: 195	: 1	: 0	: 2	: 4	: 17	: 0	: 1	: 25	: 17	: 0	: 7	: 18	: 90	: 3	: 1	: 116	
PUGUIS	: 201	: 2	: 0	: 0	: 4	: 14	: 2	: 2	: 24	: 15	: 0	: 0	: 19	: 66	: 17	: 10	: 127	67.56% CE
NON-MODEL BRGYS :																		
ALAPANG	: 167	: 2	: 0	: 0	: 2	: 14	: 0	: 0	: 18	: 16	: 0	: 4	: 24	: 49	: 6	: 5	: 104	Contraceptive
ALNO	: 113	: 0	: 0	: 0	: 0	: 4	: 1	: 0	: 5	: 3	: 0	: 1	: 0	: 27	: 3	: 0	: 34	Effectiveness
AMBIONG	: 110	: 1	: 0	: 1	: 1	: 10	: 0	: 0	: 13	: 5	: 0	: 1	: 5	: 29	: 6	: 7	: 53	
BAILLI	: 282	: 8	: 0	: 1	: 4	: 35	: 1	: 0	: 49	: 35	: 0	: 8	: 28	: 116	: 12	: 13	: 212	
BETAG	: 246	: 2	: 0	: 1	: 4	: 8	: 2	: 0	: 17	: 13	: 0	: 20	: 54	: 104	: 4	: 2	: 203	
BECKEL	: 218	: 2	: 0	: 3	: 9	: 1	: 0	: 0	: 15	: 26	: 0	: 2	: 20	: 75	: 10	: 10	: 143	
BINENG	: 80	: 1	: 0	: 3	: 2	: 0	: 0	: 0	: 6	: 3	: 0	: 2	: 19	: 18	: 4	: 5	: 51	
CRUZ	: 114	: 0	: 0	: 2	: 3	: 13	: 1	: 1	: 20	: 8	: 0	: 6	: 31	: 53	: 10	: 3	: 111	
PCIO	: 421	: 7	: 0	: 2	: 13	: 22	: 0	: 0	: 44	: 39	: 0	: 19	: 64	: 110	: 17	: 23	: 277	
LUBAS	: 98	: 0	: 0	: 1	: 7	: 1	: 0	: 0	: 9	: 4	: 0	: 0	: 6	: 25	: 10	: 6	: 54	
POBLACION	: 279	: 2	: 0	: 1	: 6	: 13	: 1	: 1	: 24	: 28	: 0	: 16	: 67	: 150	: 4	: 5	: 270	
SHILAN	: 186	: 3	: 0	: 0	: 2	: 5	: 1	: 0	: 11	: 14	: 0	: 0	: 10	: 30	: 5	: 12	: 71	
TAMANE	: 74	: 0	: 0	: 0	: 1	: 5	: 1	: 0	: 7	: 9	: 0	: 3	: 11	: 45	: 6	: 0	: 74	
WANGAL	: 95	: 1	: 0	: 2	: 3	: 0	: 0	: 0	: 6	: 7	: 0	: 0	: 2	: 24	: 10	: 2	: 45	
TOTAL	: 2879	: 32	: 0	: 19	: 65	: 162	: 10	: 5	: 293	: 251	: 0	: 89	: 378	: 996	: 127	: 104	: 1945	

POPCOM JICA PROGRESS REPORT MIDYEAR 1984
LA TRINIDAD

BARANGAYS	Total child- dren weighed	: ILL : Nutrition	Normal		: d. 3rd Malnon- : rished	Over Weighted : e. Day Care Center Estab- lished	: BHM's Trained : Mother's : CLASS
			: b. 1st Malnon- : rished	: c. 2nd Malnon- : rished			
Mogel Barangays :							
Bahong :	304	74	68	50	1	4	29
Puguis :	349	161	133	41	5	3	11
Non-Model Barangays							
Alapang :	106	92	5	4	1	1	18
Alno :	56	19	24	8	0	2	20
Ambiong :	63	29	22	10	2	2	4
Balili :	300	129	102	54	2	4	2
Betag :	89	46	26	14	2	-	1
Beckel :	234	119	96	12	2	-	20
Bineng :	124	36	63	20	1	2	19
Cruz :	79	58	4	3	1	1	9
Central Pico :	540	182	204	105	4	1	2
Lubas :	147	72	23	103	5	1	15
Poblacion :	102	49	30	17	3	1	4
Shilan :	25	8	10	4	0	1	8
Tawang :	167	74	72	13	1	1	10
Wangal :	42	5	14	16	1	3	18
TOTAL	2,727	1,103	896	476	31	27	190

POPCOM JICA PROGRESS REPORT 1984 - MIDYEAR

BARANGAYS	INDICATOR	a) No. of stools examined	b) Parasite Infestation	c) % of Children Dewormed
IV. PARASITE CONTROL				
Model Barangays				
Bahong		632	36.2	36.2
Puguis		1,202	54.2	54.2
Non-Model Barangays				
Alapang		232	61	61
Alno		147	30	30
Ambiong		187	46.5	46.5
Balili		207	51.2	51.2
Betag	No School			
Beckel		332	33.4	33.4
Bineng		125	52	52
Cruz	No School			
Central Pico		111	39.6	39.6
Lubas		84	58	58
Poplacion		1,444	42	42
Shilán		269	22.6	22.6
Tawang		179	30	30
Mengal		57	43.8	43.8
Total		4,992	600.3	600.3

POPCOM - JICA PROGRESS REPORT 1984-MIDYEAR

BARANGAYS	V. ENVIRONMENTAL SANITATION				
	A. Excreta Disposal				
	1. Pit Privy	2. Water Sealed	3. Flush Type	4. Without Toilet	5. Total
MODEL BARANGAYS					
Bahong	184	35	54	0	273
Puguis	231	56	54	10	341
NON-MODEL BARANGAYS					
Alapang	74	119	22	0	215
Alno	104	9	11	11	124
Ambiong	165	35	25	1	225
Balili	213	141	233	0	587
Betag	156	187	258	0	601
Beckel	226	48	58	6	332
Biners	115	12	1	0	128
Cruz	27	74	53	0	154
Central Pico	110	42	17	0	169
Lubas	274	210	398	10	882
Poblacion	272	188	300	0	760
Shilan	117	39	12	0	168
Tawang	192	28	13	10	233
Wangal	119	3	2	5	124
TOTAL	2,703	1,226	1,387	53	5,316

REPUBLIC of the PHILIPPINES
MUNICIPALITY of GUBAT
SORSOGON

MID YEAR PERFORMANCE REPORT
INTEGRATED FAMILY PLANNING/MATERNAL
CHILD HEALTH PROJECT

JANUARY-JUNE, 1984

POPCOM/JICA/LOCAL GOVERNMENT UNIT/COOPERATING
AGENCIES

Republic of the Philippines
Municipality of Gubat
Sorsogon

OFFICE OF THE MAYOR

MID YEAR PERFORMANCE REPORT
INTEGRATED FAMILY PLANNING/MATERNAL CHILD HEALTH PROJECT
IN THE MUNICIPALITY OF GUBAT, SORSOGON
JANUARY 1 TO JUNE 30, 1984

I. INTRODUCTION:

This report which covers the period from January 1 to June 30, 1984 will attest to the fact that the Local Government Unit of Gubat, Sorsogon, Philippines has made a great strides in the implementation of the Integrated Family Planning/Maternal Child Health Project. This also shows the progress of the Integrated Family Planning/Maternal Child Health Project, specifically on the following project components:

- a) Family Planning
- b) Parasite Control
- c) Maternal and Child Health
- d) Environmental Sanitation and
- e) Nutrition

This project aims to raise the standard of living of the populace through improved health and nutrition status, the maintenance of population at a desirable level and the reduction and control of the occurrence and spread of diseases.

In the attainment of the objectives of the project credit for the accomplishment are due principally to the people of the different barangays, the Local Government Officials, the coordinating agencies, and the private sectors without whose untiring efforts and devotion to service, these results would not have been made possible.

We also extend our gratitude to Regional Director

Rogelio Saniel, POPCOM Region V, Mr. Edgar Callanta, Deputy Executive Director & Chairman, National Coordinating Committee of the POPCOM-JICA Integrated FP/MCH Project, Project Director Folly Maulion and JICA Project Coordinator, Mr. Rio Suzuki, for the full support in the implementation of the project.

II. OBJECTIVES:

The primary objective of the program is to improve the quality of life of the people of the municipality of Gubat, Sorsogon.

However, for the period covered the following are the specific objectives:

A. Parasite Control

1. To determine infection rate of 0-14 age population in 13 barangays EO June 1984.
2. Deworm 25% of 0-14 age population in 13 barangays EO December 1984.
3. Conduct follow-up deworming activities in 18 barangays EO of June 1984.

B. Environmental Sanitation

1. Increase the number of households with water sealed toilets by 250 EO June 1984.
2. Implements/maintains beautification drive by planting and caring for ornamental plants, fruits and shade trees along national, municipal and barangays roads EO June 1984.

C. Family Planning

1. Increase family planning prevalence rate from 46.25% to 51.25% EO December 1984.

D. Maternal and Child Health

1. Lower maternal infant mortality by 1%.
2. Establish herbal or medicinal garden in at least 25% of the total households.

E. Nutrition

1. Increase the nutritional status of pre-school children.
2. Reduce the number of 3rd degree malnourished children to 25% June 1984.
3. Reduce by 15% the number of infant morbidity.
4. Reduce by 1% the number of infant mortality.

III. ACTIVITIES/ACCOMPLISHMENTS:

A. Parasite Control

During the period covered, initial stool examination were conducted in 25 barangays. A total of 2,063 pre-school children and 1,947 in-school children were examined and a total of 3369 children were positive and were treated. The infestation rate was 81%.

Follow-up stool examination and treatment were conducted in 28 barangays. However, only 1,073 pre-school children and 689 school children were examined and treated. The infestation rate is 81%.

A total of 59,032 tablets of mebendazole were already consumed since the project started.

The types of infestations are as follows:

Ascaris - 42.5%; hookworm - 3.5%; pinworm - none; whipworm - 22.1%; tapeworm - none; and others (mixed infestation) 15.9%.

Since the start of the project a total of 4,028 pre-school children and 5,043 school children and 2,948 adults were already examined and treated. This is 26.22% of the total population and is 53.78% of the total pre-school and school children population of 16,866 children.

B. Environmental Sanitation

In order to increase the number of households with water-sealed toilets the municipal government appropriated seed money for the construction of water-sealed bowls which are distributed to interested barangay residents at nominal cost. For the period covered, a total of 306 water-sealed toilets were constructed.

Of the total number of households, the cumulative totals of those with sanitary toilets is 4,862; (3,098

with unsanitary toilets and 342 don't have toilets).

As to the source of water supply 7,036 are potable and 842 are not potable.

Of the 8,302 households in the municipality, only 1,270 don't have potable water source or adequate water system and 2,270 don't have adequate garbage disposal system.

The report shows that an additional 54 households have adequate water system, and have potable water sources and 69 households provided adequate garbage disposal system.

C. Family Planning:

One of the annual targets of this project component is to increase the prevalence rate from 46.25% to 51.25% by end of December 1984. It is noteworthy that the prevalence rate increased due to the active participation of all agencies in the information dissemination aspect. This report shows that the prevalence rate is now 53.24%.

The number of married couples of reproductive age (MCRA) is 4,049 and the TDW were able to cover 1,032 MCRA's in 6 months.

Since January 1984 the number of acceptors are as follows: 2 FVSC; 1 MVSC; 12 Pills; 5 IUD; 12 Condom; 21 Rhythm and 4 others.

The current users is now 2,156.

Some of the problems met by the Team Development Workers (TDW) and the lead agencies concerned are the indifference of some couples in view of the campaign of the church on the practice of natural family planning. Lack of supplies especially IUD for one and delayed arrival of the subsidy and, ultimately that the hospital has to replace medicine used during the sterilization process.

The contraceptive effectiveness for this evaluation period is 65.81%.

D. Maternal and Child Health

This project component is being undertaken by the Ministry of Health through the Gubat District Hospital, the Rural Health Unit and the Institute of Maternal Child Health. The total number of pregnant mothers registered and identified is 1,680. Based on the pre-natal check up of the agencies concerned 952 are normal, 22 high risk and 144 are immunized.

For the period covered there were 164 deliveries attended by medical personnel, and 280 by non medical trained (hilots). There were 263 post natal cases.

There is no maternal deaths for the period. Total number of live births is 442 while the total number of infant deaths is 6 or 13.5% infant mortality rate.

The following is the report of immunization of DPT 1- 445, BCG- 404, Polio 1- 460, Polio 2- 478, Polio 3- 357, DPT 2- 357, measles- 352, and none for school BCG.

At birth some of the infant were affected by the following diseases:

1. Cough and Colds
2. Fever
3. Loose Bowel Movement
4. Abdominal pain
5. Allergy

And acquired the following diseases:

1. Acute Bronchitis
2. Febrile Convulsion
3. Acute Gastroenteritis
4. Bronchitis
5. Bronchopneumonia

E. Nutrition

This municipality for two consecutive years is a Green Banner Awardee being First Place in the province of Sorsogon

for efficiently implementing its 1983 Municipal Nutrition Plan. The implementation of the IFI/MCA project boost the implementation of the nutrition program.

This mid year reports on nutrition are as follows:

A. Food Assistance:

1. MSSD - Day Care services- served 337- 3-6 years old. Centralized Neighborhood Feeding for 2nd and 3rd degrees, served 88 clientele.
2. MA - Malnutrition Prevention Project Feeding 0-6 months infant. served 115 clientele.
3. MOH - (RHU and Gubat District Hospital) Targetted Food Assistance Program (TFAP)-- served 60 - 0-6 years 2nd and 3rd degrees malnourished.

B. Health Protection:

1. MOH -
 - a. Medical care (0-14 years) 612 cases.
 - b. Nutrition deficiency treatment- 6 cases.
 - c. Dental care - 13 cases.
 - d. Immunization

C. Nutrition Education:

1. MSSD - Day Care Services
Cooking demonstration for parents of day care centers, served 18 clients.
2. MA - Samahang Nayan Meetings - 1,860 farmers attended RIC meeting - 330 women attended Homemakers Meeting- 170 attended Anak-Bukid- 345 Youths attended Community Assemblies- 6 meeting home visits - 2945 homes.

D. Food Assistance:

1. MSSD - SEA - Kalusugan - served 29 couples.

2. MA - a. Served 2,772 farmers avail of Mabagana 1/2 loans.
- b. Fruit/Veg/roostercop production - served 1,422 households.
- c. Poultry/Swine/Livestocks Production - 2,354 households.
- d. Animal dispersals:
 1. Swine - RIC/Youth - 24 recipients
 2. Goat - Youth/farmers - 5 recipients
 3. Carabao - SN - 6 recipients
 4. Duck - AB/BSF - 411 recipients
 5. Seed - Farmers/youth - 45 recipients

F. Information/Education/Communication

- A. MA - conducted the following training activities:

1. Farmers extension classes at Barangay Carriedo and Sayavin on February 9-11 and March 15 to 18 respectively.
2. Orientation Seminar for SN Leadership Advancement Management on March 3-6 1984 at Barangay Bulacac.

- B. Local Government Unit - sponsored the Orientation Seminar on IFF/MCH project for public school teachers on March 23, 1984 only. IOPCON JICA official headed by Project Director Rolly Maulion, Director Roger Garcia and Mr. Rio Suzuki participated in this training. This was attended by 235 teachers. To supplement the informational drive and training activities the following print materials were distributed:

1. Poster - 90 sheets from the Philippine Nutrition Council.

2. Calendars - 110 sheets from the PNC and POPCOM
3. Brochures.. a. 200 copies of "Hardog sa Ikakasal"
POPCOM
b. 200 copies - Population report
4. Books - 1. 400 copies - Samaka Guide
2. 110 copies "Kung Walang Doctor"
from the Phil. Charity Sweepstakes
- C. Barangay Health Seminar on IIP/NSH project at the
barangays This was conducted in 20 barangays and
attended by barangay leaders and assembly members.

IV. ADMINISTRATIVE REQUIREMENTS:

The project is being implemented by the POPCOM-JICA-
Local Government Unit in coordination with the following
governmental and private agencies working in the municipality,
viz:

1. Sangguniang Bayan
2. Ministry of Health
 - a. Great District Hospital
 - b. Rural Health Unit
3. Ministry of Local Government
4. Ministry of Agriculture
5. Ministry of Education, Culture and Sports
6. Ministry of Social Services and Development
7. Provincial Population Office
8. Institute of Maternal and Child Health
9. Catholic Womens League and Ladies of Charity
10. Knights of Columbus

To effectively implement the program, the municipal
government hired the following personnel to work on this
project:

- L. One (1) Med-Tech Graduate - Casual

2. One (1) Male Nurse - Casual
3. Two (2) Midwives - Casual
4. Two (2) Clerical Aids - Casual
5. One (1) Driver -

TEAM OF DEVELOPMENT WORKERS

ANGE R. PURA, JR.
Municipal Mayor
Project Director-POPCOM/JICA IFP/MCH

AURORA R. ESPINOL
Municipal Action Officer

DR. ESTHER D. DIOGINO
Team Leader

DR. ANTONIO F. FALCOTELO
Team Leader

AMADO O. FORMACIA
MDO/MLG

DOMINADOR A. VIVO
MAO/MA

ROGERIO D. SANEZ
Dist. Supv./MECS

LIBRADA H. ESPLANA
Dist. Supv./MECS

SANDRA D. DERAÑAS
MSSD

ELENA E. ESTOCADO
FTOW/PPO

LEONORA ESCALORA
FTOW/PPO

MARLYN E. ESCALANTE
FTOW/PPO

LOLITA ESCOBEDO
Catholic Women's League

GLORIA E. RICO
IMCH, Representative

BIENVENIDO Q. ENCINARES
Mun. Dev. Staff Coordinator

ERNESTO P. ESCUREL
Municipal Budget Officer

SOCORRO E. PURA
OIC- Municipal Treasurer

Republic of the Philippines
Municipality of Gubat
Sorsogon

PERFORMANCE REPORT
INTEGRATED FAMILY PLANNING/MATERNAL CHILD HEALTH PROJECT
January-September, 1984

SPECIFIC ACTIVITY	PLANNED	ACTUAL	% PERFORMANCE	REMARKS
1. FAMILY PLANNING				
a. Total Population	45,230	45,780		
b. Total MORA	4,523	4,578		
c. Total MORA covered	2,000	2,301	77	
d. Prevalence Rate	51.25%	53.24	103	Because of the integrated program and reactivation of BSFO
e. No. of MAs Recruited				
Methods used:				
FVSS	20	14	70	
MVSS	1	1	100	
IUD	60	45	75	
Pill	150	89	59	
Injectible	-	-	-	
Condom	30	26	86	
Rhythm	30	37	123	
Others	30	14	46	

f. No. of CIs Maintained

Methods used:			Participation of Itinerant team	No. Loop-B type
FVSS	212	303	142	
MVSS	15	17	113	
IUD	506	452	89	
Pill	929	854	91	
Injectible	-	-	-	
Condom	236	207	87	
Rhythm	382	288	75	
Others	212	226	106	

SPECIFIC ACTIVITY	Planned	ACTUAL	% PERFORMANCE	REMARKS
g. No. of dropouts identified	250	227	90	
No. of dropouts followed-up	250	186	74	
No. of dropouts reactivated	250	128	51	
h. No. of service providers maintained				
Physician	5	5	100	
Nurse	11	11	100	
Midwives	10	12	120	2-Mun; 1-IMCH; 9-POH
Vol. Workers				
BSPOs	12	14	107	Reactivated
SAC	2	3	150	
Health Workers	172	203	118	
Others (Day Care Workers)	30	31	103	
11. MATERNAL AND CHILD HEALTH				
A. Maternal Health				
1. No. of pregnant women registered	1,680	1,180	70	
2. No. of pregnant women given pre-natal care	1,680	1,180	70	
3. No. of prenatal cases immunized	1,680	144	9	
4. No. of high risk pregnancies identified				
case to case basis:		50		
5. No. of delivery by attendant	900	657	73	
a. medical personnel	300	207	69	
b. paramedic				
- formally trained	500	306	61	
- not trained others	100	131	131	
6. No. of deliveries by place:				
a. Hospital	200	82	41	
b. Home	700	549	78	
7. No. of post-natal women attended	300	379	126	
- no. of women motivated for Fp				
- no. of women accepted a method				
8. No. of breastfeeding mothers		112		
B. Child Health				

SPECIFIC ACTIVITY	PLANNED	ACTUAL	% PERFORMANCE	REMARKS
1. No. of children involved (pop)	16,866	8,942	53	
2. No. of children immunized				No target
DTW 1 & 2		1,131		
Folio 1 & 2 & 3		883		
Measles		712		
Others		483		
3. No. of malnourished children				
Others	8,936	6,946		
Pre & School Children	5,822	4,244	73	
Identified	2,791	2,421	87	
Mild	323	281	87	
Moderate				
Severe				
4. No. of severely malnourished children restored to mildly malnourished	323	42	13	
111. ENVIRONMENTAL SANITATION				
A. Toilets/Water/Carbage				
1. No. of household with sanitary toilets	500	484	97	
2. No. of households with adequate water system	1,270	54	4	Total HH w/ adequate water system - 7,086
3. No. of population with potable water sources	1,270	54	4	Total HH - 7,086
4. No. of households with adequate disposal system	2,270	68	3	w/ potable water sources Total HH - 8,302 w/ disposal - 5,100
B. Parasite Control				
1. No. of target population	16,866			
2. No. of stool examined	7,280	9,967	126	
3. No. of positive cases	5,000	8,167	163	
4. Infection Rate	60%	82%	22% short	Last year 83%
5. % of dewormed	100%	58% of target population		