No.

フィリピン国家族計画プロジェクト
エバリュエーション調査団報告書

1983年 4 月

国 際 協 力 事 業 団
医 療 協 力 部

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1983年 4 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

フィリピン国における人口・家族計画分野の政策は，１９７０年にマルコス大統領のもとに人口委員会（Commission on Population＝POPCOM）が設立されて，人口問題の解決に向って着実に進歩してきているものの，高い人口増加率は未だに経済，社会に影響を与え，政府による教育，雇用，食糧，保健等の分野の政策実現に大きな障害となっている。

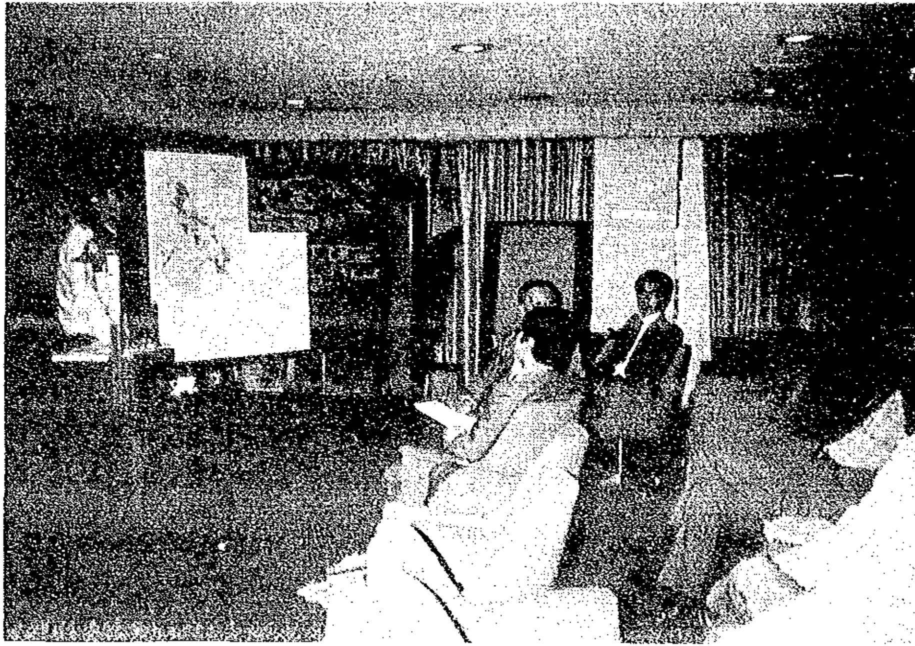
日本政府は，このような状況のもとにフィリピン国政府の要請を受け１９７４年より，機材供与を中心としたプロジェクト方式の技術協力を実施してきたが，昭和５６年７月より新たにベンゲット県にモデルエリアを設け，母子保健と家族計画とを統合した型のプロジェクトを実施している。

当事業団は，昭和５６年，５７年にわたる協力内容について把握し，今後の活動につき相互の理解を深め，指針を得るため，５８年２月エバリュエーションチームを派遣した。

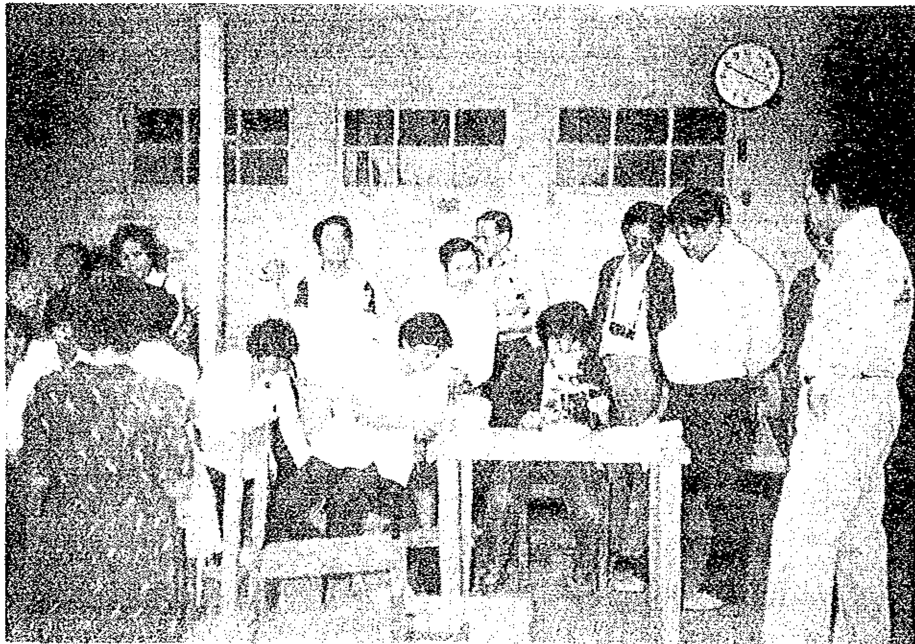
本報告書は，上記チームの協議・調査結果を取り纏めたものである。

ここに本プロジェクトのエバリュエーションにあたられた団長を始め団員の方々，ならびに本件チームの派遣にご協力を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。

国際協力事業団
理事　長谷川　正　男



POPCOM（人口委員会）において協議を行なう調査団



モデル地区において視察を行なう調査団

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1. 調査団の構成（氏名，担当業務，所属先）

団長　平　山　宗　宏　（総括・母子保健）
　　　東京大学医学部保健学科教授

団員　塩　飽　邦　憲　（寄生虫）
　　　愛媛大学医学部寄生虫学教室助手

〃　　橋　爪　　　章　（地域保健）
　　　厚生省児童家庭局母子衛生課主査

〃　　伊　禮　英　全　（業務調整）
　　　ＪＩＣＡ 医療協力部医療協力特別業務室職員

2. 調査日程

月　日	曜　日	内　容
2／1	火	東京発　１０：３０　ＰＲ４３１　　マニラ着　１４：００ ＪＩＣＡ事務所表敬（三浦所長） 大使館　〃　（高原一等書記官）
2／2	水	ＰＯＰＣＯＭ表敬（Atty, Eugenia G Jamais, Executive Director Mr.Edgar P.Callanta. Deputy Executive Director) ブリーフィング
2／3	木	社会福祉事業省表敬（Ｍｏｎｔｅｚ 大臣） 国家経済開発庁（ＮＥＤＡ）表敬（Mr. Reyes. Director External Assistance）
2／4	金	マニラ発　９：３０　ＰＲ２０６　　バギオ着　１１：００ Benguet 県知事表敬 オリエンテーション，ブリーフィング Buyagan 小学校視察（La Trinidad 町） Dr. Bayasen, Dr. Cabotaje との協議
2／5	土	バランガイ Bahong 視察 La Trinidad 町長表敬 Benguet General Hospital 視察，ブリーフィング

月　日	曜　日	内　　　　　　　　　　容
2/5	土	Rural Health Unit 視察（La Trinidad） Tuba 町長表敬（不在のため，助役同席） Rural Health Unit 視察（Tuba） Health Station 視察
2/6	日	バギオ発　11：15　PR432　　マニラ着　12：10 チーム内打合わせ
2/7	月	POPCOM最終協議 JICA事務所報告（三浦所長，新井職員） 大使館　　　報告（高原一等書記官）
2/8	火	マニラ発　14：20　PR432　　東京着　19：20

3. 協　議　結　果

本エバリュエーション調査団は，フィリピン国滞在中，フィリピン側関係者と下記の7項につき，卒直な意見交換を行なった。

協議に際し，当方より特に今後供与される機材については，配布状況，使用状況等の詳細な情報を，POPCOM CENTRAL OFFICEにおいて把握されるよう要請した。

なお，本調査団はNEDA（国家経済開発庁）を表敬し，Mr. Rayes. Director External Assistance. と会見したが，席上，当方より本プロジェクトが，いわゆる産児制限・人口抑制といった直接的・狭義の意味ではなく，地域保健，環境衛生をも包括した母子保健の推進・保健意識の向上を目ざすものであり，Family Planningはその結果として，各家庭において自主的に行なわれるべきものであるとの当方の見解説明をし，先方の理解を求めた。これに対し，後日Mr. Rayesより，POPCOMのDeputy Executive Director Mr. Callanta にあてて，「今後，本プロジェクトについては，事務処理上支障が生じないようできる限り協力する」旨連絡があったことは，これまでの経緯を考えれば特記すべきであろう。本プロジェクトが，NEDAをはじめ関連省庁の理解，支持を得て，今後とも一層発展することを切に願いたい。

(1) モデルエリアの拡大構想

モデルエリアの拡大構想については，その最大の根拠として「供与機材の最大活用」を目ざしているものといえる。POPCOMでは現在すでに調査チームを組織し，拡大対象地区の選定を行なっており，その候補地として，新たに9地区を挙げている（別添参照のこと）。

本調査団は，この構想について下記の見解（危惧）を申し述べた。

1）研修員の受け入れ・日本人専門家の派遣・機材供与を３本の柱とする技術協力のコンセプトからみても，本プロジェクトは未だ日本人専門家の派遣もほとんどなく，「技術移転」の成果を挙げるには至っていない。

従って，現在モデルエリアとなっているTuba, La Trinidad 両地区の成果を他地区へ拡大する段階には達しておらず，時期早尚と思われる。

2）仮に拡大するにしても，現在の２地区に加え，新たに９地区を新モデルエリアとした場合，日本人専門家は計１１地区をもカバーしなければならず，効果的な協力が期待できない。言い換えれば，従来の機材供与に終始する可能性が極めて大きい。

POPCOM 側がこれに答えて説明した要点は下記の３点である。

1）現在モデル地区となっているTuba, La Trinidad の両町において，本プロジェクトを実施するにあたり，バランガイ・レベルにいたるタテの組織化のみならず，タテ割り行政の色彩の強い当国において，ＭＯＨ（保健省）の組織をもインボルブした横の組織化にも初めて成功した。これはＪＩＣＡのプロジェクトを通じて初めて成功したものであり，この組織づくりの経験をさらに他の地域に波及させたい。

2）現在の供与機材の配布状況は，２０％をモデル地区に分散配布するという実状にある（下表参照）。しかし，全国に分散配布していた機材を新たなモデル地区に集中投下することができれば，１００％の供与機材をＪＩＣＡプロジェクトに直接関連させた態勢で活用することができ，フォローアップも容易であり，同時にモデル地区の住民に対し，「日本政府による協力」であることを強く認識させることもできる。これは，これまでの配布状況を考えれば，日本にとってもメリットとなるはずである。

CONSOLIDATED LIST OF MEDICAL SUPPLIES/EQUIPMENT DONATED BY THE JAPANESE GOVERNMENT

As of January, 1981

		REGIONS												
		1	2	3	4	5	6	7	8	9	10	11	12	NCR
1.	"Atom" Transport Incubator, Model V-80TR w/ standard accessories	2												
2.	"Sanrin" Infant Incubator, Model No. ICD-2500B	2												
3.	"Atom" Gynegological Examining Table, Model No. 77-N											5	5	1
4.	"Atom" Hi-Low Stand for V-80 TR, Model CM-6530	2												
5.	"Atom" Vacuum Extractor, Model No. VP-400 w/ standard accessories	3												
6.	"Sanko" Instrument Sterilizer, Model SS-36	4	5				1						5	1
7.	"Nihon Kyoritsu" Instrument Tray, Model NK-C-105	5					2							2
8.	"Nikon" Microscope, Model SC-P, w/ Illuminator	4	1	2	2	1		1	1	1	1	1	1	2
9.	"Sky" Gynecological Examining Light, Model No. 10-S	20					2						5	2
10.	"Everest" Stethoscope, Model 107	50	12				10					40	10	3
11.	"Everest" Sphygmomanometer, Aneroid Type	50	12				10					40	10	3
12.	FTOW Bag Set	87	20	35	37	21	30	33	25	24	28	32	23	18
13.	Neo Sampoon Loop Tablet	500												
14.	"Among the Village People", 16 mm Movie Film	1												
15.	"Sumatra Story", 16 mm Movie Film	1												
16.	"The Sea, Land & the People", 16 mm Movie Film	1												
17.	"Katiwala", 16 mm Movie Film	1												
18.	"Our Village, Our Future", 16 mm Movie Film	1												
19.	"Ore We Teppei", 16 mm Movie Film	1												
20.	"Toshiba" Portable X-ray Unit, Model No. TR-100-P-1	1												
21.	Thermo Control Processing Tank, TCU-603N-1015	1												
22.	"Torex" X-ray Film Cassettes for TR-100-P-1, Size 14" x 17"	5												
23.	- do - Size 14" x 14"	5												
24.	- do - Size 11" x 14"	5												
25.	- do - Size 10" x 12"	5												
26.	- do - Size 8" x 10"	5												
27.	"Toshiba" Intensifying Screen, Size 14" x 17"	5												
28.	- do - Size 14" x 14"	5												
29.	- do - Size 11" x 14"	5												
30.	- do - Size 10" x 12"	5												
31.	- do - Size 8" x 10"	5												
32.	"Lysholms" Grid, MS Type, Size 14" x 17"	1												
33.	- do - Size 10" x 12"	1												
34.	"Liders" Radiographic Stand	1												
35.	"Torex" X-ray Film Illuminator	1												
36.	Protective Supplies for X-ray TR-100-P-1 for Doctor	2												
37.	Protective Apron for Patient	2												
38.	Protective Glove (0.35 mm PB, Size 335 mm)	2												
39.	Adjusting Goggles	1												

/tess

No.	Item	1	2	3	4	5	6	7	8	9	10	11	12	NCR
		REGIONS												
40.	Protective Screen (Wooden One Side, 1.5 mm PB)	1												
41.	Cassette Pass Box (B Type, 1.5 mm PB)	1												
42.	Unexposed Film Preserving Cabinet, Size 14" x 17", 75 mm PB, 12002	1												
43.	Lead Rubber Sheet, 60 x 75 cm, 1.5 mm PB	1												
44.	Dark Room Lamp (Hi-Lamp N-138)	1												
45.	Air Ventillator (12" Diameter)	1												
46.	Rain Shield for Air Ventillator	1												
47.	Air Intake Window (Type M)	1												
48.	Bell Timer (Table Type, 60 min., N-66)	1												
49.	Corner Cutter (Table Type, N-70)	1												
50.	Liquid Thermometer (Cylindrical, N-123)	3												
51.	Polyethylene Bottle, Brown (5 liters capacity)	1												
52.	- do - White (3 - do -)	1												
53.	Flat Tray, Stainless Steel, Size 14" x 17"	3												
54.	Vertical Tank, Stainless Steel, Size 14" x 17"	3												
55.	LID for Vertical Tank	3												
56.	X-ray Film Hander (4 tension Clip Type S/S), Size 14" x 17"	10												
57.	- do - Size 14" x 14"	10												
58.	- do - Size 11" x 14"	10												
59.	- do - Size 10" x 12"	10												
60.	- do - Size 8" x 10"	10												
61.	X-ray Film Hanger Support (S/S, 30 hangers)	1												
62.	"Torex" S-ray Film Dryer, 16 sheets Cap N-250)	1												
63.	"Daikyo" Gynecological Examining Light (Model Silver Light 94)	2												
64.	"Daikyo" Spare Lamp for Model Silver Light 94	10												
65.	"Daikyo" Visiting Nurse Set, composed of 21 items	2												
66.	"Sanrity" Gynecological Examining Table, Model L-No. 18 with Wheel rest and knee crutches	2												
67.	"Atom" Roll Sheet for Model No. 77-N											100	100	100
68.	"Sanrity" Roll Sheet for Gynecological Examing Table No. 18	40												
69.	"Yamato" Infant Weighing Scale, Model No. BA-10, 10 Kg.	2												
70.	"Yamato" Adult Weighing Scale, D-150, 150 Kg.	2												
71.	Urinalysis Set, Model No. BM-4, Consisting of Euro Paper & Clip	10,000												
72.	"Nippon Rinsho" Hemoglobin Meter, Model No. Hemon 30S	2												
73.	"Nippon Kyoritsu" Instrument Tray, Model No. NK-A-1	1												
74.	"Nippon Kyoritsu" Basin S/S, Model NK-B-11	1												
75.	"Toshiba" Electric Stove, Model # SR-2300 ED	1												
76.	Condom, Skinless skin, 12 pcs/box	200												
77.	"Sanyo" Medical Refrigerator	2												
78.	Surgeon Gloves, Perry Style 42, Size 6													1,200
79.	- do - Size 6 1/2													1,200
80.	FTOW Bag Set	35	25	45	45	30	35	40	40	25	30	40	25	20
81.	Portable Operating Table, Dimension 177 x 52 x 80(H) cm, Aluminum	5	4	4			3					5		1
82.	Wooden Case for Portable Operating Table	5	4	4			3					5		1

3) 日本人専門家の指導については，仮に１１地区に拡大しても，新モデルエリアのカウンターパートを Tuba, La Trinidad で実施されるトレーニングコースに招聘し，同時に専門家が暫定的に他のエリアへ巡回指導する体制をとれば，充分対応できうる。日本人専門家との協力により，技術移転の最大の効果を挙げるためには，このような少しでも多くのカウンターパートを育成することが肝要である。

POPCOM側の構想は，これまでの供与機材の使用状況，実態が明確でなかったことや地域住民に対する外交的効果を考慮すれば充分検討に価するものであるが，その前提として下記のことを考慮する必要がある。

1) 新モデルエリアは Tuba や La Trinidad と同じく，POPCOM の組織以外の他の行政組織や民間組織の協力を得る体制にあること。

2) 地域性に基づき，何をエントリーポイントとするかを柔軟に検討すべきである。地域によっては，寄生虫の種類も異なることもあり，また寄生虫以上に直接的に地域住民の健康を阻害する問題が存在することも予想される。

3) 日本人専門家の派遣がむずかしいという現状において，一挙に同質の１１地区ものモデルエリアを抱えるのは，望ましい姿ではない。従って Tuba, La Trinidad の両町は，今後日本人専門家が派遣された際も，本プロジェクトの「核」として機能し，各分野担当専門家が常駐するなどの形で，中心的な役割を果たすことが望ましい。

(2) 寄生虫対策のアプローチ

地域住民に対し，保健衛生教育を浸透させるにあたり，寄生虫対策をエントリーポイントとして選択したのは，妥当なものと思われる。寄生虫は，実物を直接住民に示すことができるという「視覚的効果」があり，地域住民に対する衛生教育を行なう際の最適な教材といえる。しかしながら，同時に下記の点についてフィリピン側の認識をうながすことが，特に必要と思われる。

1) 寄生虫対策をはじめとして，エントリーポイントとして選択した分野において，実質的な成果（寄生虫保有率の低下など）を得ようとするならば，莫大な資金を投下し，給排水施設の整備や衛生的なトイレの整備などインフラの整備に努めなければならない。これは，本プロジェクトの性格，財源，協力期間から考えても不可能である。従って「寄生虫対策」としての実質的効果を過大に期待すべきではない。

2) 現在，Tuba, La Trinidad における住民の健康，衛生意識はかなりの高揚がみられ，寄生虫対策に対してもかなりの熱意が認められた。しかし，上に述べたように，何度もコンバントリンを飲んではみたが，寄生虫が必ず戻ってくるという実態に彼らが直面した場合，果たして彼らはその熱意を維持し続けることができるであろうか。問題

は，寄生虫ひいては全体としての地域保健改善の大きなカギが給排水施設や衛生的トイレの整備，河川の管理等のインフラ整備にあることを住民自らが気付いた時，行政側または住民自らがこれを改善してゆく準備があるかということである。

3） 寄生虫対策によるアプローチは，栄養といった最低限の生活条件が満たされたところでなければ有効に機能しえないことは容易に想像できる。また地域によっては，寄生虫よりも直接的に，生命そのものに対する脅威が存する場合も考えられる。その場合は，寄生虫対策が住民の関心を集めることが難しくなるであろう。従って，果してその地域でも，寄生虫対策によるアプローチが効果的なものとなりうるのか，その地域性に基づき，慎重に検討すべきである。

(3) 人材養成センターの設立

人材養成センターの設立は，モデルエリアの拡大構想と合わせ，ベングット県を技術指導においても，全国的レベルでも中心地とする構想に基づいている。本調査団の滞在中，公式な場で本件に関する討議はなされなかったが，非公式な場において聞いたところ，フィリピン側は，同センターを情報交換，研修の場とすると共に，寄生虫検査の訓練等技術指導の場と考えており，建設の際には適当な土地を提供する準備があるとのことである。

本件は，将来基盤整備費による対応を検討するに価するものと考えるが，技術移転のための体制――専門家の派遣など――が整っていない現時点においては時期早尚であり，今後のプロジェクトの充実を待つべきと思われる。

(4) 中堅技術者養成対策費による訓練

フィリピン側は，技術協力の基幹となるのは，人材養成だという基本認識に立っており，このため，日本人専門家の派遣要請と並行して，フィリピン人カウンターパートの養成を強く希望している。

この認識に立ち，５７年度末に中堅技術者養成対策費による研修を実施する運びとなった。具体的なカリキュラムや実施時期については，本調査団訪問時点には今だ具体的に煮つまっていなかったが，フィリピン側はこのような養成計画の意義・効果を高く認めており，このような計画が継続して実施できるよう配慮してほしい旨希望している。また，この養成計画と合わせ，研修員の受入れ枠の拡大についてもかなり積極的であり，現在までに来日した研修員の活躍ぶりやその影響を考えれば，単なる機材供与以上の効果をもたらしていると考える。いずれも，情況の許す限り，対応することが望ましい。

(5) 日本人専門家の派遣

専門家派遣については５６年度末にフィリピン側より寄生虫予防，家族計画母子保健，そして環境衛生の３分野につきA_1フォームが提出されたばかりである。本調査団は現地事情を踏まえ，フィリピン側と具体的分野・専門家像等につき協議を行なった。

下記の図は，各調査団員による検討結果をまとめたものである。

順位	専門家像	任地 任期	業務内容
① 寄生虫予防	○腸管内寄生虫に関する充分な知識（生活環境，治療・予防）を有している。 ○セロファン厚層塗抹検査法(Cellophane thick smear techniqne)の技術を有し，指導・訓連ができる。 ○必ずしも医師である必要はない。	最低三ヶ月ただし雨期の間は検査不能ベンゲット県	○農村保健所の医師・看護婦・助産婦に対する教育活動 ○トレーニングコース立案 ○小学校・部落における寄生虫教育
② 家族計画・母子保健	○ＦＰを含め，母子保健の指導・助言ができる。 ○保健所活動の立案・指導ができる医師が望ましい。	ベンゲット県 1年	○農村保健所活動の計画策定 ○全体的視野に立った各分野の調整 ○ストラテジー確立に関する助言等
③ 環境衛生	○保健教育の知識・指導ができる。 ○ベテラン保健婦でも対応可能。	同 上	○農村保健所スタッフ，バランガイリーダー一般地域住民に対する教育活動

なお，フィリピン側としては，本プロジェクトにおける業務調整担当専門家の必要性を深く認識しており，可能な限り事情の分った専門家が長期間とどまるよう希望している。フィリピン側は同時に，業務調整専門家として求められる能力は，英語会話能力ではなく，

第１にフィリピン側スタッフとの協調性であると特に強調している。この点は，特に業務調整専門家だけではなく，他の分野の専門家にも求められる基本点であり，今後のプロジェクト運営の成果を決める大きな要素と考えられる。

(6) 昭和５８年度機材

フィリピン側は，今後の機材供与の形としては，各農村保健所等に配布する機材のユニットを決めたいとしている。この考え方は，今後の機材配布を堅実・適正なものとするため歓迎すべきものである。本調査団は，フィリピン国滞在中，POPCOMスタッフと協議を行ない，昭和５８年度機材として望ましい機材をピックアップした。この結果は近々提出される５８年度供与機材要請書に生かされるものと思われる。

(7) Tuba，および La Trinidad における活動計画

現在モデルエリアの対象となっている Tuba，La Trinidad 両町では，寄生虫対策，トイレの改善，給排水設備の改善等の具体的な目標を掲げ，地域保健の向上を目ざしている。この活動計画は，フィリピン側の説明によれば，各バランガイでの討議をもとに作成されたということである。保健衛生や環境改善に寄せる熱意が，決して行政側の押しつけによるものではなく，住民自らの中から生まれ出たものであることが窺える計画である。本プロジェクトも，住民自らの発意によるこの計画に沿り，有効に機能することが期待される（活動計画については，5.総括の付表３及び４を参照されたい）。

4. 調　査　結　果

4.1　モデル地区における家族計画・地域保健の現状について

ロバート・S・マクナマラ（世界銀行総裁）は人口問題に関する演説（１９７７）において政府が人口問題解決のために介入すべき点として，

1）夫婦が小家族を望むよう奨励すること，

2）親たちにその望みを実現するための手段を供給すること，

としており，具体的には，親たちに小家族規模への要求を創り出すために社会的経済的環境を以下のように変えてゆくことが提言されている。

a．現在の乳児死亡率の大幅な低下

b．基礎教育の拡張と女子就学児童の割合の増加

c．農村地域の小農の生産性向上および都市における低所得層のための雇用機会の増大

d．経済成長を推進する過程における所得およびサービスのより公平な分配の強調

e．女性の社会的，経済的，政治的地位の向上

フイリピン国の家族計画プロジェクトのこれまでの施策は，言葉の上での「小家族の奨励」であったが，それが現実のニーズ（家族生計を維持するために，多くの人手を必要とする）に反するがために行きづまりを示してきた。

モデル地区においては，前述の具体的視点を盛り込んだアプローチがとられていた。これは，結果としての出生減が期待できる戦術である。そのアプローチとは，地域の発展を目指すワーカーの連繋（ＴＤＷ：Team of Devlopment Workers)である。これは，過去にも，また他の地域においてもみられなかった組織であり，本プロジェクトの最も実りある成果である。

ＴＤＷは，社会的経済的環境を改善するための活動計画を有している。モデル地区における今後の施策は，この活動計画に沿って実現されるであろうから，長期的展望に立てば（仮にＪＩＣＡプロジェクトが終了したとしても），将来の効果地域家族計画の実現が予期されるものである。

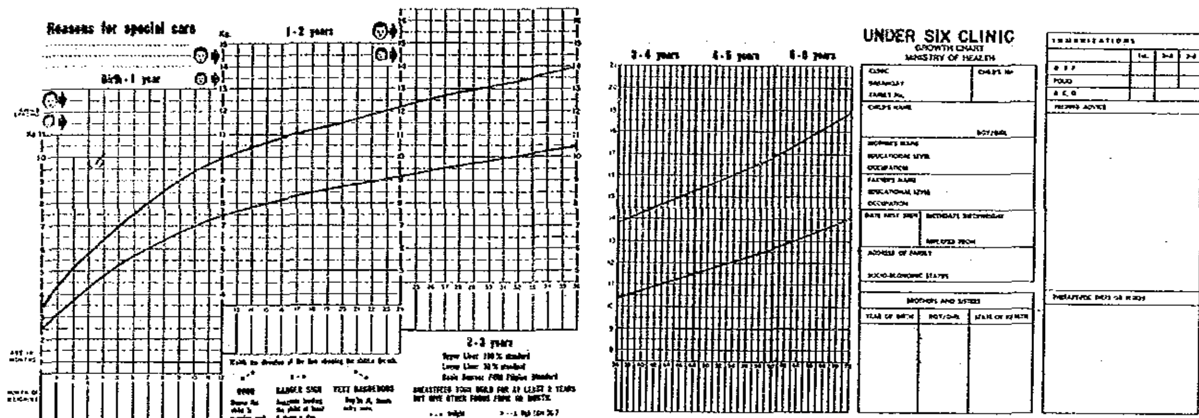
本調査団は，このＴＤＷ活動のうち，主として健康戦略に関する部分を視察した。健康戦略は，モデル地区において優先的に始められている戦略であるが，これは前述「乳幼児死亡率の低下」に結びつく活動である。なぜなら，健康戦略（栄養水準の改善，衛生条件の改善，保健サービスの向上）が乳幼児の死亡率と密接に関係していることは，各国の歴史が証明しているところである。（乳幼児死亡率と生出率との相関が，他の因子と出生率との相関より強いことも証明されている。）

本来，健康戦略は，保健省のＰＨＣプログラムに従っておこなわれているところであ

るが，これは，上（中央省庁）から下（Barangay Health Station）への行政機構に沿ったアプローチがとられている。しかし，ＰＨＣ活動は住民の主体的参加が得られなければ効果が期待できないものであるので，本プロジェクトにおける健康戦略は，下（家庭，学校）から上へのアプローチを目指しているところが，最も重要な着眼点である。下から上へのアプローチが住民の主体的参加のもとに可能となれば，将来，避妊の為の手段の供給が有料とならざるを得ない事態となっても，家族計画プロジェクトを継続することができよう。

下から上へのアプローチのエントリーポイントとして，寄生虫駆除を通じての健康への自覚を住民に働きかけており，これは現モデル地区においては効果的なエントリーポイントであると思われる。住民の健康への自覚をもってして，住民の自発的な保健活動が期待できるのだが，現実に住民の主体的参加が得られていることは，Tuba の Barangay Health Station における乳幼児健診の熱気（日本の乳幼児健診会場の熱気に相当する）に知ることができた。数キロかなたの山道を，健診のために子どもを連れて集まってきた母親たちの姿に「子どもの将来のために」を合言葉にした本プロジェクトの戦略が成功しているとの印象を覚えた。

参考までに，乳幼児健診（政府による保健サービスは無料が原則）の健診票のサンプルを以下に示す。これにより，フイリピンの母子保健サービスの水準をおおまかに伺い知ることができよう。



本プロジェクトの今後の効果的な運用のために，成果を客観的に評価する方法論の確立が望まれる。なぜなら，主観的評価に終始する活動は，しばしば自己満足に陥りやすく，今後の発展を阻むからである。

成果の達成を，出生率等の統計指標に期待することは，短期間では無意味なので，住

民の主体的活動を示す指標（健診の受診率，妊娠・出生の届出率，医療施設の利用度等）を経時的に追跡することが効果的であろうと思われる。

日本から派遣する専門家については，上記の視点を有し，客観的な評価方法を設定することの重要性を説ける専門家が望まれるが，また，日本が過去において開発してきた下から上へのアプローチが語れる専門家であることも望まれる。「日本の成功は日本国民の主体的な保健活動への参加にあるので，それを学ばねばならぬ」と，昨年来日したカウンターパート（バヤセン医師）が力説していた。

住民の主体的参加が実現できても，その受け皿が充実していなければ充分な効果を得ることはできない。その点で県の基幹病院の設備が不足している印象をうけた。たとえば，日本の保健所（管轄人口は同規模である）の検査室の設備のほうがBenguet 県の基幹病院の検査室の設備より，量的にも質的にも豊富であるが，日本の保健所は，地区の健康を保持する為の必要最小限の設備を備えているところなので，基幹病院の設備の充実が望まれるところである。同様のことが，助産サービスを行なっているところのRural Health Unit についても言えよう。日本の母子健康センターと同程度の設備が望まれるところである。

最後に，健康戦略とは直接関係のないことではあるが，フィリピン国を視察して，子どもの労働（靴みがき等）が目についたが，若年者が学校にいる国よりも，彼らが経済的に活発な国のほうが，出生率が高いのは当然なので，地域の当面の経済発展のために若年者の労働を利用するのは得策ではない。あくまで子どもは「将来の稼ぎ手」として位置づけるべきである。この例に限らず，「子どもの将来」に視点をすえた活動が，非常に効果的な活動であろうことが予想でき，この点をふまえたフィリピン国におけるＪＩＣＡプロジェクトの構想は，充分評価できるものである。

4.2 モデル地区における母子保健の現状と日本の協力のあり方について

モデル地区であるベンゲット県の２町における母子保健の現状は，短時日の滞在中に詳細を知ることは不可能であったが，限られた現場の視察と関係者からの情報から次のごとく考えられ，また今後の日本の協力のあり方についても併せて検討した。

(1) 出生率，死亡率の把握

ある地域における母子保健のレベルを知る数的指標として，出生率や乳幼児死亡率，母性死亡率を把握することは，まず第一に必要であるが，発展途上地域においては実行困難である。しかし今後の協力の効果を判定するためにもぜひ必要であるので，モデル地区における把握の実行を試みてほしい。わが国では本土復帰直前の沖縄県離島地区で，正確な乳児死亡率を把握するために保健所を中心とした調査を行なって成功

し，以後の届出履行のきっかけとなった経験をもっており，フィリピンのモデル地区でも実行可能である。すなわち保健婦を中心とした地域のhealth workerにより，担当地区内の妊婦のひろい出しを行って登録し，以後家庭訪問によって保健指導を行いながら追跡，児の出生，発育の状況を確認してゆく方式であり，これにより，妊産婦，新生児，乳児の各死亡の実数，出生数が確認でき，あわせて健康状況も把握できる。これらは保健指導を調査にくみあわせること，必要ならば栄養品，薬品等の支給を行って健康状態を向上させること，出産後の家族計画の指導を行なうことによって，住民の喜ぶサービスとして実施できる。モデル地区自身も８３年度計画の中に死亡率の把握をあげている。

(2) 健診サービス・予防接種サービス

視察しえた農村保健所（rural health unit）における乳幼児健診は活気にあふれており，かなり離れた地区から子どもを連れて来ている。ここで身体計測と保健指導が行われると同時に予防接種（ＢＣＧ，ＤＰＴ）が行われ，また必要なケースには簡単な薬品が与えられていたが，このように１回の機会にできるだけ多くのサービスを併行するのは有効であり住民たちにも喜ばれる。これを充実してゆくためには，地域内でできるだけ末端まで健診チームを派遣し，受診しやすくすること，健康上必要で喜ばれる現物を少しでも支給（予防接種を含む）すること，保健指導を十分に行なうこと等が受診率，指導効果を上げるのに必要である。このためやはり保健医療チームを運ぶ車は基本的に重要であり，また健診に必要なセット，健康教育用の資料が必要である。予防接種を有効に行なうためには，ワクチン補給とともに，ワクチンの輸送，保管のための小型冷蔵庫（車に常設して巡回接種方式もよい）が必須である。現在のところ保存方法，保存期間の不備によるワクチンの力価低下のおそれが見うけられた。

(3) プライマリ・メディカル・ケアの充実

乳幼児死亡を低下させることは母子保健の基本であるとともに，家族計画の意義を住民に正しく理解させるための前提条件である。このためには地域のセンター病院の充実と患者急送のための輸送手段が必要であることは申すまでもない。モデル地区では県立総合病院がそのセンターとなっており，この病院で小児の救命に即役立つ医療器具の補給はきわめて有効な協力となろう。必要な機材は病院当局と十分相談する必要があり，現地の医療レベルで役立つものをえらぶことが大切である。出産についてもできる限り施設内分娩にしてゆくのが効率がよく，また出産後に家族計画の指導，教育をはじめるのは有効である。わが国の農山村の助産施設として母性，乳児の死亡率を下げるのに役立った母子健康センターのごとき施設（立派な大建築物である必要

はなく，地元の助産婦の常駐できるベット数5～10の建物）が，村単位くらいに配置されてゆけば，確実に効果をあげられよう。建物は地元で建設して助産・健診の機材を入れてゆくことも考えるべきである。家族計画指導はこうした中から自然に育ってゆく。

(4) 保健教育の実施

母子保健活動を実行してゆくためには，まず住民がそれを理解し，利用し，協力する体制が必要であることは申すまでもなく，その基本は保健教育になる。自分のからだを知り健康を守るための条件を理解させるためにはまず小学校における児童への教育，地域内で住民が楽しみながら興味をもって学ぶような健康教育が必要であり，そのための視聴覚教育機材は有効である。モデル地区の現状からは映画はあまり利用されておらず，フイルムの自製が高価について困るようであるので，車で運べるビデオ（発電機つき）の活用がよさそうである。これは現地にテレビがほとんどないため住民が興味をもつこと，教材を現地で容易に製作できること（知っている人が出演して教材がつくれる），学校でも利用しやすいことなどの利点が考えられる。なおこの健康教育の中で，住民に受入れやすい形や工夫で家族計画の正しい認識を与えてゆくことができる。

以上はとりあえず思いつく事項であるが，今後専門家が駐在し，地域住民との交流の中で，さらに有効な戦術や具体案，必要機材などが挙げられ，活用されてゆくことが望まれる。

なお派遣すべき専門家としては，母子保健に精通している地域保健管理の経験者（保健所勤務の経験をもつ医師等）が，前述の指導助言をしてゆくのに適当と考える。

4.3 家族計画・母子保健プロジェクトにおける寄生虫対策について

(1) 家族計画・母子保健プロジェクトにおける寄生虫対策の位置

POPCOMは，本プロジェクトにおいて住民の健康意識を高めるためのエントリーポイントとして，寄生虫対策（Parasite Control）を取り入れている。これはフィリピン側がフィリピンでの家族計画・栄養・寄生虫プロジェクトに協力した家族計画国際協力財団（JOICFP）の示唆によるものである。POPCOMは，本プロジェクトのエントリーポイントに寄生虫対策を選定した理由として4点をあげている。

1）本プロジェクトを支えているフルタイム・アウトリーチ・ワーカー（FTOW）やバランガイ・サービス・ポイント・オフィサー（BSPO）が家族計画の推進だけでは住民の中で活動しにくいため，FTOWやBSPOが「健康の推進者」として住民に受け入れられるためには，住民の切実な健康問題に対する対策を行なうこ

とが必要である。

2) 寄生虫対策は腸管内寄生虫を対象としており，この寄生虫の駆虫を行なうと次の日の糞便の中には駆虫された虫体を見ることができるため，住民の衛生教育のよい材料になる。

3) 寄生虫対策には，便所・飲料水など環境衛生の改善が必要であり，住民全体の健康意識向上につながる。

4) 寄生虫対策を推進することにより，保健省管轄下の県立病院・農村保健所との連携をつくりだすことができ，これは本プロジェクト実施に重要である。

以上のように，POPCOMは寄生虫対策の意義をよく理解していた。そして，寄生虫対策は，母子保健という立場から，小学校を対象にして行なう構想をもっていた。しかし，彼らはまだ寄生虫対策を実施した経験をもっておらず，現地点では構想の域を出ていない。

(2) モデル地区における寄生虫対策の現状と問題点

本調査団は，モデル地区の１つであるLa Trinidad 町の中心部にあるBuyagan小学校を訪れ，生徒の寄生虫状況とLa Trinidad 農村保健所の活動を視察する機会を得た。訪れた時，農村保健所のスタッフが小学生の検便を実施していた。検便の方法は，セロファン厚層塗抹法で，ＪＯＩＣＦＰの研修（タイ）を受けた看護婦が中心に行なっていた。この小学校の生徒は一回の厚層塗抹法によっても約９割が腸管内寄生虫を保有しており，その大部分は回虫症であった。また，１週間前に駆虫した生徒でも３０％以上の寄生虫保有率が認められた。これは，コンバントリンが高価で手に入りにくいために，１人の生徒に半錠しか使用しておらず，回虫・鉤虫が全部駆虫できなかったためと思われる。鞭虫に対してはコンバントリンは効力が少ないため，駆虫できないのはいたしかたない。La Trinidad 農村保健所では，１人しか検便ができないことやコンバントリンが少ないという制約の中で，年間に１つのバランガイと１つの小学校の駆虫を実施している。駆虫の３カ月後に追跡のための検便を実施しているが，９０％以上の人に回虫の再感染が認められる。モデル地区の両町では野菜づくりが盛んであるが，人糞を肥料には使用していないので直接人糞によって汚染された野菜は原因とは考えられないが各家庭での便所の設置は少ないため乾期には回虫卵が塵と共に空気中にまいあがり，食品に撒布されることが，雨期には降雨洪水によって回虫卵が飲料水や野菜に付着して経口摂取されることが考えられる。このため，駆虫薬によって治療してもすぐ回虫の再感染をおこしていると思われ，再感染の予防のために環境改善を進める必要がある。

また，寄生虫対策の実施にあたっては，ＦＴＯＷなどＰＯＰＣＯＭ 側の人達と農村保

健所のスタッフが協力して行なっていた。しかし，両町で糞便検査（厚層塗抹法）ができるのはわずか1名であり，医師も寄生虫対策についての知識と技術を十分には持っていないと述べていた。

(3) 本プロジェクトにおける今後の寄生虫対策

La Trinidad町とTuba 町においては，日本より寄生虫対策の専門家を派遣して両町の農村保健所の職員の研修を実施すれば，小学生を対象とした寄生虫対策を始動させることができると思われる。しかし，駆虫薬の投与だけでは，高率に再感染がおこっているので，家庭での便所の設置，飲料水の煮沸消毒と深井戸の設置，手洗の励行，野菜など食品の洗浄などの対策が最も重要である。これらの環境衛生の向上がなされなければ，最初は駆虫した虫体に驚いた地区民もすぐに馴れてしまい，健康教育の材料としての意義を失ってしまうであろう。両町の町長には，このプロジェクトを契機に便所や飲料水の対策を進める強い意欲がうかがえたが，これらの対策には多額の資金と長い年月がかかる上に，環境衛生分野の機材を大量に供与することは本プロジェクトの性質上困難と思われるので，全面的に寄生虫対策を実施するのは本プロジェクト期間中だけでは難しいであろう。

したがって，モデル地区においては寄生虫対策の実施に当って，住民に環境改善の重要性を強調すると同時に，寄生虫対策だけに限定せず，住民の要望に基づいて衛生教育を行なう必要があろう。

また，このプロジェクトのエントリーポイントとして，現在のモデル地区においては回虫症対策が最も適当と思われるが，フィリピンの他地域には，マラリア，日本住血吸虫，フィラリアなど対策の困難な寄生虫疾患が存在していることからも，POPCOMが全国的な戦略として寄生虫対策をエントリーポイントにしていくことは，今後慎重に検討する必要があろう。

JICA より派遣する寄生虫対策専門家には，モデル地区の農村保健所医師の希望も含めて，次のことが要請されている。

1） 寄生虫対策の技術指導

モデル地区で不十分ながらもセロファン厚層塗抹検査法ができるのは1名であり，農村保健所の職員に対する検査技術の指導が最も必要である。さらに，腸管内寄生虫についての知識・技術（生活環境，治療，予防）の教育も必要であろう。したがって，熟練した寄生虫分野の検査技師で，ある程度英語ができれば，医師である必要はない。

2） 寄生虫の専門家の赴任地

寄生虫の専門家は，現在のモデル地区において寄生虫対策の活動を農村保健所の

職員と一緒につくりあげる必要があるので，モデル地区又はバギオに赴任する必要がある。また，モデル地区の農村保健所の医師からは，ベンゲット県の１３の農村保健所の医師１３名，看護婦約５０名，助産婦１００名の研修を行なってほしいとの要望があり，最低３カ月はベンゲット県において活動する必要があろう。また，６月から雨期に入いるため活動範囲が限られるため，できるだけ早く赴任できる人が望まれる。

5. 総　括

本調査団は，POPCOMの担当官たち，およびモデルエリアの指導者たちと討議し，モデルエリアの実情を視察し，資料を得ることによって目的を達することができた。本調査団の得ることのできた情報とその評価，およびプロジェクトの今後の運営に関する本調査団の意見は次のごとくである。

(1) フィリピン側（POPCOM）は家族計画を人口抑制ないし産児制限という狭義にではなく，将来の子どもの健康と福祉のための事業としてとらえておりこれは"every cbild is a wanted cbild"という評語にも表わされている。「すなわち本プロジェクトは，両親の希望する数の子ども，適正な間隔での出産のための計画的な家族づくりとして家族計画を定義する。この目的のためには，環境衛生を含む母子保健全体の発展と，地域住民の健康に対する意識の向上が基本である。家族計画の理解と実践は母子保健の発展の結果として得られるものである。」との立場に立ってモデルエリアに対しても指導している。本調査団はこれに全面的に賛成する。

カトリック教徒が多いというばかりでなく，農村部住民の常として，「産児制限」には抵抗がつよい。また人口抑制を外国が援助することは先進国の"自己本位なおしつけ"としてとられ，強い反撥をうける。国際協力の効果をあげるためには，このような誤解をうけやすい用語や援助内容をできるだけ避け，「将来の社会を担う子どもの健康と福祉のための協力」を表示することが望ましい。

(2) フィリピン側はベンゲット県の２カ所の地域をモデルエリアとして指定し，もっとも効果的なMCH／FPのモデルとしての地域組識づくりに努めてきた。POPCOMによって選ばれた県知事や町長たちの指導力によって，主管官庁（命令系統）の異なるいくつかの活動やサービスを，地域においては一体のものとしてみごとに運営している。これは本プロジェクトにおいて，現在においても既に評価できる最も大きな効果である。

本プロジェクトのためには保健省系の病院，保健支所（Rural Health Unit, RHU）およびその要員の協力が不可欠であり，また新たに活動をはじめたPrimary Health Care の事業とも表裏一体の関係にある。モデルエリアにおいてはこれらの要員のすべてが一緒に母子保健活動に当っている。町長自身このシステムの確立を自信をもって自己評価していた。

(3) モデルエリアにおける本プロジェクトのうけとめ方は，(1)に述べたPOPCOMの方針がよく理解されていると判断できた。２つのモデルエリアにおいてはいずれも母子保健サービスに熱意をもって具体的な活動を開始していた。

モデルエリアにおいては乳幼児健診（under 6 clinic)が熱心に行なわれており，RHU での健診の現場をみても受診率は高く母親たちも積極的に参加していた。家族計画

についてはまずmotivation(動機づけ)の開発に努力がはらわれており，それは保健指導の実績数をみてもわかる。避妊の方法の指導は，希望者に対して行なわれており，強制的雰囲気を極力さけていたが，これは望ましい配慮であると評価できた。(モデルエリアの実績報告－附表1,2参照)

(4) POPCOMは地域住民に健康の重要性を理解させるエントリーポイントとして寄生虫対策(PC)が有効であると考えている。この考えはJOICFPの示唆によるものではあるが，POPCOMとしてもその意義をよく理解している。そして同時に今後地域によってはそこの特性により寄生虫対策以外の方法もエントリーポイントとして開発しようとする意欲が示されはじめた。この柔軟な考え方は，フィリピン全国を対象とする国家的戦略を立てる際のよい方向であると評価する。

寄生虫対策の実行にはいくつかの問題点があることは，本調査団の中においても討議された。要点は以下のごとくである。

1) 寄生虫対策のためには，検査の実施や研修や治療のための病院やRHUの全面的協力を必要とするが，この点についてはモデルエリアでは十分な体制をとることができる。

2) 寄生虫対策のための薬品による駆虫は一時的なもので，それだけでは3カ月でもとの状態にもどってしまう。虫体をみせて教育のきっかけとするだけで，駆虫の実際の効果がない，ということでは住民をあざむくことになるので，環境衛生の向上を実行しなければならない。しかしその成果が数字で示せるためには，かなりの年月と大きな資金が必要である。

3) モデルエリアにおける主要寄生虫は現在のところ生命を直接おびやかす種類のものではない。乳幼児死亡率を下げるためには他の方法，例えば伝染病予防なども考えられるが本プロジェクトでとり上げるかどうかには問題が多い。

4) 寄生虫の専門家は日本よりもフィリピンに多いかも知れないが，検査技術の指導や寄生虫対策の地域における戦略の専門家を日本から送ることは意味があると考える。

5) 寄生虫対策をエントリーポイントとするとしても，地域により寄生虫の種類が異なると考えられるので，この点も十分考慮する必要がある。

(5) モデルエリアにおける今後のプロジェクトのすすめ方についてはPOPCOM指導の下に町長らがきわめてすぐれた計画を立てていることに感服した。すなわち母子保健サービスの推進，環境衛生の推進および健康教育の推進である(モデルエリア"Action Plan 1983"－附表3,4)。

例えばLa Trinidad の計画書では，寄生虫対策を環境衛生整備の項の中に分類し，家族計画を母子保健の項目の中に分類している。またLa Trinidad Tuba 両地区ともバランガイにおける施設の新設，改修や要員の新雇用などを自らの予算と努力で行なうことを

予定している。また母親学級や，学校の校長・教頭への健康教育など具体的で有効と考えられる住民教育を計画している。とくに出生，死亡率の登録の励行を計画しているのは，すべての事業の評価の基本であるので重要な着想であり，ぜひ実行に移したい。

こうした計画が立案されたことは，モデルエリアの指導者たちが本プロジェクトの目的をよく理解し，自ら努力をはじめたことの証拠であって，高く評価できる。

(6) POPCOMは協力資材の２０％をモデルエリアに，８０％を非モデルエリアに配布している現在の方式を改め，新らたに９地区（２市，７町）モデルエリアとし，現行８０％の非モデルエリア分を新モデルエリアに配布することを考えている。新地域は「離島」,「ロータリークラブのごとき有力な民間組識の協力が得られる」，「婦人会組識がすぐれている」，「都市型である」,「教育長に指導力があり，教育サイドから働らきかけができる」などそれぞれ異なる特徴を備えており，モデルエリアとして適切であると考えられる。また非モデルエリアに漠然と資材が流されるよりも末端まで資材の追跡ができる体制の方が望ましいと考えられる。従って本調査団としては，新しく設定されるモデルエリアが，現モデルエリアのごとく，指導者の指導力がすぐれ，保健省（MOH）系統の施設，人員と十分協力体制がとれるならば，モデルエリアの拡大もＪＩＣＡとして十分考慮する価値があると考える。

ただしモデルエリアを拡大することになっても現在のモデルエリアであるベンゲット県または基幹モデルエリアとして重点をおき続けることが望ましく，また，ＪＩＣＡ 派遣の専門家の主たる滞在地として，またフィリピン国内中堅指導者，技術者の研修の場として活用することが望ましい。

(7) ＪＩＣＡより派遣する専門家としては，フィリピン側の要請も考慮し，次の順位と内容が望ましいと考える。

1）寄生虫検査および予防について研修の指導のできる技術をもつ専門家（医師である必要はない）。

2）家族計画を含む母子保健の指導・助言ができる専門家。保健所活動等地域保健の立案指導の経験のある医師が望ましい。

3）環境衛生改善を含む保健指導の内容を知り，地域住民に対する教育技術をもつ健康教育の専門家（医師である必要はなく，健康教育専功者が得られなければベテラン保健婦でもよい）。

附表 1

Republic of the Philippines
PROVINCIAL POPULATION OFFICE
La Trinidad, Benguet

ACCOMPLISHMENT REPORT
For the Period: Jan. - Dec., 1982

NAME OF FTOW: LYDIA P. GARCIA

AREA: LA TRINIDAD
10 Barangays

A. JOB PERFORMANCE	PLANNED	ACTUAL
1. PROGRAM COMPONENTS		
a. New Acceptors	62	99
b. Follow-up to Continuing Users		202
c. Re-Motivational		135
d. FP Referrals	48	26
e. Motivational Contacts	540	743
f. Community Ass./Forums		10
g. Lectures	14	20
h. Household visits		219
i. Film Showing	1	4
j. IEC Materials Distribution		3,005
k. BoGH Reported Acceptor	144	190
l. RHU Reported Acceptor	60	225
2. OPERATIONS		
NOTED BENEFITS GAINED FROM PRACTICE OF FAMILY PLANNING		
a. Women who found employment		21
b. Women who continued studies, finished a course		4
c. Women who were able to work in the farm etc. and earned income in own way		55
d. Savings of clients from Hospital expenses due to reduced no. of pregnancy/delivery		5
e. BSPO Spot Checks	100	120
f. Condom Issued		12,498
g. Pills Issued		2,010
h. Barangay Spotmaps	10	10
i. Clinic Visits	30	36
j. Attendance to TDW Activities		24
k. Mothers Class Assisted		2
l. Birth Reg. Under 10 Barangays		556
m. Death Reg. Under 10 Barangays		85
n. Added Marriage Under 10 Barangays		83
o. Pro-Marriage Counselling Conducted		86
p. No. of Couples Councelled		440

附表 2

Republic of the Philippines
PROVINCIAL POPULATION OFFICE
La Trinidad, Benguet

ACCOMPLISHMENT REPORT
For the Period: Jan. - Dec., 1982

NAME OF FTOW: JOSEFA G. ORACION

AREA: LA TRINIDAD
6 Barangays

A. JOB PERFORMANCE	PLANNED	ACTUAL
1. PROGRAM COMPONENTS		
a. New Acceptors	62	80
b. Follow-up to Continuing Users	608	341
c. Re-Motivational	300	110
d. FP Referrals	48	60
e. Motivational Contacts	540	690
f. Community Ass./Forums	1	4
g. Lectures	14	18
h. Household visits	300	330
i. Film Showing	1	1
j. IEC Materials Distribution	-	2,062
k. Dangwa Reported Acceptor	-	-
l. FPOP Reported Acceptor	-	19
2. OPERATIONS		
NOTED BENEFITS GAINED FROM PRACTICE OF FAMILY PLANNING		
a. Women who found employment	-	9
b. Women who continued studies, finished a course	-	9
c. Women who were able to work in the farm etc. and earned income in own way	-	12
d. Savings of clients from Hospital expenses due to reduced no. of pregnancy/delivery	-	100,000 per annum
e. BSPO Spot Checks	9	81
f. Condom Issued	-	7,965
g. Pills Issued	-	324
h. Barangay Spotmaps	6	6
i. Clinic Visits	48	48
j. Attendance to TDW Activities	12	24
k. Mothers Class Assisted	-	2
l. Birth Reg. Under 6 Barangays	-	272
m. Death Reg. Under 6 Barangays	-	37
n. Added Marriage Under 6 Barangays	-	48
o. Pre-Marriage Counselling Conducted	48	52
p. No. of Couples Counselled	48	60

附表 3

LA TRINIDAD MUNICIPAL ACTION PLAN

AREAS	OBJECTIVES	ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME
I. Environmental Sanitation				
A. Parasite Control	- To conduct mass deworming in 3 barangays by end of Dec. 1983	1. IEC thru barangay assemblies 2. Stool collection 3. Stool examination 4. Blanket deworming 5. Follow-up on the progress of parasite control	TDW	End of Dec. 1983
B. Toilet Construction	- To increase the number of households with sanitary toilet from 87% to 92%	1. Adoption of barangay ordinance requiring every household to have sanitary toilet 2. Tapping of more water sources for domestic use.	TDW	End of Dec. 1983
C. Drainage	- To reduce the number of households using open drainage from 54% to 44%	1. Conduct spot inspection & survey of the possible route of drainage system, pathway and canals 2. Construction of blind drainage and sewerage system 3. Establishment of waste disposal system	TDW	End of Dec. 1983
D. Water	- To reduce number of non-potable water supply sources from 20% to 10%	- Construction of water tasks in coordination of LUMA, La Trinidas Water District	TDW	End of Dec. 1983
E. Health Ordinance	- To initiate the fomulation of at least 2 health ordinance by the end of 1983	1. Meeting with the S.B.ß 2. Formulation		
II. M.C.H.	1. To increase health supervision and protection of pragnant women from 106% to 110%	1. Conduct health education classes in the barangay 2. Home visit/case finding to expectant mothers 3. Campaign for the registration of pregnant mothers to the RHU Center 4. T.T. Immunization to AP. mothers	TDW	End of Dec. 1983

	OBJECTIVES	ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME
	2. To increase health supervision and protection of 0-6 children from 95% to 100% by end of 1983 (immunization	1. Conduct health education classes in the barangay 2. Home visit case finding of 0-6 children 3. OPT 4. EPI 5. Encourage breast fedding through IEC	TDW	End of Dec. 1983
	3. To increase health protection of post-natal patients from 87% to 95% by end of Dec. 1983	1. Post partum follow-up & HV 2. Registration of PP	TDW	End of Dec. 1983
FAMILY PLANNING	1. To recruit 300 new acceptors by end of Dec. 1983 2. To lessen no. of drop-outs by 10% at the end of 1983. 3. To provide 95% health super-vision 4. To conduct two trainings and seminars for the enhancement of knowledge and skills by end of Dec. 1983	1. Post activational activities like film showing 2. Provide services to N.A. three client examination a. Home visits b. Conduct H.E. education 3. Conduct trainings for school principals and head teachers to trainors on FP-MCH and health 4. Training and re-orientation of TDW on FP methods 5. Referalls: 1. establish satelite BSPOS in far flung barangays 2. make available all kinds of FP contraceptives w/o the acceptor can use after proper instructions by MHO, Murse and midwives	TDW	End of Dec. 1983

	OBJECTIVES	ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME
III. Nutrition	To reduce the number of 2° and 3° malnourished from 17% to 10%	1. Food assistance a. supplemental feeding b. day care feedings c. insumix d. mothercraft nutrition feedings e. dray ratio f. promote breast feeding	TDW	End of Dec. 1983
		2. Food Production a. home gardening b. kadios, papaya, sigarilyas plants c. poutry and swine d. cattle raising, fingerlings, rabbit raising	TDW	End of Dec. 1983
		3. Health Protection a. operation timbang b. deworming c. immunization d. goiter control e. environmental sanitation cambaign	TDW	End of Dec. 1983
		4. Nutrition Education Information a. pre-natal counselling b. home makers classes/parent's class c. home visits d. food production e. community assemblies f. seminars/trainings g. exhibits h. lutuing kakanin i.	TDW	End of Dec. 1983
		5. IGP - Income Generating Project a. IGP - established and sustained b. home industries c. clothing (special classes) d. food processing	TDW	End of Dec. 1983

	OBJECTIVES	ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME
Infrastructure	1. To initiate construction of 3 multipurpose buildings by end of Dec. 1983	1. Solicitation of funds by barangay and PHC officials 2. Administrative assistance of local government.	Barangay Officials	End of Dec. 1983
	2. Initiating - Income Generating Project (2) by end of Dec. 1983	1. Awards on: a. mothercraft b. animal husbandry c. agriculture	Barangay Officials	End of Dec. 1983

PREPARED BY:

TEAM OF DEVELOPMENT WORKERS

DR. SATURNINO T. BAYASEN
Municipal Health Officer

APPROVED BY:

HILARION A. L. PAWID
Municial Mayor

Municipality of Tuba
Benguet Province

CY 1983 ACTION PLAN

PARASITE CONTROL/FP/MCH/NUTRITION PROJECT

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
1. PARASITE CONTROL			
a. To reduce parasitic infection to all residents of the municipality by 90% or 26,716 of the total population	1.1. Assembly meeting for		
	a. scheduling of stool collection	Barangay officials, TDW	Jan. - Dec. 1983
	b. examination of stools	RHU	-do-
	c. mass deworming	Barangay officials, TDW	-do-
	1.2. referral of water for analysis and treatment for safe drinking	Barangay officials, TDW	-do-
	1.3. information drive on proper food handring and environmental sanitation	Barangay officials, TDW	-do-
	1.4. follow up of all cases after six months	TDW	-do-
	1.5. deworming of cases still found positive	TDW	-do-
b. To initiate construction of 100 sanitary toiles	2.1. conduct information drive on the effects of having sanitary toilets and clean environment	Barangay officials, TDW	-do-
	2.2. construction of toilets to all barangays	RSI, community	-do-
2. FAMILY PLANNING			
a. To increase the prevalence rate of family planning acceptors among MCRAs from 33.28% to 35%	1.1. inter-agency meetings	TDW, ABC	-do-
	1.2. conduct 13 barangay assemblies	Barangay officials	-do-
	1.3. conduct IEC activities - 13 film showings		
	1.4. conduct 28 lectures to health classes and various groups	TDW	-do-
	1.5. home visits to 695 users	TDW	-do-
	1.6. remotivation to drop-outs 8	TDW	-do-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
b. New Acceptors			
To recruit 302 new acceptors and maintain 1691 continuing users	2.1. conduct home visits to MCRAs	TDW	Jan. - Dec. 1983
	2.2. distribution of IEC reading materials	TDW	-do-
	2.3. issuances of contraceptives	POPCOM, RHU	-do-
	2.4 referrals of 24 probable clients to clinics/hospitals	TDW	-do-
	2.5. motivation/interviews of MCRAs	TDW	-do-
3. MATERNAL AND CHILD HEALTH			
To increase the protection of prenatal and postnatal cases from 39% to 55%	3.1. monthly check-up		
	a. clinic visits	RHU	-do-
	b. home visits	RHU	-do-
	3.2. information drive on proper diet, clothing, exercise and the importance of breast feeding	TDW	-do-
	3.3. immunization of tetanus toxoid to prenatal cases	RHU	-do-
	3.4. delivery cases be attended with medical assistance	RHU	-do-
	3.5. follow up of high risk cases	RHU	-do-
	3.6. individual guidance and counselling in family welfare	TDW	-do-
4. NUTRITION			
To increase the nutritional status of preschool children from 85% to 95%	4.1. weighing of preschoolers	TDW	-do-
	4.2. establishment of 5 day care centers	MSSD, Local gov't	-do-
mild - 2231 to 2119 mod. - 520 to 494 severe - 58 to 55	4.3. maintenance of 2 existing denters	MSSD, Local gov't	-do-
	4.4. supplementary feeding		
	- targeted food assistance program	RHU	
	- food for growth	MSSD	
	- Municipal Nutrition Assistance Program	Local gov't	
To maintain the nutritional status of normal children	4.5. continuous information on nutrition	TDW	-do-
	4.6. distribution of NIE materials	TDW	-do-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
SUPPORTIVE CONCERNS:			
INFRASTRUCTURE, IMPROVEMENTS AND LIVELIHOOD PROJECTS			
1. Construction of four (4) barangay health centers (TTS-Liwliw, cabuyao)	Active participation of barangay members and team of development workers, other volunteer groups and municipal officials	Municipal Government	Jan. - Dec. 1983
2. Repair of six (6) barangay health centers Ansagan, Twin Peaks, Camp 3, Camp 4, San Pascual and nangalisan	-do-	-do-	-do-
3. Installation of safe water potable springs	-do-	-do-	-do-
4. Appropriation of SIXTY THOUSAND PESOS (P60,000.00) for POPCOM-JICA-LOCAL GOVERNMENT PROJECTS	-do-	-do-	-do-
5. Road opening and maintenance	-do-	-do-	-do-
6. Construction of community school and repair Ligay, Lubas, Camp One repair - Tadiangan	-do-	-do-	-do-
7. Construction of public toilets Taloy Norte, Klondykes	-do-	-do-	-do-
8. Employment of medical technologist, nurses and midwives	-do-	-do-	-do-
9. Educational tour of barangay captains, members and farmers	-do-	-do-	-do-
10. Appointment of barangay coordinators to support the implementation of POPCOM-JICA-LOCAL GOVERNMENT PROJECTS	-do-	-do-	-do-
11. Provision of more potable waterworks system to schools and community	-do-	-do-	-do-
12. Construction of Integrated Training Center	-do-	JICA, Mun. Gov't	-do-
13. Disporsal of livestock projects	-do-	Municipal Government	-do-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
SUPPORTIVE CONCERNS:			
14. Appropriation of supplies and equipments for POPCOM-JICA-LOCAL GOVERNMENT PROJECTS	Active participation of barangay members and team of development workers, other volunteer groups and municipal officials	Municipal Government	Jan. - Dec. 1983
15. Employment of two (2) Full time outreach workers	-do-	-do-	-do-
16. Sanitation, beautification and cleanliness	-do-	-do-	-do-

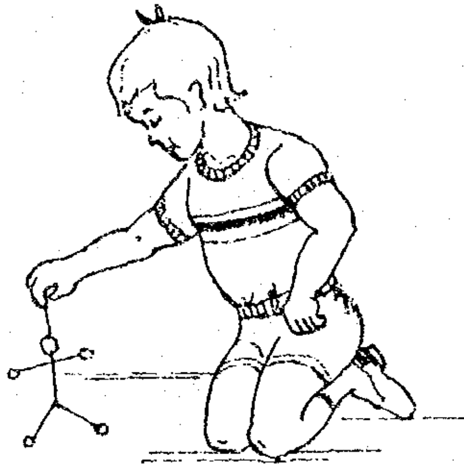
RECOMMENDING APPROVAL:

JAIME ALOS
Municipal Mayor
Hon. Chairman, TDW

6. 調査団収集資料

調査団収集資料(1)

Integrated Family Planning and Maternal/Child Health Project in the Philippines



"EVERY CHILD IS A WANTED CHILD"

COMMISSION ON POPULATION

JAPAN INTERNATIONAL COOPERATION AGENCY

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   INTEGRATED POPULATION, HEALTH, NUTRITION AND LIVELIHOOD PROGRAM OPERATIONS GROUP

    a. PROGRAM DIRECTOR

    b. PROJECT MANAGER

    c. IEC SPECIALIST

    d. RESEARCHERS

    e. REGIONAL PROJECT OFFICER

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WORKING COMMITTEE

Mr. Rolando C. Maulion	Chairman
Mr. Efren Vigo	Co-Chairman
Ms. Erlinda B. Gascon	Member
Ms. Erlina Castillo	Member

Consultants:

Mr. Edgar P. Callanta
Deputy Executive Director;
Chairman, National Coordinating Committee;
and Program Director, Integrated Population,
Health, Nutrition and Livelihood Program
Operations Group

Mr. Ryoichi Suzuki
Project Coordinator
JICA-assisted Integrated FP/MCH Project

THE INTEGRATED FP/MCH PROJECT IN THE PHILIPPINES

I. INTRODUCTION

The goal of the Philippine Population Program is to reduce the population growth rate to levels that promote national welfare and individual well-being.

Republic Act 6365 which established the Philippine Population Policy stipulates the general strategy to achieve this goal:

> "For the purpose of furthering national development, increasing the share of each Filipino in the fruits of economic progress and meeting the grave social and economic challenge of a high rate of population growth, a national program of family planning which respects the religious beliefs of the individual involved shall be undertaken."

Consistent with this strategy, the Program, views family planning not as an end in itself but as a means for families to increase their access to opportunities that promote family and individual welfare.

The Program has thus evolved from a largely clinic-based and contraceptive approach into a community-based, people-centered integrated program aimed at helping to develop self-reliant and productive human settlements especially in the rural areas.

This has also made it necessary for the Program to link its efforts with agencies and organizations whose objectives are complementary to population welfare goals. This has also made it necessary for the Program to shift its focus from national to local governments in Program implementation. The accountability for the Program rightly rests on local governments and institutions that are more confronted with the day-to-day burdens of growing population. This is the national why the Program, under the Outreach Project*, has decentralized its operations down to the rural barangays (villages).

* The Outreach Project is a major effort launched in 1976 by the Philippine Population Program to reach married couples of reproductive age with little access to clinical services. It involves the development of about 4,000 Outreach workers directly supervised by local executives and the establishment of about 50,000 service points each of which is manned by a volunteer Barangay Service Point Officer.

II. THE INTEGRATED FAMILY PLANNING AND MATERNAL/CHILD HEALTH PROJECT

A. Historical Background

Filipino-Japanese cooperation in family planning began in 1976 when a project using de-worming as entry point for family planning was launched in four pilot municipalities. The project officially called the Integrated Family Planning Parasite Control/Nutrition Project was implemented by the Family Planning Organization of the Philippines (FPOP) and supported by the Japanese Organization for International Cooperation in Family Planning (JOICFP) and the Asian Parasite Control Organization. This approach draws from 30 years of Japanese experience with parasite control and family planning.

The project seeks to enhance the credibility of family planning fieldworkers among the people. Family planning motivation is conducted alongside a related public health effort that has immediate and visible results.

The ultimate goal, however, is to inculcate self-reliance among the people so that eventually, even without the fieldworker, family planning and related efforts will be sustained by the community on its own.

Thus, pilot projects in four areas have been set up. These are Kawit, Cavite; San Pedro, Laguna; Caramoan, Camarines Sur; and Davao City.

A National Steering Committee was then established composed of representatives from both the public and private agencies involved in the Philippine Population Program, to provide general direction for the integrated project.

JOICFP assistance to the pilot areas continued up to 1982. However, the San Pedro, Davao and Cavite projects will still have to be expanded to model pilot areas outside the original project sites. The Caramoan project appears to have been the most successful. The project has sponsored socials and contests, and encouraged income-generating projects. The project will also expand outside the original project site.

The Governments of the Philippines and Japan decided to expand the integrated FP/MCH project in the Philippines. On July 3, 1981, an agreement between the two governments was signed to start the integrated FP/MCH project in the municipalities of Tuba and La Trinidad in Benguet Province.

Under the Agreement, the Government of Japan thru Japan International Cooperation Agency (JICA) committed to support the project with equipment and commodities, training of project staff locally and in Japan, and sending Japanese experts who will assist local implementors of the project.

Teams of Development Workers (TDWs) were organized to synchronize and maximize the efforts of agencies involved in FP/MCH.

The team which is directly supervised by the municipal mayor is composed of workers of various agencies operating in the two municipalities.

JICA assistance came in the form of vehicles, clinic equipment and services of Japanese experts.

A Provincial Steering Committee was also organized which included the governor as Project Director, and representatives from the Regional Population Office, the Provincial Health Office, the Municipal Health Office, the Mayor's Office, the Provincial Development Staff, and the Provincial General Hospital.

B. Concept and Philosophy of the Integrated Project

The Integrated Family Planning and Maternal/Child Health Project is conceptualized in accordance with the concept and philosophy of the Philippine Population Program which advocates that family planning should help people improve their living standards and health status.

Based on this concept and philosophy, family planning therefore must be viewed as planning for the family with the children as the focus or center or concerns of every parents. The concern for children as the motivating factor is very practical and logical, since children have very high appeal to parents. No parents would want their children to grow unhealthy and uneducated, thus, they

strive hard to improve their livelihood in order to provide for the basic needs of their children.

Planning, therefore, starts with the welfare of the children, with health as the starting concern. Filipino parents are not preventive-conscious. They only see doctors when they or their children are stricken ill. As a basic strategy, this project will promote vigorously preventive consciousness among the parents, thus health education assumes a major role in the success of this campaign.

Once the parents are conscious of the health and education of the children and the future of their children in general, they start to equate their present resources with their capability to provide sufficiently the basic needs of their existing size of the family. Because of this concern for the children, the decision as to the number of their children comes from themselves, either by limiting the number or spacing childbirths.

The strategy of using parasite control* (de-worming activities) as entry point for family planning is closely aligned with the welfare thrust of the Philippine Population Program.

It is considered highly practical and effective strategy for enhancing family planning acceptance. Family planning and family welfare are concepts which are vague for most persons in the rural areas. De-worming which leads to improvement of health and nutrition of children - a highly visible manifestation of welfare. De-worming projects has immediate positive effects and will therefore increase the credibility of family planning workers who have integrated their activities with de-worming projects.

De-worming provides effective rallying point for FP, MCH, nutrition and health workers. The bad state of health and nutrition of most children in the rural areas can be attributed to parasites. For this reason alone, health and related workers must join hands to combat parasite infestation among children in the rural areas.

* Here, "parasites" refers to soil-transmitted helminths, namely; ascaris, hookworm and trichuris.

In the project areas of San Pedro, Kawit, Davao and Caramoan, it was established that parasite control and nutrition project have increased the credibility of population workers in their communities.

The introduction of parasite control provides the parents with a dramatic demonstration of the quick positive effects of de-worming on the health of their children.

The effects of treating children of malnutrition and parasite infection is easily appreciated by the community since the results are immediate and visible. Both health services, under the primary health care, have immediate relevance to all members of a family, and in turn, crouses the interest and active participation of the people in any community undertaking. It is, indeed, an effective entry point for family planning, maternal and child health, and other health services.

Since family planning is the ultimate aim of the integrated project, the promotion of more effective methods shall be maximized, thus increasing the prevalence rate and the contraceptive-effectiveness in order to contribute to the national goal of reducing the population growth rate of 2.0% in 1987.

The promotion of family planning norms such as small family size, birth spacing, delayed marriage, reduced incidence of teenage pregnancies, and reduced infant mortality shall also be given emphasis. Operationally, the objectives are to (1) reduce completed family size from 4.5 in 1982 to 3.8 in 1987; (2) increase the average interval between births from 24 months in 1982 to 30 months in 1992; lessen the proportion of married women in the age group 15-24 from 28% in 1982 to 25% in 1992; and decrease the number of pregnancies per thousand women in the age group 15-19 from 40 to 35 in 1992.

C. Objectives

1. Objectives of the Integrated FP/MCH Project

General:

a. *To establish a firm foundation for a community-based and* supported-movement for family planning/welfare and productivity using parasite control and nutrition as key entry point.

b. To enhance the capability of organized groups, Barangay Brigades and Barangay Council to jointly manage the process of acceptance within the barangay (village).

Specific Community Objectives:

a. To increase the rate of family planning acceptance and to decrease the dropout rate in family planning participation within the barangay.

b. To decrease the incidence of malnutrition among pre-and school age children of the barangay.

c. To decrease intestinal parasitic infection rate in the barangay.

2. Objectives for Setting Up Model Areas

In setting up model areas, the following objectives will be experimented:

a. examine changes in attitudes of both mothers and the general public in the community toward family planning and the Team of Development Workers (TDWs) before and after the implementation of the integration approach;

b. examine whether or not the acceptance rate of family planning increase and whether or not the dropout rate decreases;

c. examine the extent of the contribution that integration makes for improvement in health and nutrition;

d. study changes in the community's birth and death rates; and

e. examine the cost-effectiveness of integration and, in particular, examine the possibility of economic self-support for integration activities in urban areas.

D. Criteria for the Selection of Model Areas

The selection of pilot or model areas for the Integrated Family Planning and Maternal/Child Health Project is based on the following major criteria:

a. The proposed model area should have a population ranging from 20,000 to 70,000;

b. It must be willing to accept Japanese technology and experts;

c. It must have existing government hospitals, facilities and the necessary health personnel;

d. It must have local officials and community leaders who are cooperative and supportive to the family planning and primary health programs;

e. Local governments are willing to put up counterparts in terms of financial, manpower and technical assistance needed by the integrated project;

f. Local and barangay officials are willing to manage and implement the integrated project; and

g. Local and barangay officials recognize the authority of the National Coordinating Committee as the policy-making body and the Integrated Population, Health, Nutrition and Livelihood Program Operations Group under the Commission on Population as the implementing arm of the National Coordinating Committee. Together, they will supervise and monitor the implementation of the integrated project through the various channels established from regional to barangay levels.

E. Organization

1. The Management and Supervisory Unit

a. City/Provincial Government

The city/provincial government shall exercise overall management, supervision and control in the implementation of the Integrated Family Planning and Maternal/Child Health Project within its jurisdiction.

The City Mayor or the Provincial Governor as the case may be shall be the Executive Director with the entire city/provincial government machinery as his backstaff.

The functions, responsibilities and accountabilities of the city/provincial government are detailed below:

1. Exercise overall management and supervision
2. Organize the Team of Development Workers (TDWs)
3. Organize the City/Provincial Coordinating Committee

4. Review and indorse annual workplan of the Barangay Council to the National Coordinating Committee through the Regional Coordinating Committee
5. Resolve problems in the field
6. Render technical and financial assistance to the integrated project
7. Render regular report to the Regional Coordinating Committee

b. Municipal Government

At the municipal level, the municipal government shall be responsible in the implementation of the integrated project within its boundaries.

The municipal mayor shall act as the Project Director and shall be assisted by his entire municipal staff.

Specifically, the Municipal Mayor as Project Director shall discharge the following functions:

1. Assist the provincial governor in the management and supervision of the integrated project.
2. Act as Chairman of the Team of Development Workers
3. Review and indorse barangay workplan/action plan to the Provincial Coordinating Committee through the Provincial Governor
4. Responsible in the setting up of targets and workplan of the Team of Development Workers and the barangay council
5. Render technical and financial assistance to the integrated project
6. Direct the activities of the TDWs and the barangay council
7. Monitor continuously activities of the TDWs and the barangay council
8. Initiate the integration of the integrated project components such as family planning, nutrition, parasite control, maternal and child health services into the municipal development plan
9. Meet regularly with the TDWs and the barangay council to exchange feedback and solve inter agency problems

10. Conduct inventory of existing resources on a regular basis to provide continuity of service for the promotion and maintenance of the integrated project components
11. Review and indorse Municipal Integrated Project Plan (Workplan) to the Provincial Coordinating Committee
12. Consolidate regular activities of the TDWs and the barangay council and submit the same to the Program Director/or Project Manager through the proper channels

c. Team of Development Workers

The Team of Development Workers (TDWs) shall be the Task Force of the municipal mayor to assist the barangay council in the delivery of services and conduct of information/education/communication campaign in the community.

The Municipal Mayor or the City Mayor shall be the Chairman of the Team of Development Workers and shall be composed of agency workers/officers from the following agencies:

1. Ministry of Health
2. National Nutrition Council
3. Ministry of Social Services & Development
4. Outreach Project
5. Ministry of Agriculture
6. Ministry of Human Settlements
7. Ministry of Local Government
8. Ministry of Education, Culture and Sports
9. Family Planning Organization of the Philippines
10. Other government and private organizations/agencies in the municipality

The Team of Development Workers shall discharge the following functions:

1. Assist the City/Provincial Project Coordinator in setting up the various committees.
2. Render assistance to the City/Provincial Project coordinator in the training of fieldworkers
3. Render regular report directly to the Program Director or the Project Manager

4. Provide direct services to the people in coordination with the Barangay Council
5. Conduct information/education/communication activities in the community to promote nutrition, health education, family planning, parasite control and other primary health care
6. Assist in the conduct of trainings for the barangay volunteers and other project staff
7. Conduct inter-agency referrals
8. Distribute and collect stool containers for examination
9. Assist in the formulation of organization development program to strengthen capabilities of the barangay council
10. Assist the barangay council and the Nutrition Officer in the conduct of Operations Timbang and in the treatment of malnourished children.
11. Assist the barangay council in setting up the baseline data and updating of the same
12. Render regular report to the Program Director/or Project Manager through the City/Provincial Project Coordinator
13. Assist the barangay council in any activity that would redound to the stregthening of the integrated report
14. Provide services in the following:
    - Conduct stool examination
    - Provide maternal and child health services
    - Conduct treatment of parasite-infested clients
    - Provide family planning services such as tubal ligation, sterilization, pill dispensing and conduct periodic medical examination to FP acceptors
    - Provide other medical services

2. The Implementing Unit

a. Barangay Council

The Barangay Council, composed of a barangay captain and six councilmen who are directly elected by their constituents every six years, will own, manage and implement the

Integrated Family Planning and Maternal/Child Project. In accordance with the Revised Barangay Charter, the Barangay Council is mandated to implement projects which will cater to the basic needs of the residents. To pursue its objectives, the Barangay Council is given the limited power of taxation, a share in the real estate tax and to conduct fund-raising activities.

The Barangay Captain shall be the BARANGAY MANAGER of the Integrated FP/MCH Project and shall be assisted by a VIP COORDINATOR (Volunteers for the Integrated Project) or BARANGAY COORDINATOR who shall be designated by the Barangay Captain from among the members of the Barangay Council or residents in the community.

The Barangay Manager and the VIP Coordinator or Barangay Coordinator together shall manage, supervise, administer and monitor the implementation of the integrated project.

Volunteers for the Integrated Project Officers

The Project Manager and the VIP Coordinator will be assisted by the barangay brigades for health, food and Nutrition, and Family Planning. Together, they will constitute the Volunteers for the Integrated Project and shall be known as VIP Officers.

The VIP Officer for barangay brigade for health will be the Barangay Health Worker; food and nutrition, the Barangay Nutrition Scholar; and family planning, the Barangay Service Point Officer.

The VIP Officer for Family Planning Brigade shall be responsible for the implementation of family planning. He is tasked to recruit acceptors, referrals to clinics, follow-up, resupply and record-keeping. He is also expected to maintain/organize acceptor groups who, in turn, are to be developed for norm setting, recruitment and other primary services as a broader base of community volunteers for family planning.

In addition to three brigades, there are, normally, eight other brigades for each basic needs as defined by the

Ministry of Human Settlements. These brigades under the Barangay Council and other existing community organizations and leaders can be tapped to assist the VIPs in the implementation of the Integrated Family Planning, Maternal/Child Health, Parasite Control and Nutrition Project.

Barangay Development Committe (BDC)

To ensure wider community participation, the Barangay Development Committee BDC) shall be organized to serve as the planning, monitoring and advisory body of the integrated project. It shall develop plans and designs based on the general guidelines issued by the National Project Committee, the policy-making body.

The BDC shall be composed of the barangay captain as chairman; VIP coordinator; VIP Officers for health, food/nutrition, family planning; barangay council's committee chairman on health, food/nutrition, family planning, information/education/communication, appropriations, ways and means; barangay treasurer; and presidents of the Kabataang Barangay and different village organizations.

All plans and designs and other actions shall be submitted to the barangay council for formal adoption. The creation of the BDC shall be approved by the barangay council defining its roles, functions, accountabilities and responsibilities.

Specifically, the Barangay Council shall have the following functions:

1. Implement the integrated project
2. Provide services with the assistance of the TDWs and the service centers and service providers in community.
3. Review and approve annual barangay integrated workplan in the form of a resolution and indorse the same to the municipal council and the provincial council
4. Provide financial appropriation for the integrated project
5. Conduct IEC campaign with the assistance of the TDWs

6. Coordinate with authorities concerned in gathering stools of the residents for examination and eventual treatment of those found with infection
7. Conduct massive campaign to convince mothers for maternal and child health care; install sanitary toilets; drink potable water; and maintain environmental sanitation at all times
8. Designate volunteers for the Integrated Project coordinator and VIP Officers for the brigades for family planning, nutrition/food, health, livelihood and water

3. Policy Unit

National Coordinating Committee

The National Coordinating Committee shall provide the general direction of the project. Specifically, the National Coordinating Committee shall formulate the general directions in the preparation of workplan, review the implementation of the project, and advise the Philippine authorities concerned about the implementation of the project at all stages and in all levels.

Since the inception of the Integrated Family Planning and Maternal/Child Health Project, the National Coordinating Committee is composed of the following:

Philippine Panel

MR. EDGAR P. CALLANTA Deputy Executive Director Commission on Population	Chairman
DR. JACINTO J. DIZON Director, Bureau of Health Services Ministry of Health	Member
MS. FLEUR DE LYS TORRES Director, Social Services Staff National Economic & Development Authority (NEDA)	Member
MS. FLORINA ILETO-DUMLAO Program Coordinator for Planning Commission on Population	Member

Japanese Panel

MR. TOSHIKAZU MIURA Resident Representative JICA Manila Office	Member
MR. RYOICHI SUZUKI Project Coordinator Integrated FP/MCH Project	Member
JAPANESE EXPERTS	Member
DR. RYOJI TAKAHARA First Secretary Embassy of Japan	Observer

4. Coordinating Units

Coordinating units at the regional, provincial/city and municipal levels shall be organized to assist the National Coordinating Committee in implementing policies and directions, selection of the model areas, coordinate activities of the integrated project in the model areas, facilitate and provide technical assistance. They shall also assist in the supervision of the integrated project, review and evaluate implementation or activities and render report to the National Coordinating Committee.

At the regional level, the coordinating committee shall be composed of the Regional Population Officer as Chairman; Regional Health Office; Regional Economic and Development Authority; Regional Nutrition Council; Ministry of Social Services & Development; Ministry of Education, Culture and Sports; and the Family Planning Organization of the Philippines, and Ministry of Labor and Employment.

At the provincial level, the city mayor or the provincial governor shall be the chairman of the city/provincial coordinating committee composed of the following:

City/Provincial Population Officer, Provincial Health Officer, Provincial Nutritionist, Provincial Development Coordinator, representatives/provincial/city heads of the Ministry of Education, Culture and Sports, Ministry of Social Services & Development, Family Planning Organization of the Philippines, Ministry of Labor & Employment.

At the municipal level, the municipal coordinating committee shall be chaired by the municipal mayor with the following members: District Population Officer; Municipal Development Officer of the Ministry of Local Government; Human Settlement Officer of the Ministry of Human Settlements; Social Services and Development Officer of the Ministry of Social Services and Development; Rural/Municipal Health Officer of the Ministry of Health; District Supervisor of the Ministry of Education, Culture and Sports; Municipal Nutritionist; and representatives of the Family Planning Organization of the Philippines and Ministry of Labor and Employment.

The Coordinating Units at various levels shall perform the following:

a. Regional Coordinating Committee

1. Recommend policies to the National Coordinating Committee to ensure smooth coordination and participation of partner agencies
2. Render assistance to the Integrated Population, Health, Nutrition and Livelihood Program Operations Group in the implementation of the project
3. Render technical assistance to all coordinating and field units
4. Conduct regular monitoring activities
5. Ensure participation of their field offices in the various phases of the project, including the active participation of their field workers in the Team of Development Workers (TDWs)
6. Provide the City/Provincial Coordinating Committee general framework in coming up guidelines for the Team of Development workers in the delivery of integrated services

   Review and endorse city/provincial integrated project plan to the National Coordinating Committee

7. Conduct regular consultative meetings, conferences, seminars, workshops in the region to sustain interest in and support to the integrated project by the coordinating committee

b. <u>City/Provincial Coordinating Committee</u>

1. Assist/facilitate the operationalization of the National Coordinating Committee-approved general implementation plan

2. Resolve problems arising from coordinative issues involving the members of the TDWs

3. Ensure participation of partner agencies in the integrated project

4. Provide guidelines in the delivery of integrated services by the TDWs

5. Monitor regularly the activities of the TDWs and the Municipal Coordinating Committee, including the activities of the implementing units

6. Review and endorse the City/Provincial Integrated Project Workplan to the Regional Coordinating Committee

7. Conduct regular consultative meetings, conferences seminars, workshops in the city/province to sustain the interest in and support to the integrated project by coordinating committee and the TDWs

8. Recommend policies to the National Coordinating Committee through the Regional Coordinating Committee to strengthen program implementation and inter-agency coordination/linkages

c. <u>Municipal Coordinating Committee</u>

1. Recommend policies to the National Coordinating Committee through the Provincial Coordinating Committee to strengthen program implementation and inter-agency coordination/linkages

2. Resolve problems arising from issued involving the members of the Team of Development Workers

3. Monitor regularly the activities of the TDWs

4. Provide assistance in implementing the guidlines for the Team of Development Workers

5. Ensure participation of partner agencies in the TDWs

6. Conduct regular consultative meetings, conferences, seminars, workshops in the municipality to sustain interest in and support to the integrated project by the coordinating committee members and the TDWs

7. Review and endorse to the Provincial Coordinating Committee the Barangay Integrated Project Workplan

5. Management/Supervisory Support and Monitoring Unit

Integrated Population, Health, Nutrition and Livelihood Program Operations Group

The Integrated Population, Health, Nutrition and Livelihood Program Operations Group will serve as the secretariat of the National Coordinating Committee and at the same time its implementing arm. The Program Operations Group will also render technical assistance and management and supervisory support to the local governments, barangay councils and the Teams of Development Workers (TDWs).

Initially, the Program Operations Group is composed of Mr. Edgar P. Callanta, POPCOM Deputy Executive Director and Chairman, National Coordinating Committee as Program Director; Mr. Rolando C. Maulion, Project Officer, Commission on Population as Project Manager; Mr. Efren Vigo, Project Officer, Commission on Population as IEC Specialist; and Ms. Erlinda B. Gascon and Ms. Erlina Castillo both of the Commission on Population as Researchers. At the regional level, one staff of the Regional Population Office is designated as Project Officer and the City/Provincial Population Officer as the Project Coordinator with the full support of the Outreach Structure in the model regions.

The Program Operations Group is expected to perform the following:

1. Define implementing details of policies set forth by the National Coordinating Committee

2. Implement the detailed workplan drawn-up by the National Coordinating Committee

3. Facilitate operationalization of the Coordination guide-lines for the Team of Development Workers

4. Assist/support local governments in the management and supervision in the implementation of the Integrated Family Planning and Maternal/Child Health Project.

5. Render technical assistance to the implementing unit and the Team of Development Workers

6. Conduct series of trainings for the personnel involved in the integrated project at all levels

7. Coordinate the activities of the Team of Development Workers and the service centers

8. Develop and formulate organizational development program for the sustenance and maintenance of the various coordi-nating committees, the TDWs, service providers and the implementing group

9. Assist in the development and implementation of field/ project strategies

10. Conduct regular meetings

11. Review and indorse the regional workplan to the National Coordinating Committee

12. Monitor and evaluate field activities

13. Formulate/develop management information, monitoring and evaluation systems

14. Serve as the liaison between the National Coordinating Committee and the JICA

15. Serve as the secretariat of the National Coordinating Committee

a. Program Director

1. In-charge of the overall administration and supervision of the integrated project
2. Responsible to the National Coordinating Committee in the implementation of the integrated project
3. Coordinate with respective agencies at the national level to ensure participation of their respective field personnel in the Team of Development Workers

b. Project Manager

1. Assist the Program Director in the administration and supervision of the integrated project
2. Coordinate with authorities concerned in the preparation of list of equipment for the model areas to be requested from the government of Japan
3. Assist the Program Director in the selection of model areas and candidates for training to Japan
4. Coordinate in the development and formulation of training design
5. Assist the Program Director in administering and supervising staff of the Integrated Population, Health, Nutrition and Livelihood Program Operations Group
6. Assist the Program Director in the formulation and development of field strategies
7. Perform other functions as assigned by the Program Director as the needs arise

c. IEC Specialist

1. Assist the Project Manager
2. Develop and formulate IED strategy for the integrated project
3. Conceptualize, develop and produce IEC materials for the integrated project
4. Act as the public relations officer of the Operations Group
5. Conceptualize, develop and produce materials for the committee members and field personnel

6. Perform other functions that may be assigned by the Program Director/or the Project Manager from time to time

d. <u>Researchers</u>

1. Gather and consolidate preliminary date regarding proposed/developed project
2. Screen incoming and outgoing official information/ communication and responds to those matters delegated to them
3. Provide back staff assistance to Program Director on the Project Manager in management of assigned project
4. Provide support to Program Director/or Project Manager in conduct of committee meetings, various program and organizational seminars/workshops and monitoring activities
5. Maintain and updates records and file of progress and financial reports/communications reassigned project
6. Perform other duties that may be assigned from time to time.

e. <u>Regional Project Officer</u>

1. Assist the Program Director and the Project Manager in helping local government in the management and supervision and implementation of the integrated project
2. Facilitate operationalization of the guidelines set forth by the National Coordinating Committee under the direction and supervision of the Program Director and the Project Manager
3. Assist the City/Provincial Project Coordination in setting up the various committees and the Team of Development Workers
4. Render technical assistance to the Team of Development Workers

5. Recommend to the Program Director and the Project Manager additional details depending on the needs and resources in his/her area
6. Render regular report directly to the Program Director or the Project Manager

f. City/Provincial Project Coordinator

1. Assist the Program Director, Project Manager in helping local governments in the management, supervision and implementation of the integrated project
2. Facilitate operationalization of the general implementation guidelines set forth by the National Coordinating Committee under the supervision of the Program Director and the Project Manager
3. Assist the municipal mayor in setting up the Team of Development Workers
4. Render assistance to the Team of Development Workers (TDWs)
5. Recommend to the Program Director and/or Project Manager additional implementing details/strategies in the implementation of the integrated project depending on the needs and resources in his/her area
6. Assist in the design and conduct of training activities for the integrated project staff/ personnel and volunteers
7. Render regular reports to the Program Director or the Project Manager through the Regional Project Officer

E. Strategies/Mechanics of Implementation

1. Pre-Implementation Phase

a. Selection of Model Areas
Informal preliminary surveys of the proposed model areas are conducted by a team composed of the Commission on Population and the Japan International Cooperation Agency.

Selection of model areas is based on the criteria listed in this Reference Handbook with strong emphasis on the willingness of local officials of the Community, capability of local governments to put up counterpart attitude of fieldworkers and peace and order obtaining in this equipment.

In the case of Tuba and La Trinidad, Benguet, the selection of these municipalities was done by a Japanese team sent by the Government of Japan.

b. Execution of Memorandum of Agreement

After the formal adoption of the model areas by the National Coordinating Committee, a Memorandum of Agreement was executed between the city/provincial government and the municipal mayors and the Commission on Population with the Records of Discussion earlier agreed upon between the governments of Japan and the Philippines as the basis.

The Memorandum of Agreement highlights the following provisions:

1. hat local government (both city/provincial and municipal governments) agrees to manage and supervise the implementation of the Integrated Family Planning and Maternal/Child Health Project through the barangay council which shall be formalized by joint resolutions duly passed or approved by the Sangguniang Panlalawigan and the Sangguniang Bayan (City/Provincial Council and Municipal respectively);
2. That the local government shall put up counterpart in the funding of the project at least 10% of the total cost of equipment donated to the local governments;
3. That the local government shall allocate funds and personnel for the maintenance and operations costs of the donated equipment and vehicles;
4. That the local government shall assume initial training costs for local government project staff and the barangay implementing staff;

5. That it shall adopt the barangay action plan as part of the total municipal and city/provincial action plan and providing thereof the necessary appropriations;
6. That the barangay council, the barangay brigades and the Barangay Development Council and other organized groups and community volunteers shall be trained in the assessment, planning, implementation of the action plan and management of the integrated project;
7. That the local government shall adopt the general guidelines or implementation promulgated by the National Coordinating Committee.

c. Training of Project Staff

a. Physicians, Nurses, Midwives and other paramedics shall be trained on Parasitology, nutrition, and maternal and child health care, either in Japan or locally.
b. Training for the PROGRAM OPERATIONS GROUP IN MANAGEMENT & SUPERVISION, Assessment/Evaluation, Planning, and Monitaring.

2. Implementation Phase

a. Orientation/Briefing and Organization

After the Memo of Agreement is perfected, a series of briefings/orientation is conducted on the concept, Philosophy, organization and strategies of the Integrated Family Planning and Maternal/Child Health Project followed by organizing the following:

1. Regional Coordinating Committee
2. City/Provincial Coordinating Committee
3. Municipal Coordinating Committee
4. Team of Development Workers (TDWs)
5. Barangay Council (existing)
6. Barangay Brigades
7. Barangay Development Council
8. Other community organized groups and volunteers

b. Needs-Assessment and Resource Inventory

A needs-assessment and resource inventory will be conducted in the proposed model areas to determine basic demographic,

health and socio-economic information needed for designing the integrated project.

The study will be prepared by collating data existing in various municipal offices and by holding various focus group discussions among residents representing a cross section in each of the barangays of the model areas, and by conducting a task analysis among the Team of Development Workers.

c. Planning Workshop

1. Formulation of Barangay Action Plan based on the objectives of the Integrated FP/MCH Project by the Barangay Development Council and duly approved by the Barangay Council and indorsed to the Municipal Council.
2. Formulation of TDW Action Plan, incorporating their individual agency action plan to synchronize field activities and delivery of services, approved by the municipal mayor or the city mayor as Chairman of the TDW and noted by the provincial governor as Executive Director in the case of a municipality.
3. Workshop to be called by the Program Operations Group for the municipal mayor, TDWs and the barangay captains to determine the following:
   a. That the barangay action plan is within the objectives and guidelines of the integrated project; and
   b. That the action plan of the TDWs is supportive to the barangay action plan; that there is synchronized field activities and delivery of services; and that scheduling of barangay visits will be properly coordinated with the barangay captains.
   c. Barangay Action Plan shall be forwarded to the municipal council through the municipal mayor for legal sanction and appropriate action.
   d. Implementation of the Action Plan

      Implementation of the Barangay Action Plan starts immediately after the municipal council approves it.

3. Parasite Control as An IEC Strategy

1. Parasite Control

Parasitic infection which appear to be harmless vary in kind, ranging from fatal to chronic diseases which merely reduce human capacities. Parasitic infection in general affects health of the invididual and in turn affects his physical strength, working efficiency and educational achievement.

Deworming has immediate and visible effects. Once aware of the consequences of infection, people will be easily convinced to abserve proper health practices such as proper disposal of night soil/feces, potable drinking water, clean environment, and other health practices.

To illustrate a concrete example, Dr. Flavier noted in his book, "Doctor to the Barrios," that any project without an effective and practical education component will fail to achieve its objectives. In one instance, he wrote of a sanitary toilet project wherein he first convinced the barangay captain to construct one. Being the recognized leader, Dr. Flavier thought that the community would follow his example. The barangay captain did construct a sanitary toilet but to Dr. Flavier's disappointment, the barangay captain and his family were not using it. They were reserving it for their visitors/guests.

In this example, the barangay captain was not able to relate the importance of proper disposal of night soil to his family's health, despite explanations in numerous printed materials and mass media campaign.

In contrast, if people are given health education at the time of deworming on how parasite infection occurs and how it can be prevented, people will be made aware of the importance of sanitary toilets, safe drinking water, nutrition, etc. Parasite control, therefore, can become a very effective IEC strategy, less expensive than printed and madd media. It can arouse the interest of the community and the family, thus eliciting community participation.

2. Nutrition

One of the major activities in the implementation of nutrition is a community-wide weighing of children through Operation Timbang, children found suffering from 2nd and 3rd degrees will be given food assistance that will provide high calorie and protein through community and school supplementary feedings.

The implementation of an integrated family planning, parasitic control and nutrition project will hasten the process of family planning acceptance. Parasite control and nutrition will provide the opportunity for concrete benefits to be immediately experienced and thereby win people's trust and confidence, and ultimately, family planning will be accepted more readily by the community.

III. PROSPECTS AND FUTURE DIRECTIONS

The integrated FP/MCH approach brings out new dimensions to the welfare goals of the Program. People can easily see the effects of deworming activities on the health and nutrition of children. This is one of the most basic thing that people in the rural areas can relate to their welfare.

The integrated approach, thus, has big potential to enhance the efforts to make people perceive and aspire for better welfare.

The integrated approach also has big potential to make people concretely aware of their other needs. The efforts to lessen parasite infestation among children will have better chance of success if people at the same time clean their environment, i.e. build sanitary toilets, improve their water system, and be conscious of their primary health habits.

The project in the pilot areas of San Pedro, Caramoan, Kawit, and Davao points out to the efficacy of the integrated approach.

The Caramoan project is expanding to 17 municipalities in the Province of Camarines Sur despite the phase out of JOICFP assistance. Local governments in these areas are willing to carry out their project on their own, because they have realized the positive effects the project

has brought to the people.

The year-old project in Tuba and La Trinidad have already demonstrated viability and has in fact won the full support of local officials, including the barangay leaders.

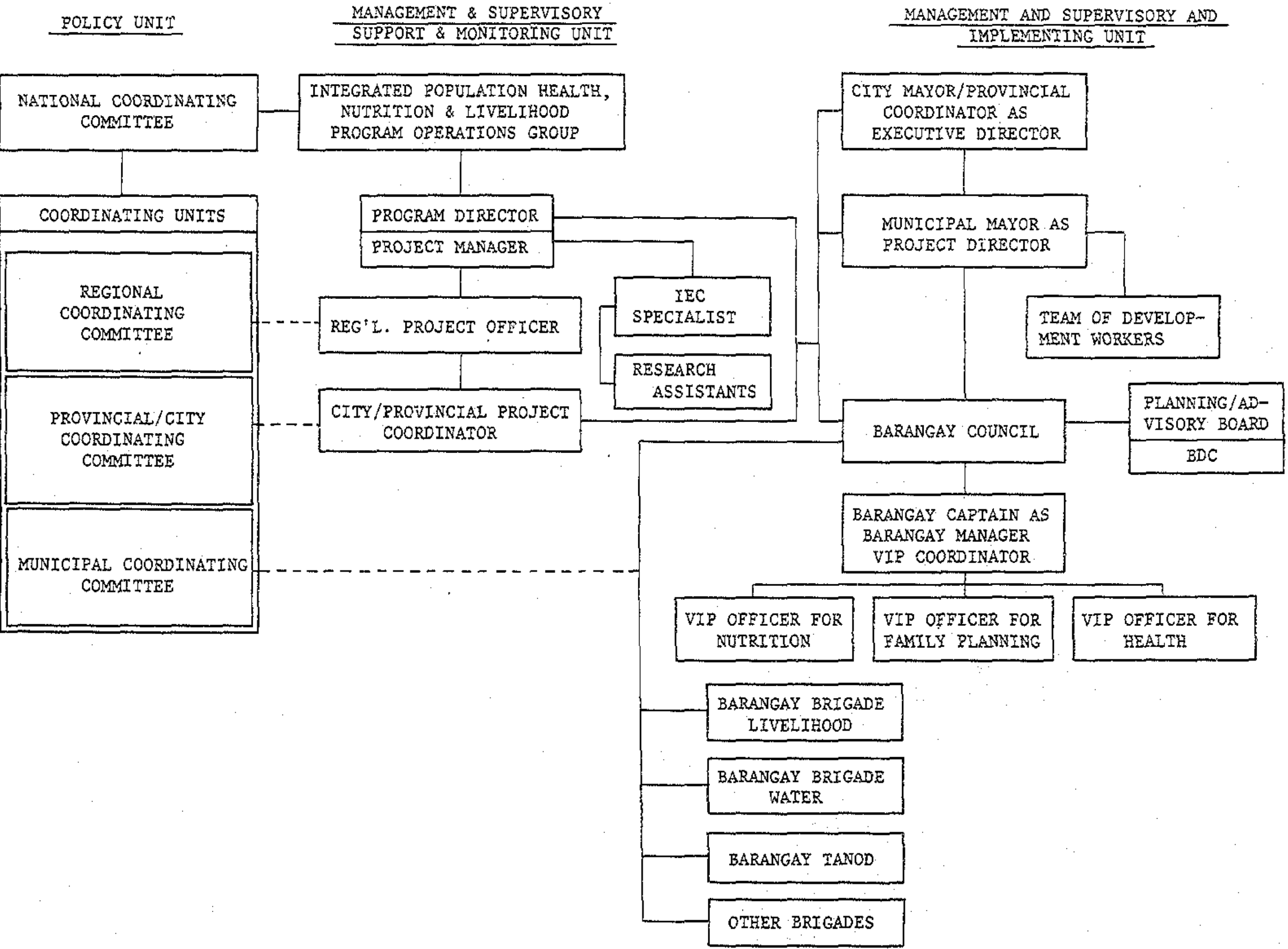
The project in Tuba and La Trinidad are set up for duplication in other areas namely: Tiwi, Albay; Sorsogon and Gubat, Sorsogon; Mansalary and Roxas, Or. Mindoro; Tuguegarao, Cagayan; Concepcion, Tarlac; and the Cities of DAgupan and Cabanatuan.

These are indications of the future that lies ahead for the integrated project and for the Philippine Population Program.

* * *

INTEGRATED FAMILY PLANNING AND MATERNAL/CHILD HEALTH PROJECT

ORGANIZATIONAL CHART



調査団収集資料(2)

BRIEFING MATERIAL

ON THE

INTEGRATED FAMILY PLANNING AND MATERNAL

AND CHILD HEALTH PROJECT

1-30-83

I. CONCEPTS AND PHILOSOPHY

The Philippine Population Program has adopted the concept and philosopy that family planning should help people improve their living standard and health status. Thus, the Program Mission has been linking fertility to welfare and productivity, the approach being very positive.

Against this background, the Integrated Family Planning and Maternal/ Child Health Project has adopted such humanistic approach, with welfare as the focal point and health as the starting concern. We envision that as a result of the parents' consciousness about the health and future of their children they become concern of the size of their family as they equate welfare of their children with their present resources.

The Integrated FP/MCH Project creates a very positive atmosphere leading to the acceptance of family planning. For a start, family planning should be viewed as planning the family with the children as the center or focus of concern, underplaying the negative implications of limiting the number of children or spacing childbirths. The ultimate aim is still to regulate population growth rate to prepare an atmosphere conducucive to the improvement of the overall welfare and productivity.

Planning the family is a broad but an appropriate definition. Limiting the number of children or spacing childbirths is only one of the many available options to achieve our desire to plan our family. The size of the family for sure affects seriously the capability of the parents to provide for the basic needs of the family. But this does not necessarily mean that limiting the size is the only way to improve the welfare and productivity of the people. In fact, it is creating a negative reaction, since limiting the number of children or spacing childbirths implies control.

It is possible that resistance to family planning by some people, specially the church, can be attributed to the fact that we are strongly advocating reduction of growth rate. While this is our ultimate goal, reduction of population growth rate impresses among the people that we are after the reduction of the population when in fact and in truth is a sheer misconception. They thought that when you reduce population growth rate you also reduce the number of population.

It is just saying that reducing number five (5) means reducing it to either four (4) or below five. To some, this may be a trivial thing, but we would like to use the term regulate rather than reduce the population growth rate.

Even population planners are using targets to achieve our objectives. Target again obviously implies compulsion on the part of the implementors, negating the true meaning and substance of our non-coercion policy. Projection, for example, is a most positive term than target. It implies no compelling force. It merely projects activities to be achieved during a given time, without necessarily 'forcing' the implementors to achieve the projected activities.

Being humanistic in approach, the Integrated FP/MCH Project focuses on the children - the concern for the children. The choice of children is very logical, practical and effective, since children have very high emotional appeal to the parents. As the old saying goes, parents are working like animals because they want to earn substantially for the sake of their children. Parents want them to grow healthy and educated in order to assure them a promising future. In other words, parents are concerned about their children. Whatever they do, they always do it for their children.

With the welfare of the children as the primordial concern, the integrated project promotes health as the starting concern. We believe that healthy children can perform well in classrooms and have bright prospects as able-bodied and mentally-developed citizens. Human infrastructure, in other words, should start with the physical and mental development of the children before we can harness labor for physical infrastructure.

Human infrastructure or development of children needs care and love from the parents. Parents must be productive economically in order to provide the basic needs of the children. Health for example as the starting concern must not be the lone responsibility of the government. The parents or the people themselves must be educated to be health conscious while the government and other private sector give them the necessary moral support, and in some instance, material support. Education, in the same way, must also be the main responsibility

of the parents. However, health and education can only be amply and appropriately provided to the children when parents are productive economically. Once the parents are conscious of the health, education and other social amenities needed by the children, both preventive and curative, they start to equate their present resources with the size of their family, their capability to provide the basic needs of their children.

The decision to limit or space childbirths is entirely left to the descretion of the parents. No outside pressure except pressure from within - as they equate their present resources with the welfare of their children. In short, parents determine their family's population growth rate to the level conducive to their welfare and productivity. Jointly, the parents and the government contribute to a well-balanced national development.

Indeed, the approach is humanistic, with the children as the focus of concern - their future, their health, education and other needs. Planning becomes operational at the family level. With this approach, every child is a wanted child, every pregnancy is planned, and every child has the right to be healthy and educated. On the other hand, because of their concern for the children, the parents will double their efforts to be more productive in order they can provide the basic necessities needed by the family, while the government in partnership with the private sector creates the atmosphere for more economic opportunities.

II. OBJECTIVES

1. Objectives of the Integrated FP/MCH Project

General:

a. To establish a firm foundation for a community based and supported-movement for family planning/welfare and productivity using parasite control and nutrition as key entry point.

b. To enhance the capability of organized groups, Barangay Brigades and Barangay Council to jointly manage the process of acceptance within the barangay (village).

Specific Community Objectives:

a. To increase the rate of amily planning acceptance and to decrease the dropout rate in family planning participation within the barangay.

b. To decrease the incidence of malnutrition among pre and school age children of the barangay.

c. To decrease intestinal parasitic infection rate in the barangay.

2. Objectives for Setting up Model Areas

In setting up model areas, the following objectives will be experimented:

a. examine changes in attitudes of both mothers and the general public in the community toward family planning and the Team of Development Workers (TDWs) before and after the implementation of the integration approach;

b. examine whether or not the acceptance rate of family planning increases and whether or not the dropout rate decreases;

c. examine the extent of the contribution that integration makes for improvement in health and nutrition;

d. study changes in the community's birth and death rates; and

e. examine the cost-effectiveness of integration and, in particular, examine the possibility of economic self-support for integration activities in urban areas.

3. Criteria for the Selection of Model Areas

The selection of pilot or model areas for the Integrated FP/MCH Project is based on the following major criteria:

a. The proposed model areas should have a population ranging from 20,000 to 70,000;

b. It must be willing to accept Japanese technology and experts;

c. It must have existing government hospitals, facilities and the necessary health personnel;

d. It must have local officials and community leaders who are cooperative and supportive to the family planning and primary health care programs;

e. Local governments are willing to put up counterparts in terms of financial, manpower and technical assistance needed by the integrated project;

f. Local and barangay officials are willing to manage and implement the integrated project; and

g. Local and barangay officials recognize the authority of the National Coordinating Committee as the policy-making body and the Integrated Population, Health, Nutrition and Livelihood Program Operations Group under the Commission on Population as the implementing arm of the National Coordinating Committee. Together, they will supervise and monitor the implementation of the integrated project through the various channels established from regional to barangay levels.

III. AREAS OF CONCERN

The primary concerns of the Integrated Project are the parasite control, nutrition, family planning and maternal and child health care and other primary health services.

It is expected that with the use of parasite control as entry point, such health services as potable drinking water, sanitary toilet, beautification and other environmental sanitation will be strengthened.

Peripheral activities such as livelihood, infrastructure and other socio-economic activities shall be the concerns of the government and the people themselves.

These activities must be strongly supportive to and linked with the overall strategy of the integrated project.

IV. STRATEGIES

a. Organization

Local governments will manage and supervise the implementation of this integrated project. The barangay council with the active participation of the barangay brigades, organized groups, volunteers and the community will plan and implement the integrated project with the Team of Development Workers (TDWs) composed of different agency workers in the municipality in the conduct of

information/education/communication activities and the delivery of vital services.

The process of institutionalization can be facilitated through this arrangement. Local governments and the barangay councils will provide funds for the operations of this project.

On the other hand, the Integrated Population, Health, Nutrition and Livelihood Program Operations Group will help/assist the local governments in the management and supervision of program implementation and at the same time assist the team of development workers in their field activities and development of skills of the project staff aside from its functions to monitor and assess field operations/activities.

The National Coordinating Committee composed of POPCOM, NEDA and MOH shall provide the general direction for the integrated project while the coordinating units at various levels, from regional down to the municipal level provide assistance to the local governments, the Program Operations Group and the team of development workers to effectively deliver the services needed in the community and to assure that their field workers are active participants in the task force or team of development workers under the chairmanship of the municiapl mayor.

On the other hand, the government of Japan shall provide, as agreed upon, the necessary equipment, Japanese experts and the training of project staff/personnel here and in Japan. It shall also provide the commodities and other medical supplies, including antihelminthics and vehicles.

nce the assistance is phased out and the local government and the barangay council's capabilities to manage and implement the project have been fully developed, the continuity of the project is thus assured.

The equipments are usually hospital and clinic equipments distributed to the health facilities within the model areas. X-ray, microscope and other medical equipment for maternal/child health services, parasite control, etc., are placed in the city/provincial hospitals.

The idea of placing this equipment in the hospital is to prepare for the expansion to other municipalities in the model province or city. On the other hand, the vehicle is given to the municipal mayor for use of the team of development workers. In summary, the integrated project advocates total planning for the community and the people concerned are trained to do such plans and implement such action plans.

b. <u>Parasite Control as the Entry Point and As An IDC Strategy</u>

Parasitic infection which appear to be harmless vary in kind, ranging from fatal infections to chronic diseases which merely reduce human capabilities. Parasitic infection in general affects health of the individual and in turn affects his physical strength, working efficiency and educational achievement.

Deworming has immediate and visible effects. Once aware of the consequences of infection, people will be easily convinced to observe proper health practices such as proper disposal of night soil/feces, potable drinking water, clean environment, and other health practices.

To illustrate a concrete example, Dr. Flavier noted in his book, "Doctor to the Barrios", that any project without an effective and practical education component will fail to achieve its objectives. In one instance, he wrote of a sanitary toilet project wherein he first convinced the barangay captain to construct one. Being the recognized leader, Dr. Flavier thought that the community would follow his example. The barangay captain did construct a sanitary toilet but to Dr. Flavier's disappointment, the barangay captain and his family were not using it. They were reserving it for their visitors/guests.

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toilets, safe drinking water, nutrition, etc. Parasite control, therefore, can become a very effective IEC strategy, less expensive than printed and mass media. It can arouse the interest of the community and the family, thus eliciting community participation.

One of the major activities in the implementation of nutrition is a community-wide weighing of children through Operation Timbang. Children found suffering from 2nd and 3rd degrees will be given food assistance that will provide high calorie and protein through community and school supplementary feedings.

The implementation of an integrated family planning, parasitic control and nutrition project will hasten the process of family planning acceptance. Parasite control and nutrition will provide the opportunity for concrete benefits to be immediately experienced and thereby win people's trust and confidence, and ultimately, family planning will be accepted more readily by the community.

V. RECOMMENDED AREAS FOR EXPANSION

REGION	PROVINCE	MUNICIPALITY	TOTAL POPULATION*		
			Male	Female	Total
I	Pangasinan	Dagupan City	47,850	50,494	98,344
II	Cagayan	Tuguegarao	36,392	37,115	73,507
III	Nueva Ecija	Cabanatuan City	68,637	69,661	138,298
	Tarlac	Concepcion	41,048	39,599	80,647
IV	Oriental Mindoro	Rozas	12,845	12,613	25,458
		Mansalay	12,059	11,489	23,548
V	Albay	Tiwi	14,756	13,970	28,726
	Sorsogon	Sorsogon	30,538	30,036	60,574
		Gubat	22,232	21,634	43,866
	Total		286,357	286,611	572,968
	Benguet	Tuba	15,909	14,540	30,449
		La Trinidad	14,154	14,559	28,713
	Total		316,420	315,710	632,130

* As of May, 1980 Census

調査団収集資料(3)

INTEGRATED FAMILY PLANNING AND MATERNAL/CHILD HEALTH PROJECT

1982 ANNUAL REPORT

1-27-83

I. HISTORICAL BACKGROUND

On July 3, 1981, the two governments of Japan and the Philippines signed the Record of Discussion which agreed among others to undertake an integrated family planning and maternal/child health project on a pilot basis from 1981 to March 1986 or a total of five (5) years.

Earlier, a Japanese Implementation Survey Team was dispatched to the Philippines to survey the areas recommended by the Commission on Population as model areas. The Japanese Mission and the Commission on Population finally selected the municipalities of Tuba and La Trinidad in the Province of Benguet. The selection of these two municipalities was based on the following criteria:

a. The model areas should have a combined population of 50,000 to 100,000

b. Existence/presence of government/private hospitals, facilities and the necessary personnel;

c. Willingness to accept Japanese assistance and technology;

d. Stable peace and order situation.

The integrated project aims at strengthening and expanding community-based family planning and maternal and child health services as well as promoting community development activities in the municipalities of Tuba and La Trinidad. It is believed that this integrated project responds to the Philippine Population Program's mandate of strengthening operational linkages among the clinic network, the Outreach structures, and the community self-help programs of health and welfare which is outlined in the "The Philippine Population Program's Medium Term Plan, 1981 - 1985".

Under the Record of Discussion, the Japanese government through the Japan International Cooperation Agency (JICA) will provicd the integrated project the following assistance:

a. Provision of equipment and commodities;
b. Dispatch of Japanese experts; and
c. Training of project personnel in Japan and locally

As initial compliance of the Japanese government, Mr. Ryoichi Suzuki was sent to the Philippines on December 14, 1981 as the resident Project

Coordinator for the Integrated Family Planning and Maternal/Child Health Project holding office at the Commission on Population but under the administrative supervision of the JICA Manila Office. Mr. Suzuki's contract is on a yearly basis and subject to renewal upon request of the Commission on Population. Under this condition, Mr. Suzuki's contract which expired last December 13, 1982 was extended for another year on strong representation made by the Commission on Population.

II. CHRONOLOGY OF EVENTS

A. Pre-Implementation Phase

January to March, 1982

Objectives of the Pre-Implementation Phase is to assist the local government offices in carrying out the pre-implementation phase of the Integrated Family Planning and Maternal/Child Health Project which lasted for three months, from January to March, 1982.

At the end of three (3) months, the pre-implementation phase accomplished the following:

1. Organization and orientation on the project of the National Coordinating Committee, the Provincial Steering Committee, and the two (2) Teams of Development Workers (TDWs) in Tuba and La Trinidad;
2. Completion of the needs-assessment study and resource inventory on Family Planning and Maternal/Child Health in the municipalities of Tuba and La Trinidad; and
3. Formulation of two (2) municipal-level action plans and 29 barangay-level action plans for the implementation of the Integrated Family Planning and Maternal/Child Health Project.

Organization

a. Project Committees were organized at the national, provincial and municipal levels in order to insure the vertical and horizontal coordination and systematic implementation of the project. Each of the Committees went through an orientation process conducted by the Population Center Foundation (PCF) and POPCOM staff in order to familiarize the members with

the project concept and objectives as well as to delineate their specific functions and responsibilities at each level.

b. Team of Development Workers was also organized in each of the municipalities of Tuba and La Trinidad consisting of the following members: The Mayor as the Honorary Chairman, the Municipal Health Officer as Chairman, the District Population Officer as Co-Chairman, and the Full Time Outreach Workers as well as representatives from the municipal offices of the Ministries of Education, Culture and Sports; Social Services and Development; Agriculture; Local Government; Rural Health Unit; and private organizations like the Foster Parents Plan and the Family Planning Organization of the Philippines.

   The functions of the Team of Development Workers are as follows:

   1. Provide direct services;
   2. Conduct trainings;
   3. Assist in the formulation of the municipal and barangay action plans;
   4. Assist in the implementation of the barangay action plans
   5. Coordinate the implementation of the action plans at the municipal and barangay levels;
   6. Monitor the implementation of the action plans;
   7. Conduct the evaluation of the program implementation;
   8. Conduct regular monthly meetings to discuss evaluation results and recommend solutions;
   9. Conduct inter-agency and committee referrals; and
   10. Report to the Provincial Steering Committee.

<u>Needs-Assessment and Resource Inventory</u>

A needs-assessment study and resource inventory was conducted to determine basic demographic, health and socio-economic information needed for designing family planning, and maternal and child health projects at the municipal and barangay levels.

The study was prepared by compiling and collating data existing in the various municipal offices, by holding 29 focus group discussions among residents representing a cross section in each of the barangays of Tuba and La Trinidad, and conducting a task

analysis sessions among the Team of Development Workers from the two municipalities.

May 27, 1982

Turn-over ceremony of 1981 Equipment for the model areas (please see attached complete list of equipment turned-over to the Province of Benguet representing 20% of the total equipment donated by the Government of Japan in 1981).

June 1, 1982

Turn-over ceremony of the 1981 equipment representing 80% of the equipment donated by the Government of Japan intended for non-model areas throughout the country. In a symbolic ceremony the equipments were turned over by His Excellency, Hideho Tanaka, Ambassador to the Philippines, to Minister Sylvia P. Montes, Ministry of Social Services and Development and Chairman of the Board of Commissioners, Commission on Population. Witnessing the turnover were Dr. Ryoji Takahara, First Secretary, Embassy of Japan, Mr. Toshikazu Miura, Resident Representative, JICA Manila Office, Mr. Ryoichi Suzuki, Project Coordinator, JICA-assisted Integrated FP/MCH Project, Mr. Edgar P. Callanta, Deputy Executive Director, POPCOM and Chairman of the National Coordinating Committee for the JICA-assisted integrated project, Mr. Jose G. Rimon II, Program Coordinator for IEC, and Ms. Ma. Florina Ileto-Dumlao, Program Coordinator for Planning and a member of the National Coordinating Committee.

June, 1982

Start of the implementation of the municipal and barangay action plans in the two model areas.

September 27 to October 26, 1982

The Japanese Government sent experts which composed the Basic Survey Team to conduct a one month survey of the Philippine Population and Family Planning Program to find out, among others, the following:

a. The National Population and Family Planning objectives and issues;
b. Strategies adopted to attain these objectives;
c. Utilization of existing facilities and resources;
d. Program alternatives/modifications; and
e. Priority areas/needs among the identified Program requirements.

On the basis of its findings, the Mission will recommend the kind/type of assistance that the Government of Japan may extend to the Philippine Population and Family Planning Program. The Mission was headed by Mr. Chojiro Kunii, Executive Director of the Japanese Organization for International Cooperation in Family Planning (JOICFP); Dr. Koichi Nakazawa, Director, Medical Cooperation Department, JICA; Dr. Muneo Okabe, Consultant, Japan Red Cross Blood Center; Dr. Kazumasa Kobayashi, Professor, Institute of Population, Nihon University; Mr. Hiroshi Taniguchi, Chief, Development Office, JOICFP; and Ms. Kyoto Okamoto, Medical Cooperation Department In-Charge of Philippine Desk, JICA. Dr. Koichi Iio later joined the group to replace Dr. Kobayashi who returned to Japan ahead of the other members.

The Mission made field trips to the model municipalities of Tuba and La Trinidad, in Metro Manila and Cavite where they conducted interviews and ocular inspection.

Highlights of the recommendations of the Mission are summarized below:

1. <u>Clear Program Directions</u>

   ° Positive involvement/mobilization of the community
   ° Self-reliance should be set as the ultimate result of community involvement
   ° Selling of contraceptives and other services should be experimented in the urban areas to firm up the concept of self-reliance
   ° Strengthen trainings of people involved in the integrated project.

2. <u>Local Government Counterparts</u>

   Local governments in model areas should be required to put up financial counterparts

3. Expansion of the Integrated Project

The Japanese Mission recommend the expansion of the integrated project to more model areas in Luzon.

4. Support Institutions/Activities and Sharing of Experiences

- Tapping institutions like the UPIMC in research and development of IEC materials for the integrated project.
- Sharing the experiences in model areas with non-model areas through trainings and exchange visits.
- Strengthening the Management Information System at the field level and the population library services.

5. Creation of Management and Supervisory Support and Monitoring Group from national down to the field levels

The Japanese Mission on the other hand informed the Commission on Population that the type of assistance it will recommend to the Government of Japan will be the following:

- Equipment/Vehicles
  - Health/medical equipment
  - Mobile clinic/laboratory
  - IEC Van
  - Service vehicles
- Training Centers
  - Human Resource Development Centers one each for Luzon, preferably Benguet, Visayas, Bicol, Mindanao and Metro Manila. Construction cost will be funded by the Government of Japan while building sites and maintenance cost by the Philippine Government.
- IEC Support and Trainings
  - Mass production of IED materials in Japan
  - Trainings for demographers, Outreach personnel, IEC personnel and AV technicians.
- Others
  - Provision of FTOW kits
  - Provision of cabinets or Display kit for BSPOs

December 17, 1982

Creation of the Integrated Population, Health, Nutrition and Livelihood Program Operations Group in response to the recommendation of the Japanese Mission. The group has initially the following staff:

Mr. Edgar P. Callanta	- Program Director
Mr. Rolando C. Maulion	- Project Manager
Mr. Efren Vigo	- IEC Specialist
Mr. Erlinda B. Gascon	- Researcher
Ms. Erlina Castillo	- Researcher

The Operations Group will serve as the secretariat and implementing arm of the National Coordinating Committee and will render management and supervisory support to the local governments, barangay councils and the team of development workers aside from its functions to monitor field activities.

The Program Operations Group is also responsible in the development of the new concept, philosophy, organization and broad program strategies to set program directions clearly.

B. Implementation Phase

The implementation phase actually started in June, 1982 after the pre-implementation activities were completed. Highlights of the accomplishments in both municipalities are summarized below:

1. Strengthened the integration/coordination of the various agencies in the municipalities through the Team of Development Workers.

2. Operationalized synchronization of the delivery of various services by the different agencies.

3. Brought closer relationship and coordination between and among the municipal government officials and the agency workers and the barangay officials and the community.

4. Strengthened support system/program for development projects, bringing the services to the people, and stimulation of community projects.

5. Stimulated greater people's participation.

6. Improved program areas in family planning, health, nutrition, maternal and child health and other primary health services.

Identified problems which need improvement are the following:

1. Conflict of individual agency priorities/schedules with that of the Team of Development Workers
2. Unclear program directions
3. Lack of skills in the field of specialization
4. Lack of commitment on the part of project staff/personnel
5. Difficult local conditions like terrains and lack of logistics
6. Overloaded activities of barangay officials
7. Lack of training for the TDW members
8. Absence/lack of regular barangay visits or schedules by the TDWs
9. Inability of the Japanese Government to dispatch the Japanese experts in environmental sanitation, maternal and child health care and parasite control.
10. Lack of IEC materials for the integrated project and IEC equipment
11. Lack of medical supplies, specially antihelmintics
12. Lack of medical equipment and service vehicles

Accomplishments

(Please see attached)

PROGRAM ACCOMPLISHMENTS

June - December 1982

Municipality of La Trinidad

PROJECT AREA	ACTIVITY	TARGET	ACCOMPLISHMENTS	SCHEDULE	IMPLEMENTING AGENCIES	REMARKS
1. Family Planning	1. Inter-agency meeting	Mun. Officials TDWs	monthly meetings on scheduled	every 3rd Friday	All agencies	Monthly meetings followed
a. target objective - 3%	2. Barangay assemblies	16 Barangays	18 bar. assemblies	twice/mo.	TDWs	
accomplishments - 5%	3. Mother's class organization	16	16 organized	July - Dec.	RHU, MA, MSSD	Targetted bar.
b. target new acceptors - 250	4. film showing; other motivation	all Barangays	10 filmshowing	-do-	FPOP, Hosp. TDWs	-do-
accomplishments - 312	5. satelite BSPOs	far flung barriers	12 assisted	-do-	FTOWs	-do-
performance - 124.8%	6. recruit new acceptors thru motivational activities; NA client examination; and commodity assistance and referrals; constant follow-ups and house to house visits	NCRAs and DROP	600 motivated 800 informed 70			
c. dropouts target - 10%	7. attendance to skills enhancement training	Barangay officials	orientation sem. on population control attended by all mayors and TDWs	Nov. 16/82	POPCOM	
			MHO, La Trinidad awarded observation tour to Japan	Nov. 1-30 1982	JICA	

Consolidated By:

SYLVIA C. TACUDOG
TDWs Secretary

Noted By:

ALBERT LAOYAN
TDW Chairman

Approved:

HILARIO A. L. PAWID
Municipal Mayor & Over-all Chairman

PROJECT AREA	ACTIVITY	TARGET	ACCOMPLISHMENTS	SCHEDULE	IMPLEMENTING AGENCIES	REMARKS
II. Nutrition	A. Food Assistance					
	1. supplemental feeding	120 3rd and 2nd	526 given assistance	July - Dec.	MSSD, RHU	Still going on
	2. day care feeding	60	320 assisted	-do-	MSSD, PNRC	On-going
	3. mothercraft	6 organization	8 groups (109)	-do-	TDWs	-do-
	4. dry ration	120 needy families	416 assisted	-do-	MSSD, RHU	-do-
60% 2nd and 3rd degree	5. medical assistance	3,000 persons	7,051 assisted	-do-	RHU, Hosp.	-do-
	6. food processing	10 individuals	25 assisted	-do-	MA, MSSD	-do-
	7. Home gardening		346 assisted	-do-	-do-	-do
	8. backyard		165 given assistance	-do-	-do-	-do-
	9. piggery		99 -do-	-do-	-do-	-do-
	10. cattle raising		50 -do-	-do-	-do-	-do-
	11. backyard fingerlings		4 -do-	-do-	-do-	-do-
	12. rabbit raising	30 individuals	78 -do-	-do-	-do-	-do-
	13. nutrition related information					
	- malnutrition prevention	parents	12 Barangay assemblies	-do-	-do-	-do-
	- PMC	Marrying couples,	392 counselled	-do-	-do-	-do-
	- Parents class	parents	16 groups (320 ind.)	-do-	-do-	-do-
	- OPT	0 - 6 children	1284 0 - 6 children	-do-	-do-	-do-
	- deworming	children	302 Malnourished children	-do-	-do-	-do-
	- immunization	children	350 immunized	-do-	-do-	-do-
	- goiter control	all levels	103 treated	-do-	-do-	-do-
	- environmental sanitation toilet, residential, business and water connection established		1986 assisted, inspected & established	-do-	RHU, MUNC.	-do-

Consolidated By:

SYLVIA C. TACUDOG
TDWs Secretary

Noted By:

ALBERT LAOYAN
TDW Chairman

Approved:

HILARIO A. L. PAWID
Municipal Mayor & Over-all Chairman

TDW Secretary

HILARION A. L. PAWID

PROJECT AREA	ACTIVITY	TARGET	ACCOMPLISHMENTS	SCHEDULE	IMPLEMENTING AGENCIES	REMARKS
III. Maternal/Child Health	1. Massive infor. drive on benefits of interpartum care thru: house to house calls, individual contacts, mother's classes, barangay orientation and community organization	All mothers	2 infor. drive in each	July - Dec.	TDWs	Continuing activity
	2. Post-partum follow-up thru: house to house calls; individual chart and infor. activities	All bearing mothers	443 followed-up	-do-	RHU, Hosp.	-do-
	3. Trainings of hilots to provide ante-partum and post partum	7 prospects	8 persons trained	-do-	TDWs	-do-
	4. Health education	parents/youths	2,835 IEC	-do-	-do-	-do-
	5. Establishment and maintenance of herbarium in pilot barangays	Pilot barangays	3 established	-do-	TDWs, Hosp. Mun. Gov't.	-do-
	6. Survey of available		30 plants identified	-do-	-do-	-do-
	7. Information/dessimilation of plants available	residence of La Trinidad	1020 people informed	-do-	-do-	-do-

Consolidated By:

SYLVIA C. TACUDOG
TDWs Secretary

Noted By:

ALBERT LAOYAN
TDW Chairman

Approved:

HILARION A. L. PAWID
Municipal Mayor & Over-all Chairman

TDW Secretary

PROJECT AREA	ACTIVITY	TARGET	ACCOMPLISHMENTS	SCHEDULE	IMPLEMENTING AGENCIES	REMARKS
IV. Environmental Sanitation	1. consultative meetings and/or dialogue with local officials and residents	All barangays	2 meetins were held in each barangay to this effect	Jul - Dec.	TDWs	continuing activity
	2. recruitment identification of viable water sources	-do-	6 tapped	-do-	RHU, Mun.	-do-
	3. community assemblies on proper disposal activities and environmental sanitation	-do-	2 assemblies held in	-do-	TDWs	-do-
	4. identification, const. and maintenance and repair of sanitary toilets	residents who lacks toilet/unsanitary homes	183 assisted	-do-	TDWs	-do-
	5. toilet campaign	5% of 555 w/toilet	32 new toilets (5.7%)	-do-	-do-	-do-
V. Others	1. opening of Day Care Centers for mal-children	12 depressed brgys.	12 established	-do-	MSSD	-do-
	2. appropriation of funds for Day Care and nutrition/FP and MCH activities		P6,000 for Day Care		Mun. Gov't.	-do-

Consolidated By:

SYLVIA C. TACUDOG
TDW Secretary

Noted By:

ALBERT LAOYAN
TDW Chairman

Approved:

HILARION A. L. PAWID
Municipal Mayor & Over-all Chairman

PROGRAM ACCOMPLISHMENTS

June - December 1982

Municipality of Tuba

PROJECT AREA	ACTIVITY	TARGET	ACCOMPLISHMENT	% OF ACCOMP.	REMARKS
1. FAMILY PLANNING					
a. Prevalence Rate	- Inter-agency meeting	31.5%	32.69	103%	TDW, ABC meeting every 1st Friday of the month
	- Barangay Assemblies	-	5		
	- Conduct IEC Activities	-	41		
	- Film Showing	-	217		
	- House to House Motivation	-	8		
b. New Acceptors Recruited	- Conduct follow-up/continuous motivational contacts	165 -	190 723	118%	
	- Referrals	-	42		
	- FP Training/skills enhancement	-	-		PMC Trainings
c. Continuing Users Maintained	- Issuance of contraceptive supplies	1397	1389	99%	
	- Distribution of IEC Materials	2073	2073	100%	
2. NUTRITION					
a. Reduced Mal-nourished children from 3rd to 2nd degree	- Reweighing of malnourished children	306	578	188%	
	- Supplemental Feeding		4		
	- Nutrition Information Drive	-	41		
	- Deworning of parasite infected children	-	575		
	- Conduct of Mothers classes	-	7		
	- Re-weighing of 0 - 38 months (under seven)	-	5547 (8%)		

Program	Activity	Target	Accomplishment	%
3. MATERNAL & CHILD HEALTH				
a. Protection of Pregnant Women	- Massive Infor. Drive on benefits of ante-partum care	-	41	
	- House to house calls/individual contacts to pregnant mothers	637	704	118%
	- Mothers Classes	-	3	
b. Post Partum Protection	- Follow-up of lactating mothers	637	578	106%
	- Well-baby Clinic	-	974	
	- Training of Hilots	-	3	
	- Immunization			
	DTP_1	-	358	
	DTP_2	-	295	
	BCG (3-8 mos.)	-	358	
	OPV_1	-	358	
	OPV_2	-	325	
	T.T.	-	361	
4. ENVIRONMENTAL SANITATION				
a. Improved Springs $ increased H_2O source	- Consultative meetings/dialoques with local officials	-	41	
	- Identification of viable water source	-	94	
	- Development of identified water source	5	9	180%
b. Improvement of drainage & disposal system	- Community Assemblies	-	41	
	- Information Drive (environmental Sanitation)		41	

c. Improvement of Toilets	- Construction of satisfactory toilets	13	10	338%
	Pit privies	13	33	
	Water Sealed	-	1	
	Flush			
	- Identification of satisfactory toilets	65	124	190%
	- Dialogue with local officials and households		13	

5. OTHERS

1. Approval of honorarium for Day Care Workers.
2. Appropriated funds for Nutrition in the amount of 5,000 for the purchase of food commodities particularly for the 2nd and 3rd degree malnourished children in 2 areas.
3. Appropriated funds for waterworks program in selected barangays.
4. Employment of two casual nurses and 1 midwife.

Prepared by:

(SGD.) NORMA P. ESTEBAN
Municipal Population Officer
Secretary, TDW

Approved:

(SGD.) JAIME ALOS
Municipal Mayor
Hon. Chairman, TDW

Noted by:

(SGD.) BLAS DALUS
ABC President
Chairman, TDW

C. Recommendations

1. Clear Program Directions

   a. Implementation of the concepts and philosophy of the Integrated Family Planning and Maternal/Child Health Project including the organizational set-up, and program strategies/approaches conceptualized by the Program Operations Group.

   b. Implementation of parasite control as entry point for primary health care and family planning.

2. Expansion Program

   Based on the experiences in the model areas of Tuba and La Trinidad and on the strong recommendations of the Japanese Basic Survey Mission, the expansion of the integrated project to other areas should now be considered and implemented.

   The rationale behind this expansion is also premised on the reality that concentration of equipment and other assistance to the municipalities of Tuba and La Trinidad within the assistance period of five years may result in the "over flooding" of equipment.

   Based on the ocular survey conducted by the Program Operations Group and Mr. Ryōichi Suzuki, Project Coordinator of the JICA-assisted Integrated Family Planning and Maternal and Child Health Project and with concurrence of Mr. Edgar P. Callanta, POPCOM Deputy Executive Director and Chairman of the National Coordinating Committee and concurrent Program Director of the Program Operations Group, the following areas are recommended as model municipalities for the expansion program:

   a. Dagupan City (Region 1)
   b. Cabanatuan City (Region 3)
   c. Concepcion, Tarlac (Region 3)
   d. Tiwi, Albay (Region 5)
   e. Sorsogon, Sorsogon (Region 5)
   f. Gubat, Sorsogon (Region 5)
   g. Tuguegarao, Cagayan (Region 2)
   i. Roxas and Mansalay, Or. Mindoro (Region 4)

3. <u>Skills Trainings</u>

a. Communications training for the Team of Development Workers and barangay implementors

b. Parasitology Training for physicians, medical technicians, midwives and paramedics

c. Management and Supervisory Training for Project Staff and personnel, including local government officials and barangay officials.

* * *

PREPARED BY:

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Operations Group

NOTED BY:

EDGAR P. CALLANTA
Chairman, National Coordinating Committee & Project Director, Integrated Projects

RYOICHI SUZUKI
Project Coordinator
JICA-Assisted Project

:ebg
1-27-83

SUMMARY OF 1981

EQUIPMENT ASSISTANCE FROM THE GOVERNMENT OF JAPAN

DESCRIPTION	NO. OF UNITS	DATE OF ARRIVAL	AMOUNT
1. Nissan Patrol Van	2 Units	2-27-82	¥3,572,000
2. Nissan UrVan Microbus	1 unit	-do-	1,208,000
3. Datsun Bluebird	1 unit	-do-	970,000
CIF Manila			5,750,000
4. FTOW bags and contents	220 sets	3-10-82	49,100,000
5. CIF Manila			3,218,324
6. Binocular Microscopes & accessories	Nine cases		14,900,000
CIF Manila			962,442
7. Portable Operating Table	60 sets	3-27-82	11,490,000
8. Wooden Case for the Operating Table	60 sets	-do-	1,260,000
CIF Manila			671,731
TOTAL			¥87,352,497

TOTAL ASSISTANCE: ¥87,352,497
(Y/S/P) $366,796.12
P3,017,264.00

Note: 1982 Equipment Assistance is still under process.

JICA