

No. 47

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

JUNE, 1983

**JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)**

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Foreword

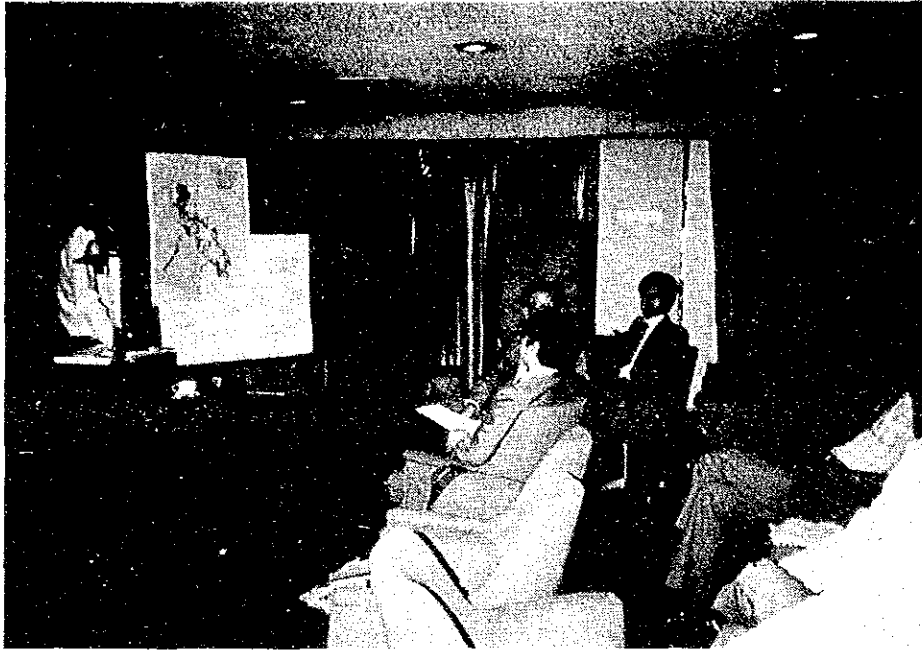
In response to a request of the Philippine Government, the Japanese Government provided a project type technical cooperation involving equipment supply from 1974 onward. In sequel to this, a project integrating maternal/child health and family planning has been in progress since July 1981, in a model area in Benguet Province.

In order to ascertain the extent of cooperation carried out during 1981-82 and to acquire a guideline for future activities by increasing our mutual understanding, the Japan International Cooperation Agency sent a consultation team to the Republic of the Philippines in February, 1983.

This report contains a summary of the results of consultations and surveys conducted by the consultation team. It is hoped that this report will be helpful in implementing the Integrated Family Planning and Maternal/Child Health Project in the Philippines.

I wish to express my sincere thanks to the officials concerned of the Philippine Government for the close cooperation they have so kindly extended to the consultation team.

Masao Hasegawa,
Executive Director,
Japan International Cooperation Agency



Consultation Team in POPCOM



Consultation Team in Benguet

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I. A Summary of JICA Consultation Team's Report

The Consultation Team for the POPCOM-JICA Integrated FP-MCH Project was able to achieve its objectives by consulting with the POPCOM officials and the leaders in the model areas and by conducting a field observation of the area as well as obtaining relevant data. The obtained information, results of consultation on the progress of the Project by the Team and the Team's views on the future management of the Project are summarized as follows:

1. Present condition of the family planning project in the Philippines and the desirable form of Japan's cooperation

As it is expressed in its motto-"Every child is a wanted child", POPCOM views family planning as the activities for the promotion of health and welfare of the future children rather than the curbing of population or birth control in a narrow sense. Family planning under this project is thus defined as "systematic family planning for the number of children desired by the parents and for births at appropriate intervals." "For this purpose, the development of health care for mother and child as a whole, including environmental hygiene, and the improvement of the awareness of local residents concerning health are important. Understanding and practice of family planning can be obtained as a result of the development of health care for mother and child." Guidance for the model area is given from that point of view. The consultation team fully agrees with it.

Rural residents in general tend to resist "birth control" not simply because many of them are Catholics. Moreover, if the curbing of population is assisted by a foreign country, it may be regarded as being egotistically imposed by an advanced country and be resented. In order to be successful in international cooperation, it is desirable to avoid misleading words or scope of assistance which may be misunderstood and to indicate "cooperation for the health and welfare of children who will be the driving force of future society."

2. Organization in the model area

The Filipino side designated two areas of Benguet Province as model areas and built up regional organizations for effective maternal/child health and family planning. Under the guidance of the governor and the mayor selected by the POPCOM, various activities and services under the jurisdiction of different government departments are integrated and skillfully administered in these areas. This is the most significant result of the project, which can already be highly evaluated at the present stage.

The system under the jurisdiction of the POPCOM and the Ministry of Health is given as an example in the Appendix. Cooperation of the hospital staff and Rural Health Unit personnel under the Ministry of Health is indispensable for this project, which is closely related to the activities of the new Primary Health Care program. All the personnel work together in maternal/child

health activities in the model areas. The mayor himself was found to be confident about the system established.

3. Activities under the Integrated FP/MCH Project in the model areas

As regards the response in the model areas to this project, we formed the view that the policy of the POPCOM had been fully understood. Actual activities were already in progress in the two model areas with enthusiasm about the maternal/child health services.

Medical examination for children aged under six have been energetically carried out in the model areas. We noticed on our visit to a RHU that the mothers were willing to make use of such services, resulting in a high ratio of children receiving medical checkups.

As for family planning, efforts are being made for motivation, reflected in the frequency of health guidance. Guidance for birth control is being given on request, avoiding to give the impression of imposing it. We found this commendable consideration (see Appendices 1 and 2 in the Report on the Results in the Model Areas).

4. Position of parasite control in the Integrated FP/MCH Project

The POPCOM believes that parasite control is an effective entry point for the local residents to understand the importance of health. Although this approach was suggested originally by the JOICFP, its significance is well understood by the POPCOM. At the same time, willingness grew to develop other methods as entry points, depending on the characteristics of the area concerned.

This flexible approach can be highly evaluated as a desirable direction for formulating a national strategy for the Philippines as a whole.

The consultation team discussed several problem areas in the implementation of parasite control. They can be outlined as follows.

- 1) Parasite control requires all-out cooperation from the hospitals and Rural Health Units for providing tests, training and treatment. Adequate arrangements can be made in this respect in the model areas.
- 2) Parasite control by drugs is of a temporary nature and the situation will be back where it was before in three months' time. It will be deceiving the residents if it is not effective in eradicating parasites by only showing them as an entry point for education. Therefore, improvement of environmental hygiene should be carried out. However, it will take some time and a large amount of funds before the results can be shown in figures.
- 3) Common parasites in the model areas are not of the types which endanger life. In order to lower the infant mortality, other methods, e.g., prevention of infectious diseases, can be considered. However, whether it can be included in this project is questionable.
- 4) Although there may be more parasite specialists in the Philippines than in Japan, we believe that it will be meaningful to send Japanese specialists

in testing techniques and parasite control strategy.

5) Although parasite control can be used as an entry point, attention should be paid to the fact that parasites vary from area to area.

5. Action plan for the model areas

As regards the future implementation of this project in the model areas, we were impressed by the highly commendable plan formulated by the mayor and others concerned under the guidance of the POPCOM. The plan concerns the promotion of maternal/child health services, improvement of environmental hygiene and the introduction of health education. (See Appendices 3 and 4, Action Plan 1983 for the Model Areas.)

For instance, in the plan for La Trinidad, parasite control is placed under the section for the improvement of environmental hygiene and family planning under maternal/child health. Both La Trinidad and Tuba are also expected to finance the construction and renovation of facilities in Barangay and the recruitment of personnel without outside help. Concrete and effective means of education are also being planned, including classes for mothers and health education for senior school officials. In particular, the planned registration of births and deaths is importante as it provides the basis for assessing all projects. Therefore, it is advisable to put it into practice by all means.

The fact that such a plan was formulated shows that the leaders in the model areas well understood the objectives of this project and began to make their own

efforts. This is highly commendable.

6. Expansion of model areas

At present, 20% of cooperation equipment and materials is allocated to the model areas and 80% to non-model areas. However, the POPCOM is considering a change in distribution, in which nine areas (two cities and seven towns) are additionally designated as model areas and the current 80% for non-model areas is distributed among the new model areas. These areas seem to be suitable for model areas as they have different characteristics such as "remote island", "cooperation of leading civic organizations such as Rotary Club is available", "there is a good women's organization", "urban type" or "under the strong leadership of the chief educational administrator, the public can be reached through schools." It is also desirable to have a system whereby the flow of materials can be followed to the terminal rather than sending them vaguely to non-model areas.

Accordingly, the consultation team believes that if the new model areas to be designated are under the strong leadership as in the present model areas and if adequate cooperation with the facilities and personnel under the Ministry of Health can be obtained, the proposed expansion of model areas is well worth considering from the viewpoint of JICA.

However, even if model areas are expanded, it is desirable to place the weight on Banguet Province as the basic model area where the experts sent by the JICA can

establish their base and where the training of middle-ranking Filipino leaders and technicians can be carried out.

7. Dispatch of experts

In view of the Filipino request, the JICA should send various experts in the order and with the scope outlined below.

- 1) As for the testing and prevention of parasites, experts capable of guiding training (they do not have to be physicians).
- 2) Experts capable of providing guidance and advices for maternal/child health including family planning. Preferably doctors experienced in guiding and formulating plans for regional health care including RHS services.
- 3) Experts in health education who are familiar with the scope of health guidance including the improvement of environmental hygiene and who are equipped with educational techniques for local residents. (They do not have to be physicians. If health education experts are not available, experienced public health nurses can be employed.)

Appendix 1

Republic of the Philippines
PROVINCIAL POPULATION OFFICE
La Trinidad, Benguet

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

NAME OF FTO: LYDIA P. GARCIA

AREA: LA TRINIDAD
10 Barangays

A. JOB PERFORMANCE

	<u>PLANNED</u>	<u>ACTUAL</u>
1. PROGRAM COMPONENTS		
a. New Acceptors	<u>62</u>	<u>99</u>
b. Follow-up to Continuing Users	<u></u>	<u>202</u>
c. Re-Motivational	<u></u>	<u>135</u>
d. FP Referrals	<u>48</u>	<u>26</u>
e. Motivational Contacts	<u>540</u>	<u>743</u>
f. Community Ass./Forums	<u></u>	<u>10</u>
g. Lectures	<u>14</u>	<u>20</u>
h. Household visits	<u></u>	<u>219</u>
i. Film Showing	<u>1</u>	<u>4</u>
j. IEC Materials Distribution	<u></u>	<u>3,005</u>
k. BoGH Reported Acceptor	<u>144</u>	<u>190</u>
l. RHU Reported Acceptor	<u>60</u>	<u>225</u>

2. OPERATIONS

NOTED BENEFITS GAINED FROM PRACTICE OF FAMILY PLANNING

a. Women who found employment	<u></u>	<u>21</u>
b. Women who continued studies, finished a course	<u></u>	<u>4</u>
c. Women who were able to work in the farm etc. and earned income in own way	<u></u>	<u>55</u>
d. Savings of clients from Hospital expenses due to reduced no. of pregnancy/delivery	<u></u>	<u>5</u>
e. BSPO Spot Checks	<u>100</u>	<u>120</u>
f. Condom Issued	<u></u>	<u>12,498</u>
g. Pills Issued	<u></u>	<u>2,010</u>
h. Barangay Spotmaps	<u>10</u>	<u>10</u>
i. Clinic Visits	<u>30</u>	<u>36</u>
j. Attendance to TDW Activities	<u></u>	<u>24</u>
k. Mothers Class Assisted	<u></u>	<u>2</u>
l. Birth Reg. Under 10 Barangays	<u></u>	<u>556</u>
m. Death Reg. Under 10 Barangays	<u></u>	<u>85</u>
n. Added Marriage Under 10 Barangays	<u></u>	<u>83</u>
o. Pro-Marriage Counselling Conducted	<u></u>	<u>86</u>
p. No. of Couples Councelled	<u></u>	<u>440</u>

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

Appendix 3

LA TRINIDAD MUNICIPAL ACTION PLAN

<u>AREAS</u>	<u>OBJECTIVES</u>	<u>ACTIVITIES</u>	<u>PERSON RESPONSIBLE</u>	<u>TIME FRAME</u>
I. Environmental Sanitation				
A. Parasite Control	- To conduct mass deworming in 3 Barangays by end of Dec. 1983	<ol style="list-style-type: none"> 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%	<ol style="list-style-type: none"> 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%	<ol style="list-style-type: none"> 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 Trinidad Water District	TDW	End of Dec. 1983

<u>AREAS</u>	<u>OBJECTIVES</u>	<u>ACTIVITIES</u>	<u>PERSON RESPONSIBLE</u>	<u>TIME FRAME</u>
E. Health Ordinance	- To initiate the formulation of at least 2 health ordinance by the end of 1983	1. Meeting with the S.B.B. 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
	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 feeding 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

<u>AREAS</u>	<u>OBJECTIVES</u>	<u>ACTIVITIES</u>	<u>PERSON RESPONSIBLE</u>	<u>TIME FRAME</u>
FAMILY PLANNING	<ol style="list-style-type: none"> 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 supervision 4. To conduct two trainings and seminars for the enhancement of knowledge and skills by end of Dec. 1983 	<ol style="list-style-type: none"> 1. Post activation activities like film showing 2. Provide services to N.A. three client examination <ol style="list-style-type: none"> a. Home visits b. Conduct H.E. education 3. Conduct trainings for school principals and head teachers to trainers on FP/MCH and health 4. Training and re-orientation of TDW on FP methods 5. Referrals: <ol style="list-style-type: none"> 1. establish satellite BSPOS in far flung barangays 2. make available all kinds of FP contraceptives w/o the acceptor can use after proper instructions by MHO, Nurse and midwives 	TDW	End of Dec. 1983
III. Nutrition	To reduce the number of 2° and 3° malnourished from 17% to 10%	<ol style="list-style-type: none"> 1. Food assistance <ol style="list-style-type: none"> a. Supplemental feedings b. day care feedings c. insumix d. mothercraft nutrition feedings e. dray ratio 	TDW	End of Dec. 1983

<u>AREAS</u>	<u>OBJECTIVES</u>	<u>ACTIVITIES</u>	<u>PERSON RESPONSIBLE</u>	<u>TIME FRAME</u>
		<ul style="list-style-type: none"> f. promote breast feeding 		
		<ul style="list-style-type: none"> 2. Food Production <ul style="list-style-type: none"> a. home gardening b. kadios, papaya, sigarilyas plants c. poultry and swine d. cattle raising, fingerlings, rabbit raising 	TDW	End of Dec. 1983
		<ul style="list-style-type: none"> 3. Health Protection <ul style="list-style-type: none"> a. operation timbang b. deworming c. immunization d. goiter control e. environmental sanitation campaign 	TDW	End of Dec. 1983
		<ul style="list-style-type: none"> 4. Nutrition Education Information <ul style="list-style-type: none"> a. pre-natal counselling b. home makers classes/parent's class c. home visits d. food production e. community assembles f. seminars/trainings g. exhibits h. lutwing kakanin i. 	TDW	End of Dec. 1983
		<ul style="list-style-type: none"> 5. IGP - Income Generating Project <ul style="list-style-type: none"> a. IGP-established and sustained b. home industries 	TDW	End of Dec. 1983

<u>AREAS</u>	<u>OBJECTIVES</u>	<u>ACTIVITIES</u>	<u>PERSON RESPONSIBLE</u>	<u>TIME FRAME</u>
Infrastructure	1. To initiate construction of 3 multipurpose buildings by end of Dec. 1983	<ul style="list-style-type: none"> c. clothing (special classes) d. food processing 	Barangay Officials	End of Dec. 1983
	2. Initiating - Income Generating Project (2) by end of Dec. 1983	<ul style="list-style-type: none"> 1. Solicitation of funds by barangay and PHC officials 2. Administrative assistance of local government. 		
		<ul style="list-style-type: none"> 1. Awards on: <ul style="list-style-type: none"> 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
Municipal Mayor

Appendix 4

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 b. examination of stools c. mass deworming	Barangay officials, TDW RHU Barangay officials, TDW	Jan. - Dec. 1983 -do- -do-
	1.2. referral of water for analysis and treatment for safe drinking	Barangay officials, TDW	-do-
	1.3. information drive on proper food handling 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 toilets	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-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
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	Jan. - Dec. 1983
	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-
b. New Acceptors To recruit 302 new acceptors and maintain 1691 continuing users	2.1. conduct home visits to MCRAs	TDW	-do-
	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-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME	
3. MATERIAL 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	Jan. - Dec. 1983	
	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-	
4. NUTRITION	3.5. follow up of high risk cases	RHU	-do-	
	3.6. individual guidance and counselling in family welfare	TDW	-do-	
	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-
		4.3. maintenance of 2 existing centers	MSSD, Local gov't	-do-
		mild - 2231 to 2119		
	mod. - 520 to 494			
	severe - 58 to 55			

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
To maintain the nutritional status of normal children	4.4. supplementary feeding		
	- targeted food assistance program	RHU	
	- food for growth	MSSD	
	- Municipal Nutrition Assistance Program	Local gov't	
	4.5. continuous information on nutrition	TDW	Jan. - Dec. 1983
	4.6. distribution of NIE materials	TDW	-do-
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	-do-
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-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
6. Construction of community school and repair Ligay, Lubas, Camp One repair - Tadiangan	Active participation of barangay members and team of development workers, other volunteer groups and municipal officials	Municipal Government	Jan. - Dec. 1983
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	-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. Disposal of livestock projects	-do-	Municipal Government	-do-
SUPPORTIVE CONCERNS:			
14. Appropriation of supplies and equipments for POPCOM-JICA-LOCAL GOVERNMENT PROJECTS	-do-	-do-	-do-

OBJECTIVES	ACTIVITIES	PERSON'S INVOLVED	TIME FRAME
15. Employment of two (2) Full time outreach workers	Active participation of barangay members and team of development workers, other volunteer groups and municipal officials	Municipal Government	Jan. - Dec. 1983
16. Sanitation, beautification and cleanliness	-do-	-do-	-do-

RECOMMENDING APPROVAL:

JAIME ALOS
Municipal Mayor
Hon. Chairman, TDW

II. Schedule and Members of the Consultation Team

1. Schedule of the Consultation Team

Term: February 1, 1983 -- February 8, 1983

Date	Outline of the Consultation
1 (Tue)	<ul style="list-style-type: none"> . Arrival at Manila by PR 431 . Courtesy call to the Embassy of Japan and JICA Office
2 (Wed)	<ul style="list-style-type: none"> . Courtesy call on POPCOM <ul style="list-style-type: none"> * Eugenia G. Jamais, Executive Director * Edgar Callanta, Deputy Executive Director . Orientation
3 (Thurs)	<ul style="list-style-type: none"> . Courtesy call Sylvia P. Montes, Minister of Social Services and Development . Courtesy call on Mr. Reyes Director External Assistance, National Economic and Development Bureau
4 (Fri)	<ul style="list-style-type: none"> . Arrival at Baguio by PR 206 . Courtesy call on Governor Ben Palispis of Benguet Province . Orientation . Observation of Buyagan Elementary School, La Trinidad . Consultation with Dr. Bayasen, Dr. Cabotaje
5 (Sat)	<ul style="list-style-type: none"> . Observation of Baranguay Bahong . Courtesy Call on the Mayor of La Trinidad . Observation of Benguet General Hospital and Consultation with the Doctors and the Staff . Observation of the Rural Health Unit, La Trinidad . Courtesy Call on the Deputy-Mayor of Tuba . Observation of the Rural Health Unit, Tuba . Observation of the Health Station
6 (Sun)	<ul style="list-style-type: none"> . Arrival at Manila by PR 432 . Consultation within the Team
7 (Mon)	<ul style="list-style-type: none"> . Final Consultation with POPCOM . Report to the Embassy of Japan and JICA Office
8 (Tue)	<ul style="list-style-type: none"> . Departure from Manila by PR 432

2. Members of the Consultation Team

Name and Position	Responsibility
<p>Munehiro HIRAYAMA, M.D. Professor, Dept. of Maternal and Child Health, School of Health Sciences, Faculty of Medicine, Tokyo University</p>	<p>Generalization and Maternal and Child Health</p>
<p>Kuninori SHIWAKU, M.D. Assistant Professor, Dept. of Parasitology, Ehime University, School of Medicine</p>	<p>Parasite Control</p>
<p>Akira HASHIZUME, M.D. Technical Official, Maternal and Child Health Division, Children and Families Bureau, Ministry of Health and Welfare</p>	<p>Public Health</p>
<p>Eizen IREI Staff, Dept. of Medical Cooperation, Japan International Cooperation Agency (JICA)</p>	<p>Coordination</p>

