

Project Title:

Comprehensive Operations Research for the Philippine Family Planning Program (PHI/89/P18)

Implementing Agency:

University of the Philippines Population Institute (UPPI)

Project Description:

The project supports operations research as an important component of efforts to improve family planning (FP) program operations. It is expected to promote research utilization and the dissemination of findings; harness research capabilities of research institutions; and foster strengthened working relationships between and among research institutions, on the one hand, and planners and program implementors, on the other.

Objective:

The project aims to help revitalize the Philippine Population Program through the formulation and implementation of an operations research agenda which will provide timely and necessary information for the efficient and effective operationalization of the family planning program.

Location:

Nationwide, with focus on the advanced implementation regions, (i.e., Central Luzon, Central Visayas, and Northern and Southern Mindanao)

Components/Activities/Inputs:

1. Setting up of a coordinating committee composed of relevant program implementors and researchers.
2. Setting up of a project team/secretariat to coordinate and technically backstop research.
3. Actual conduct of operations research studies in the following areas: (a) Integrated Study of Worker-Client Interaction, Training Needs of Workers, Supervision, Clinic Performance, and Client's Family Planning Seeking Behavior; (b) Evaluation of Selected Maternal and Child Health (MCH) Strategies in relation to their Impact on Family Planning Motivation and Practice; (c) Distribution of Family Planning Commodities and IEC Materials.
4. Conduct of operations research workshops and seminars.

Project Duration: Thirty (30) months starting April 1990

Project Cost: US\$ 246,475.00 (UNFPA contribution)
US\$ 31,770.00 (GOP counterpart)

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PROJECT PROFILE

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Project Title:

Increasing the Quality, Self-Sufficiency and Accessibility
of NGO Family Planning Service Delivery (PHI/89/P08)

Implementing Agencies:

Department of Health (DOH)/Institute of Maternal and Child Health (IMCH); Family Planning Organization of the Philippines (FPOP); Christian Medical Dental Paramedical Association (CMDPA); Philippine Federation of Natural Family Planning (PFNFP); Philippine Non-governmental Organizations Council for Population and Welfare (PNGOC); Population Center Foundation (PCF); University of the Philippines Population Institute (UPPI)

Executing Agency:

Margaret Sanger Center (MCS)

Project Description:

The project strategy is to shift the managerial, administrative and financial aspects of participating NGOs toward a more rational and efficient configuration, within limits imposed by government structure and policy, while assisting the NGOs in improving and expanding their activities and clinics under their own management, as well as the service outlets run by private physicians/commercial channels. Through the project, the NGOs are expected to become effective providers of care in terms of the number of clients reached, the quality of care, and the financial viability of services.

Objectives:

The project aims to assist each participating NGO in a manner that would strengthen its individual capabilities in terms of organization, administration, and supervision as well as building its resource base, and enhance its performance in clinical services management. This will contribute to the realization of individual potential dynamism and flexibility normally associated with the private sector.

Location: Nationwide**Components/Activities:**

1. In-depth assessment of 125 clinics operating under the pilot project.
2. Annual conferences and quarterly meetings to provide a forum for the sustained improvement of clinical services management skills.
3. Equipping of clinics and training of sufficient family planning clinic personnel to staff 150 clinics.
4. Broadening the network of NGOs involved in the National Population Program and providing them with training in self-sufficiency through conferences and workshops.
5. Training of trainers for 70 natural family planning counselor couples and 1,440 clergy and physicians as motivators.
6. Development of user-oriented booklets on family planning methods.

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PROJECT PROFILE

- ▶ 7. Conduct of six training programs for mass media representatives and journalists on population and development.
- 8. Development of two working models of self-sufficient clinical service delivery: one model will use community-based, income-generating projects, and the other a mix of income-generating and service extension and promotion approaches.

Project Duration: Five (5) years starting 1989

Project Cost: US\$6,239,861.00 (UNFPA contribution)
P33,270,857.00 (GOP counterpart)

UNFPA- assisted project

PROJECT PROFILE

Project Title:

Increasing the Quality and Coverage of Responsible Parenthood and Family Planning Service Delivery Through the Department of Health (PHI/90/P07)

Implementing Agency:

Department of Health (DOH)

Executing Agency:

Margaret Sanger Center (MCS)

Project Description:

This four-year support program will enable the DOH to pursue its new mandated role as lead implementing agency for family planning (FP), and to achieve a vigorous renewal of its own service delivery network. The program will support training, research and institutional development.

Objective:

The project aims to strengthen the institutional capabilities of the DOH in FP service delivery, particularly in the four (4) regions identified for advanced implementation.

Location:

Central Luzon, Central Visayas, and Northern and Southern Mindanao

Components/Activities:

1. Establishment of a functional working group of division-level staff to coordinate the planning and implementation of national FP services for each level and sector.
2. Conduct of a comprehensive review and restructuring of training for the national FP program and training of medical and paramedical workers.
3. Provision of continuous and adequate support to the present 618 FP service delivery outlets, and expansion of FP coverage to 147 new FP service outlets in rural health units, hospitals, and other specialized clinics.
4. Strengthening the capacity of DOH to improve mechanisms for supervision, monitoring and evaluation activities at all levels.
5. Strengthening the capability of DOH FP personnel through conferences, workshops, trainings and fellowships.
6. Conduct of pilot studies to improve FP program performance.

Duration: Five (5) years starting 1990

Project Cost: US\$6,989,318.00 (UNFPA contribution)
P85,271,915.00 (GOP counterpart)

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PROJECT PROFILE

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Project Title:

Improving Family Welfare Through Responsible Parenthood/Family Planning (RP/FP) (PHI/89/P21)

Implementing Agency:

Department of Health (DOH)

Executing Agency:

World Population Foundation (WPF)

Project Description:

The project addresses the funding gap of the population program after USAID funding ceased in 1988. It will encourage and sustain FP practice during the transition period (1989 and early part of 1990). The transition period was brought about by the shift in FP responsibilities from POPCOM to DOH and the delay in the completion of negotiations for a new USAID-supported population project.

Objective:

The project is concerned with the continuing implementation of activities already well-established through previous external funding and geared to the provision of comprehensive MCH/FP services in both static and mobile units during a critical period of transition.

Location: Nationwide

Components/Activities:

1. Provision of FP training skills and knowledge to existing MCH/FP service providers.
2. Provision of comprehensive MCH and FP services to existing and new acceptors.
3. Extension of laboratory services to FP acceptors, complication assistance to IUD and sterilization clients and transportation assistance to indigent sterilization acceptors.
4. Maintenance of existing itinerant teams and static clinics nationwide, replacement of equipment, and provision of adequate supply of contraceptives.

Project Duration: Two (2) years starting January 1989

Project Cost: US\$ 452,215.00 (UNFPA contribution)
US\$2,888,476.00 (Dutch government contribution)
US\$3,340,691.00 (UNFPA/Dutch government)
P 263,300,000.00 (GOP contribution)

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PROJECT PROFILE

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Project Title:

Safe Motherhood and Women Enhancement
in Selected Urban Slums (PHI/89/P23)

Implementing Agency:

Department of Health (DOH)

Project Description:

The project seeks to strongly integrate safe motherhood and family planning (FP) services, including adolescent fertility counseling, into the primary health care services of UNICEF-assisted Urban Basic Services Program (UBSP) areas. It will also supplement the health and development services of the UBSP as well as use the already established community structures and resources. Close coordination with the UBSP will be maintained throughout all stages of the project to ensure nonduplication and full complementarity of efforts. Following a two-phase scheme, the project will initially be implemented in 16 barangays in the four cities of Metro Manila; and after gaining some experience, it will be introduced in two urban slums of Davao and Cebu on the seventh month.

Objective:

The project aims to improve the health of mothers and children in urban poor families by promoting maternal and child health activities, adolescent counseling, upgrading selected health centers, training health personnel and community-based volunteers, as well as providing skills training and livelihood opportunities to at least 30% of participating women and adolescents in the pilot areas.

Location: Manila, Caloocan, Pasay, Quezon City, Davao City and Cebu City

Components/Activities:

Training

1. Training of trainers and beneficiaries on safe motherhood/FP and adolescent fertility.
2. Training of participating women and adolescents on livelihood skills development.
3. Orientation of national and local officials.

Community Organizing

4. Organization of community development volunteers, community women's organizations, and community youth organizations.
5. Conduct of mothers' classes and adolescent studies.

Delivery of Services

6. Provision of safe motherhood/FP and adolescent fertility development services and livelihood opportunities.

Upgrading Health Facilities

7. Acquisition of necessary equipment, facilities, medical supplies, and medicines.

Project Duration: Three (3) years

Project Cost: US\$307,400.00 (UNFPA contribution)
 US\$192,515.00 (UNICEF contribution)
 P5,682,312.00 (GOP counterpart)

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PROJECT PROFILE

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Project Title:

Family Welfare/Family Planning (FW/FP)
Program at the Workplace (PHI/90/P04)

Implementing Agency:

Department of Labor and Employment (DOLE)

Executing Agency:

International Labor Organization (ILO)

Project Description:

This project is primarily concerned with promoting family planning at the workplace. It will undertake training activities supported by a comprehensive IEC-strategy and directed by a rigorous monitoring system. The comprehensive FW/FP information and motivation strategy will be accompanied by a campaign to improve the quality of the organized sector's FP service delivery network composed of the respective plant clinics.

Objective:

The project aims to institutionalize FW/FP programs at the workplace as a regular program of the DOLE at the central and regional levels.

Location: Nationwide

Components/Activities:

1. Training/retraining of members of the Labor Management Coordinating Councils at the plant level (230 training courses).
2. Training of plant clinic staff (160 training sessions of three weeks each).
3. Development and production of IEC materials, training manuals, and training curricula.
4. Research study to assess the "felt needs" of women.
5. Pilot study integrating FP into microsocioeconomic concerns such as extra income generation, day care centers, and others.
6. Development and strengthening of an adequate monitoring setup.
7. Research study on the in-plant organizational set-up of the program, including a cost-benefit (effectiveness) study.

Project Duration: Four and a half (4½) years starting 1990

Project Cost: US\$557,035.00 (regular UNFPA funds)
P15,000,000.00 (GOP counterpart)

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PROJECT PROFILE

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Project Title:

Strengthening Information, Education, Communication and Motivation (IECM) in Support of the National Population Program (PHI/89/P09)

Implementing Agency:

Department of Health (DOH)

Executing Agency:

UNDP Office for Project Services (OPS) through its Asia and Pacific Program for Development Training and Communication Planning (DTCP)

Project Description:

This project intends to assist DOH in grappling with the problem of bridging the wide gap between the level of FP knowledge and level of FP practice. In contrast to previous efforts, the project adopts the following thrusts: inclusion of the motivational aspect in IEC activities, integrating FP-IECM into activities of the total health service delivery network, and shifting from training of volunteers/outreach workers to training of DOH personnel.

Objective:

The project aims to strengthen the capability of the DOH to manage and implement FP-IECM activities; specifically in planning, designing, pretesting, producing, distributing, using and monitoring/evaluating FP-IECM materials for selected target audiences.

Location:

Initially in Central Luzon, Central Visayas, Northern and Southern Mindanao, and eventually nationwide

Components/Activities:

1. Formulation of an IECM Master Plan.
2. Conduct of preproject activities, such as: (a) organization of technical working group; (b) hiring of project adviser; (c) spadework and actual conduct of baseline survey and related studies, namely, assessment of available human and physical resources of FP-IECM at all levels, training materials and equipment needs; inventory and assessment of existing FP-IECM materials and available studies; and review of existing monitoring and evaluation system of DOH in relation to FP-IECM; (d) development of training and support materials; and (e) training of core trainers at the central and regional levels.
3. Organization of DOH FP-IECM teams at all levels.
4. Production of training and motivational support and media materials.
5. Training of additional trainers from the remaining regions.
6. Training of provincial/district DOH staff and DOH frontline workers at the municipal/barangay levels.
7. Motivational activities of trained staff.
8. Monitoring of activities and outputs, and evaluation of project impact and effects.

Project Duration: Five (5) years starting January 1989

Project Cost: US\$ 2,039,347.00 (UNFPA contribution)
P5,637,786,354.00 (GOP contribution)

**UNFPA-
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PROJECT PROFILE

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Project Title:

Population Environment IEC Program (PHI/89/P05)

Implementing Agency:

Department of Environment and Natural Resources (DENR)

Executing Agency:

Food and Agriculture Organization (FAO)

Project Description:

This project addresses the need to ease population pressure on forest resources and the environment. DENR conceived the project because of the urgent need to educate grassroots communities on the close interrelationships among population, resources and environmental factors, and the importance of family planning in easing population pressure on limited resources and on the threatened environment. The project strategies include: (1) national, regional and provincial IEC schemes focused on leaders of both public and private sectors; and (2) social organization and extension at the grassroots level integrated into DENR's "social forestry" action programs.

Objective:

This project aims to mount an IEC campaign to heighten the awareness of leaders and grassroots communities of the interrelationships among population, environment and resources, as well as promoting family planning. Target audience is the upland population.

Location:

Ilocos, Central Luzon, Western and Central Visayas, and Northern and Southern Mindanao

Components/Activities:

1. Systematization of data base.
2. Development and implementation of IEC national strategy, with regional subframes.
3. Development and pretesting of support materials.
4. Development of training systems and actual training.
5. Participatory survey and mapping in pilot provincial project sites.
6. Conduct of annual national conferences/symposia, and workshops at the regional and provincial levels.

Project Duration: Five (5) years starting April 1989

Project Cost: US\$623,520.00 (UNFPA contribution)

US\$358,250.00 (GOP counterpart)

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PROJECT PROFILE

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Project Title:

Integrating Population-Related Concerns into the Agricultural Extension and Training System of the Department of Agriculture (PHI/90/P28)

Implementing Agency:

Agricultural Training Institute of the Department of Agriculture (ATI-DA)

Executing Agency:

Food and Agriculture Organization (FAO)

Project Description:

This project forms part of the Program of Action formulated by the Rural Development Cluster of Departments to support the population program, which is geared towards helping moderate population growth in the rural areas where the rates are highest. The project intends to systematically mobilize the existing network of government agricultural field-workers for population information, education and communication activities.

Objective:

This project aims to strengthen and broaden the training and extension systems of the Department of Agriculture by incorporating population-related concerns.

Location:

Central Luzon, Central Visayas, and Northern and Southern Mindanao

Components/Activities:

1. Systematization of the data base, involving an inventory and analysis of relevant print and prototype materials.
2. Socioeconomic-demographic survey of target communities concentrating on the population's education needs.
3. Orientation/Planning/Training Workshop for DA Central and Regional Staff.
4. Development and production of three population modules to complement draft modules on agri-business, farming system and agricultural extension, including a field-worker's handbook and accompanying material.
5. Training of 14 master trainers.
6. Training of 7,200 farmers from nine barangays in each of the pilot regions.

Project Duration: Thirty (30) months starting April 1990

Project Cost: US\$142,576.00 (UNFPA contribution)
US\$492,583.00 (GOP contribution)

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PROJECT PROFILE

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Project Title:

Integrating Population-Related Concerns into the Training and Extension Systems of the Department of Agrarian Reform (PHI/89/P29)

Implementing Agency:

Department of Agrarian Reform (DAR)

Executing Agency:

Food and Agriculture Organization (FAO)

Project Description:

This project will pilot-test a methodological approach to enable DAR through its Bureau of Agrarian Reform Information and Education (BARIE) to integrate population development concerns into their training and extension system, with the assistance of nongovernmental organizations and private volunteer organizations. The project will be carried out in nine DAR settlement areas. Project beneficiaries and pilot barangays will be selected based on the current status of social infrastructure building.

Objective:

The project aims to improve the knowledge, attitude and practice of DAR personnel and Comprehensive Agrarian Reform Program (CARP) beneficiaries in family planning through the integration of the population dimension into training and extension services.

Location: Central Luzon, Central Visayas, and Southern Mindanao

Components/Activities:

1. Development of the conceptual framework for the integration of population development-related concerns into existing DAR programs.
2. Baseline survey and identification of project beneficiaries.
3. Development and production of training modules.
4. Training/orientation of DAR personnel.
5. Reproduction of IECM materials.
6. Reaching out to 2,800 agrarian reform families.

Project Duration: Two (2) years

Project Cost: US\$146,130.00 (UNFPA contribution)

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PROJECT PROFILE

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Project Title:

Improving the Status of Disadvantaged Women in Small-Scale Fishing Communities in Capiz and Pangasinan (PHI/89/P16)

Implementing Agency:

Provincial governments of Capiz and Pangasinan

Executing Agency:

Food and Agriculture Organization (FAO)

Project Description:

The project will provide women of small-scale fishing communities with better access to credit to support income-generating activities, and to improve their knowledge and practice of family planning/maternal and child health (FP/MCH)-related concerns. This approach will be anchored on: group mobilization at the grassroots level; involvement of rural-based banking institutions; and the provision of technical assistance by FAO, the University of the Philippines Small-Scale Industries and the provincial government staff, as well as by related institutions such as the Bureau of Fisheries and the Bureau of Small and Medium Scale Industry (provincial level). The FP/MCH concerns will be pursued in collaboration with the Department of Health and nongovernmental organizations.

Objective:

The project aims to contribute to the improvement of the socioeconomic status of women living in small-scale fishing communities through income-generating opportunities, improved skills in managing micro enterprises, and the practice of family planning and proper maternal and child health care.

Location:

Seven coastal municipalities of Capiz and 16 coastal municipalities of Pangasinan

Components/Activities:

1. Baseline survey with feasibility study.
2. Development of systems for the credit scheme and group mobilization.
3. Orientation and training of provincial officials and staff.
4. Technical assistance for pre-cooperative formation and community organization.
5. Training of group leaders and members of 33 village groups in Pangasinan and 20 groups in Capiz.
6. Provision of credit through a guarantee fund scheme.
7. Group motivation for the project's dual goals of improved income, and better MCH and increased practice of FP.
8. Referral and linkage with DOH and NGOs for FP services.
9. Interprovince study tour for selected leaders and members of the group.
10. Development, testing and production of IEC materials.

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PROJECT PROFILE

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- ▶ 11. Monitoring and technical backstopping.
- 12. Interprovincial management meetings/workshops.
- 13. Impact evaluation by an independent party.

Project Duration: Four (4) years starting September 1989

Project Cost: US\$415,508.00 (UNFPA contribution)
P2,548,800.00 (GOP counterpart)

UNFPA- assisted project

PROJECT PROFILE

Project Title:

Creation of a Family Welfare Unit in the Association of Labor Unions-Trade Union Congress of the Philippines Health Service Outlets in Cebu City and Province (PHI/87/P02)

Implementing Agency:

Association of Labor Unions-Trade Union Congress of the Philippines (ALU-TUCP)

Executing Agency:

International Labor Organization (ILO)

Project Description:

This project is primarily concerned with raising awareness and eventually generating demand for family planning (FP) services among Cebu populace. The ALU-TUCP medical center in Cebu will establish an FP unit specifically for the purpose. It will cater to the needs of small plants (less than 200 employees) in Cebu and environs, as well as to the workers in the rural areas (plantations) of the province. The services that will be rendered are: (1) motivational lectures on FP to potential acceptors, and (2) provision of clinical assistance to FP acceptors.

Objective:

The project aims to institutionalize the provision of FP information, motivation and clinic services in the ALU-TUCP medical center.

Location: City and Province of Cebu

Components/Activities:

1. Establishment of an FP unit within ALU-TUCP medical center and organization of a mobile clinic.
2. Provision of FP information, motivation and clinic services.

Project Duration: Two (2) years starting 1990

Project Cost: US\$40,000.00 (UNFPA contribution)
P720,000.00 (GOP counterpart as estimated in 1987)

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PROJECT PROFILE

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10) 米国国際開発庁 (USAID) の活動状況

B. PROJECT DESCRIPTION

*FPAP obligations are planned for five years, FY 1990 - 1994, with an A.I.D. contribution of up to \$40 million and GOP counterpart inputs estimated at the equivalent of \$23 million, exclusive of recurring personnel, operational and maintenance costs of DOH. Although the GOP program plan was written for the years 1989 - 1993, negotiations with funding agencies were delayed pending approval of the plan by the POPCOM Board. The GOP plan will be operational for the years 1990 - 1994.

1. Project Goal

The project goal is to assist the GOP to continue progress toward meeting the national family planning goal of reducing the total fertility rate.

2. Project Purpose:

The purpose of the Project is to increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.

Family planning

Taking on the opposition in the Philippines

Vaudine England reports from Manila: Finding the office of the family planning programme of the Philippine Government involves a long walk through deserted buildings and car parks to the back of the Department of Health's compound. And therein lies a story.

Family planning used to be under the Government's Population Commission (Popcom). There was only one slight hitch – the chairperson of Popcom, who is also the Secretary for Social Welfare and Development, Mrs Miita de Tabera, is a personal adherent of the pro-life brigade. Staffers now admit that family planning programmes under Popcom slowed down dramatically, to the point of non-existence.

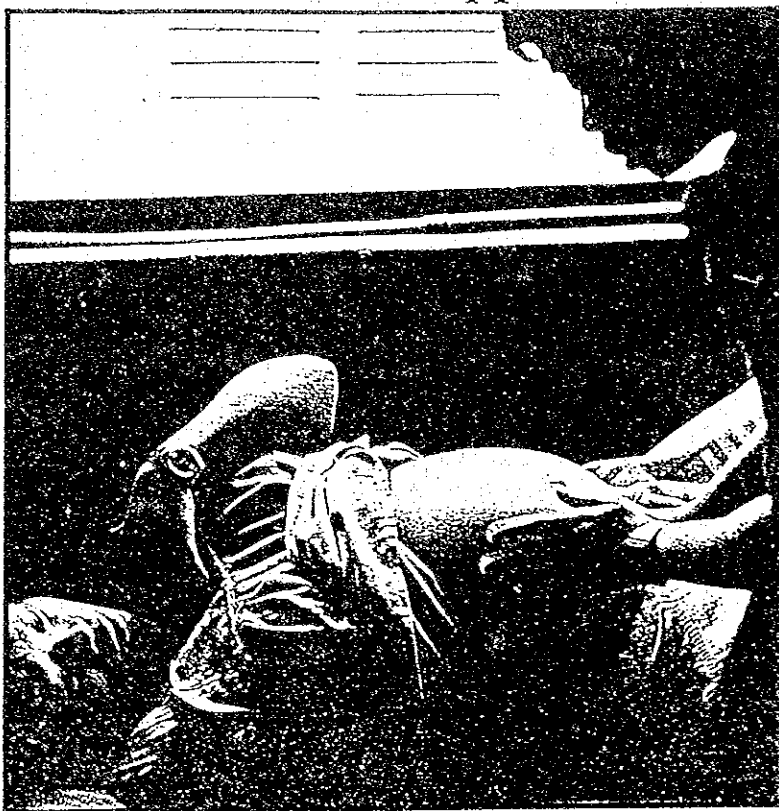
In 1989 the Secretary for Health Alfredo Bengzon argued that family planning is in fact a health issue and that it should come under his department. His victory in taking over the programme was all the more surprising considering that Mr Bengzon is also a staunch Catholic. He is part of a powerful clique in Government, headed by none other than President Corazon Aquino herself. This clique is strongly Catholic and conservative, and normally opposed to 'artificial' methods of contraception.

But members of Mr Bengzon's staff, who prefer to remain nameless, say his commitment to the programme is based on an interpretation of the health needs of mothers and children in this rapidly growing population. These same staffers say that, before the Aquino Government came into power in 1986, the Church and an active Marcos-run family planning programme managed to exist side by side. "He was the only man brave enough to start the programme up again," said one of Mr Bengzon's subordinates.

The Church hierarchy has, however, issued pastoral letters from time to time. "Good Catholics should not even work in the Department of Health – and shouldn't be asked to work for contraception," was an example quoted.

The Family Planning Organization of the Philippines (FPOP) has had its share of attacks from the Church, too. A pastoral letter in October 1990 named FPOP, and IPPF, as groups aiming to promote abortion. Pastoral letters are read from every pulpit around the country. But Dr Wilfred Taneda, FPOP's Executive Director, believes the Church's power is limited. "They might win on propaganda," he said, "but we are winning at the grass-roots level".

He says Church opposition does affect individuals, but that its effect is more damaging at the policy or institutional level, limiting the funding available for the provision of contraception. This is confirmed by the fact that between 1986 and



A midwife from the Family Planning Organization of the Philippines examines a patient.

1989 virtually no funding came into the country for the national programme, and certainly no funding was approved by the Philippine Congress, as few politicians can afford to alienate the Church hierarchy.

The programme now has a clever way of receiving funding. Officially, the Philippines Government does not spend a single cent on family planning. In fact all the money comes from foreign aid groups. The usual aid-funding rule, that there must be a percentage of local counterpart funding, is dealt with by calculating the percentage of time most government doctors and nurses spend on family planning advice. That is approximated at about 20 per cent of their salaries. For the sake of the books, that is called the local counterpart funding.

"The Church hierarchy affects policy-makers in Manila, more than people on the ground," said one health department employee. "On the ground, we think women are more concerned about the attitude of the village elders." And that can vary from village to village.

It is estimated that, throughout the country, there is a 98 per cent awareness of contraceptive methods, but a usage rate of around 36 per cent. The FPOP's work shows that women say they want two or three children, but have five to seven.

The problem, say family planning staff in Manila, is a lack of services. Again that is because of political/Church opposition. Popcom, for example, established a network of provincial population offices, 15 years ago. It was a decentralized programme, so that local government offices could "see the logic of managing population growth". Since the Aquino Catholics came to power, money and motivation for sustaining the network have dropped off. Now, about 60 per cent of the structures remain. But there is a serious job ahead in revitalizing them.

That work is now beginning. The priorities are to improve the delivery of services, and that means the training of staff in the field to talk with and give women objective advice about which methods to use. While the Church maintains that only the rhythm method is suitable, the Department of Health's family planners say that each woman has the right to choose the method which suits her.

FPOP's 282 staff concentrate on three fronts: community-based distribution networks using about 1,200 volunteers.

their 42 static clinics, and itinerant teams which travel to far-flung areas to perform surgical contraception.

Those national politicians or organizations which do support family planning continue to come under attack. Surveys produced by the respected Ateneo Social Weather Bureau record that about 70 per cent of the population would vote for candidates espousing family planning. But only one presidential contender (elections are set for May 1992) is pro-choice. He is a former movie actor, and renowned womanizer, Senator Joseph Estrada. In October,

the Church issued another pastoral letter, warning voters not to support known womanizers. That was seen by family planners as a direct attack on Estrada's candidacy.

FPOP, which bemoans its inability to use national media to publicize family planning messages, reports that a television spot, featuring Joseph Estrada, was on the air for two weeks and then stations mysteriously stopped broadcasting it.

A powerful religious sect, the Iglesia Ni Cristo, with three million disciplined members nationwide, is also pro-family

planning. Their clout is feared by the traditional Church -- but members of Iglesia perhaps worry about the Catholic Church's anti-choice pronouncements more than they need.

"They think Catholics follow the Catholic Church's dictums, the same way in which members of Iglesia rigidly follow Iglesia's rules," said a Department of Health staffer, laughing. She and her colleagues are all true Catholics, she says.

12) 要 請 書

9 February 1989.

Ms. Solita Collas Monsod
Director General
National Economic & Development Authority
NEDA sa Pasig, Amber Avenue
Pasig, Metro Manila

Through: Secretary Alfredo Bengson
Department of Health

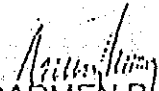
Madam/Sir:

We are pleased to submit herewith a project proposal entitled "HEALTH AND FAMILY WELFARE TOWARDS COMMUNITY DEVELOPMENT". This supplements the earlier project proposal "POPULATION INFORMATION MANAGEMENT RESOURCE CENTER: INSTITUTION BUILDING FOR POPCOM" submitted last January 19, 1988. Please take note that the Estimated Budget for this project is P101 M for the period of three (3) years of which P84.9 M will come from JICA and the remaining balance of P16.1 M will be the counterpart of GOP.

This project intends to test innovative strategies wherein the good experience in the former POPCOM-JICA Integrated FP/MCH Project will be replicated and ensure that the identified gaps and needs are addressed. In essence, the investments it has made to POPCOM as coordinator of population program and to participating agencies as project implementors will be utilized to the maximum. This new project will initially be launched in one province and if successful will later be expanded in other provinces.

For your favorable consideration, please.

Very truly yours,


CARMEN P. GARCIA, M.D., M.P.H.
Executive Director

IDENTIFYING INFORMATION

Project Title : Health and Family Welfare towards
Community Development

Implementing Agency : Department of Health and Local
Government Unit

Area of Coverage : One Province

Cooperating Agencies : DLG, DOH, DSWD, NNC, POPCOM

Project Duration : August 1989 - July 1992

Financial Assistance : P101 M

BACKGROUND INFORMATION

In 1981, the Government of the Philippines and Japan agreed to launch the Integrated Family planning/Maternal and Child Health Project, as Community-Based effort intended to enhance community development and self-reliance. It is coordinated by the Population Commission (POPCOM) of the Government of the Philippines (GOP) and supported by the Japan International Cooperation Agency (JICA) under the Japanese Government. JICA provided assistance to the project in the form of IEC and medical equipment, vehicles, supplies and training. Japanese experts were also stationed here in the Philippines to act as consultants in the fields of family planning, maternal and child health, parasite control, IEC and project management. POPCOM on the other hand, provided the necessary personnel, office space, other facilities and operating expenses to ensure the smooth and successful implementation of the project. This innovative community-based approach aims to address the following areas of concern namely: 1) Maternal and Child Health 2) Family Planning 3) Nutrition 4) Environmental Sanitation and 5) Parasite Control.

This project was piloted in two (2) model areas, the municipalities of Tuba and La Trinidad in the province of Benguet in Luzon Area. The municipal mayors act as project directors with the barangay captains as direct implementors and assisted by the team of development workers (TDWs) from various participating agencies.

In 1982, a team of health and population experts from Japan observed the progress of project implementation in the two project sites and recommended expansion to other areas in the Philippines. Thus, in 1983, the project was expanded to nine other areas: cities of Dagupan and Cabanatuan and the municipalities of Tuguegarao in Cagayan; Concepcion in Tarlac; Roxas and Mansalay in Oriental Mindoro, Tiwi in Albay and Gubat and Sorsogon in Sorsogon.

In 1985, an evaluation survey team from Japan found that the project enhanced the fieldworkers' credibility in the community.

The Project also proved that people are more inclined to plan their families and to limit the number of their children if they recognized that by doing so they would benefit in terms of better health for mothers and their children. Moreover, the project created an impact in the different areas as proven by 1) an increase in the number of breastfeeding mothers in the pilot sites of Tuba and La Trinidad; 2) an increase in the number of couples using contraceptives; and 3) a decrease in the number of deaths resulting from child birth.

As a result of these achievements, the project has been extended for another three years until 1989. The emphasis of the extension period is the strengthening of the information-education-communication (IEC) support for the five years of concern.

In January, 1989, an Evaluation Team composed of health and population experts from Japan has been dispatched to the Philippines to evaluate the implementation and achievements of the Integrated Family Planning Maternal and Child Health Project. It has been noted that the different inputs to the project in terms of experts (long and short term), equipment both for IEC and Service Delivery; Training for fieldworkers and service providers have been very vital for the project to achieve considerable gains during the three-year period that it was implemented. These gains/achievements of the project are described below:

1. Strengthened service delivery network

The strengthening of the service delivery network which is composed of Rural Health Units and Regional/Provincial/District hospitals and the support of a network of TDWs and volunteer workers had made possible the enhancement of community health, both in terms of quantity and quality. Increased demand for pre and post natal care, increased level of acceptance of FP concept, prevalence of immunization of children, decreased number of third degree malnourished children and marked improvement of health and sanitation facilities. The provision of appropriate training for all the project implementors, of necessary equipment for IEC and MCH service delivery and maximum assistance and the transfer of technical knowledge and skills provided by Japanese experts are vital factors in this achievements.

2. Enhanced Manpower Development

The trainings of TDWs, the Volunteers and the service providers (traditional birth attendants) have considerably improved the effectiveness and efficiency of these workers in the performance of their functions. Such trainings have enhanced their knowledge, skills and confidence in communication and delivery of services.

It can be concluded, that the Project is being implemented by a competent network of TDWs. The development and improvement of capabilities among POPCOM staff in IEC production has

been an important factor in strengthening IEC support to the Project.

3. Enhanced community participation through the coordination of the TDWs

The Project initiated some innovative strategies that are aimed at generating community interest and participation into the project activities. Among these are the organization of mothers' classes, parents committees and community assemblies which served as venues for the exchange of information, knowledge and learning at the community level. The support and commitment by TDWs, the Volunteers and the local government officials serve as inspiration for the community to be involved in the Project activities.

4. IEC Materials Developed/Produced/Disseminated

IEC materials in the form of printed and audio visual materials had been used as visual aids or instructional materials during trainings, community assemblies and mothers classes. Likewise, some printed materials were given out to mothers to inform and educate them on their basic human needs. TV spots/programs were also shown and widely disseminated.

Despite these achievements, however, several gaps are still apparent that need to be addressed in the development of a new project, to wit:

1. The need to continue and ensure delivery of quality FP/MCH services.
2. The need to improve monitoring and evaluation system.
3. The need to strengthen community participation for family health and welfare through development as innovative approaches.
4. The need to promote population and development among local government executives and other groups of influentials.

With the above experience, the Population Commission thought of developing a project which could easily replicate the good learnings from the former project and also address the identified gaps/needs and weaknesses and likewise ensure that it will not negate the investments it has made to POPCOM as coordinator of the population program and to the different

agencies as project implementors. As an innovative approach, a new project entitled "HEALTH AND FAMILY WELFARE TOWARDS COMMUNITY DEVELOPMENT" will be launched initially in one province and if successful will later be expanded in other provinces. This project ultimately aims to improve population welfare through the promotion of Health and Family Welfare and self reliance through community participation.

HEALTH AND FAMILY WELFARE TOWARDS COMMUNITY DEVELOPMENT

OBJECTIVES OF THE PROJECT

GENERAL: To strengthen Community Participation and Family Health Services for the Advancement of Family Welfare

- SPECIFIC:
1. To enhance community participation in the project site in order to ensure delivery of quality health services
 2. To intensify IEC and Training programs/activities for the effective promotion/advocacy of family health program and population and development

STRATEGIES AND ACTIVITIES

A. PREPARATORY ACTIVITIES

1. CREATION OF INTER-AGENCY COMMITTEE

An Inter-Agency Committee at the national level shall be organized composing of the POPCOM Executive Director and representatives from the Department of Health and the Department of Local Government. This body shall be the policy and decision-making body for the project. The Committee shall meet at least twice a year to provide overall directions to the project and assess its performance.

A Technical Working Committee shall also be organized to provide agency inputs and expertise to the various activities to be undertaken in the project and shall act on all operational matters concerning the project. This Committee shall be composed of representatives from the same agencies stated above and the non-government organizations.

Similarly, at the provincial/municipal/barangay levels, a project committee shall be organized to assist in the supervision of the project; implement policies and directions; coordinate activities and facilitate and provide technical assistance and review and evaluate implementation of activities thus submits report regularly to POPCOM Central Office.

2. IDENTIFICATION/SELECTION OF PILOT AREA

The Interagency Committee at the National level shall formulate a set of criteria for the selection of the pilot area (province). The following is a tentative set of criteria:

- 2.1 Willingness of local government officials to support the project.
- 2.2 Availability of health service outlets
- 2.3 With active community-based networks
- 2.4 High infant/maternal mortality rates

3. NEGOTIATION WITH THE SELECTED LOCAL GOVERNMENT UNIT

The representatives from the Department of Health (DOH), Population Commission and JICA shall meet with the selected local government governor to flesh out project implementation details. A memorandum of agreement between the local government concerned, the Department of Health (DOH) and the Population Commission shall be executed to formalize the commitment of the local government concerned and the different agencies.

4. ORIENTATION ON THE PROJECT

NATIONAL

A National Conference shall be organized to present the concept of the project and define the specific roles to be played by each of the agencies involved. Participants in this conference will include the members of the National Coordinating Committee, Technical

Working Committee, POPCOM Executive Staff and JICA representatives.

PILOT AREA

Provincial/Municipal/Barangay consultative/planning workshops shall be conducted to flesh out the implementing details and come up with the annual operational plans. Participants to this workshop are the representatives of the different levels that will be involved in this project.

B. PROJECT IMPLEMENTATION ACTIVITIES

1. TRAINING

Basically, the training will be in the areas of IEC such as interpersonal communication skills, community organization, development of indigenous IEC materials, audio-video production and utilization of IEC equipment, FP/MCH such as breastfeeding, proper nutrition, well-baby care and birth spacing; research such as conduct of baseline survey and research/evaluation techniques; and monitoring and evaluation such as systems development, record keeping, data collection and monitoring, basic computer trainings can be local and/or Japan training and will be scheduled during the life span of the project for the DOH and POPCOM staff and the fieldworkers in the project site.

2. IEC

* ORIENTATION MATERIALS

Development of orientation materials to effectively interpret to various sectoral audiences the Philippine Population Program and Development Interrelationship and orientation materials on FP/MCH and Nutrition.

* MATERIALS FOR FIELDWORKERS AND VOLUNTEERS

Priority shall be on materials integrating population messages with other development efforts such as reproductive health and productivity.

The project will attempt to assemble and develop a viable mix of support materials for fieldworkers and volunteers that will enhance their interpersonal communications skills

in dealing with clients. This mix shall include reference and training materials.

3. RESEARCH MONITORING AND EVALUATION

Inherent to the project will be the conduct of Operation Research to establish baseline data. Such requirements shall be borne by POPCOM or DOH using other fund sources, and utilizing the secretariat and the human resources of its GO/NGO network.

A built-in mechanism shall be devised to allow for continuing feedback on the extent of utilizing of the materials developed. Likewise, the POPCOM shall take an active role in pre-testing the acceptability of the materials produced and would undertake efforts to ensure end-users input even at the early stage of material development and planning.

Data collection systems shall be developed so that information obtained can be stored and analyzed.

4. SERVICE DELIVERY

The provision of maternal and child health services will be a collaborative effort of different agency workers with DOH as the lead agency. The role of local government worker who could possibly be an FTOW or another development worker will be to supervise the motivational work of the community-based workers and link-up with other agency workers for the appropriate MCH/FP services needed by the clients. Likewise, an effective referral system has to be installed and utilized. The community workers will identify the clients needing health care and family planning services, make appointment and refer them to the health centers. On a periodic bases, an "outreach" project shall be conducted to coincide with group sessions and provide the necessary information and medical and health services to the clients.

5. COMMUNITY PARTICIPATION

Innovative approaches shall be tested such as the establishment of mechanisms for regular assemblies and consultations between the TDWs and the community. Likewise, testing of mechanisms to sustain and maintain existing viable community projects for productivity, family health and welfare shall be undertaken.

6. TECHNICAL, EQUIPMENT AND COMMODITY ASSISTANCE

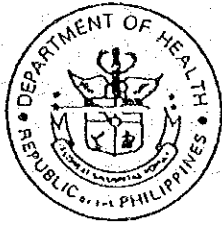
Japanese experts on full-time and part-time basis will be needed in this project to provide advise, expertise and on-the-job training to the DOH and POPCOM, staff in areas such as IEC material development and utilization of equipment, information management and systems development and to other agencies. The strategy will enhance and complement the formal training of the staff and other fieldworkers.

JICA assistance for equipment such as IEC and medical equipment will also be needed in this project.

7. BUDGET

This project is estimated to cost a total budget of P101 M for the period of three (3) years. Of this budget, P84.9 M will come from JICA and the remaining P16.1 M will be the counterpart of GOP.

13) 関連機関委員会とトラック州政府間の覚書



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-80

23 October 1990

MORIYA MIYAMOTO
Resident Representative
Japan International Cooperation Agency(JICA)
12th Floor, Pacific Star Building
Sen. Gil J. Puyat Extension
corner Makati Avenue
Makati, Metro Manila

S U B J E C T : Family Planning and Maternal & Child Health
Project

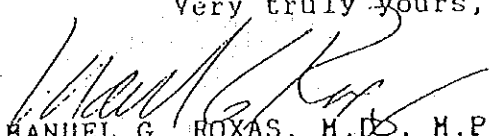
Dear Mr. Miyamoto :

Attached, please find a copy of the Memorandum of Agreement entered into by the government of Tarlac province and the National Inter-Agency Committee of the Family Planning and Maternal & Child Health Project. The Memorandum of Agreement defines all duties and responsibilities of the two parties in the implementation of the above project.

We expect that JICA will send a study team for the project shortly so that the project will be implemented in the soonest possible time.

Thank you very much for your usual support.

Very truly yours,


MANUEL G. ROXAS, M.D., M.P.H.
Undersecretary of Health & Chairman,
National Inter-Agency Committee,
Family Planning & Maternal & Child
Health Project

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement entitled "FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROJECT" of the Province of Tarlac and which specifically covers a period of three (3) years from the date of the signing of the Minutes of Discussions from 14 November 1989 to August 1992 and made and entered into by and between:

The Province of Tarlac, a public corporation, created and existing pursuant to law, with principal office at Tarlac Provincial Capitol Bldg., Tarlac, Tarlac represented in this act by the HONORABLE MARIANO UN OCAMPO, in his capacity as Governor, hereinafter referred to as the Province;

-and-

The National Inter-Agency Committee, Family Planning and Maternal and Child Health Project, created and existing pursuant to law with principal office at the Office of the Undersecretary for Public Health Services, Department of Health, San Lazaro Compound, Sta. Cruz, Manila represented in this act by UNDERSECRETARY MANUEL G. ROXAS, M.D. in his capacity as the Chairman, hereinafter referred to as the Committee;

WITNESSTH: That

WHEREAS, the Committee, has the mandate of law to coordinate all Family Planning/Maternal and Child Health activities of the project;

WHEREAS, this Agreement is in pursuance to the Minutes of the Meeting between the Preliminary Study Team and the Authorities concerned of the Republic of the Philippines on the FP/MCH Project signed on 14 November 1989, with respect to the technical cooperation for the project;

WHEREAS, by mutual agreement of the governments of Japan and the Philippines represented by the Japan International Cooperation Agency (JICA) and the National Inter-Agency Committee, the Family Planning and Maternal and Child Health Project hereinafter referred to as the Project, and a copy of which is hereto attached as Annex A, shall be implemented in the Province of Tarlac;

WHEREAS, the success of the Family Planning and Maternal and Child Health Project depends on the active participation of and full partnership with, the local government in the Province of Tarlac;

WHEREAS, in consideration of the Memorandum of Agreement, the Committee shall provide commodities needed for the Project aside from the use of project vehicle and equipment to support the effective implementation of the Project in the Province of Tarlac;

WHEREAS, both parties agree that the project vehicle and equipment shall be used in accordance with the Utilization Guidelines (Annex B) which becomes part and parcel of this Agreement;

WHEREAS, in the phasing out of the project, DOH/POPCOM has the prerogative to continue the monitoring of its activities. Furthermore, equipment provided shall be retained if project implementation shall be successful and if it fails, the Committee shall have the option to pull them out;

WHEREAS, in the event that the Province fails to comply with the stipulations and conditions including the Utilization Guideline provided herein, the Committee shall have the preemptive right to repossess said vehicle, equipment and remaining supplies/materials;

WHEREAS, the Project which is a continuing endeavor of the Province in support of the national effort to improve maternal and child health and reduce infant/maternal mortality and consequently improve the welfare of the family, now in full operation;

NOW, THEREFORE, for and in consideration of the aforesaid premises, the Province hereby agrees to implement the Project subject to the provisions given hereunder.

A. FUNCTIONS AND RESPONSIBILITIES

1. OFFICE OF THE GOVERNOR, PROVINCE OF TARLAC

- 1.1 Sits as Chairman of the Provincial Inter-Agency Coordinating Committee.
- 1.2 Provides assistance to the Province in the effective implementation of the Project.
- 1.3 Ensures the strict compliance of the Project's guidelines on the utilization of the equipment/supplies and vehicles.
- 1.4 Provides financial assistance (See Annex C) to the project.
- 1.5 Monitors the progress reports of the different municipalities and ensures the submission to the Provincial Health Office for consolidation which in turn will submit the consolidated report to the Committee.
- 1.6 Ensure operationalization of policies and implementing guidelines issued by the Committee.

2. OFFICE OF THE MAYOR (19 Municipalities)

- 2.1 Sits as Chairman during meetings with the Team of Development Workers (TDWs) either to exchange feedback; resolve agency problems; planning/preparing Action Plans and formulating field strategies.
- 2.2 Mobilizes Barangay officials and other community leaders to effect a smooth/well coordinated project implementation.

2.3 Submits on time the required progress and other reports to the Office of the Governor.

3. NATIONAL INTER-AGENCY COMMITTEE, FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROJECT.

3.1 Formulates policies to strengthen project implementation and ensure Inter-agency coordination.

3.2 Develops implementing guidelines/general directions in the preparation of implementing plans.

3.3 Reviews and assesses periodically and annually the status of project implementation.

3.4 Resolves issues and problems arising from the Project.

3.5 Ensures participation of their field offices in various phases of the project, including the active participation of field workers in the Team of Development Workers (TDWs).

3.6 Prepares regular report to JICA.

4. DEPARTMENT OF HEALTH

4.1 The Undersecretary for Health Services acts as the Chairman of the Committee.

4.2 Exercises over-all management, control and supervision for the successful implementation of the Project.

4.3 Provides technical assistance in the formulation and development of field strategies.

4.4 Coordinates/monitors field activities through the Provincial/Regional Health Offices.

4.5 Reviews and assesses regularly the status of project implementation to sustain the interest and support of all concerned agencies.

4.6 Conducts regular consultation with JICA, Office of and the Governor and the Inter-Agency Committee for the effective implementation of the Project.

5. COMMISSION ON POPULATION

5.1 The Executive Director acts as Co-Chairman of the Committee.

5.2 Acts as secretariat to the Committee.

5.3 Develops prototype IEC materials for the Project.

5.4 Provides technical assistance for the effective implementation of the Project.

- 5.5 Coordinates/monitors project activities vis-a-vis National Population Program.
- 5.6 Conducts project evaluation on an annual basis.

B. ACTIVITIES

The Project shall consist of the following activities:

1. HEALTH SERVICES

- a. Immunization
- b. Pre and post maternal care
- c. Medical and health consultation
- d. Deworming of children
- e. Maintenance and environmental sanitation
- f. Home visits to high risk mothers and newborn babies
- g. Food sanitation campaign

2. FAMILY PLANNING SERVICES

- a. Recruitment of acceptors and maintenance of continuing users
- b. Provision of contraceptives
- c. Provision of sterilization services through itinerant service team
- d. Domicilliary IUD insertion
- e. Medical check-up

3. NUTRITION

- a. Conducting or assisting in children's weighing (Operation Timbang)
- b. Providing nutrition guidance
- c. Providing iron supplements to all pregnant women and all moderate and severely malnourished pre-school and school children.

4. COMMUNITY DEVELOPMENT

- a. Organization of Team of Development Workers
- b. Organization of Mothers' classes, parents committees

and other regular community assemblies as venues for exchange of information, knowledge and learning.

- c. Support to initiate and sustain viable projects on productivity, family health and welfare.
- d. Skills training

5. INFORMATION, EDUCATION AND COMMUNICATION

- a. Conducting interpersonal communication to motivate the people to actively participate in the Project
- b. Utilizing multi-media materials in support to interpersonal communication

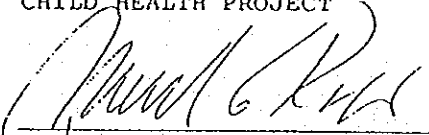
6. TRAINING

- a. Training of project personnel and workers on management, community development, FP/MCH technology, Information, Education, Communication and Motivation (IECM) and livelihood.

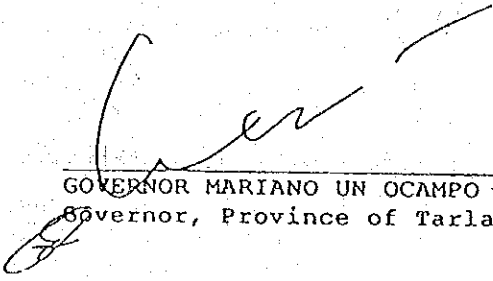
IN WITNESS WHEREOF, the parties have hereunto affixed their signature this 22nd day of October, 1990 at Manila.

FOR THE NATIONAL INTER-AGENCY COMMITTEE
OF THE FAMILY PLANNING/MATERNAL AND
CHILD HEALTH PROJECT

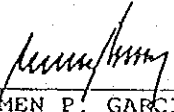
FOR THE PROVINCE



UNDERSECRETARY MANUEL ROXAS
Chairman, NICFPMCH Project

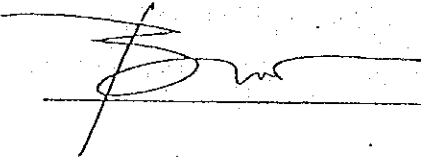


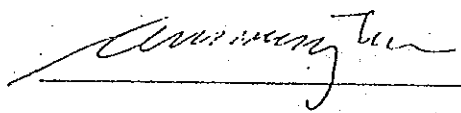
GOVERNOR MARIANO UN OCAMPO
Governor, Province of Tarlac

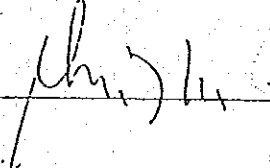


CARMEN P. GARCIA, M.D., M.P.H.
Co-Chairman, NICFPMCH Project

SIGNED IN THE PRESENCE OF:







ACKNOWLEDGEMENT

BEFORE ME, a Notary Public, this 01 day of 01, 1990 Philippines, personally appeared:

	Res. Cert. No.	Date	Place
UnderSecretary Manuel Roxas	<u>10918998</u>	<u>1-15-90</u>	<u>San Juan, M.M.</u>
Dr. Carmen P. Garcia	<u>300223 K</u>	<u>1-17-90</u>	<u>Mand. M. M.</u>
Gov. Mariano Un Ocampo	<u>13110251</u>	<u>1-13-90</u>	<u>Tarlac, Tarlac</u>

Both known to me to be the same person who executed this foregoing instrument consisting of _____ () pages, including this page on which this Acknowledgement is written, duly signed by thier instrumental witnesses, and they acknowledge to me that the same is their own free and voluntary acts and deeds as well as that of the office which they represent.

WITNESS MY HAND AND SEAL this 01 22 1990 day of _____, 1990 at the date and place above written.

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Doc. No. 314
 Page No. 66
 Book No. 10
 Series of 1990

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 Notary Public
 ESTEBAN W. RINEZ, JR.
 798412 19 91
 JAN 20 1990-00-236-A-1

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IDENTIFYING INFORMATION

Project Title Project : Family Planning/Maternal and Child Health

Implementing Agency Unit : Department of Health and Local Government

Area of Coverage : Province of Tarlac and all municipalities

Cooperating Agencies : Population Commission, Department of Health, Department of Local Government, Department of Social Welfare and Development and National Nutrition Council, IMCH, FPOP

Project Duration : 3 Years

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BACKGROUND INFORMATION

In 1981, the Government of the Philippines and Japan agreed to launch the Integrated Family Planning/Maternal and Child Health Project, as Community-Based effort intended to enhance community development and self-reliance. It is coordinated by the Population Commission (POPCOM) of the Government of the Philippines (GOP) and supported by the Japan International Cooperation Agency (JICA) under the Japanese Government. JICA provided assistance to the project in the form of IEC and medical equipment, vehicles, supplies and training. Japanese experts were also stationed here in the Philippines to act as consultants in the fields of family planning, maternal and child health, parasite control, IEC and project management. POPCOM on the other hand, provided the necessary personnel, office space, other facilities and operating expenses to ensure the smooth and successful implementation of the project. This innovative community-based approach aims to address the following areas of concern namely: 1) Maternal and Child Health 2) Family Planning 3) Nutrition 4) Environmental Sanitation and 5) Parasite Control.

This project was piloted in two (2) model areas, the municipalities of Tuba and La Trinidad in the province of Benguet in Luzon Area. The municipal mayors act as project directors with the barangay captains as direct implementors and assisted by the team of development workers (TDWs) from various participating agencies.

In 1982, a team of health and population experts from Japan observed the progress of project implementation in the two project sites and recommended expansion to other areas in the Philippines. Thus, in 1983, the project was expanded to nine other areas: cities of Dagupan and Cabanatuan and the municipalities of Tuguegarao in Cagayan; Concepcion in Tarlac; Roxas and Mansalay in Oriental Mindoro, Tiwi in Albay and Gubat and Sorsogon in Sorsogon.

In 1985, an evaluation survey team from Japan found that the project enhanced the fieldworkers' credibility in the community.

The Project also proved that people are more inclined to plan their families and to limit the number of their children if they recognized that by doing so they would benefit in terms of better health for mothers and their children. Moreover, the project created an impact in the different areas as proven by 1) an increase in the number of breastfeeding mothers in the pilot sites of Tuba and La Trinidad; 2) an increase in the number of couples using contraceptives; and 3) a decrease in the number of deaths resulting from child birth.

As a result of these achievements, the project has been extended for another three years until 1989. The emphasis of the extension period is

UTILIZATION GUIDELINES OF
VEHICLES, EQUIPMENT AND SUPPLIES

A. VEHICLES

1. Vehicles shall be for official use only, therefore, recipient province/municipality shall make the vehicle available at all times to the Team of Development Workers (TDWs) in their barangay visits and other project activities.
2. Maintenance, repair, fuel/gas and other accessories of the vehicle shall be the responsibility of the recipient province/municipality. Fuel/gas and other additives should be included in their budget appropriation to ensure smooth implementation of the Project.
3. The recipient province/municipality should prepare a systematic scheduling of trips.
4. Registration and insurance of the vehicle shall be the responsibility of the recipient province/municipality and shall be registered in the name of the Project (FP/MCH Project). Funds to defray this expense items should be included in their budget appropriation.
5. Recipient province/municipality shall allow representative of the Office of the Governor to submit the vehicle or any records pertaining to the vehicle for periodic inspection and inventory.
6. That without the consent of the Committee, the vehicle cannot be reassigned to other government or private entity other than the recipient province/municipality.
7. The recipient province/municipality shall immediately inform the Department of Health through the fastest means of communication within a period of ten (10) days from the day damage/accident occurs, detailing the damages and how the accident happens.
8. The recipient province/municipality cannot dispose the vehicle in case the vehicle becomes unserviceable or beyond economic repair without prior authority or clearance from the Committee. As a rule, the unserviceable vehicle shall be returned to the Project.
9. Failure to provide adequate and regular maintenance including the provision of the needed fuel/gas, additives and other accessories vital in putting the vehicle in good running condition is enough ground for the Project to repossess the said vehicle.

B. MEDICAL AND IEC EQUIPMENT AND SUPPLIES

1. Medical equipment reassigned by the Office of the Governor to the government health centers and hospitals shall be the main responsibility and accountability of the recipient end users. This is also true with IEC equipment for use by the TDWs.
2. These medical and IEC equipment shall be for the exclusive use of the NIAC.FP/MCH Project and the agency concerned.
3. All medical and IEC equipment and supplies shall be subject to periodic inventory and inspection by representative/s of the Committee.

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SCHEDULE OF JICA FINANCIAL SUPPORT TO THE PROJECT

	GOV NATIONAL (000)	GOV LOCAL GOVT (000)	TOTAL GOV COUNTERPART (000)
ADMINISTRATIVE COST FOR STAFF AND PROGRAM WORKERS			
1. SALARIES	11,700	1,014.3	12,714.3
2. MAINTENANCE AND OTHER OPERATING EXPENSES	8,300	2,950	11,250
• Supplies and Materials		300	
• Communications		250	
• Gasoline and Oil		900	
• Maintenance of Vehicles		900	
• Office Space		600	
TOTAL COST	20,000	3,964.3	23,964.3

NOTE: 1. LG COUNTERPART (PROVINCE AND MUNICIPALITIES)
2. ESTIMATED FINANCIAL ASSISTANCE FOR FIVE (5) YEARS

SCHEDULE OF JICA COUNTERPART TO THE PROJECT

1. INFORMATION, EDUCATION AND COMMUNICATION (IEC)		<u>22,000</u>
• Development/Production/Replication of IEC Materials (Print/Film/Video)	15,000	
• Replication of Motivational Kit	2,000	
• IEC Campaign Projects	5,000	
2. HUMAN RESOURCE DEVELOPMENT (HRD)		<u>17,101</u>
• Health Related Trainings/Seminar	9,819	
- Counselling Training (400 pax)	1,116	
- Seminar Workshop on Health and Family Welfare	8,395	
- Skills Training on Basic FP and Health Services	306	
• IEC Related Trainings/Seminar	80	
- Video Production Training Course	30	
- Seminar Workshop on the Use of IEC and Medical Equipment	25	
- Repair and Maintenance of IEC and Medical Equipment	25	
• Project Management Related Trainings/Seminars	7,204	
- Project Management Training	120	
- Team Building	550	
- Training on Monitoring	168	
- Community Development Skills and Strategies Training	524	
- Training on Research and Evaluation	168	
- Development of Training Modules	4,428	
- Interpersonal Communication Skills Training	796	
- Local Government Orientation on POPDEV	450	
3. RESEARCH AND EVALUATION		<u>1,500</u>
• KAP Survey	700	
• Project Evaluation	800	
4. MONITORING		<u>500</u>
• Development and Installation of Monitoring System	500	
5. LOGISTICS		<u>43,500</u>
• Office Equipment and Supplies for Project Areas	6,300	
• Service Vehicles (10)	2,000	
• Audio Visual Van (10)	2,000	
• Ambulance (10)	2,000	
• Computers (10)	2,000	
• IEC Support Equipment for Project Areas	10,000	
• Medical Equipment/Supplies for Hospitals/Clinics	20,000	
TOTAL JICA COUNTERPART		<u>84,601</u>

SUMMARY OF SCHEDULE OF
FINANCIAL ASSISTANCE TO THE PROJECT

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JICA ASSISTANCE		P84,601
GOP COUNTERPART		P23,964.3
LOCAL GOV'T	P3,964.3	
NATIONAL	P20,000	
		<u>P108,565.3</u>

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the strengthening of the information-education-communication (IEC) support for the five years of concern.

In January, 1989, an Evaluation Team composed of health and population experts from Japan has been dispatched to the Philippines to evaluate the implementation and achievements of the Integrated Family Planning /Maternal and Child Health Project. It has been noted that the different inputs to the project in terms of experts (long and short term); equipment both for IEC and Service Delivery; Training for fieldworkers and service providers have been very vital for the project to achieve considerable gains during the three-year period that it was implemented. These gains/achievements of the project are described below:

1. Strengthened service delivery network

The strengthening of the service delivery network which is composed of Rural Health Units and Regional/Provincial/District hospitals and the support of a network of TDWs and volunteer workers had made possible the enhancement of community health, both in terms of quantity and quality. Increased demand for pre and post natal care, increased level of acceptance of FP concept, prevalence of immunization of children, decreased number of third degree malnourished children and marked improvement of health and sanitation facilities. The provision of appropriate training for all the project implementors, of necessary equipment for IEC and MCH service delivery and maximum assistance and the transfer of technical knowledge and skills provided by Japanese experts are vital factors in this achievements.

2. Enhanced Manpower Development

The trainings of TDWs, the Volunteers and the service providers (traditional birth attendants) have considerably improved the effectiveness and efficiency of these workers in the performance of their functions. Such trainings have enhanced their knowledge, skills and confidence in communication and delivery of services.

It can be concluded, that the Project is being implemented by a competent network of TDWs. The development and improvement of capabilities among POPCOM staff in IEC production has been an important factor in strengthening IEC support to the Project.

3. Enhanced community participation through the coordination of the TDWs

The Project initiated some innovative strategies that are aimed at generating community interest and participation into the project activities. Among these are the organization of mothers' classes, parents committees and community assemblies which served as venues for the exchange of information, knowledge and learning at the community level. The support and commitment by TDWs, the Volunteers and the local government officials serve as inspiration for the community to be involved in the Project activities.

4. IEC Materials Developed/Produced/Disseminated

IEC materials in the form of printed and audio visual materials had been used as visual aids or instructional materials during trainings, community assemblies and mothers classes. Likewise, some printed materials were given out to mothers to inform and educate them on their basic human needs. TV spots/programs were also shown and widely disseminated.

Despite these achievements, however, several gaps are still apparent that need to be addressed in the development of a new project, to wit:

1. The need to continue and ensure delivery of quality FP/MCH services
2. The need to improve monitoring and evaluation system
3. The need to strengthen community participation for family health and welfare through development as innovative approaches
4. The need to promote population and development among local government executives and other groups of influentials.

With the above experience, the Population Commission thought of developing a project which could easily replicate the good learnings from the former project and also address the identified gaps/needs and weaknesses and likewise ensure that it will not negate the investments it has made to POPCOM as coordinator of the population program and to the different agencies as project implementors. As an innovative approach, a new project entitled "HEALTH AND FAMILY WELFARE TOWARDS COMMUNITY DEVELOPMENT" will be launched initially in one province and if successful will later be expanded in other provinces. This project ultimately aims to improve population welfare through the promotion of Health and Family Welfare and self reliance through community participation.

FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

Concept/Philosophy

WELFARE ADVANCEMENT OF THE CHILD

The general goal of the Project is the welfare advancement of the child and mother with health, nutrition and education as the starting welfare concerns.

Since the needs of the mother and child are not fragmented, the delivery of services therefore must be comprehensively integrated.

The delivery of services must be both horizontally and vertically integrated. Horizontally, wherein the various agencies both government and the private sector work as a team; each contributing to the effectiveness of others within the team, each also contributing their share to the total development of the mother and child thus, a total package of services delivered spell - human-well being.

Integration should also be vertical. This can be done if all involved in the project show one vision, one purpose, one framework, one approach and goals in the performance of the service.

FAMILY PLANNING AND WELFARE ADVANCEMENT

In this project, Family Planning assumes a broader purpose. It is not merely regulating the size of the family through the use of contraceptives. Family Planning aims at enriching the quality of life, thus their ability to take full responsibilities for outcomes of clients action. In essence therefore, the concept of FP is planning one's life.

THE CHILD AND THE MOTHER AS THE MAIN FOCUS OF THE PROJECT

Planning one's family start with the child. Couples must decide whether they have the capabilities to meet the welfare needs of the child. Such decision must be strongly linked to their resources, since welfare services may not always be free.

On the whole, the project seeks to enrich life more than preventing birth and enriching life includes planning carefully the life of the child before and after birth.

Children are precious gems. They are treasures that offer boundless joy to the parents. If they are truly loved, that love must start with the care and protection of the mother.

COMMUNITY INVOLVEMENT/PARTICIPATION

People must clearly understand the concept of the Project. On the basis of their understanding determines their rejection or acceptance. It is therefore necessary that the advocates of the project thoroughly prepare the community to achieve the goals of the project. Further, as people understand and accept the concept, they involve themselves not merely as the beneficiaries of the project but as owners and implementors of the Project. Community participation therefore is the result of the full grasp/understanding and concept of the project.

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GENERAL OBJECTIVE:

To improve Family Planning and Maternal and Child Health in the model area.

SPECIFIC OBJECTIVES:

- Accepted*
1. To improve the service delivery system of Family Planning and Maternal and Child Health in the model area.
 2. To reinforce community health activities through enhanced community participation.
 3. To improve the capacity of health and other community workers involved in Family Planning and Maternal and Child Health Services.

IMPLEMENTING AGENCY

PMW

Department of Health (DOH) in cooperation with government organizations (GOs) and non-government organizations (NGOs) will implement the project.

RESPONSIBLE ORGANIZATION

- CC*
1. DOH will be wholly responsible for the implementation of the project.
 2. The provincial governor of the province of Tarlac will act as the overall coordinator of the project at the provincial level.
 3. An inter-agency committee (IAC) will be organized in every level that will develop and formulate policies for the project.
- [Signature]*

FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

PROPOSED COORDINATING MECHANISM

NATIONAL INTER-AGENCY
COORDINATING COMMITTEE

1. Formulate policies to strengthen project implementation and ensure inter-agency coordination.
2. Develop implementing guidelines/general directions in the preparation of implementing plans.
3. Approve the integrated implementation plans submitted by the Regional Inter-Agency Coordinating Committees.
4. Review and assess periodically and annually the status of project implementation.
5. Resolve issues and problems arising from the project.
6. Ensure participation of their field offices in various phases of the project, including the active participation of field workers in the Team of Development Workers(TDWs).
7. Makes regular program report to JICA.
8. Monitor project implementation.

REGIONAL INTER-AGENCY
COORDINATING COMMITTEE

1. Recommend policies to the National Inter-Agency Coordinating Committee to ensure smooth coordination and participation of all partner agencies.
2. Render technical assistance to all coordinating & field units and provide a general framework in coming up with guidelines for the delivery of integrated services.
3. Review and assess regularly the status of project implementation to sustain the interest & support of all concerned agencies in the various phases of the project.
4. Indorse provincial implementation plan to the National Inter-Agency Coordinating Committee.
5. Submit regular progress report to the National Inter-Agency Coordinating Committee.
6. Monitor project implementation.

PROVINCIAL INTER-AGENCY
COORDINATING COMMITTEE

1. Exercise over-all management, control and supervision for the successful implementation of the project.
2. Recommend policies to the National Inter-Agency Coordinating Committee to strengthen project implementation and ensure smooth coordination of the project.
3. Ensure operationalization of policies & implementing guidelines issued by the National Inter-Agency Coordinating Committee.

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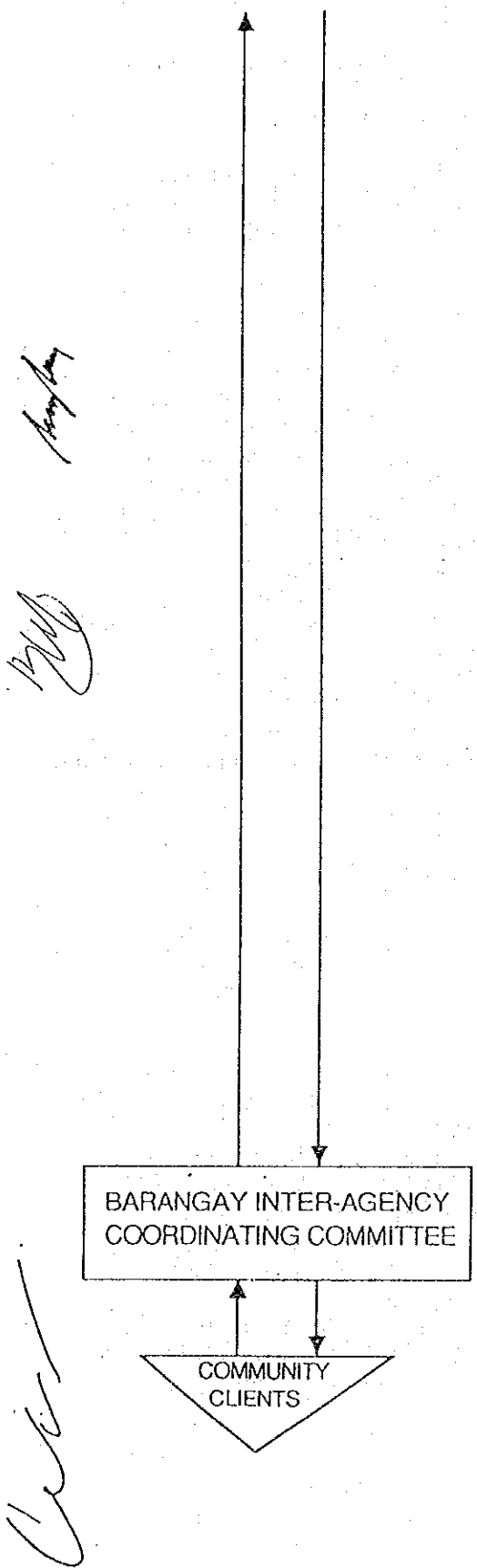
**MUNICIPAL INTER-AGENCY
COORDINATING COMMITTEE**

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- 3.1 Prepared a consolidated provincial implementation plan.
- 3.2 The Task Force shall do the following special functions:
 - 3.2.1 Direct the activities of TDWs at the municipal level.
 - 3.2.2 Monitor and evaluate implementation of project activities and resolve problems related to the project arising thereat.
 - 3.2.3 Assist the Provincial Inter-Agency Coordinating Committee in the identification of project needs like IEC, training needs, etc.
 - 3.2.4 Review & indorse the consolidated municipal implementation plan to the Regional Inter-Agency Coordinating Committee.
 - 3.2.5 Ensure integration of approved provincial FP/MCH implementation plan into the Provincial Development Plan.
 - 3.2.6 Render technical, financial & advisory assistance to the TDWs at the municipal level.
 - 3.2.7 Act as resource person during consultative meetings with the Provincial Inter-Agency Coordinating Committee and the Municipal Team of Development Workers.
 - 3.2.8 Prepare and submit regular reports related to the project implementation to the Regional Inter-Agency Coordinating Committee.

- 1. Exercise supervision in the successful implementation of the project at the municipal level.
- 2. Formulate municipal policies to strengthen project implementation and ensure smooth coordination of the project.
- 3. Ensure operationalization of policies & implementing guidelines issued by the National Inter-Agency Coordinating Committee.
 - 3.1 Develop operational guidelines/policies to be implemented at the municipal level.
 - 3.2 Organize & mobilize a Team of Development Workers composed of Health & other development workers from both government & non-government agencies.
 - 3.3 Render technical, financial & advisory assistance to the Team of Development Workers and the Barangay Inter-Agency Coordinating Committee.



- 3.4 Conduct regular consultation with the TDW's and the Barangay Inter-Agency Coordinating Committee to discuss/exchange project experiences and resolve inter-agency problems as well as ensure inter-agency coordination.
4. Review and indorse the consolidated barangay implementation plans to the Provincial Inter-Agency Coordinating Committee.
5. Ensure integration of approved municipal FP/MCH implementation plan into the Muncipal Development Plan.
6. Monitor and assess implementation of project activities and recommend appropriate actions for problems encountered.
7. Submit regular reports related to the project implementation to the Provincial Inter-Agency Coordinating Committee.
8. Prepare an integrated FP/MCH implementation plan in consultation with the Barangay Health Worker & in accordance with policies & guidelines issued from the higher levels.
9. Provide direct FP/MCH services to the people in coordination with the Barangay Health Worker.
10. Provide information, education, communication activities in the community to promote FP/MCH.
11. Provide motivation and referrals.
12. Provide training to volunteer workers at the barangay level.
13. Conduct inventory of resources on a regular basis.
14. provide maintenance of equipment & other commodities given to the project.
15. Supervise gathering of baseline data by the Barangay Workers.
16. Prepare an integrated municipal report of the Project on a regular basis & submit to the Municipal Inter-Agency Coordinating Committee.
17. Render technical assistance to the Barangay workers in the delivery of information & health services as well as enhancing community participation.
1. Organize Community Volunteer Workers to assist the Community Development Workers in the delivery of services.
2. Assist in the management and supervision of the project at the barangay level.
3. Monitor and assess implementation of project activities and recommend appropriate actions for problems encountered.
4. Conduct baseline data gathering including spot-mapping and updating the same.

5. Conduct regular meetings and consultation with the implementing unit to ensure smooth coordination of the project.
6. Execute project in accordance with approved implementation plan.
 - 6.1 Provide FP/MCH services.
 - 6.2 Provide information, education, communication, motivation and referral services.
 - 6.3 Mobilize community development workers in the delivery of integrated FP/MCH services.
 - 6.4 Assist TDW's in the delivery of community development activities like information and health services.
 - 6.5 Enhance community participation through conduct of regular community assemblies and other activities.
7. Coordinate with other agencies on matters concerning the projects.
8. Prepare and submit regular reports on the status of the project to the Barangay Inter-Agency Coordinating Committee and the Rural Health Unit.

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FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

GOAL: WELFARE ADVANCEMENT OF THE CHILD AND MOTHER WITH HEALTH, NUTRITION AND EDUCATION AS THE STARTING WELFARE CONCERNS.

GENERAL OBJECTIVE: TO ENHANCE COMMUNITY HEALTH WITH EMPHASIS ON FAMILY PLANNING AND MATERNAL AND CHILD HEALTH.

Strategy 1: Identify in each area all concerned agencies to be involved in the FP/MCH Project and organize the Team of Development Workers.

Component	Output	Input	Responsible Agency/Person	Time Frame		
				1990	1991	1992
Human Resource Development	Identified/organized TDWs	Identify government and non-government agencies and organize them as a team for the implementation of the FP/MCH Project.	DCH	X		
	Enhance project managers and field workers capability in implementing the FP/MCH Project.	<ol style="list-style-type: none"> 1. Project Management Training. 2. Development of Modules. 3. Team Building. 4. Counselling Training. 5. Community Development Skills and Strategies Training. 6. Training on Monitoring. <ul style="list-style-type: none"> - Development and installation of monitoring system. 7. Training on Research and Evaluation. <ul style="list-style-type: none"> - KAP Survey - Project Evaluation 	DOH/JICA	X	X	X
Logistics	Effective/efficient FP/MCH service delivery.	<ol style="list-style-type: none"> 1. Medical Equipment and Supplies <ul style="list-style-type: none"> - Operating table, Binocular and Trinocular Microscope, X-ray equipment, Refrigerator for storing medicines and vaccines, Incubator, Gynecological 	JICA	X		

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FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

GOAL: WELFARE ADVANCEMENT OF THE CHILD AND MOTHER WITH HEALTH, NUTRITION AND EDUCATION AS THE STARTING WELFARE CONCERNS.

GENERAL OBJECTIVE: TO ENHANCE COMMUNITY HEALTH WITH EMPHASIS ON FAMILY PLANNING AND MATERNAL AND CHILD HEALTH.

Strategy 1: Identify in each area all concerned agencies to be involved in the FP/MCH Project and organize the Team of Development Workers.

Component	Output	Input	Responsible Agency/Person	Time Frame		
				1990	1991	1992
Expens	Effective transfer of technology	examining table, First Aid equipment and supplies, ecl. Vehicles and its accessories. -Hi-Ace Commuter, Ambulance, motorcycles and bicycles. 1. FP/MCH expert based at the project sites. 2. Project Coordinator basically act as the planning officer and liaison between DOH and JICA.	JICA	X		
				X		

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The NPP calls for the reduction of the TFR from an estimated 4.31 in 1990 to 3.74 in 1994. To achieve this performance, corresponding CPR program methods will need to increase from 36 percent in 1990 to 50 percent in 1994 as follows:

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
CPR (percent of MCRA)	36	39	42	46	50
TFR	4.31	4.21	4.05	3.90	3.74

As noted earlier, CPR, as used in this paper, includes program-promoted methods only. By comparison, the GOP's objective is to increase the TCPR, which includes nonprogram methods such as withdrawal, total abstinence, folk remedies and others, from 48.6 percent in 1990 to 55.4 percent in 1994.

To place these objectives in the context of past experience, method-specific contraceptive prevalence rates (percent of married women age 15-44 practicing contraception, at the time of several recent national surveys are presented on the following page.

3. Project Components

The areas of program activity that USAID proposes to support are essential to the achievement of the purpose and the goal of this project. The core activity is the delivery of family planning services. In general, the other assisted areas are supportive of service delivery. The following are the components of the GOP program to be supported by FPAP:

- Expansion of Family Planning Service Delivery
- Training
- Information, Education, Communication and Motivation (IECM)
- Logistics
- Contraceptives
- Monitoring, Evaluation and Audit
- Research

a. Expansion of Family Planning Service Delivery

The considerable national network of DOH health stations, clinics and hospitals is already in place and operational. The DOH regards family planning program counseling and services as integral to its on-going public health program, not an extra add-on. The basic operating costs of the general family planning program, aside from contraceptives, are therefore already an established part of the GOP budget.

Chart 2

CONTRACEPTIVE PREVALENCE
(Percent of MCRA)

	<u>1973</u> NDS	<u>1978</u> RPFS*	<u>1983</u> NDS	<u>1986</u> CPS
A. Reversible Clinical Methods	9.5	7.2	8.1	8.8
Pill	6.9	4.8	5.5	6.2
IUD	2.6	2.4	2.5	2.4
Injection	-	-	0.1	0.3
B. Sterilization	0.9	5.3	9.5	10.6
Ligation	NA	4.7	9.1	10.1
Vasectomy	NA	0.6	0.4	0.5
Total Effective Methods (A&B)	10.4	12.5	17.6	19.4
C. Other Program Methods	8.0	12.7	8.9	12.8
Condom		1.0	3.8	1.3
Calendar Rhythm	7.0	8.9	5.4	8.8
Rhythm Combinations	-	-	2.2	3.3
D. Nonprogram Methods	6.0	11.8	5.6	11.7
Withdrawal	4.0	9.5	4.3	9.0
Withdrawal and Condom	-	-	0.2	0.1
Sustained Abstinence	-	1.8	1.0	1.6
Other	-	2.0	0.5	0.1
Total Less Effective Methods (C&D)	14.0	24.5	14.5	24.5
Total Program Methods (A&B&C) (CPR)	18.4	25.3	26.5	32.2
Total All Methods (A&B&C&D) (TCPR)	24.4	37.1	32.1	43.9

* Republic of the Philippines Fertility Survey

The program aspects that most need strengthening and that are main concerns of this project are: a) the quality of services available, largely a function of training as discussed below; and b) the extent of their availability and accessibility. There are several approaches to dealing with the latter. DOH facilities which are not presently offering family planning services will add them. The FPAP will assist in both the training and the equipment that will be needed. The project will also help in maintaining comprehensive itinerant teams that are now operational in areas hard to service because of topography or settlement patterns and with formation and equipping of additional CITs. Funds will be available to test promising approaches to extending information, resupply and referral services into communities, beyond the clinics.

The DOH plans to differentiate its approach to strengthening service delivery between areas of high unmet needs and those already meeting a demonstrated demand for service. In the first group of ten regions, intensive efforts will be made especially in the first two years to increase service outlets; improve the quality of services; and communicate better with couples who need the services, including testing innovative approaches to outreach. USAID's FPAP resources for developing and expanding the DOH's service delivery capacity are to be concentrated in these areas.

The remaining four regions -- Regions III, VII, X and XI -- are generally more developed and have good family planning performance records. The family planning program benefits from above-average program infrastructure, supportive political will and administrative competence. The DOH will focus UNFPA service-delivery support (\$14.7 million in the 1989-1993 period) in these regions. It will expand service delivery capability and conduct the needed training and also gain experience and develop skills in coordinating with other agencies and relating family planning and population concerns to comprehensive social and economic development. These advanced regions will also be a laboratory for improving monitoring techniques and gaining a wide range of experience applicable to the rest of the country.

Consistent with DOH's position that family planning is an established, ordinary service of the DOH, no earmarked payments are planned for the actual costs to the clinics and hospitals of performing surgical sterilization and other clinical procedures, which are available without charge to the clients. Rather, the additional costs of expendable supplies will be budgeted in the annual operating cost appropriation. Funds will be budgeted in FPAP, however, to cover special costs of clinical services such as treatment of complications and laboratory test fees. NGOs, in particular, often have a limited capability of financing all the clinical services requested of them.

Four private-sector avenues have been identified through which FPAP resources can make useful contributions to the Philippine Population Program.

- o Commerce and Industry. According to a study by the Population Center Foundation (PCF), companies with a work force between 200 and 1,000 employees are more likely not to be in compliance with the requirement that family planning services be available in their clinics (20 to 26 percent) than firms with 1,200 to 4,000 employees (12 percent).

To begin to overcome that deficiency and to gain new knowledge on the most efficacious approaches, FPAP proposes to help selected companies in Regions III, VII, X and XI (DOH's targeted areas) to develop in-plant family planning services. According to DOLE records, there are 58 companies in the four regions with work forces in the 200 to 1,000 range whose clinics do not offer family planning. Of these, 34 employ from 65 to 75 percent female workers. The project proposes to initiate family planning in these 34 clinics early in the project implementation period, expanding to the others in the fourth and fifth years if the earlier outcomes warrant. In addition, 40 firms in the National Capital Region will also be targetted as recipients of family planning activities. ✓

Some experience has been gained in USAID's predecessor project, Population Planning III, under which PCF established family planning services in 30 Metro Manila companies. An AID/Washington contractor, John Snow, Inc., through the Enterprise Project, had a similar project in the Cebu area. FPAP will benefit from these earlier efforts. Indeed, it is expected that as PCF is the only Philippine PVO with sufficient experience in providing family planning services to rural areas of the Philippines, the DOH will contract with PCF to direct this subproject, in cooperation with DOLE. The project will finance the formation of family welfare committees in the plants, selection and training of volunteer in-plant communicators, training of clinic staff, equipping the clinics, and the recurring costs of PCF's management of the activity. ✓

- o Contraceptive Social Marketing (CSM). Social marketing is selling a socially useful idea using standard marketing techniques. In CSM, products are also involved, usually reversible contraceptive methods, that are sold through existing for-profit marketing networks at prices to increase their accessibility to low-income people. ✓

FPAP proposes to buy into the centrally funded SOMARC (Social Marketing of Contraceptives) Project operated by The Futures Group. A feasibility study will be conducted by the Futures Group in the early 1990 that will form the basis for a family planning CSM effort in the Philippines. FPAP will provide technical expertise in CSM on a long-term basis. The large number of private, for-profit health facilities and private pharmacies throughout the country, most of which do not promote family planning or sell contraceptives, may be a valuable resource for extending the availability of family planning services. SOMARC will investigate that possibility and will also survey advertising and market research facilities. ✓

- o The NGO Community. The assistance now under way with the A.I.D. grant to The Asia Foundation to assist the PNGOC develop personnel and financial management capability is intended to enable the PNGOC to qualify for direct financial support from USAID and administer subgrants to member NGOs.

USAID expects that from the second year of the FPAP, it will enter into a cooperative agreement or a contractual arrangement with a U.S.-based private and voluntary organization to continue the organizational development effort with PNGOC. A long-term resident resource person will be supplemented from

time to time by short-term visits of representatives of the U.S. PVO. The long-term aim is for the PNGOC to be capable of helping local NGOs plan and operate effective projects and programs, to allocate and administer grant monies to NGOs, and to develop plans for partial self sufficiency -- for itself and for its NGO members. ✓

USAID expects that the PNGOC will be able to administer approximately 10 NGO subgrants successfully by the end of the project. The U.S. PVO will also serve as a conduit for FPAP support of part of the program costs of the major national NGOs, such as the FPOP, the Institute of Maternal and Child Health (INCH) and the Integrated Maternal and Child Care Services and Development, Inc. (IMCCSDI). ✓

- o Franchising Family Planning and Health Care. In early 1990, central AID/W funds will finance a needs assessment and feasibility study by John Snow, Inc. under its Enterprise Project on franchising a health care benefits package that includes family planning. ✓

The recommendations of this study, together with the Mission's experience in working with Medicare and two large health maintenance organizations may lead to two or three pilot approaches to be funded under the FPAP. The aim of this approach is to extend services to underserved areas, low-income urban and rural. Attractions for the medical and paramedical personnel involved include clinical equipment, loan guarantees, and access to low-cost and subsidized consumable commodities. One feature of the scheme is a repayment plan that enables the medical persons to repay their loans, retain a profit, and eventually become self-supporting.

b. Training

Training of staff is key to meeting the most urgent needs of the national program -- upgraded and expanded family planning services. As noted earlier, there has been a long period during which little training of DOH personnel took place. In the meantime, attrition has taken its toll on medical and paramedical personnel who had been trained earlier, and there have been many new developments in contraceptive technology and in worldwide experience with family planning programs that have not systematically been made known to program managers, trainers and service providers in the Philippines. ✓

U.S. technical expertise from Johns Hopkins University, under the PP III Project, has assisted medical, nursing and midwifery schools update their curricula on human reproduction and fertility management. Complementing this initiative and to ensure that the planned in-service training is consistent with the new pre-service course content, a full-time resident expert from the Margaret Sanger Institute in New York has been programmed for two years with UNFPA funding. This person will work with the DOH on revision of the basic and refresher training curricula for clinical and community-based staff and on training of trainers in the revised content. The FPAP provides up to 15 months of short-term expert consultation over the life of the project to deal with specialized contraceptive- and program-related subjects as they concern training. ✓

The FPAP will support in-service and pre-service training of large numbers of family planning program personnel based in regions other than the special emphasis regions III, VII, X and XI, in which UNFPA assistance will cover training. This contribution will supplement training funds budgeted by the DOH.

Training will cover a broad spectrum of subjects:

--Clinical skills: surgical sterilization and insertion and removal of the new Copper T 380A intrauterine device (IUD), which has a different technique from that of the previously used IUD and updated knowledge on oral contraception. Training in skills required for other new methods that may be introduced during the project, such as contraceptive implants, will also be supported. Service providers from the DOH, NGOs and other GOP departments/agencies are eligible for this training. ✓

--Information and skills related to the health benefits of family planning, the safety of modern contraceptive methods and the case management of contraceptive users, including users of natural family planning. This training will be available to the DOH, other GOP agency and NGO personnel involved in the delivery of family planning information and services. ✓

--Management, supervision and evaluation in family planning programs.

--Communication skills, both for those who design materials and campaigns and for the clinic and community staff who communicate directly with the program's clients.

--The new Field Health Services Information System: training especially designed for the GOP and NGO personnel who will have to record and report service statistics and supply levels.

--Supply management and logistics, principally for the DOH staff who will be responsible for the contraceptive commodities newly added to the DOH supply system. ✓

FPAP funds are planned for short-term training and observation study tours offshore as well. Attendance at short-term courses, such as program management and technical family planning subjects, is planned for 10 person-months per year during the project. Up to four person-months of study tours per year for opinion leaders and decision makers are anticipated.

The DOH plans to form a Central Training Committee (CTC) comprised of representatives of the Family Planning Service and the Health Manpower Development and Training Service units of the DOH, POPCOM, other GOP agencies and NGOs. The CTC will set standards for accreditation of trainers, training institutions, surgical service providers, field training areas and training programs. Regional Training Committees (RTCs), similarly constituted, will ensure adherence to the standards. Previous certifications and accreditations

conferred by the POPCOM Technical Committee, of which the DOH was a member, will still be valid.

c. Information, Education, Communication and Motivation (IECM)

Informing and educating people about family planning and responsible parenthood is an essential component of the project. It complements the principal program thrust of expanding the accessibility of high-quality services. Intensified informational campaigns will use the full range of media, giving specific information about the contraceptive methods and where they are available, correcting misinformation and countering rumors, and educating the public on the health benefits to families of regulating fertility. These messages will be reinforced by the personal communications to clients by clinic staff and community-based outreach workers to improve the continuation rates among people who adopt contraception. How to communicate, as well as what to communicate, will be a part of the training of service personnel of the public- and private-sector programs. UNFPA plans to give substantial support to training of clinical personnel in interpersonal communications.

The DOH plans to grant FPAP funds to one or more NGOs with the specialized capability of producing IECM materials to serve the needs of NGO and industrial programs. Such materials will be reviewed by the DOH and its national coordinating committee on IECM to ensure compatibility with national program strategy.

Administrative and technical responsibility for IECM lies with the four-person IECM unit of the Family Planning Service, assisted by two persons of the Public Information and Health Education Service of DOH.

Aside from communication-related training and the adolescent-targeted information programs of the multi-service youth centers, the bulk of FPAP communication support will be provided through a buy-in to the centrally funded A.I.D. contract with Johns Hopkins University-Population Communication Service (JHU-PCS). A long-term resident specialist and several short-term experts will assist the responsible DOH and NGO personnel in the creation, production and distribution of materials and the mass media placement of media campaigns that will be funded by the DOH and the FPAP.

The planned information and education campaign will build on the lessons learned from the Demand Generation Campaign funded under PP III. The new program will be specific about contraceptive methods and comprehensive in its treatment of the benefits of controlled fertility. Special care is to be taken to improve the communication skills as well as the message content of clinical service personnel and others who talk to clients. An evaluation is planned, therefore, to measure the impact of the campaign and identify areas for improvement.

d. Logistics

The responsibility for family planning logistics has shifted to the DOH from POPCOM. During the first two years of the project, attention will be focused on the orderly transition to assure an uninterrupted flow of contraceptive supplies to the program's clients.

One of the first tasks facing the DOH will be to identify and adopt a logistics system that can be accommodated in its existing system for medical supplies and equipment and yet meet the unique requirements of the family planning program. Among the latter are the U.S. source of contraceptives, which requires an extended lead time; and the need for buffer stock at each level of the system. Other factors include the sheer bulk of the commodities and the need for their prompt movement from wharf to high-quality storage to preserve product quality.

The FPAP will support several actions to enable the DOH to manage the family planning logistics function. The project will also bear part of the system's operating costs. Through a buy-in to the AID/W Family Planning Logistics Management Project for up to two years, USAID will provide a long-term expert to help the DOH design a system and make it operational. During the same period, under an agreement with DOH, POPCOM will contribute its experience in designing the system, help with the training of logistics personnel and continue to distribute the contraceptive supplies already in country that are in POPCOM warehouses. The DOH will hire additional personnel on a contract basis, including a family planning logistics coordinator, with contributions from FPAP.

In addition, at an estimated cost of \$250,000, the DOH will contract with a private firm to clear and nationally distribute the contraceptives during the first two years of the project. A decision will be made during the third year whether the logistics system and available equipment would permit the DOH to assume these services directly.

e. Contraceptives

The project will continue to fund the annual contraceptive inventory status report for the first two or three years, after which it is expected that the new Family Health Service Information System (FHSIS) will be an adequate and reliable source of supply-level information. USAID will share with the DOH costs of storage, distribution, vehicle and equipment maintenance, training, additional staff and coordination meetings. The largest project expenditure will be for U.S.-procured contraceptives at an estimated value of \$11,537,000.

f. Monitoring, Evaluation, and Audit

The DOH will carry out its on-going function of monitoring current program operations and project-supported actions by two principal means: one is the FHSIS; the other is a program of regular site visits by DOH validation teams to assess quality of services, accuracy of reporting and clients' satisfaction with services (see Section IV for a fuller description).

The FHSIS has been revised recently with the USAID-funded participation of WHO and a BUCEN specialist. It is already in operation from service point to provincial level and is due for expansion to regional and national levels by the end of CY 1989. The project will support the training and printing costs to introduce the FHSIS to the other GOP agencies and the NGOs who will be reporting their service and commodity statistics to the DOH. UNFPA will budget for computers needed at the DOH Central Office. FPAP will budget for four computers for the NGO community. Funds will also be programmed for special studies to supplement data regularly generated by FHSIS. The regular FHSIS reports from the DOH will be USAID's main source of information on user and contraceptive offtake levels and trends.

FPAP will contribute in the first two years of the project to the refinement of the validation team supervisory effort. This will include funding a fellowship to a short-term course in the U.S. on management, supervision and evaluation. Longer range assessments to be financed include several external project evaluations, a special evaluation of the IECM component, a contraceptive prevalence survey in 1991, analysis of the 1993 national demographic survey data, and audits.

g. Research

Committees on research and development at national and regional levels, comprised of representatives of DOH, POPCOM, National Economic and Development Authority (NEDA), other GOP agencies and several NGOs, have the responsibility for setting research priorities and coordinating family planning and population research. Areas of study for which project support is planned include, but are not limited to, contraceptive use and safety, sociological research on the use of family planning and the different kinds of services, and data analysis. Training funds will be available for short-term courses to expand research capability.

FPAP support for developing DOH, NGO and other GOP capability to monitor and assess their respective programs is subsumed under the training component.

In addition, a buy-in to The Futures Group centrally funded contract is envisioned to support a continuation of RAPID III (Resources for Awareness of Population Impacts on Development) project activities in the Philippines, begun prior to the FPAP project. The goal of these activities is to improve the policy climate for all population and family planning activities at national and local levels throughout the country. Thus, these RAPID III interventions are expected to provide an important base of support for the other FP-RP service-oriented activities funded by the FPAP.

In 1989, POPCOM began to develop the RAPID model for the Philippines, in collaboration with the University of the Philippines, NSO, DOLE, the Department of Environment and Natural Resources and other GOP agencies. Building on this initial A.I.D. investment of \$35,000, the RAPID III buy-in under this project is anticipated to begin soon after the FPAP agreement is

signed and to run for approximately three years. This buy-in will support technical assistance provided by the RAPID III project staff to finalize the RAPID model, to train presenters, develop a booklet presenting the information, and to fund a subcontract with POPCOM to carry out 50 workshops--two at the national level for legislators, cabinet members, legislative aides and other policymakers and the other 48 aimed at population program and local government leaders as well as civic and business leaders throughout the country.

Another buy-in to the Futures Group is intended to support the activities of the Philippine Legislators' Committee on Population and Development Foundation, Inc, (PLCPD), a foundation organized by members of the Philippine Congress with the following objectives:

- to establish a forum for the analysis and evaluation of issues involving the interrelationships between population and development to deepen the awareness of PLCPD members, government officials and the public at large on the relevance of these matters to national development;
- to call on the members of Congress to take an active advocacy role in the formulation of a viable policy on population and socio-economic development;
- to advocate as a matter of State policy the integration of the population factor into national development plans and programs;
- to evaluate regularly, in aid of legislation, the efficacy of government programs on population and development;
- to encourage the participation and involvement of all sectors of Philippine society in the implementation of population programs consistent with the Constitution;
- to undertake sustained research and studies which would support needed legislation; and
- to develop continuing linkage with local and foreign agencies as well as international organizations with similar objectives.

The buy-in to the Options for Population Policy (OPTIONS) Project of The Futures Group will provide technical and financial support to the PLCPD for pursuing its objectives.

4. Beneficiaries

In addition to the estimated 8,610,000 MCRAs who are expected to benefit through their participation under the project, a number of others are expected to benefit directly and indirectly including:

- Service delivery personnel who have been trained and received updated information on contraceptive technology;
- NGOs who will be administratively and functionally sound;
- private sector firms which will have family planning services available; and
- policy and decision-makers who have been provided information to make informed choices about family planning.

5. Project Outputs and End of Project Status

Besides the increased use of contraceptives as outlined earlier, conditions that will indicate that the project purpose has been achieved include:

- Family planning information and service available in over 3,000 clinics and voluntary sterilization services available in over 200 district hospitals;
- Between 20,000 and 25,000 service delivery personnel trained;
- Contraceptives available at over 3,000 service delivery sites;
- 98 additional firms to establish family planning services for their personnel; and
- New outreach structures operational.

11. COST ESTIMATE AND FINANCIAL PLAN

A. COST ESTIMATE

As detailed in Table 1, the total estimated cost of the project is \$62,427,000. A.I.D. will finance \$40,000,000 or approximately 64 percent; the DOH will contribute \$22,427,000, or 36 percent exclusive of the DOH's regular budget for personnel, capital and operating costs.

Before adding contingencies and inflation, the distribution of A.I.D. project costs over the project life are: expansion of service delivery, 16 percent; IECM, 10 percent; logistics, 5 percent; contraceptives, 30 percent; private sector, 22 percent; training, 13 percent; research 2 percent; and monitoring/evaluation/audit, 2 percent. The project's summary budget follows:

Table 1

GOP FAMILY PLANNING/RESPONSIBLE PARENTHOOD PROGRAM
BUDGET SUMMARY (\$000)

<u>Component</u>	<u>USAID</u>	<u>DOH</u>	<u>Total</u>
Expansion of Service Delivery	\$ 6,152	\$ 2,433	\$ 8,585
IECM	3,960	725	4,685
Logistics	2,100	13,697	15,797
Contraceptives	11,537	--	11,537
Private Sector			
a) In-Plant program	2,200	--	2,200
b) SOMARC	2,500	--	2,500
c) NGO support	3,590	--	3,590
d) Franchising	521	--	521
Training	5,000	5,000	10,000
Research	767	269	1,036
Monitoring/Evaluation and Audit	673	303	976
Contingency/Inflation*	<u>1,000</u>	<u>--</u>	<u>1,000</u>
TOTAL	<u>\$40,000</u>	<u>\$22,427</u>	<u>\$62,427</u>

*Note: Contingency/Inflation is included on each budget line item under DOH

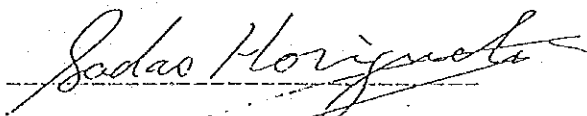
14) 事前調査団ミニッツ

MINUTES OF THE MEETINGS BETWEEN THE JAPANESE PRELIMINARY STUDY TEAM AND THE AUTHORITIES CONCERNED OF THE REPUBLIC OF THE PHILIPPINES ON THE FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROJECT IN THE REPUBLIC OF THE PHILIPPINES

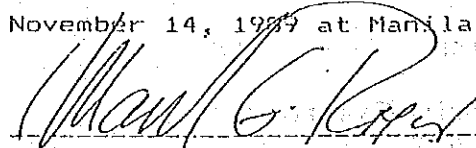
The Japanese Preliminary Study Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Minoru MURAMATSU and Vice Headed by Dr. Sadao HORIGUCHI visited the Republic of the Philippines from November 5 to 15, 1989 for the purpose of conducting the study on the request by the Government of the Republic of the Philippines for technical cooperation for the Family Planning and Maternal and Child Health Project (hereinafter referred to as "the Project").

The Joint Committee composed of the Team and the Philippine authorities concerned had a series of discussions in respect of the Cooperation, and agreed to the contents in the document attached hereto.

November 14, 1989 at Manila



Dr. SADAO HORIGUCHI
Vice Head, Japanese Preliminary
Study Team,
Japan International Cooperation
Agency, JAPAN



Dr. MANUEL G. ROXAS, *Ph*
Undersecretary for
Public Health Services
The Republic of the
PHILIPPINES

ATTACHED DOCUMENT

1. PROJECT TITLE

Family Planning and Maternal and Child Health Project

2. GENERAL OBJECTIVE:

To improve Family Planning and Maternal and Child Health in the model area

SPECIFIC OBJECTIVES:

- 1) To improve the service delivery system of Family Planning and Maternal and Child Health in the model area
- 2) To reinforce community health activities through enhanced community participation.
- 3) To improve the capability of health and other community workers involved in Family Planning and Maternal and Child Health Services.

3. IMPLEMENTING AGENCY

Department of Health (DOH) in cooperation with government organizations (GOs) and non-government organizations (NGOs) will implement the project.

4. RESPONSIBLE ORGANIZATION

- 1) DOH will be wholly responsible for the implementation of the Project.
- 2) The provincial governor of the province of Tarlac will act as the overall coordinator of the project at the provincial level.
- 3) An inter-agency committee (IAC) will be organized in every level of administration from the national to village level that will develop and formulate policies for the project.

(5/11)



5. AREA OF IMPLEMENTATION OF THE PROJECT

The principal area of implementation of the Project will be TARLAC PROVINCE in Region 3.

6. PROJECT DURATION

The duration of the Project will be three (3) years from the date of the signing of the Record of Discussions.

7. TECHNICAL COOPERATION OF JAPAN

The Team explains the procedures of the Program of the Project-Type Technical Cooperation of Japan and the Philippine side understood the above mentioned procedures.

The Project-Type Technical Cooperation will be implemented through:

- 1) dispatch of Japanese experts
- 2) training of the Philippine personnel
- 3) provision of equipment

8. The inter-agency committee (IAC) will be organized at the National level on or before December 1989. Baseline data will also be provided by the Department of Health to JICA within such period.

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FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

Strategy 1: Promotion of FP through improved Maternal and Child Health services.

Strategy 2: Widen Community's support and participation in the implementation of the project

Strategy 3: Strengthen support for intensive IEC at all levels with emphasis on FP/MCH.

Strategy 4: Strengthen monitoring and evaluation of the project.

Component	Output	Input	Responsible Agency/Person	Time Frame		
				1990	1991	1992
Human Resource Development	Enhance project managers and field workers capability in implementing the FP/MCH Project.	<ol style="list-style-type: none"> 1. Consultation seminar among the different inter-agency coordinating committees to assess the project and identify gaps and needs and come up with appropriate interventions. 2. Local Government Orientation on POPDEV. 3. Management training for barangay officials, BHWs and other volunteer workers. 4. Echo seminar on FP/MCH and skills training for barangay workers. 5. Seminar workshop on the use of IEC/medical equipment. 6. Conduct KAP survey. 7. Interpersonal communication skills training. 8. Seminar on the use of IEC equipment. 9. Video production training course 	JICA/DOH	X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
IEC	Effective/efficient distribution of IEC materials	<ol style="list-style-type: none"> 1. Develop/produce/disseminate IEC materials. 2. Replicate motivational kit. 	DOH/JICA	X		
				X		

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FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

Strategy 1: Promotion of FP through improved Maternal and Child Health services.

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Strategy 3: Strengthen support for intensive IEC at all levels with emphasis on FP/MCH.

Strategy 4: Strengthen monitoring and evaluation of the project.

Component	Output	Input	Responsible Agency/Person	Time Frame		
				1990	1991	1992
Logistics	Efficient/effective FP/MCH service delivery	1. Medical equipment and supplies. <ul style="list-style-type: none"> - Dopler Fetal Heart Detector, Steam sterilizer, Anesthesia apparatus, Electric suction unit, Home delivery kit, weighing scales, Instrument sterilizer, Sphygmomanometer, Hemoglobinometer, Medicines etc. 2. IEC equipment and supplies. <ul style="list-style-type: none"> - Trinitron color video monitor, Camera, Overhead projector, OHP transparency maker, Betamax, Video camera etc. 3. Office equipment and supplies. <ul style="list-style-type: none"> - Copy machine, typewriters, calculators, mimeographing machines etc. 	JICA		X	

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FAMILY PLANNING/MATERNAL AND CHILD HEALTH PROJECT

Strategy 1: Strengthen provision of MCH services.

Strategy 2: Strengthen coordination among project implementors and enhance their motivational capability.

Component	Output	Input	Responsible Agency/Person	Time Frame		
				1990	1991	1992
Research and monitoring	Effective coordination and monitoring of the project.	<ol style="list-style-type: none"> 1. Consultative conferences for the different inter-agency coordinating committees to assess the project. 2. Conduct process and impact evaluation of the project. 	DOH/JICA			X
Human Resource Development	Strengthen project managers and field workers capability in implementing the project.	<ol style="list-style-type: none"> 1. Advance interpersonal communication skills training. 2. Repair and maintenance of IEC and medical equipment. 	DOH/JICA			X
Logistics	Effective/efficient FP/MCH service delivery.	<ol style="list-style-type: none"> 1. Medical/IEC/Office equipment and supplies. 2. Vehicles 				X
Experts	Effective transfer of technology.	<ol style="list-style-type: none"> 1. Research & Evaluation Expert 2. Data Analysis Expert 	JICA			X

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JICA