



JAPAN INTERNATIONAL COOPERATION AGENCY

**SURVEY OF MEDICAL COOPERATION
TO THE PHILIPPINES**

**FINAL REPORT
VOL. II - ANNEXES**

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AMERICAN

PROJECT REPORTS OF MAJOR MEDICAL

HEALTH INSTITUTIONS

THE BUREAU OF MEDICAL AFFAIRS

DEPARTMENT OF THE ARMY

THE BUREAU OF MEDICAL AFFAIRS



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THE BUREAU OF MEDICAL AFFAIRS

ANNEX I
PROJECT PROFILES

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I. GENERAL INFORMATION

PROJECT NAME	:	Primary Health Care Financing Project
COOPERATION PERIOD	:	1983-1991
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 30.70 M
Forex	:	US\$ 16.703 M
Local	:	US\$ 14.0 M
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	United States Agency for International Development (USAID)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Over the past decade, the Government of the Philippines (GOP) has significantly increased the availability of health, population and nutrition services to both urban and rural populations. However, the Government found itself still inadequate to respond to rapidly changing priorities in the sector and to an increasing volume of demands, especially from the rural population.

The seemingly unplanned and uncoordinated manner of service delivery where three (3) separate agencies (Department of Health, Population Commission, National Nutrition Council) maintain independent delivery systems from the central all the way down to the barangay level and the attendant duplication and overlaps in activities provided and, possibly, the missed opportunities to develop complementarities among the services represent a less than optimal use of human and financial resources.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The Government of the Philippines is committed to the goal of "Health for All by the Year 2000" contained in the declaration of Alma Ata in 1978. However, it is clear that the full costs of developing and sustaining a nationwide Primary Health Care System are beyond the Government's financial ability. There is therefore a need to develop a system of Primary Health Care delivery that is self-sustainable by communities and less dependent on foreign aid.

C) OBJECTIVES

General

To reduce high fertility and high infant and early childhood mortality.

Specific

To improve access to and utilization of sustainable primary health care services managed and financed by communities and by the Government.

D) PROJECT DESCRIPTION

The proposed project will help the Government to address three interrelated issues simultaneously: a) the existence of population and nutrition programs alongside a very incomplete PHC system, and the proliferation of field workers that this implies; b) the question of how best to organize and manage a large-scale primary health service delivery program; and c) the all important question of how to pay for the system.

The project has three (3) components. These are: a) Health Care Financing Schemes - these are organized mechanisms for linking a set of primary health care services to a system of community financing of these services; b) Special Studies and Policy Analysis - these studies will form the basis for policy changes and will help in planning the technical details of the service delivery component of the project; and c) Service Delivery - this project will strengthen the DOH's ability to support health service delivery at the barangay level through the Botica sa Barangay Program, BHW and Midwifery Program, provision of basic PHC commodities and an IEC program.

E) FINANCIAL REQUIREMENTS

The original estimated cost of the project is US\$ 22.9 million broken down into a US\$ 10 million loan, US\$ 2 million grant and a GOP counterpart of US\$ 10.9 million. This amount was later revised and increased to US\$ 30.7 million with US\$ 16.7 million as USAID grant and US\$ 14 million as GOP counterpart.

III. COOPERATION MANAGEMENT

USAID will support all three components of the project including training of BHWs, institutional development and evaluation costs through grants. GOP is contributing about 46% of the project's total budget and will cover recurrent costs (salaries, travel, operating expenses) for the three components.

Aside from providing funds for the project, USAID will provide assistance in the procurement of goods and services as needed and requested by the implementing agencies, monitor project operations to ensure that project implementation is in accordance with the terms and conditions of the Project Agreement and performs the necessary evaluation and audit of the project.

The funding and disbursement of all Primary Health Care Financing Project activities will be determined from year to year and incorporated in the annual plan of action formulated and agreed upon by USAID and the relevant GOP ministries/departments. It is anticipated that all USAID funded activities will be financed through reimbursements or direct payments.

I. GENERAL INFORMATION

PROJECT NAME	:	Family Planning Assistance Project (FPAP)
COOPERATION PERIOD	:	1990-1994
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 62.427 M
Forex	:	US\$ 40.0 M
Local	:	US\$ 22.427 M
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR ORGANIZATION	:	United States Agency for International Development (USAID)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

In 1989, the Government of the Philippines announced a new population policy which was the basis for drawing up the National Population Program (NPP) for 1989-1993. The NPP has two complementary programs designed to make the population policy operational and to achieve the stated goal of improved quality of life and these are: the Family Planning and Responsible Parenthood Program (FPRP) and the Integrated Population and Development Program (IPDP). This project is one way of operationalizing the policies/ strategies set forth in the FPRP.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The implications of rapid population growth differs considerably among countries depending on their current social, economic and political conditions. It is, however, a known fact that high population growth rate impedes development. This project will assist the GOP to continue progress toward meeting the national family planning goal of reducing the country's total fertility rate. Specifically, the project will be able to assist the DOH intensify, expand and improve the quality of its family planning services extended through its clinic network and its community outreach activities.

Around 8.6 million married couples of reproductive age (MCRAs) will benefit from the project. Other groups expected to benefit directly and indirectly include: service delivery personnel who will be trained and who will receive updated information on contraceptive technology; NGOs; private sector firms which

will have family planning service available; and policy and decision-makers who will be provided information about family planning.

C) OBJECTIVE

To improve the availability and utilization of family planning services in order to reduce the country's total fertility rate.

D) PROJECT DESCRIPTION

FPAP's core activity is the delivery of family planning services. Specifically, it will support the following components of the NPP:

1. Expansion of family planning service delivery: DOH facilities which are not presently offering family planning services will add such services. FPAP will assist in both the training and the needed equipment and supplies. FPAP will also help maintain comprehensive itinerant teams and funds will be made available for the testing of promising approaches to extend information, resupply and referral services into the communities;
2. Training: In-service and pre-service training of large number of family planning program personnel. Training will cover a broad spectrum of subjects, i.e., clinical skills, communication skills, management supervision and evaluation of family planning programs, etc. Short term training and observation tours will also be funded;
3. Information, Education, Communication and Motivation (IECM): FPAP will support an intensified informational campaign which 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 of regulating fertility. One or more NGOs with the specialized capability of producing more IECM materials to serve the needs of NGO and industrial programs will be granted FPAP funds;
4. Logistics: A long term expert to help DOH design a system and make it operational will be provided. Additional personnel will be hired and a private firm to clear and nationally distribute the contraceptives during the first two years of the project will be contracted;
5. Contraceptives: Contraceptives needed by the project will be funded, including storage and distribution costs;
6. Monitoring, Evaluation and Audit: The project will fund monitoring activities, training and printing costs to introduce the new family health service information system (FHSIS) to other GOP agencies and NGOs, special studies, and computers for NGOs; and
7. 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.

E) FINANCIAL REQUIREMENTS

A grant of US\$ 40 million will be given by USAID. The GOP counterpart amounts to US\$ 22.427 million. The grant will be used to finance the previously mentioned components of the NPP. The GOP counterpart will finance supplies to be used in strengthening service delivery; in-country training; IECM material research; monitoring; storage and distribution; and equipment and vehicle maintenance.

III. COOPERATION MANAGEMENT

Project implementation and monitoring rest on three major participants - USAID, GOP and the TA consultants. Coordination will be essential, thus, a coordinating mechanism such as regular meetings to assess progress, identify and solve constraints will be adopted. On the donor's side, the Office of Population, Health and Nutrition (OPHN) will be in charge of FPAP.

The procurement of technical assistance, commodities (including contraceptives) and training will be done through the following:

- a) buy-ins to the Bureau of Science and Technology, Office of Population (STIPOP) centrally funded projects;
- b) host country grant which will enable DOH to use bilateral funds to award grants to NGOs and other GOP agencies;
- c) direct grants to NGOs who are certified eligible to receive US Government funds;
- d) invitation for application wherein US private volunteer organizations involved in developing countries are invited to strengthen management capabilities of Philippine NGOs;
- e) training where in-country training is initially funded by the DOH and upon receipt of vouchers, USAID will reimburse;
- f) Procurement of Commodities - USAID will order and ship the commodities to the consignee in the case of foreign/off-shore procurement. For local procurements, OPHN will issue Project Implementation Letters earmarking and committing funds which will cover the cost of commodities. USAID will pay the suppliers directly after the PLS/DOH forwards the necessary document;
- g) Gray Amendment Alert - Efforts will be made to award contracts to small and/or disadvantaged firms for project evaluation needs.

Monitoring current program operations and project supported actions will be done through the Family Health Service Information System (FSHIS) of the DOH and through regular site visits by DOH validation teams. Mid-term and final external evaluations are planned. A special evaluation of the effects of the communication approach used in the project will also be undertaken. The demographic impact and progress towards FPAP goal and purpose achievement

will be measured by a contraceptive prevalence survey in 1991 and a national demographic survey in 1993.

Primary responsibility for audits of USAID financed project lies with the Regional Inspector General for Audit. However, non-federal auditors may be contracted for the purpose.

It is foreseen that by 1994, family planning services will be available in over 2,000 medical facilities operated by the DOH. Family planning services will be fully integrated into the maternal and child health delivery system at the provincial and district levels. Thus, project initiatives will be sustained. Furthermore, the project has a major private sector component which will ensure that family planning service remain available through private (commercial and non-profit) organizations.

I. GENERAL INFORMATION

PROJECT NAME	:	Child Survival Program (CSP)
COOPERATION PERIOD	:	September 1989 - March 1994
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 50 M
Forex	:	US\$ 50 M
Local	:	No GOP counterpart required
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	United States Agency for International Development (USAID)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The leading causes of morbidity and mortality in the country remain to be the communicable and infectious diseases although degenerative diseases appear to be slowly gaining prominence. Infant deaths account for at least one fifth of reported deaths. Children under five years of age account for a large majority of morbidity cases from specific causes. Regional difference in mortality and morbidity rates exists with the less developed regions usually exhibiting higher rates. The problems that beset the health sector are recognized by the Government. Thus, it has adopted policies and strategies for the 1987-1992 planning period to address them. It is in support of these policies and strategies that the CSP has been conceptualized.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

As earlier indicated, several policies and strategies were identified in the Medium-Term Philippine Development Plan (MTPDP) to address the present needs of the health sector. These include, among others, the provision of health services to the poor, underserved, unserved and high risk groups, vigorous implementation of preventive and promotive health measures and increased budgetary resources for the health sector. In terms of delivery of health services, particularly child health services, several concerns have been identified and these include among others the need for additional financial resources to increase the availability and utilization of basic and promotive health services, failure of intervention programs to sufficiently target the population at risk and ensuring the sustained commitment to and financing child survival services. The CSP has been designed to help address these concerns.

The benefits to be derived from the CSP will be in terms of the expanded provision of services as well as in the programmed policy changes with respect to the delivery, management and financing of preventive health care activities, in general and child survival activities in particular. The overall effect of these policy changes is expected to be significant in three areas: more efficient use of resources; greater equity; and financial sustainability. Direct beneficiaries are the Filipino children particularly those below the age of five and the married women of reproductive age.

C) OBJECTIVES

The CSP's goal is to contribute to the reduction in the variance in infant and child mortality and morbidity rates among and within provinces and regions while simultaneously lowering the corresponding national rate. It also aims to increase the availability, utilization and sustainability of child survival related services including child spacing particularly to underserved, unserved and high risk groups.

D) PROJECT DESCRIPTION

The CSP is a performance-based sector assistance program. Annual tranches of AID assistance to the GOP is contingent on the latter's agreement to policy changes, implementation of policy changes, and progress toward specified end-of-program service delivery coverage indicators.

The policy agenda focuses on changes to foster the efficient delivery, increased availability and utilization of services through the targeting of services to high-risk groups and underserved areas; decentralization of planning and budgeting; and the integration of child survival-related services. The policy agenda also includes measures to ensure sustained commitments to, demand for and financing of child survival services through both the public and private sectors. Service delivery targets focus on increases in the levels of specific child survival-related interventions, primarily in targeted provinces.

E) FINANCIAL REQUIREMENTS

The USAID will provide a total of US\$ 50 million in grant funds to the GOP for the duration of the CSP. Of the \$ 50 million, \$ 45 million will be made available directly to the GOP. The remaining \$ 5 million will be used to cover the technical assistance, monitoring, evaluation and audit requirements of the program.

The GOP is not required to put up counterpart funds. However, as part of the policy agenda, the GOP will ensure that the required level of resources will be provided to the DOH most especially those needed for the delivery of public health (preventive) services so as to achieve program objectives.

III. COOPERATION MANAGEMENT

On the donor's side, the Office of Population, Health and Nutrition (OPHN) is in charge of the CSP. With regard to the technical assistance package provided under the program, this will be procured competitively. The TA package will be financed under an AID direct contract with a US based organization but the DOH will be fully involved in the development of scopes of work as well as in the evaluation of the TA proposals. The USAID evaluation criteria for the TA proposals include the proponent's demonstrated knowledge of an access to local

individuals and institutes that have capability in the required areas of expertise. In addition, the proponent's capability to enter into indefinite quantity contracts like contractual arrangements with local TA and research organization will likewise be considered. The program's annual progress reviews, mid-term and final evaluation and audit service will be done under an AID-direct contract of services.

Program implementation monitoring (donor's side) will be the responsibility of the OPHN. The monitoring of DOH's performance will be done in coordination with the technical assistance advisors.

Annual progress reviews will be done to assess the performance of the GOP against the agreed core policy areas in the implementation matrix. Disbursements of program funds will be based on the results of the review. The mid-term evaluation of the program will be done by the team that conducts the second annual review. The evaluation will be both process and impact oriented, focusing on the extent to which DOH has accomplished the targets.

The DOH will participate in the development of the scope of work for the mid-term and final evaluations as well as in the actual evaluation of the program. The annual progress reviews, mid-term and final evaluations will be completed by contractors independent of the TA contractor.

In terms of audit services, the primary responsibility lies with the Regional Inspector General for Audit. However, non-federal auditors may be contracted for the purpose. The audit will cover the financial and compliance aspects of the program.

There are positive indications that the GOP may be able to sustain program initiatives after the termination of assistance. For one, there has been an increasing share of the national budget going to the health sector. This development, however, is not an adequate assurance that GOP will indeed be able to continue program activities. In this regard, there is a need for the GOP to consider further cost reduction strategies to be able to finance the program's recurrent costs. The private sector should also be encouraged to increase its involvement in the provision of health care services.

I. GENERAL INFORMATION

PROJECT NAME	:	Rural Environmental Sanitation Project, Phase II
COOPERATION PERIOD	:	1990-1991
COOPERATION SITE	:	Region I, VI, X
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 6.5 M
Forex	:	US\$ 6.340
Local	:	US\$ 0.160
IMPLEMENTING ORGANIZATION	:	Department of Public Works and Highways (DPWH), Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Japan International Cooperation Agency (JICA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Based on the latest survey conducted by the DOH in 1986, 64% of the total households in the country were provided with sanitary toilet facilities. 15% were equipped with unsanitary types and 16% of the households had no toilet facilities at all.

Similarly, at the end of 1987, around 63% of the 57.36 million total population had access to public water systems. The service area coverage included 86% in Metro Manila and its adjoining areas, 55% in other urban areas and 62% in the rural areas. The rest of the population, approximately 37% still depended on water from open dug wells, rainwater cisterns, lakes and streams, a number of which are of doubtful quality.

Following the successful implementation of the "Pilot Rural Environmental Sanitation Project" conducted in the provinces of Bulacan, Pampanga, Cavite and Batangas in 1985-1986, it was felt that further replication of the project is necessary so that other areas will also be benefitted.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

Present sanitation condition in the countryside requires drastic improvement. Toilets, both in private homes and communities have features of unfavorable environmental hygienic standards.

The effect of unsanitary toilets is further aggravated during the rainy season wherein flooding occur and water submerge cesspits and dug wells causing mass contamination of drinking water sources.

The economic benefits that can be expected from the project shall include the economic value of water, improvement in the health condition of the people and reduce mortality and morbidity rates of water borne and sanitation-related diseases, benefits from income redistribution effects and increases in productivity due to availability of water and toilet facilities as inputs to household activities among others.

The project was conceived in line with one of the development thrusts of the Government which is the upliftment of the living standards of the rural people.

C) OBJECTIVES

General

To improve the health standard of the population.

Specific

- 1) To create awareness and develop sanitary practices among schoolchildren and their family which will have long lasting effect in the community;
- 2) To motivate the community on proper sanitary practices;
- 3) To reduce the incidence of water-borne and related diseases caused by poor sanitary condition and provide suitable living condition in the community; and
- 4) To determine the areas of possible replications in similarly situated locations domestically and internationally.

D) PROJECT DESCRIPTION

A package of complementing components is envisioned viz: construction of school toilets, provision of sanitary toilets to individual households without toilets or with unsanitary toilets, construction of deepwells, the development of springs and the installation of communal faucet systems.

Health and sanitation education will be provided to the target barangays in order to increase the people's awareness on the subject which can propel their participation in the implementation of the project activities.

The water and sanitation users will be formed into Barangay Waterworks and Sanitation Associations (BWSAs) and will be trained on the aspects of operation, management and repair of the system.

E) FINANCIAL REQUIREMENTS

The estimated project cost is US\$ 6.5 million with an estimated US\$ 6.34 as a Grant-Aid Program from the Japanese Government with the remaining amount to serve as local counterpart of the Philippine Government.

III. COOPERATION MANAGEMENT

Selection of project site was conducted jointly by the DOH and DPWH together with the Japanese Survey Mission. Detailed engineering was undertaken by the Japanese Government through a consulting firm and assisted by local engineers.

All materials, equipment and vehicles required are being procured out of the proceeds of the Grant-Aid program. The Japanese Government through the Project Consultant and in coordination with DPWH and DOH is responsible in administering the project.

Training is being effected by both the DOH and DPWH regarding health education and primary health care and the management, operation and maintenance of water systems, respectively.

I. GENERAL INFORMATION

PROJECT NAME	:	First Water Supply, Sewerage and Sanitation Project (Health Component)
COOPERATION PERIOD	:	1990-1994
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Loan
COST OF PROJECT	:	Total: US\$ 56.40 M
Forex	:	US\$ 22.134 M
Local	:	US\$ 34.256 M /1
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	International Bank for Reconstruction and Development (IBRD)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

At the end of 1986, only about 360,000 households were connected to a piped sewerage system. Only 69% of all households had sanitary toilet facilities, 15% had unsanitary facilities and 16% had no facilities at all. Service levels were generally higher in urban areas at 73% with 93% in Metro Manila, while in rural areas only 62% of the population was served.

In 1987, the Government of the Philippines prepared its Water Supply, Sewerage and Sanitation Master Plan 1988-2000 outlining sector objectives, policies, programs, institutional arrangements and economic considerations.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This project is in line with the policy of improving the regulation of environmental sanitation and occupational safety as embodied in the Medium Term Philippine Development Plan 1987-1992.

Due to insufficient funds for infrastructure programs and projects in the past, existing facilities could not be adequately maintained. As a result, the capacities, efficiency and effectiveness of these facilities have increasingly deteriorated. The reduced investment has left many areas wanting in basic community facilities. Meanwhile, the increase in demand for services brought about by rapid population growth and economic expansion makes it imperative to have a program to develop water supply, sanitation and sewerage systems that will support all these growth.

1/ Exchange rate used - US\$ 1.00 = P/22.25

C) OBJECTIVES

The project aims to eliminate/minimize sanitation-related health problems through the provision of sanitary methods of excreta disposal to rural households.

D) PROJECT DESCRIPTION

The sanitation component of the project involves the following:

- a) Installation of 1,500,000 PVC water-sealed pour flush toilet bowls through community participation of the household beneficiaries using the Primary Health Care approach;
- b) Construction of 1,000 barangay school toilets;
- c) Disinfecting of 1,000 public wells found bacteriologically positive;
- d) Provision of 7,600 sullage removals and 1,000 pilot waste water treatment units;
- e) Procurement of materials, vehicles and chemicals;
- f) Training of 3,060 regular Sanitary Engineers and Sanitary Inspectors on field implementation of sanitary facilities; and
- g) Provision of information, education and communication (IEC) materials on health education component.

E) FINANCIAL REQUIREMENTS

The total project cost is US\$ 56.39 million, of which the foreign exchange component is US\$ 22.134 million and the local counterpart is US\$ 34.256 million. All the foreign exchange component and part of the local cost are proposed to be financed through a World Bank loan. The rest of the local cost will be funded through budgetary allocation.

III. COOPERATION MANAGEMENT

Equipment and materials, vehicles, toilet bowls and pilot waste treatment units needed for the project amounting to about US\$ 51.2 million are suitable for International Competitive Bidding (ICB) and will be procured according to the Bank's procurement guidelines. A margin of preference equal to 15% of the CIF (Cost of Insurance and Freight) price will be allowed for domestic manufacturers in bid evaluation.

Civil works for the construction of 7,500 sullage removal units, 1,000 school toilets, 1,500,000 toilet units and 1,000 pilot waste water treatment units would be procured through small contracts by means of local competitive procedures satisfactory to the Bank or through force account or voluntary community effort.

All consultancy services will be obtained on the basis of the Bank's guidelines for the engagement of Consultants.

I. GENERAL INFORMATION

PROJECT NAME	:	Philippine Health Development Project III (PHDP III)
COOPERATION PERIOD	:	1989-1994
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Co-financing: Loan from IBRD and Grant from the Governments of Japan and Italy
COST OF PROJECT	:	Total: US\$ 108.3 M
Forex	:	Loan - US\$ 70.4 M (IBRD) Grant - US\$ 8.1 M (Italy) <i>8,100,000</i> US\$ 4.3 M (Japan) <i>4,300,000</i>
Local	:	US\$ 25.5 M
IMPLEMENTING ORGANIZATION	:	Department of Health
DONOR COUNTRY/ ORGANIZATION	:	International Bank for Reconstruction and Development (IBRD), Governments of Japan and Italy

II. CONTENTS OF THE PROJECT

A) BACKGROUND

A number of initial steps have been taken towards meeting the Governments health development objectives. For instance, budgetary allocations for the DOH have been increasing. A new drug policy has been adopted and is expected to improve significantly the cost efficiency in drug use and procurement. A family planning policy which promotes responsible parenthood and recognizes individual choice in controlling fertility among medically safe methods except abortion has also been adopted. In addition, the most urgent health problems (e.g. malaria, TB, schistosomiasis, and maternal and child health) is being addressed by the DOH's impact programs. Moreover, improved targetting and increased collaboration between DOH, local government units and NGOs have been pursued.

The PHDP III has been designed to build upon and extend the Government's efforts to implement the health sector development policy and strategy. It is also intended to complement assistance provided by other donors to the health sector.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project will support the Government's strategy of giving priority attention to public health programs and strengthening the institutional and policy research capacity of the DOH. Specifically, the benefits that can be derived from the project include the following:

1. Reduction in the prevalence of malaria, schistosomiasis and tuberculosis;
2. Reduction of mortality among women and children in high risk communities targetted under the project and lower fertility through improved maternal health services;
3. Increased equity and efficiency of resource use as a result of the improvements in the capacity of the DOH to identify and monitor high risk households within the community;
4. More effective and efficient delivery of services as a result of the improved DOH planning, management, communication support and evaluation capacities;
5. Mobilization of community resources for health through partnership of local government units and NGOs with the DOH permitting communities to respond to their non-health needs; and
6. The project will lay the groundwork for future policy development.

C) OBJECTIVES

PHDP III aims to: 1) support the Government's priorities to expand and improve public and primary health care, especially to high risk groups; 2) strengthen the efficiency and effectiveness of DOH; 3) promote collaboration among the Government, local government units and NGOs in meeting community health needs; and 4) establish improved mechanism for future health policy and program developments.

D) PROJECT DESCRIPTION

The PHDP III has four major components, as follows:

- a) Component I or the strengthening of DOH impact programs consist of four sub-components, namely: Malaria Control; Schistosomiasis Control; Tuberculosis Control; and Comprehensive Child Care. The disease control sub-components focus on intensified case-finding and treatment supported by appropriate environmental and vector control as well as health education. The child care sub-component focuses on high-risk individuals, households and communities. All sub-components are designed to effect significant reductions in disease incidence and mortality.
- b) Component II or the strengthening of DOH institutional capacity supports the impact programs by upgrading the overall organization and managerial systems at central and field levels.
- c) Component III provides an added means for priority communities to benefit from the improved program interventions and upgraded service delivery systems by facilitating the interaction between the health service systems and the community-level receiving mechanisms.

- d) Component IV focuses on policy development and research in the areas of health and nutrition. Support shall be provided for the setting up of an institutional mechanism for policy review, analysis and development. Grant funds shall also be provided for the conduct of appropriate policy studies.

E) FINANCIAL REQUIREMENTS

Total project cost is estimated at US\$ 108.7 million. Of this amount, a loan of US\$ 70.4 million will be provided by the IBRD. The Government of Italy will provide a grant of US\$ 8.1 million to co-finance the Tuberculosis Control Program. Similarly, the Japanese Government will provide US\$ 4.3 million equivalent for the start-up activities, training and technical assistance. The GOP counterpart amounts to US\$ 25.5 million.

III. COOPERATION MANAGEMENT

Several conditions were set forth by the Bank with regard to the implementation of PHDP III. These include the following:

- 1) Establishment and staffing of a project coordinating unit in the DOH. A qualified project coordinator (with terms of reference approved by the Bank) needs to be hired and officials responsible for project implementation in each implementing DOH division be designated.
- 2) Establishment of a community development fund in accordance with procedures and operating guidelines agreed with the Bank.
- 3) Issuance of regulations agreed with the Bank and endorsed by appropriate departments and agencies, setting out conditions for distribution of funds for the project including the approval and distribution of grants under Component III.
- 4) Provision of grants to selected non-governmental and other community level organizations under Component III should be made in accordance with the criteria and procedures satisfactory to the Bank.
- 5) Issuance of a directive agreed with the Bank to designated provinces requiring such provinces to develop a provincial health plan.
- 6) Establishment and staffing of a Committee for Community Health Policy (with membership and terms of reference agreed with the Bank).
- 7) Establishment of a National Committee for Health Development (with membership and terms of reference agreed with the Bank).
- 8) Annual review of project implementation of the health programs and activities supported by the project.

The project coordinator will be responsible for monitoring project implementation. An annual program review will be conducted to assess project implementation progress. Program review management will be contracted out to consultants who in turn will be responsible for the preparation of the annual review workshop.

In terms of financial monitoring, GOP is required to maintain records and accounts adequate to reflect in accordance with sound accounting practices the operations, resources and expenditures in connection with the project. A yearly audit of the financial records is also required and report of such audit be submitted to the Bank. The GOP is also required to retain for at least one year after the Bank has received the audit report for the fiscal year in which the last withdrawal from the loan account was made, all records, i.e. contracts, orders, invoices, bills, receipts and other documents, supporting such expenditures.

I. GENERAL INFORMATION

PROJECT NAME	:	Population and Environment IEC Programme
COOPERATION PERIOD	:	1988-1992
COOPERATION SITE	:	Regions I, III, VI, VII, X, XII
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 1,034,130
Forex	:	US\$ 675,880
Local	:	US\$ 358,250 <u>1</u>
IMPLEMENTING ORGANIZATION	:	Food and Agriculture Organization (FAO); Department of Environment and Natural Resources (DENR)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The 1988 estimate of the upland population is about 7.8 million of which roughly 70% are landless. Density in 1948 was reported at 39 persons per square km.; in 1970, 74 persons per square km.; and then dramatically rose to 119 persons per square km. in 1988. It may be noted that one of every four migrants between 1960-1980, crossing regional boundaries proceeded to upland areas.

By the end of the Second World War, 75% of the Philippine total land area of 30 million hectares was forested. By 1976, satellite photo imagery showed that only 38 percent remain forested. DENR data show that between 1972-1981, an average of 379,000 hectares annually has been converted from forest to non-forest use.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The "GOP Population Policy Statement" clearly states the "close interrelationship among population, resources and environmental factors." Said Policy Statement also declares as one of its objectives, bringing down the population growth rate from 2.38 per cent in 1985 to 2.21 per cent by 1992. Since forest communities constitute about 30 per cent of the total population, DENR, in effect, is attempting to challenge the total system of both the government and the private sector to face the requirements of these 30 per cent upland population.

1/ Exchange Rate US\$ 1 - P20.00

C) OBJECTIVES

General

To contribute to the improvement of the quality of life of forest communities by heightening awareness of leaders and grassroots communities of the interrelationship among population, resources and environment.

Specific

- 1) To strengthen DENR's institutional capabilities to maintain integrated IEC approach for key public at national level and with emphasis on six priority groups;
- 2) To establish an integrated IEC scheme by the end of the second year in six provinces in six regions linking the scheme to DENR's social forestry and other key action programmes for forest communities; and
- 3) To establish a validated/improved scheme for the six priority regions covering all 34 provinces.

D) PROJECT DESCRIPTION

There are two major thrusts in this project, namely: (a) national, regional and IEC scheme focused on leaders of both government and the private sector; and (b) a social organization and extension at grassroots level, integrated into DENR's "social forestry" action programmes.

Six regions were chosen based on certain considerations, namely: (a) population trends; (b) environmental trauma; and (c) direct effects of (a) and (b) on major sectoral industries such as grains and aquaculture. Each of these regions has its own unique requirements related to the above considerations. Regional rather than provincial focus is proposed to address a more realistic sub-group based on agro-ecological zones.

At the grassroots level, the IEC package will become an integral part of DENR's action programmes, in particular the "Integrated Social Forestry Programme." It is in this context that support service delivery would be required for MCH-FP (Maternal Child Health-Family Planning).

E) FINANCIAL REQUIREMENTS

UNFPA will contribute a total of US\$ 675,880 spread over four and a half years. This amount will be spent mostly for local consultants and project personnel, sub-contracts for the development and production of IEC materials and training programmes. The government's total contribution will be P7,165,000.00 (US\$358,250) covering costs for personnel payments, supervision and monitoring, maintenance and operations of the project.

III. COOPERATION MANAGEMENT

The implementing agency of this project is the Department of Environment and Natural Resources (DENR) which will be responsible for all phases of project operations. The Food and Agriculture Organization (FAO) is the executing agency of this project. It will be responsible for financial management and for providing technical backstopping for various key aspects of project implementation.

Computerization of data base shall be initiated in this project. By the end of the second year, this aspect of project operation will be assessed and funding may be required for designing the system for macro-planning purposes of DENR as a whole not just for IEC purposes. This can be subject for future UNFPA assistance.

I. GENERAL INFORMATION

PROJECT TITLE	:	Population Information in Aid of Advocacy for the National Population Program
COOPERATION PERIOD	:	1990-1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 899,190
Forex	:	US\$ 249,996
Local	:	US\$ 649,194 <u>1</u>
IMPLEMENTING ORGANIZATION	:	Population Commission
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The present Philippine Population Policy, enunciated by the Population Commission (POPCOM) Board in April 1987, recognizes the close interrelationships between population and development. The policy states that the improvement of the quality of life among Filipinos requires a "recognition of the close interrelationships among population, resources and environmental factors." Recognition of these interrelationships goes beyond fertility reduction, and involves a broadening of population concerns to family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration, and population structure.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

In recognition of the fact that the rapid population growth in the country will aggravate existing socio-economic problems, making future solutions more difficult and while developments on the population policy and program front create some confusion, this project proposal is conceived to help achieve a wider and more positive multi-sectoral consensus on population issues.

1/ Exchange Rate US\$1.00 = P28.00

The project is envisaged to assist in the promotion of a wider circle of allies and supporters for the population policy and population programs and complements the motivational and advocacy efforts being undertaken by the DOH, NEDA, other line agencies and the Philippine Legislators' Committee on Population and Development.

C) OBJECTIVES

General

To create greater awareness and appreciation of population and development interrelationships and to promote a stronger policy and programme support among various influential segments of Philippine Society.

Specific

1. To develop and produce a variety of print and audio-visual materials useful as public information and for specific advocacy purposes;
2. To maintain awareness of various societal influentials about population and development trends through the dissemination of general and selective materials;
3. To mobilize the leaders of key social and sectoral groups in support of the population programme through special consultative forums and award ceremonies;
4. To enhance the capabilities of about 20 POPCOM central and regional Information Management and Research Division (IMRD) professional/technical personnel in the development and packaging of population information;
5. To strengthen the informational and organizational capabilities of POPCOM's network of central and regional information centers; and
6. To upgrade the skills of those middle and senior staff of the IMRD-POPCOM through study tours in the Asian Region.

D) PROJECT DESCRIPTION

The Project was accomplished first through a supply of a variety of print and audio-visual population information materials through selected target groups such as legislators, GO and NGO policy makers, intellectuals and business leaders. At the same time, project activities also directed at strengthening staff capabilities and upgrading administrative capacity to respond more effectively to the public and for timely and relevant population information.

E) FINANCIAL REQUIREMENTS

UNFPA contributed the amount of US\$ 249,996 of which US\$ 173,911 was used for subcontracting the design and development of IEC materials. The Government of the Philippines put up counterpart funding in the amount of P/ 18,177,432 (US\$ 649,194). This amount used to cover salaries of local personnel and Maintenance and other Operating Expenses.

III. COOPERATION MANAGEMENT

UNFPA, as appropriate and in consultation with the Executing Agency, assigned a full-time director for the project. The Government appointed a project manager responsible to the Executing Agency to oversee the Executing Agency's participation in the project at the project level. He shall be responsible for the management and efficient utilization of all UNFPA-sponsored inputs, including equipment provided to the project.

Recipients of fellowships were selected by the Executing Agency. Such fellowships were administered in accordance with the fellowship policies and practices of the Executing Agency.

Technical and other equipment, materials, supplies and other property financed or provided by UNFPA belonged to the UNFPA unless otherwise the ownership is transferred through mutual agreement between the Government and UNFPA.

I. GENERAL INFORMATION

PROJECT NAME	:	Integrated Population and Development Planning (IPDP)
COOPERATION PERIOD	:	1990-1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 2,243,385
Forex	:	US\$ 1,840,230
Local	:	US\$ 403,155
IMPLEMENTING ORGANIZATION	:	National Economic and Development Authority (NEDA)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

An earlier project, the Population/Development Planning Research (PDPR) project of NEDA, was primarily intended to fully integrate the population dimension into the development planning process at the national, regional and sub-regional levels. Though significant strides have been made towards this direction under the PDPR, there is still a need to consolidate and increase gains attained. Further efforts include training and orientation of policymakers and planners, improvement of POPDEV framework and methodologies used in project formulation, monitoring and evaluation; and improvement of the national statistical indicators system.

The IPDP is proposed to attend to these concerns and help answer the need for greater integration of population and development planning.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The major gain of integrating population and development (POPDEV) concerns in the entire planning process is to promote better coordination among various government agencies in implementing plans and programs that will contribute to the attainment of desired socio-economic-demographic objectives needed to achieve population welfare.

There is however a need to address the problems which account for the relatively weak linkage between population and development planning. Among the more notable problems include insufficient research and technical skills in integrated

POPDEV planning, and unclear institutional responsibility in terms of which agency should be primarily responsible for promoting such integration.

C) OBJECTIVES

General

To promote the conscious consideration of the two-way relationships between population and development in the formulation of plans, policies and programs.

Specific

- a) To set up a steering committee and a Technical Working Group (TWG) to guide and support the integration of the population dimension in the of development plans, policies and programs;
- b) To improve existing planning frameworks, methodologies and systems overseen by NEDA, particularly in the area of plan formulation, investment programming/resource allocation, monitoring and evaluation;
- c) To promote fuller integration of population concerns in key development plans, policies and programs;
- d) To promote more informed decision-making among the target policymakers and planners through the conduct of research and the strengthening of socio-economic-demographic statistical data bases;
- e) To maintain and strengthen the linkages between planners and social scientists/researchers through the conduct of research development, research utilization workshops, etc.; and
- f) To gain better understanding of development on the status of women.

D) PROJECT DESCRIPTION

The IPDP will adopt a three-pronged strategy composed of institutional support, training and research/research utilization. Under the institutional support component strategy, a Central Project Secretariat lodged in NPPS-NEDA, and a Project Management Group based in RDCS-NEDA will be set up to take care of day-to-day project activities. These are aside from the Project Steering Committee and TWGs, which are to be expanded to include key NEDA officials and planners and key persons from DA, DENR and DLG.

Comprehensive trainings under the UP System will be conducted for a limited number of planners and selected LGU officials. These trainings will be echoed at NEDA and are to be handled by Area Research and Training Centers and a pool of POPDEV experts. Other trainings on a regular basis will be conducted for planners from line agencies especially those related to human resource development.

In the area of research and research utilization, the existing inventory of POPDEV research will be updated to serve as a basis for discussion at the workshops to be conducted. Such workshops will deal on research agenda formulation, preparation of POPDEV integration framework papers, and development of training modules and syllabi. Print materials like policy papers and summaries of research studies will be disseminated.

E) FINANCIAL REQUIREMENTS

The UNFPA is requested to provide the amount of US\$ 1,840,230 which is to be used primarily for training and subcontracting of studies, procurement of equipment and salaries of project implementors. The GOP contribution will be US\$ 403,155 covering the costs of personnel, support to research activities and use of physical facilities.

III. COOPERATION MANAGEMENT

The entire project cost will be in the form of a grant from the donor organization. The Philippine Government will contribute to the project by providing office space, furniture and equipment. Likewise, selected regular personnel will devote part of their time to the project.

The procurement of data processing equipment and one vehicle will be the responsibility of the funding agency through its established international network.

A local consultant will be named and is expected to collaborate with the project management on matters regarding policy-oriented research and research utilization workshops. The consultant will also provide inputs to the training for planners that are to be conducted.

Aside from preparing regular project progress reports, the monitoring and evaluation of the project will involve conduct of regular field visits to monitor project activities and provide technical assistance, conduct of mid-term and end-of-project assessments, and conduct of interregional consultation workshops to review project implementation.

I. GENERAL INFORMATION

PROJECT NAME : **Increasing the Quality, Self-Sufficiency and Accessibility of NGO FP Service Delivery**

COOPERATION PERIOD : 1989-1993

COOPERATION SITE : Nationwide

TYPE OF PROJECT : Grant

COST OF PROJECT : Total: US\$ 7.04 M

Forex : US\$ 5.97 M

Local : US\$ 1.07 M

IMPLEMENTING ORGANIZATION : Department of Health (DOH)
Margaret Sanger Center (Exec. Agency)

DONOR COUNTRY/
ORGANIZATION : United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The NGO sector of the Philippine Family Planning Program faces considerable challenges after nearly two decades of existence. In the early stages of the national program, the Government relied on the already extensive NGO clinic network to provide family planning services while at the same time establishing its own clinics. In the mid-70s however, the focus of the government program switched to community outreach and distribution efforts and development of public sector facilities which had the unfortunate consequence of severely decreasing resources for the private sector. The NGOs continued to keep a high profile in IEC and advocacy and managed to solicit some support from international donors and the GOP to maintain a modest level of service.

The contribution of NGOs to the national FP program has been very substantial, notwithstanding their perennial problem of limited resources. This being the case, a prerequisite to further enhancing their role in future program thrusts include strengthening NGOs' organization, administrative and supervisory capabilities, and infrastructure.

The above project attempts to respond to the call of the Philippine Population Program 5-Year Directional Plan for expanded coverage from the NGO sector, and to resolve the constraints encountered in the past.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

While the DOH is identified as the primary provider of services, the National Family Planning Program Plan specifies as a basic principle the need to enhance public sector partnership through the complementary participation of NGOs in family planning service provision.

It is abundantly clear that the NGO sector requires full and sustained support to expand operational capacity to fulfill this mandate and make a substantial contribution to the Government's population program at this critical stage in the country's development efforts.

C) OBJECTIVES

General

To contribute to the Family Planning and Responsible Parenthood Program objective of expanding family planning delivery which would lead to a more manageable and desirable population growth rate.

Specific

- a) To strengthen the clinical services management capacity of each participating NGO;
- b) To create a functionally diversified network of clinics including 125 new private sector/commercial outlets and 24 NGO-owned and operated clinics offering FP services; and
- c) To create two working models of self-sufficiency clinical service delivery.

D) PROJECT DESCRIPTION

Major project activities include the following: a) in-depth clinical assessment of the 125 clinics; b) annual conferences to provide a forum for in-service training and program evaluation; c) equipping of clinics; d) training of FP clinic staff sufficient to man 150 new clinics; e) training of trainers for 60 natural FP counselor couples and 1,440 clergymen as motivators; f) orientation of media representatives on issues of adolescent fertility management; and g) development of women's projects and other IGPs as one component of a financial and service plan to establish working models of self-sufficient FP service delivery.

On the whole, existing and new NGO clinics will directly benefit since the project primarily is aimed at training NGO personnel and equipping NGO clinics. Likewise, through the establishment of income generating projects needed for self-sufficient clinical service delivery, the communities, specifically the women, will benefit.

E) FINANCIAL REQUIREMENTS

To operationalize the project, a total grant of \$5.97 million is required from the UNFPA. The Philippine Government will also expend a counterpart amount of P/22.51 million. The costs for subcontracting activities will be borne by the UNFPA grant. On the other hand, the GOP will contribute the salary and other benefit emoluments of the personnel to be involved in the project, and related operating expenses including office space, supplies and materials, communications, infrastructure and vehicle-related expenses.

III. COOPERATION MANAGEMENT

A non-UN expert on designing women's income generating projects will be hired through the UNFPA for the first two years of the project. The purchase of medical equipment will also be coursed through the UNFPA, although the procurement of equipment to be distributed to the private sector and NGOs will be the responsibility of the executing agency. The executing agency's other responsibilities, which are to be shared with the implementing and funding agencies, include the selection of NGOs to be involved in the project, designing of a new program and financial criteria for private sector subcontracting.

At the inception of the project, the executing agency will design the clinical assessment tool needed for the in-depth assessment of clinics. It will likewise orient field assessment groups on the clinical assessment program prior to the actual conduct of clinical evaluations.

For the duration of the project, the executing agency will assist the implementing agency in the conduct of training and evaluation conferences, preparation of actual workplans, designing of quality assurance programs and counselling and infection control manuals, and in the procurement of equipment. Likewise, the UNFPA and the executing agency will assist the DOH in the selection of NGOs to manage the revised private sector program and in the design of a new program and financial criteria for private sector sub-contracts.

The executing agency will also develop a reporting system to keep track of progress toward project objectives and targets. It will highlight problems encountered in the implementation and include recommendations for revised program strategies and/or workplans.

The design of the monitoring system is three-tiered. At the lowest level will be the internal, continuous monitoring (field visits, clinical site assessments, review of financial and service statistics) by the cooperating NGOs. Results of these activities are required to be reported quarterly. Such reports will be the basis of quarterly progress review and planning meetings, which is apart from the annual conferences to be organized. These activities constitute the second level of the monitoring system. The third level is intended to focus on self-sufficiency planning and an overview evaluation of the project. This level will also include the usual tripartite project review meetings and the biannual project progress reports. Lastly, a final project report and final tripartite project review meeting will occur at the end of the project duration.

To ensure sustainability of the project, a number of follow-up actions have been outlined. It is the intent of the project to cover recurring costs of clinical management personnel through revenue generated either directly from the direct service program or through income generating projects managed by the individual NGOs. The phasing out of UNFPA inputs is included in the project as seen in the NGOs' increasing proportionate share of operating expenses. Lastly, the government intends to continue its contribution of contraceptives to the NGO sector after the end of the project.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening Information, Education, Communication and Motivation in Support of the National Family Planning Program
COOPERATION PERIOD	:	1989-1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 2,947,265
Forex	:	US\$ 1,999,665
Local	:	US\$ 947,600
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH) United Nations Development Programme (UNDP)-Development Training and Communication Planning (Executing Agency)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The shift in responsibility of implementing and coordinating family planning-related activities (i.e. the transfer of family planning responsibility from POPCOM to the DOH) occurred at a time when there was recognition of a wide discrepancy between knowledge and actual practice and attitudes.

Information, education, communication and motivation (IECM) activities are viewed as very crucial and is a key component in reducing the gap between knowledge, attitudes and practices. However, the DOH at present lacks FP-IECM skilled manpower in its organization. The low priority given to family planning among the DOH programmes did not expose field implementors to IECM skill and other related trainings in the past 10 years.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

A survey conducted in 1986-1987 among DOH personnel showed that field workers have ambivalent attitudes towards family planning methods. It has also been found that field workers' IECM activities have been constrained by lack of incentives and lack of funds which have hampered the mobility of motivators. Studies have also shown that most FP-IEC materials developed and produced have focused more on contraceptives rather than on the benefits of family planning use. In another study, it was found out that despite the number of IEC print materials

that have been produced and disseminated, the perennial problem of absence of IEC materials in the field still persisted.

The project is proposed in order to contribute in strengthening DOH's FP-IECM capabilities, and to facilitate the integration of IECM activities into DOH's family planning service delivery.

C) OBJECTIVES

General

To aid the Government in reducing total fertility rate and the DOH in attaining the targeted increase of percentage of MCRAs using effective FP methods by strengthening the IECM capabilities of the DOH.

Specific

1. To strengthen the DOH's capability to manage and implement FP-IECM activities mainly by training family planning service providers at all levels;
2. To strengthen the DOH's capability to plan, design, pre-test, produce, distribute, utilize and monitor/ evaluate selected FP-IECM materials for different target audiences;
3. To recruit at least 1.2 million new family planning acceptors at the end of the project; and
4. To install an operational research/monitoring/ evaluation system on FP-IECM.

D) PROJECT DESCRIPTION

The strategies to be adopted under the project include a shift from merely IEC to IECM, training of family planning service providers, and emphasis on interpersonal communication and motivation rather than information and use of mass media.

The number of personnel directly involved in FP-IECM is to be increased to form a solid core for the overall management of the project. As such, three new personnel are to be hired and another four are to be detailed from other DOH units to function as a management team for FP-IECM. Regional level FP-IECM staff are also to be increased.

Some 73 training teams are to be organized and trained as trainers, and are to be deployed to train provincial and district personnel and frontline workers at the municipal and barangay levels. These teams will be trained on IECM management, interpersonal communication skills, and program evaluation and management.

The training and IECM materials are to be pre-tested for language and cultural appropriateness and with messages compatibility and uniformity with existing government population policy. All training materials to be developed will be based on the findings of pre-operational evaluation studies which are to be undertaken.

Lastly, a monitoring and evaluation system for IECM will be established and incorporated into DOH's existing Health Intelligence System.

E) FINANCIAL REQUIREMENTS

The UNFPA is requested to provide a total amount of US\$ 1,999,665 which would cover the expenses for sub-contracting, conduct of training, procurement of equipment and payment of personnel services. The GOP contribution will be US\$ 947.6 thousand covering office space and equipment, printing equipment, training facilities and maintenance and operation of 13 audio-visual vans.

III. COOPERATION MANAGEMENT

The project will be implemented by the Family Planning Service of the DOH. Overall project management will reside with the FP-IECM team at the DOH central office which is composed of a project coordinator and an assistant coordinator, three training specialists, three communication specialists, and three evaluation specialists. Sub-national coordination and planning of IECM activities will be the responsibility of respective regional and provincial IECM teams.

The executing agency, on the other hand, will provide technical assistance and will conduct the training of trainers for FP-IECM within DOH by way of providing a team of international consultants. Guidance on the development and implementation of various research studies and planning and design of IECM strategy and media needed to support DOH personnel trained will also be provided by the consultants. The executing agency will also be in-charge of supervising the studies to be subcontracted.

Monitoring and evaluation staffs (MES) will be organized at all levels for monitoring and evaluation of activities such as trainings at their respective levels. Other duties of the MESs include monitoring of all project reviews and reports, evaluation of training and pretesting of developed materials.

Results of monitoring and evaluation will serve as inputs to special meetings. These results will also be provided to international and national agencies concerned with the project.

I. GENERAL INFORMATION

PROJECT NAME	:	Population Education for Special Interest Groups
COOPERATION PERIOD	:	January 1989 - December 1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 1,833,424
Forex	:	US\$ 1,581,924
Local	:	US\$ 251,500
IMPLEMENTING ORGANIZATION	:	Department of Education, Culture and Sports (DECS) United Nations Educational, Scientific and Cultural Organization (UNESCO) (Executing Agency)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

According to the 1987 estimates, the Philippines has a total population of 57.36 million growing at the rate of 2.4 percent per annum. With the current fertility trend, the population in the year 2075 will be about 127 million. Various development sectors initiated population programmes to overcome the problem of rapid population growth. POPED program was the education sector's contribution to help solve the rapid population growth problem. The DECS through its Population Education Program Unit implemented two country programs from 1972 to 1987 with financial assistance from UNFPA and technical support of UNESCO. However, these programs could not cater to the learning needs of special interest groups such as the out-of-school marriageable age youth and newly married adults especially women living in the rural and urban slum areas with lower than subsistence level of living. These groups are generally poor, unemployed, illiterates and have closely spaced births with bigger family sizes. The government recognized the need to educate these special interest groups so as to assist them in improving their lives through participation in different development programs.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The DECS is implementing literacy and livelihood skills development programs for these special interest groups through its Bureau of Non-Formal Education. However, these programs do not have enough POPED contents and

thus, the target audiences remain deprived of POPED learning opportunities. The present project is thus being designed to undertake activities which could lead to the development of need and problem-based curricula as well as teaching-learning and training materials for integrating relevant POPED messages/concepts in the literacy and livelihood skills development programs of the BNFE-DECS.

C) OBJECTIVES

The objective of the project is to develop a need and problem-based curricula as well as teaching-learning and training materials for integrating relevant POPED messages/concepts in the literacy and livelihood skills development programs of the DECS.

D) PROJECT DESCRIPTION

Most of the activities will lead to the development of appropriate population education curricula and teaching-learning and training materials for integration into literacy and livelihood skills development programmes. Activities have also been planned to train trainers and teachers/NFE coordinators. A few research studies will be undertaken for improving intersectoral collaboration and improvement of contents. The evaluation of the project will be undertaken in collaboration with an independent and qualified national research organizations. The results of the impact study will be measured in terms of a) gains in knowledge of population education concepts/messages, practice of child spacing and other family planning methods to achieve small family norm, and b) literacy and income levels, and employment status of the programme participants. The project will be closely supervised and monitored through regular field visits and evaluation reports.

E) FINANCIAL REQUIREMENTS

The project is requesting UNFPA to fund the required activities to accomplish the stated objectives in the amount of US\$ 1,581,924. On the other hand, the government contribution will be US\$ 251 thousand from 1989 to 1993 covering the cost of personnel, office and training facilities, maintenance of equipment, transportation and miscellaneous expenditures such as electricity, telephone, etc.

III. COOPERATION MANAGEMENT

The project at the national level will be implemented by the POPED unit, an office attached to the Bureau of Secondary Education, DECS, whereas, the Regional POPED Unit will be responsible for implementing activities at the regional levels. On the other hand, POPCOM will be the overall National Coordinating body for the project.

UNESCO, as the executing agency of the project, shall ensure timely availability of all project inputs in addition to smooth implementation of project activities. The services of the UNESCO Regional Advisory Teams on POPED based in Bangkok will be made available as and when required for planning and implementing major project activities.

The project staff at the central, regional, divisional and district levels will undertake regular field visits to supervise and monitor the implementation of the program at the grassroot levels. However, overall project monitoring and evaluation will be the responsibility of the POPCOM to ensure proper coordination and timely actions to meet project requirements and help solve emerging problems. In addition, the project activities will be jointly monitored by the government,

UNFPA, and UNESCO following UNFPA monitoring scheme such as PPRs, TPRs, MTRs and terminal evaluation. Monitoring visits will be undertaken periodically by the project staff and representatives of funding and executing agencies.

Three evaluation activities, namely: Mid-Term Evaluation, Terminal Evaluation and Impact Evaluation will be undertaken. The Mid-Term Evaluation will be conducted by the project staff. On the other hand, the Impact Evaluation will be contracted by project authorities to a competent national research organization.

I. GENERAL INFORMATION

PROJECT NAME	:	Comprehensive Operations Research for the Philippine Family Planning Programme
COOPERATION PERIOD	:	April 1990-October 1992
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 76.58 Thousand
Forex	:	US\$ 46.48 Thousand
Local	:	US\$ 30.1 Thousand
IMPLEMENTING ORGANIZATION	:	University of the Philippines-Population Institute (UPPI)
COOPERATING AGENCIES	:	Department of Health (DOH), Demographic Research and Development Foundation (DRDF), selected national and regional research agencies
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The national population programme primarily seeks to expand program coverage and improve the quality of service to encourage and sustain family planning practice. However, there is a deemed absence of vital information to serve as bases for improvement. It is for this reason that the family planning program has included research among its vital implementation strategies. Specifically, this identified strategy seeks to develop and implement a more relevant research program and information base for the formulation, monitoring and evaluation of policies and programs.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

In a 1987 UNFPA Basic Needs Assessment report, it has been observed that research, in particular operations research, has not been a predominant feature of the Philippine family planning program. Even with POPCOM support in undertaking research and disseminating results thereof, the use of research for improvement of programs has not reached any significant proportion. The Basic Needs Mission recognized the need to develop a concrete research agenda in support of the family planning program which would involve active research groups and institutions. It was also recommended that program implementors be equipped to detect and identify areas needing research and to undertake basic

studies related to program progress as well as problems or obstacles to program effectiveness.

C) OBJECTIVES

General

To contribute to a more effective and efficient management and design/redesign of various aspects of the program through the results of operations research studies.

Specific

1. To provide key program managers necessary and timely information for the improvement of selected critical gaps in the operation of the family planning program through the conduct of operations research;
2. To strengthen the research capabilities and coordination of important research institutions/ researchers and key program managers and implementors; and
3. To improve the dissemination and utilization of the results of operations research.

D) PROJECT DESCRIPTION

The main component of the project would be the conduct of operations research on interaction between clients and grassroots family planning workers, training needs of workers, supervision, clinic performance, and clients' family planning seeking behaviour. Evaluation of selected MCH strategies in relation to their impact on family planning motivation and practice will be undertaken. Studies on the distribution of family planning commodities and IEC materials will also be prepared.

Other activities include setting up of core coordinating committees composed of representatives from various participating agencies, conduct of workshops to disseminate results, and establishment of a secretariat within the UPPI for coordination and technical assistance in the form of backstopping the work of the coordinating committee and monitoring of different components of on-going studies and field work/data processing trouble shooting.

E) FINANCIAL REQUIREMENTS

The total amount being requested from the UNFPA is equivalent to US\$ 46,475. This does not include the amount of US\$ 2,722 used for the conduct of a pre-project workshop. The GOP contribution will be US\$ 30,100 to cover items like salaries of program managers and field coordinators, travel costs for monitoring and other field activities and communication expenses.

III. COOPERATION MANAGEMENT

The implementing agency (UPPI) will provide the necessary technical backstopping and monitoring of proposed studies to be conducted by various researchers and research agencies. It will also provide secretariat services for the coordinating committee and the research dissemination and utilization activities. The project will be managed by a Project Director and a Deputy Director. One of the cooperating agencies, the Demographic Research and Development Foundation

(DRDF), will take care of the sub-contracts for the studies to be undertaken outside of UPPI.

Lastly, the project will have to abide with the regular UNFPA monitoring and progress reporting requirements.

I. GENERAL INFORMATION

PROJECT NAME	:	Family Welfare/Family Planning Programs at the Workplace
COOPERATION PERIOD	:	August 1989-1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 1,781,934
Forex	:	US\$ 1,069,160
Local	:	US\$ 712,774
IMPLEMENTING ORGANIZATION	:	Department of Labor and Employment (DOLE) International Labor Organization (ILO) (Executing Agency)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Government has, in the past, initiated population and family welfare/family planning education projects for the organized sector through the Department of Labor and Employment (DOLE). The DOLE, in its effort to take part in the operationalization of the national population program, embarked on various activities designed to educate the workers at the grassroots on matters related to family welfare. Needless to say, improved family welfare contributes significantly to higher productivity at the workplace. Through time, however, implementation of such projects had been on the decline. At the onset of the new Government, it was decided that such projects be revitalized.

The DOLE Population and Family Welfare Programme was therefore institutionalized as a regular activity of the DOLE, and the Labor Population Program Office was created to oversee the programme. This institutionalization is financially supported by a one-year UNFPA project. The present proposal is the logical and more extended follow-up programme of the activities already initiated.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

A worker population education and family welfare program in the organized sector is designed to introduce and institutionalize population and family welfare concerns in work-related education, welfare and health services; and consequently to provide for a labor component in national population programs. Such a program at the grassroots level will enable the worker to make informed decisions on

responsible parenthood through an educational process which sets family formation and fertility behavior matters within the broader framework of his direct concerns for wages, better working and living conditions, for providing better education for his children, for a better family health, nutrition and budgeting, for extra income generation and livelihood.

C) OBJECTIVES

General

To contribute to the national population policy's ultimate goal of improving the quality of human life through improved family welfare and of the Medium Term Philippine Development Plan's calls for a moderated population growth rate consistent with development goals.

Specific

- a) To further equip DOLE officials and personnel, and program implementors with the appropriate knowledge, skills and attitudes about the National Population Policy, the Labor Population Program and its implementation;
- b) To (re)introduce FW/FP education and service activities in all establishments employing more than 200 workers;
- c) To provide training, IEC and service delivery needs to firms through the collaborative efforts of GOs and NGOs;
- d) To establish the family welfare component as a major issue of concern and action of the plant-level Labor Management Coordinating Committee; and
- e) To institutionalize FW/FP Programmes at the Workplace as a regular program of DOLE at the central and regional levels.

D) PROJECT DESCRIPTION

The project is being implemented jointly by the Department of Labor and Employment-Labor Population Programs Office (DOLE-LPPO) and the International Labor Office (ILO).

The major activities to be undertaken include: a) reactivation of population and FW education, and FP service delivery activities in the organized sector; b) conduct of trainings and orientation for trainers and in-plant motivators, and to equip companies with the capability to plan, manage and implement an in-plant responsible parenthood program and, to ensure the ultimate practice of FP by workers and their families; and c) strengthen the programme's organizational set-up. To do this, intensive trainings were conducted for LPPO staff which covered programme content, implementation and management, POPDEV, and basic computer skills; d) programme institutionalization through the conduct of a twice-a-year evaluation/programming session, a yearly one week national programme monitoring and coordination conference; e) coordination with the major programme implementing partners (i.e. Population Center Foundation and Family Planning Organization of the Philippines); and f) after properly training DOLE project staff, revitalization of active FW/FP plants will be undertaken.

As a support activity of the project, a national inventory/baseline survey of 1,366 establishments employing 200 or more workers will be conducted to establish a clear and realistic picture of the existing situation in terms of past and on-

going FW/FP programs and activities. The baseline data generated will also be a reliable source of information for planning of future welfare programs. The survey would provide important guidance for further refinement of the project's conceptual framework, strategy and work planning.

The actual reaching out to workers of establishments will commence under the project. Prior to this, additional office and audio-visual equipment and vehicles were procured for the LPPO and DOLE Regional Offices. Audio-visual materials such as slide-tapes, posters, comics, and hand-outs were produced. A guide/manual for regional program implementors was also produced. Lastly, additional orientations and reorientations, trainings, seminars, workshops for LPPO personnel, DOLE central and regional staff and other programme implementors will be conducted.

E) FINANCIAL REQUIREMENTS

Funding required from both the UNFPA and the Philippine Government amounts to \$1.07 million and ₱15.1 million, respectively, for the period 1989-1993.

III. COOPERATION MANAGEMENT

The UNFPA will provide an amount of US\$ 1.07 million. This amount will be used to defray expenses for the ILO expert; subcontracting of IECM materials' development and production, implementation of women's projects, research and evaluation activities; training; data processing and audio-visual equipment and vehicles purchase. Government funds, on the other hand, will cover the bulk of local personnel costs, maintenance and operation expenses and government counterpart capital outlays.

Project implementation, overall management and coordination will be the primary responsibility of the LPPO-DOLE. The ILO will be responsible for providing technical backstopping, monitoring and other specialized assistance. As such, a full-time ILO associate expert, who has been based at the LPPO since 1987, will continue to be available.

Plant level monitoring forms have been developed to give the DOLE the necessary statistical data to monitor programme activities. Moreover, the usual national reports and reviews will have to be prepared. These will serve as inputs to the twice-a-year meetings and the Tripartite Mid-Term Evaluation meeting. Lastly, the conduct of a final evaluation will be subcontracted to an independent local firm.

I. GENERAL INFORMATION

PROJECT NAME	:	Increasing the Quality and Coverage of Responsible Parenthood and Family Planning Service Delivery Through the DOH
COOPERATION PERIOD	:	1990-1994
COOPERATION SITE	:	DOH Central, Regions III, VII, X, XI
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 10,900,833.7
Forex	:	US\$ 6,989,278
Local	:	US\$ 4,003.2 Thousand
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH) Margaret Sanger Center (Exec. Agency)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Explicitly stated in the Philippine Population Program 5-Year Directional Plan is the need for an expanded coverage of Responsible Parenthood/Family Planning to include new acceptors while continuing to serve close to 4 million users, with the ultimate goal of reducing total fertility rate to a more desirable level at the termination of the Plan.

The DOH is the pivotal institution charged with transforming family planning-related plans into action. As such, it has been identified and mandated as the lead implementing agency for family planning. In concretizing this role, the DOH has been cognizant of the pressing problems affecting the health and status of the population. It recognizes the interdependence of closely spaced and frequent births with maternal and child health and survival and is convinced that a large proportion of maternal and child morbidity and mortality could be prevented by a more responsible reproductive behavior.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

In the process of fulfilling its role as lead in family planning-related activities, the DOH must revitalize and accelerate the output of its extensive service delivery network. Likewise, it must reorganize and strengthen its internal infrastructure to enable it to effectively execute its coordinating and monitoring responsibilities to the private sector and other government organizations/agencies involved in family planning service delivery.

C) OBJECTIVES

General

To contribute in increasing the number of MCRAs practicing family planning and responsible parenthood, to contribute to the improvement of maternal and child health and to reduce the total fertility rate from 4.31 children per woman in 1989 to 3.74 in 1993.

Specific

- 1) To strengthen the Family Planning Service-DOH's capability to manage and implement the national family planning service program;
- 2) To improve the family planning skills of approximately 7,500 DOH health personnel; and
- 3) To increase the quality and accessibility of DOH family planning service network to serve about 800 thousand new users and approximately 2.3 million continuing users of contraception over the life of the project.

D) PROJECT DESCRIPTION

The project is a joint undertaking of the United Nations Population Fund (UNFPA) and the Philippine Government, with the Margaret Sanger Center as executing agency. The geographical coverage of the project is restricted to four identified Advanced Implementation Regions (AIRs) (Regions III, VII, X and XII). These regions are identified on account of their good track record on family planning and development planning, and because of their perceived advanced infrastructure. These regions have been designated by the DOH as the starting point for the introduction of new techniques or products and for the testing and implementation of new service delivery strategy or management intervention.

The major strategies in implementing the project include: a) hiring of a functional working group of division-level staff at DOH to act as a liaison between the NGOs and GOs; b) operationalizing the DOH National RP/FP Committee structure at the national, regional and provincial levels; c) strengthening of the monitoring and evaluation system through automation and electronic support. Likewise, a comprehensive restructuring and review of the existing training programs is planned prior to the conduct of training for about 7,500 DOH personnel; and d) provision of equipment and supplies to new and existing service outlets.

Researches will be conducted under the program. One will deal on the development and pilot testing a methodology for measuring the real access of clients to individual contraceptive methods to create maps of distribution upon which further program planning would be based.

Finally, the use of Marvelon, a monophasic low-dose oral contraceptive, will be pilot tested in the AIRs.

E) FINANCIAL REQUIREMENTS

The UNFPA contribution amounts to US\$ 6,989,278, while the GOP counterpart is ₱ 85,271,915. The Government will contribute to the project by shouldering the cost of personnel services, maintenance and operating expenses, cost of procuring part of the needed medicines, medical supplies, non-infrastructure

and equipment. Likewise, the Government will absorb the salaries and related benefits of the project personnel after the end of the second year of the project.

III. COOPERATION MANAGEMENT

The UNFPA will shoulder the responsibility of procuring vehicles and expendable equipment (IUD kits for trainees, Minilap kits and flashlights for new outlets). The executing agency will be in charge of the subcontracting and training activities, purchase of other equipment (data processing, medical and office equipment), hiring of non-UN international personnel.

Implementation and management of the project will be lodged in the Family Planning Service (FPS)-DOH. Activities will be participated in by relevant central office staffs, major family planning NGOs and Government Offices, and will be implemented through DOH's regional offices. The executing agency, on the other hand, will provide technical assistance.

The DOH will institutionalize within the FPS, on a long-term basis, the structure, resources and activities initiated by the project.

Project monitoring will be the responsibility of both the DOH and the executing agency, with the latter taking the lead at the initial year of project implementation. Reports from the monitoring would be fed into the existing monitoring system. Extensive visits to the project sites will be regularly made to conduct clinical assessments. Likewise, quarterly meetings and yearly Tripartite Project Review meetings will be held. Mid-term and final project evaluation, on the other hand, will be undertaken by a subcontracted third party.

I. GENERAL INFORMATION

PROJECT NAME	:	Integrating Population Concerns into the Agricultural Extension and Training Activities of the Department of Agriculture (DA)
COOPERATION PERIOD	:	1 April 1990 - 30 September 1992
COOPERATION SITE	:	Regions III, VII, X and XI
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 635,159
Forex	:	US\$ 142,576
Local	:	US\$ 492,583
IMPLEMENTING ORGANIZATION	:	Agriculture Training Institute (ATI) - Department of Agriculture (DA) Food and Agriculture Organization (FAO) (Executing Agency)
DONOR ORGANIZATION	:	United Nation Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Cognizant of the fact that high fertility rates and rapid population growth are contributing to the depletion and degradation of its natural resource base, the Philippine Government has committed itself to bringing down the population growth rate from 2.4% in 1985 to 2.2% by 1992. The Population Plan (1989-1993) has two major thrusts, namely (a) enhancement of IEC and service delivery for family planning and family welfare and (b) integration of population concerns into development programmes.

It is within the above context that the Department of Agriculture (DA) is proposing this project. Its main objective is to strengthen and broaden its training and extension systems by incorporating population-related concerns.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

Policy-makers and management in DA believe that this project is timely, since they are in the process of re-conceptualizing their training and extension approach.

Previous practice in training and extension was geared mainly in the transfer of technology for increased agricultural production. Furthermore, there was insufficient emphasis on the analysis of the elements of the farming systems where

these technologies were to be applied. This re-conceptualized approach aims, not only at increasing production, but to improve household income. There would in effect be a need to view the various aspects of the farming system in order to help improve household income. There is consequently a need to view the total agricultural economy as a system.

This proposal on the integration of population concerns in three modules namely: Agricultural Extension, Farming Systems Development and Agri-business in effect addresses broader issues and context of extension since the Department of Agriculture has re-conceptualized its extension approach.

C) OBJECTIVES

General

The project seeks to contribute to the achievement of national agricultural and economic development and population goals for the improvement of the quality of life of the rural poor.

Specific

- a) By the end of the project life an agricultural and extension scheme, in which population education is integrated, would have been developed and tested in four regions out of the 13 regions in the country;
- b) By the end of project life, 200 key management and technical personnel of DA, 14 trainers and 36 extension workers would have acquired the necessary skills in implementing this integrated scheme of agricultural training and extension and population education;
- c) By the end of project life, a total of 7,200 beneficiaries would have been reached of which 70 percent would have improved their KAP regarding improved agricultural techniques, FP and responsible parenthood.

D) PROJECT DESCRIPTION

The project seeks to develop a broader and more reality-centered approach to agricultural training and extension. This contention rests on the belief that population-related concerns are logical and integral part of the agricultural training and extension and of the goal of improving household income and ultimately better quality of life for individuals and the community as a whole.

There are five major components of the project: (1) baseline surveys and the process of identification/organization for agricultural development in the three (3) zonal areas i.e. coastal, low-land rainfed and upland areas; (2) integration of population-related concerns into existing training and extension schemes for the three (3) zones and testing of this integrated packages; (3) training of personnel; (4) continuing motivation, monitoring of activities; and (5) impact evaluation.

The project will be implemented in four regions, namely Regions III, VII, X and XI.

E) FINANCIAL REQUIREMENTS

The project is requesting UNFPA to provide \$142,576 in assistance to fund the following activities: travel costs, local personnel payments, baseline survey, development of manual, project evaluation, and various seminars/workshops. On

the other hand, the government will provide ₦10,344,243 for salaries of personnel at the DA.

III. COOPERATION MANAGEMENT

The implementing agency of this project is the Agriculture Training Institute of the DA (DA-ATI). Project funds are to be deposited and managed by DA-ATI as a separate checking account. The DA-ATI shall be responsible for phases of project implementation. DA-ATI shall be responsible to FAO, the executing agency, for the management of funds. DA-ATI shall submit the required operations and financial reports to FAO according to UNFPA/FAO requirements.

As executing agency of the project, FAO has the following major functions and responsibilities:

Financial Management Responsibilities

- a) Manage and be accountable for all project funds;
- b) Report all expenditures according to funding agency requirements;
- c) Monitor the use of funds;
- d) Arrange for financial audits;
- e) Procure equipment.

Monitoring Operations and Technical Backstopping

FAO will monitor operations and provide technical backstopping for various key aspects of project implementation. On a yearly basis, DA and FAO will work out a detailed workplan to determine areas for FAO technical backstopping.

FAO will participate and provide technical backstopping for the yearly Tripartite Reviews. FAO will facilitate, in consultation with UNFPA and DA, the implementation of the project evaluation on the final year of project life.

On project monitoring and evaluation, DA-ATI will conduct regular field visits in the four implementation regions. Internal evaluation reports will be prepared by DA-DTI and submitted to the Government, UNFPA and FAO two months before each annual tripartite review meeting. The DA-ATI will also submit Project Progress Reports every six months to the Government, UNFPA and FAO. Towards the end of the project, DA-ATI will draft project terminal report which will be sent to FAO Headquarters and UNFPA four months before the terminal tripartite review meeting. The report will be finalized and submitted by FAO to the Government at the conclusion of the project.

Towards the end of the project, impact evaluation will be conducted. The organization, terms of reference and exact time of the evaluation will be decided upon consultation among the Government, UNFPA and FAO.

I. GENERAL INFORMATION

PROJECT TITLE	:	Integrating Population-Related Concerns in the Training and Extension System of the DAR
COOPERATION PERIOD	:	October 1990 - September 1992
COOPERATION SITE	:	Regions III, VII and XI
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 308,968
Forex	:	US\$ 152,168
Local	:	US\$ 156,400
IMPLEMENTING ORGANIZATION	:	Department of Agrarian Reform, Bureau of Agrarian Reform Beneficiaries Dev't. (BARBD) Food and Agriculture Organization (FAO) (Executing Agency)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Comprehensive Agrarian Reform Program (CARP) will make available to an estimated 3.9 million farmer-beneficiaries about 10.3 million hectares of public and private agricultural lands for agricultural production over a period of ten years (1987-1997). From this target, the ratio of one farmer beneficiary to area is 1:2.5 ha. But population pressure on the land is rapidly increasing.

As the government agency tasked to lead the implementation of the CARP, the DAR seeks to support the lowering of the population growth rate and the promotion of a more even population distribution to minimize pressure on limited natural resources.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

Since population pressure on the land is rapidly increasing, there is a need to lower population growth rates and to promote a more even population distribution to minimize pressure on limited natural resources. DAR seeks to support this endeavor thru this proposed project. Present and previous training and extension programs of DAR have been mainly geared towards the improvement of the quality of life of farmer-beneficiaries and their families thru the effective utilization of resources in the context of agrarian reform but with no conscious

consideration or relation to the "small family norm." However, through this project, DAR envisions to strengthen and broaden its training and extension system by integrating population-related concerns.

C) OBJECTIVES

General

The project seeks to contribute to the achievement of the Comprehensive Agrarian Reform Program (CARP) goals of improving the quality of life of CARP beneficiaries through increased awareness and knowledge of population issues and the improvement of family planning knowledge, attitude and practice among agrarian reform beneficiaries in relation to promoting the "small family norm."

Specific

By the end of project life, the following immediate objectives would have been achieved in pilot areas of Regions III, VII and XI:

1. A training and extension programme into which population concerns are integrated would have been developed and tested in selected CARP areas.
2. DAR key management personnel (12 from Central Office and 3 from the Regions), 12 DAR training staff and 14 provincial level agrarian reform technologists (ARTs) would have acquired knowledge and skills in integrating population concerns in major DAR development programmes.
3. A total of 2,800 agrarian reform families would have acquired improved awareness and knowledge of population issues and improved family planning knowledge, attitude and practice in relation to promoting the "small family norm."
4. DAR would have improved its collaborative relationship with non-government organizations (NGOs) and private voluntary organizations (PVOs) in the area of population and family planning in implementing CARP projects and activities.

D) PROJECT DESCRIPTION

The project will involve pilot-testing a methodological approach to enable DAR to integrate population concerns into the training and extension system of the DAR through BARBD. The approach will be tested in selected barangays in DAR settlement areas in Regions III, VII and XI. There are five major activities in this proposed project. These are: (a) baseline survey; (b) design and development of the integrated training and extension program; (c) orientation and training of DAR personnel; (d) regular monitoring; and (e) assessment and evaluation.

E) FINANCIAL REQUIREMENTS

The project requires funding from UNFPA in the amount of \$152,168 to cover travel cost, local personnel payments, sub-contracts, project evaluation, publications and information activities, trainings and equipment. On the other hand, the government will contribute the amount of \$156,400 to cover part of the salaries of DAR personnel involved in the project, office space, local travel, office supplies and equipment.

III. COOPERATION MANAGEMENT

The BARBD of the DAR will be the lead implementing unit of this project. On the other hand, the FAO is the Executing Agency for this project. FAO has the following major functions and responsibilities:

A. Financial Management Responsibilities

1. Manage and be accountable for all project funds;
2. Report all expenditures according to funding agency requirements;
3. Monitor the use of funds;
4. Arrange for financial audits; and
5. Procure equipment

B. Monitoring Operations and Technical Backstopping

FAO will monitor operations and provide technical backstopping for various key aspects of project implementation. FAO will participate and provide technical backstopping for the yearly Tripartite Review. FAO will facilitate in consultation with UNFPA and DAR, the implementation of the project evaluation on the final year of project life.

On project monitoring and evaluation, Internal Evaluation Reports will be prepared by the National Project Director, who is also the Director of BARBD and submitted to the Government, UNFPA and FAO two months before each annual tripartite review meeting. Likewise, the National Project Director will submit Project Progress Report two months before the annual tripartite review meeting.

Towards the end of the project, the National Project Director will draft the project terminal report which will be sent to FAO Headquarters and UNFPA four months before the terminal tripartite review meeting. The report, after being finalized, will be submitted by FAO to the Government at the conclusion of the project.

An evaluation of the project will be undertaken towards the end of project life, i.e., two to four months before project completion. In the second year of project implementation. FAO, UNFPA and DAR will agree on the modalities for the carrying out of the project evaluation.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening the Institutional Capability for Technical Assistance in Population Planning of the UPPI
COOPERATION PERIOD	:	1989-1993
COOPERATION SITE	:	NCR
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 241,000
Forex	:	US\$ 241,000
Local	:	US\$ 95,800
IMPLEMENTING ORGANIZATION	:	University of the Philippines - Population Institute (UPPI)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The UPPI has been in the forefront of population and population related research in the country in addition to being the primary training agency in demography and related areas. It has also expanded its direct role in the various phases of planning not only for population but for other sectors of development efforts. As such, it has been responsible for a number of research findings which have been useful in policy formulation and program planning and implementation. The UPPI is determined to continue servicing the various information needs of the country and to develop a critical mass of trained individuals who can articulate population issues and possess skills to translate relevant knowledge to practical development action. In line with this expanded role, the UPPI has decided to pursue an institutional strengthening program.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The expansion and revitalization of the Philippine Population Program require new and expanded efforts which indicate the need for the support and commitment of different agencies. In the program, the important role of UPPI has been recognized particularly in the planning, monitoring, evaluation and research components. While it continues to enjoy the confidence and support of the international and national agencies due to its ability to strike a balance among research, training and extension services, its effectiveness is being threatened by inadequacies particularly in view of its expanded role in Philippine development. There is a need therefore, for an institutional development program to forestall its impending inability to pursue its more expanded objectives in the forthcoming years.

C) OBJECTIVES

The project is aimed at strengthening the capability of the UPPI in performing its three-pronged functions of research, training and extension service in the light of its critical role in the Philippine Population Program.

D) PROJECT DESCRIPTION

The project involves the following major strategies: 1) granting and managing of fellowships, study tours, short-term training courses and on-the-job training on population and population-related fields; 2) conduct of collaborative researches with other agencies and paper discussion series; 3) implementation of publications program; and 4) enhancement of overall administrative capability.

E) FINANCIAL REQUIREMENTS

The project will be financed by a grant from the UNFPA in the amount of \$241,000. The GOP contribution will be \$95,848 covering items like cost of personnel, uses of premises and maintenance of equipment. The UP shall provide \$87,332 while the National Statistics Office shall contribute \$8,516 to the project.

III. COOPERATION MANAGEMENT

The UPPI shall be the project's implementing as well as executing agency. It shall provide administrative support services to the project, following usual UP procedures. The executing officer shall be the director of the UPPI. Among the cooperating agencies tapped for this project are: the East-West Population Institute (Hawaii) and other demographic institutions for the training component; the lead agencies for the national population program namely the Department of Health and the Commission on Population for planning; and the ESCAP which will provide technical assistance to the publications program of the Institute.

The UPPI plans to explore possibilities for a more permanent fund arrangement for its fellowship program and for its conversion into an Asian training center for specific areas of concern like population and development, operations and evaluation research, etc.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening Management Coordination, Monitoring and Evaluation Capabilities of POPCOM
COOPERATION PERIOD	:	3 yrs. & 3 mos. starting October 1, 1990
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 886,232
Forex	:	US\$ 320,314
Local	:	US\$ 565,918
IMPLEMENTING ORGANIZATION	:	Population Commission (POPCOM)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The integrated population and development (POPDEV) component of the Philippine Population Program is implemented through a network of government line agencies. The Population Commission (POPCOM) is the overall central coordinating and policy-making body of the national program. In addition, it has to orchestrate, coordinate, monitor and evaluate the POPDEV programs and projects of various implementing and participating agencies. In view of this there is a need to enhance the management, coordination, monitoring and evaluation capabilities of the POPCOM Secretariat to enable it to supervise the broadened national program.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This project is needed to strengthen POPCOM's capabilities in coordination, monitoring and evaluation of the total program in general and the POPDEV component in particular. The project will address the need to strengthen the Policy Analysis and Development Division of the POPCOM for it to perform effectively its functions considering that it is newly created. In addition, the project responds directly to one of the strategies enunciated in the Integrated Population and Development Program Plan, 1989-1993 which is to enhance the management, coordination, monitoring and evaluation capabilities of POPCOM. It also compliments and supplements the efforts undertaken by NEDA in its UNFPA-funded project to train planners at all levels in integrated POPDEV Planning.

C) PROJECT DESCRIPTION

The project will adopt a two-pronged reinforcing strategy of a) developing sub-systems and tools for more effective coordination, monitoring and evaluation

of the population policy and program and b) simultaneously strengthening human resource capabilities in the POPCOM organization. Specific activities include among others the installation of a new population management information system, establishment of quantitative performance indicators, the establishment of a multi-agency participated project review systems and formulation of a POPDEV program implementation manual. The project will also cover the training of POPCOM technical personnel particularly in program management and policy analysis as well as in computer usage courses. Five policy research studies will also be undertaken.

D) FINANCIAL REQUIREMENTS

The UNFPA share for the project amounts to US\$ 320,314. The GOP contribution will be US\$ 656,918 covering the cost of personnel, training and maintenance of equipment.

III. COOPERATION MANAGEMENT

The project will be implemented by POPCOM. A Technical Working Group composed of senior government and non-government Board representatives will be involved in giving guidance to the project. A project management team will be in charge of the daily operations of the project. The UP College of Public Administration and the Population Institute including private sector firms will be tapped for technical assistance/consultancy services.

I. GENERAL INFORMATION

PROJECT NAME	:	Support to the Philippine Legislators' Committee on Population and Development Foundation, Inc. for Social Development Policies and Programmes
COOPERATION PERIOD	:	July 1988-December 1991
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 344,762
Forex	:	US\$ 289,605
Local	:	US\$ 55,157
EXECUTING AGENCY	:	United Nations Development Programme (UNDP)/Development Training and Communication Planning (DTCP) and National Task Force for Social Mobilization
IMPLEMENTING ORGANIZATION	:	Philippine Legislator's Committee on Population and Development Foundation, Inc. (PLCPD) in cooperation with various government agencies
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA) United Nations Development Programme (UNDP) United Nations Children's Fund (UNICEF)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The country's economic gains are not sufficient to finance measures to preserve and improve the country's resources to finance the needs of an increasing population. In view of this, the need to include policies related to fertility in the country's overall development strategy has been stressed. With a popularly elected Congress under the new administration in place, it is necessary to ensure that development concerns rank high in the legislative agenda function. The new legislators must deal with population, child survival, women and development and related issues as some of the major and complex problems facing the country. A movement among the Philippine parliamentarians interested in the interrelationships between population and development eventually-became the PLCPD in December 1987. There have been indications that governors and mayors desire to be

provided substantive information on the inter-relationships of population, child survival, maternal and child-health, women, environment, natural resource use and development. In view of this, the PLCPD seeks to actively support the involvement of Congress as a whole, governors, mayors and other public officials to strengthen their capability to deal with population and development and other related issues.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project answers the need for a greater and deeper understanding of the inter-relationship of population, child survival, maternal and child health, environment, natural resource use and development, etc. necessary for legislators to be able to formulate policies and legislation. The project also answers the need to upgrade PLCPD's capability to compile relevant information into readily usable form and to conduct public information activities. The project also fits well within UNICEF's universal mandate for advocacy and action for children. Lastly, by enhancing the legislator's knowledge and appreciation of the previously mentioned concerns, it is envisioned that there will be a balance between resources and population.

C) OBJECTIVES

To support the PLCPD in promoting awareness of the inter-relationship of population, maternal and child health, child survival, women, environment, natural resource use and development concerns in development policies and programs, among senators, House representatives and other officials and thus facilitate the formulation of a unified and integrated set of policies and programs addressing such concerns.

D) PROJECT DESCRIPTION

The project involves the strengthening of the institutional capabilities of the PLCPD. In this regard, a project secretariat will be organized, installed and provided office space, furniture and equipment. The secretariat will be technically supported by a project management committee and short-term consultants. Regional conferences will be conducted to alert the local officials on the previously mentioned concerns. The project will also support the participation of selected parliamentarians and local chief executives/officials and international conferences on issues this project seeks to address.

E) FINANCIAL REQUIREMENTS

The project will be jointly funded by UNICEF (US\$ 114,605), UNFPA (US\$ 115,000) and UNDP (US\$ 60,000). The total UN assistance for 2 1/2 years will be US\$ 289,605. The GOP counterpart will be US\$ 55,157 and will cover honorarium, travel costs, office furniture and fixtures and office space and maintenance.

III. COOPERATION MANAGEMENT

The PLCPD will be responsible for the project as a whole. It will provide the general guidelines and directives for project implementation; review the project's progress on a regular basis and make recommendations for improving project outputs. A consultant will be hired to oversee the conduct of the regional conferences. He will work closely with the Regional Development Committees and other population and development projects currently being assisted by UNICEF, UNFPA and UNDP. A Project Management Committee headed by the co-

chairperson of the PLCPD will be organized to assist the secretariat. The United Nations agencies, UNICEF, UNDP and UNFPA will provide financial support to the project. UNDP/Development Training and Communications Planning (DTCP) will serve as the executing agency of UNDP and UNFPA. The National Task Force for Social Mobilization will serve as the executing agency for UNICEF.

To ensure that the project activities will start on time, PLCPD will search for suitable candidates for the National Project Director post even before the approval of the project. PLCPD will also make the necessary arrangements for office space, furniture, etc.

Assessments/evaluation of the project in general and project gains in particular will be undertaken by the funding and executing agencies by the project termination date. It is expected that project initiatives would have been institutionalized by PLCPD by the end of the assistance.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening Health Services for Child Survival and Maternal Care (Health Component of the Third Country Program for Children-CPC III)	
Sub-Project 1	:	Expanded Program on Immunization Sub-Project 2 : Care of the Mother and Under-Five Child	
Sub-Project 3	:	Control of Diarrheal Diseases through the Promotion of Breast-feeding	
Sub-Project 4	:	Control of Acute Respiratory Infections (CARI)	
COOPERATION PERIOD	:	1988-1993 (except for CARI, which is for 1991-1993)	
COOPERATION SITE	:	Nationwide for EPI and CDD 18 Provinces for Care of the Mother and Under-Five Child Regions VIII, National Capital Region, Area Based Child Survival and Development Project (ABCSDP)/Urban Basic Services Project (UBSP) areas for CARI	
TYPE OF PROJECT	:	Grant	
COST OF PROJECT (in \$ '000)	:	Total: US\$ 2.0 M	
Forex	:	US\$ 2.0 M	
Local	:	No breakdown available	
		Original (1988-92)	Revised (1991-93)
Sub-Project 1	:	579.0	650.0
Sub-Project 2	:	1,161.0	175.0
Sub-Project 3	:	260.0	400.0
Sub-Project 4	:	-	375.0
TOTAL	:	2,000.0	1,600.0
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)	
DONOR COUNTRY/ ORGANIZATION	:	United Nations Children's Fund (UNICEF)	

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Although the Philippine economy is starting to show encouraging growth trends, the adverse effects of the marked deterioration in the economic conditions between 1983-1985 are still evident. The decline in maternal, infant and child mortality has slowed down at still unacceptable high rates.

One of every thousand babies born alive are in grave danger because his mother died during childbirth. Women are getting pregnant earlier resulting in higher death rates and risks. Although fertility rates fell from 4.38 in 1985 to 4.12 in 1989, spacing of births is still not widely practiced. The main causes of maternal deaths continue to be related to undernutrition and inadequate prenatal care: hemorrhage, especially postpartum and following an abortion; hypertension and complications during delivery. A national nutrition survey in 1987 detected that 45.2% of pregnant women and 50.6% of lactating mothers were anemic. It also noted a high prevalence of goiter.

From 1986-1989, infant mortality rates decreased from 55.3 to 51.6 per 1000 livebirths. Foetal and child deaths, however, exhibited an upward trend. Latest morbidity figures (1987) show that the main cause of morbidity and mortality among children continues to be communicable diseases. Pneumonia topped the list of major causes of child deaths while bronchitis was the leading cause of illness among children.

The incidence of poliomyelitis, tetanus, diphtheria and whooping cough have declined. However, measles and tuberculosis continue to infect and kill significant number of children, especially those in far flung barangays where immunization coverage is still low.

Filipino children still suffer between 2-3 bouts of diarrhea every year, leading to more severe undernutrition in a background of poor caloric intake. The unabated increase in bottlefeeding has been estimated to cause most of these diarrhea cases among the infants. Over the years, breastfeeding practice has continuously declined from 87 percent in 1973, 85% in 1980 and down to 83% in 1983.

Environmental conditions continue to be less than optimum especially for the very vulnerable groups. Under increasing economic burden, mothers have been forced to work outside the home leaving the responsibilities for childcare to caregivers who are often too young to give proper care. This has contributed to the decline in breastfeeding and the increase in child morbidity.

The above situation clearly shows that even if the Philippines is ranked among the "middle level infant and child mortality rate countries", there are pockets of areas where child and infant mortality rates are way above the national averages.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The Philippine Government is determined to promote the development of a health productive citizenry, contributing to and enjoying socio-economic progress. The Population, Health and Nutrition component of the 1987-1992 Philippine Development Plan has among its priority targets, the reduction of infant mortality, the improvement of the nutritional status of children, the increase of life expectancy

and at the same time the reduction of births and deaths. Its major policies and corresponding strategies shall be implemented to promote effective, efficient and accessible quality services with particular focus on the poor, the underserved and high risk groups.

Thus, a strengthened health service for maternal care and child survival is a major priority to achieve the goals of the Philippine Development Plan.

The Department of Health (DOH) continues to actively address the issues of improving the delivery and referral systems; of establishing DOH and improving DOH institutional capabilities to collaborate with other agencies concerned with health. There are clearly achievements in the right direction but these have to be sustained over the years so that the full impact of these interventions in terms of children and mothers saved can take effect. Many of these achievements have been reached with the cooperation of donor agencies.

C) OBJECTIVES

The overall program objective is to decrease maternal and child mortality and morbidity through full immunization coverage, expansion of maternal and underfive coverage and improvement of quality of direct services for mothers and children.

D) PROJECT DESCRIPTION

Sub-Project 1

This is being implemented nationwide by the DOH, and is aimed at increasing the coverage of fully immunized infants from 21.3% in 1985 to 90% in 1990 onwards and Tetanus Toxoid 2 of pregnant women from 43% in 1989 to 90% in 1993.

The EPI implementation will be essentially maintained through the completion of the cold chain and logistics system to the peripheral units with emphasis on proper utilization and maintenance, Social Mobilization and IEC activities to sustain high immunization coverage, improved surveillance and laboratory services (Polio Eradication, Neonatal Tetanus Elimination and Hepatitis B immunization), provision and distribution of adequate EPI supplies and strengthening of supervision and monitoring.

Sub-Project 2

The comprehensive programme review has indicated the need for improving the quality of maternal services in the next three years. UNICEF will continue to build on the gains and success of the Under-Five Clinic services in the delivery of comprehensive services to mothers and children. UCF will be pursued as a strategy for providing the integrating mechanism of all mother and child care services at all levels.

DOH will strengthen the services to reach more mothers and children and also to increase the frequency and regularity of attendance to prenatal and underfive clinic. The aim is to provide comprehensive and simultaneous services to mothers and children underfive. The training and logistical aspect of Under Five Clinic operations will be improved, to make it more visible and relevant to mothers, community residents, barangay health workers (BHWs) and TBAs.

Major efforts in improving maternal care will be directed toward upgrading the quality of maternal services through the following means:

- a) High risk approach to maternal care shall be operationalized in delivery of maternal services in the homes and in health facilities.
- b) Capability of District hospitals to manage high risk cases shall be strengthened through skills upgrading of medical personnel, trainings, and provision of essential equipment for obstetrical emergencies.
- c) Referral services for OB emergencies shall be improved at the RHU and District Hospitals through establishment of systems and standards for care of obstetrical emergencies and complicated cases.
- d) Improvement of nutrition of pregnant and lactating mothers through provision of micronutrients.
- e) Review of current hilot trainings conducted and revision of the training manual to include key messages of child survival and safe motherhood.

Sub-Project 3

UNICEF assistance will support programme planning to facilitate the integration of Breastfeeding into other MCH/ Child Survival services such as Maternal Care, Underfive Clinic, Family Planning, and Nutrition.

Development and production of communication materials will continue with special focus on the promotion, protection and support of breastfeeding, improved weaning practices and monitoring of Milk Code implementation. Breastfeeding as part of the preventive measures for diarrheal disease control will be reinforced.

This component builds on the gains of breastfeeding advocacy of DOH which was assisted by UNICEF in CPC II through the National Movement for the Promotion of Breastfeeding. The experiences in Breastfeeding advocacy and promotion will be adapted into the regular functions and services of the DOH's medical and public health facilities.

Sub-Project 4

This component focuses on mortality reduction through early detection and rational antibiotic treatment of severe pneumonia among children under five years of age. The key strategy is to provide timely treatment by means of early case detection and management of pneumonia. UNICEF shall provide initial support to the training of health personnel at various levels and the provision of the necessary drugs and equipments in the identified and selected areas.

The CARI program shall focus on case finding, treatment and follow-up of cases supplemented by appropriate services such as training, IEC, research, monitoring and supervision. Special efforts shall be made to identify high risk and vulnerable children and provide them the necessary care and follow-up, including health education of mothers and child-carers.

E) FINANCIAL REQUIREMENTS

For the four (4) sub-projects included in the Program, the revised budget for the three (3) years is about US\$ 1.6 million. Most of this grant money will go to various training, IEC activities, provision of equipment and supplies. GOP counterpart costs, though not stated, are the usual imputed costs covering salaries of existing personnel, freight costs, travel allowances, etc.

III. COOPERATION MANAGEMENT

UNICEF assistance to the Philippines under the CPC is always covered by a Memorandum of Agreement (MOA) which spells out, among other things, the commitment of both the UNICEF and the GOP.

Regarding procurement of equipment and vehicles, the standard procedure of UNICEF is to require the proponent to include in its annual Work and Financial Plan the equipment and vehicles requested with detailed specifications (to the extent possible). The project proponent is not allowed to purchase equipment and vehicles locally. Likewise, supplies like syringes, needles and vaccines for the Expanded Program on Immunization are also purchased by UNICEF through its international network.

The UNICEF also is responsible for printing of documents/materials related to the Program. The proponent submits the material for printing to the UNICEF for it to conduct a bidding (local) for the printing of the document/ material.

A system of monitoring and evaluation of the CPC has already been established and are found in detail in the Program Coordination and Monitoring Manual.

Two major activities done annually by all UNICEF-assisted project include:

- 1) preparation of the Annual Work and Financial Plan which details the budgetary requirement of the sub-project;
- 2) conduct of the Annual Program Implementation Review to assess program-wide performance. The findings and recommendations of the review are the basis for replanning of various projects.

A Mid-Term review will be conducted to assess overall progress, and to determine the need for adjustments by both the Government and the UNICEF. A terminal evaluation will also be done to assess overall achievement of objectives and targets.

I. GENERAL INFORMATION

PROJECT NAME	:	Central Visayas Water and Sanitation Project
COOPERATION PERIOD	:	1990-1994
COOPERATION SITE	:	Region VII
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 15.53 M
Forex	:	US\$ 11.25 M
Local	:	US\$ 4.28 M <u>1</u>
IMPLEMENTING ORGANIZATION	:	Regional Development Council VII (RDC-7)/ Local Government Unit (LGU); Department of Public Works and Highways (DPWH); Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Australian International Development Assistance Bureau (AIDAB), Australia

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The project was approved by the Australian Ministry of Trade and Commerce last October 1989, and was subsequently discussed during the Third RP-Australia Annual Consultation on Development Cooperation last October 26-27, 1989. As a result of such discussion, the Australian Embassy has prepared and presented to the Department of Foreign Affairs (DFA) a draft Memorandum of Understanding (MOA) between GOP and the Government of Australia for its consideration. The project is slated to commence in April 1990.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This project was conceived in line with the development thrusts of the Government which are the upliftment of the living conditions of the rural people, the decentralization of the responsibility of providing basic services to the citizenry and the promotion and expansion of the coverage of such vital services to the unserved and underserved rural populace.

1/ A\$ 1.00 = ₱ 21.504
US\$ 1.00 = ₱ 28 (adjusted to 1990 prices)

C) OBJECTIVES

General

To improve the health, living conditions and the economic status of the poorer communities in Region VII through improved water supply and sanitation facilities.

Specific

1. To strengthen the line agencies' involvement in planning, implementation and maintenance of water supply and sanitation facilities;
2. To increase the coverage of adequate potable water supply and sanitation facilities;
3. To accelerate the sustainability of water supply and sanitation programs through strengthening community participation in planning, operation and maintenance.

D) PROJECT DESCRIPTION

The project has three (3) components corresponding to the three (3) project specific objectives:

Planning and Monitoring which is comprised of improved information systems and planning and management procedures

Infrastructure which includes the implementation and rehabilitation of selected schemes and the preparation of master plans for two specific areas

Communities covering the establishment and training of water organizations for schemes implemented under the project, increasing community participation in planning, implementation, operation and improving household practices.

E) FINANCIAL REQUIREMENTS

The Government of Australia will shoulder expenditures for personnel, training and procurement of materials and equipment in the amount of US\$ 11.25 million while the Government of the Philippines will contribute the amount of US\$ 4.28 million. This includes the government's regular water supply budget for the region and the costs of operating and maintaining the project office.

III. COOPERATION MANAGEMENT

Personnel provided by the Government of Australia to the project will be responsible for ensuring the effectiveness of the contribution of the Government of Australia to the project and will have an advisory and consultative role.

A major review of the progress of the project may be made by a joint investigation team appointed by the two governments and independent of staff involved in the project.

The Government of Australia will provide project supplies, motor vehicles and professional and technical materials.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening Health Services for Maternal and Child Health Care in 18 Provinces (CPC III)
COOPERATION PERIOD	:	1990-1993
COOPERATION SITE	:	18 selected provinces in Regions II, IV, VIII and XII
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	US\$ 3,809,000
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Government of Australia through AIDAB and UNICEF

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The 1987 National Health Survey indicated that approximately 40.6% of the total deaths occurred among children under 5 years old. This was the highest percentage among the other age groups. In the same survey, the infant death rate was registered at 35.3 per 1000 live births for the country. But it was more than 50 per 1000 livebirths in Regions II, IV, VIII & XII. The predominant causes were still diarrhea, acute respiratory infections and measles. Approximately 53% of all deaths in children under five were caused by these diseases.

These rates continue to prevail due to several contributory factors, one of which is low birth weight. Eighteen per cent of new borns have low birth weights. These babies have 3 times more risk of dying during their first year of life compared to infants born with normal weight.

Malnutrition remains to be a major problem in the country with poverty as the root cause. Other causes that can be corrected immediately are repeated infections, bottlefeeding of infants, poor weaning practices, parasitism, diarrheal diseases and other infectious diseases.

Maternal mortality rates have been decreasing but are still relatively high. The rate is 1 per 10000 live births. Maternal death rates were significantly high among mothers younger than 17, above 35; those who are pregnant for the first time; after the fourth pregnancy; and in mothers with closely spaced pregnancies.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

The families and communities that are likely to benefit from project activities are from depressed municipalities among the poorest 25 provinces. The provincial and district level area-based planning approach in this project enables the DOH to target Class C municipalities and barangays where basic services are difficult to avail of by mothers and children.

The project does not merely strive to deliver services but will seek out opportunities to enable and empower groups of beneficiaries, especially women's organizations, to avail of services for their children and families.

In the process of creating demand for these services at the community level, the organizations of health providers like midwives, traditional healers and barangay health workers, will most likely be strengthened and be actively involved in the improvement of maternal and child health.

The project does not have provisions for direct financial benefits for individuals and families. The long-term benefits in the form of cost savings from health and medical care expenses are expected after a period of community-wide acceptance of simple technologies for maintenance of adequate maternal and child health.

The improvement of the preventive and promotive aspects of maternal and child care will in the long run reduce the sick days spent in health facilities as well as the expenditures for drugs and medicines.

C) OBJECTIVES

The objective of the project is to reduce maternal and child mortality and morbidity through full immunization coverage, expansion of maternal and under-5 service coverage and improvement of direct services to around 5 million mothers.

D) PROJECT DESCRIPTION

The project objectives will be achieved by the provision of equipment, supplies, training and management support to the decentralized DOH structure in 18 provinces. These provinces are located throughout the Philippines and have been selected on a needs basis, using the UNICEF analysis of the situation of mothers and children in the Philippines for the Third Country Program for Children (CPC III).

The project includes broadly-based training activities for both health providers and community participants to achieve safe motherhood, community participation process, to identify community needs and high-risk groups. This process will draw in local resources including community groups, NGOs, private and traditional medical practitioners, and non-DOH government agencies to enhance prospects for effectiveness, coverage and sustainability.

E) FINANCIAL REQUIREMENTS

The Australian contribution is costed at US\$ 3.8 million over the 4-year period. These funds will provide for technical assistance, equipment, supplies, training, community participation, special surveys and research, communications activities, monitoring and evaluation.

III. COOPERATION MANAGEMENT

UNICEF identified the original project and because of the agency's existing role and expertise in the health sector, UNICEF is the Managing Agent of this project.

Funds are available from the AIDAB bilateral programs for project commencement in 1989/90. AIDAB will make annual payments to UNICEF, which will be disbursed according to the terms of the AIDAB-UNICEF agreement.

Under the guidelines of UNICEF procurement policy, the project equipment/supply list, once approved will be examined for possible Australian sources on a best value-for-money basis.

I. GENERAL INFORMATION

PROJECT NAME	:	Bohol Acute Respiratory Infections Research Project Phase III
COOPERATION PERIOD	:	1989-1991
COOPERATION SITE	:	Province of Bohol
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 976,781
Forex	:	US\$ 811.3 Thousand
Local	:	US\$ 167.5 Thousand
IMPLEMENTING ORGANIZATION	:	Research Institute for Tropical Medicine (RITM)
DONOR COUNTRY/ ORGANIZATION	:	Australian International Development Assistance Bureau (AIDAB)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Phase I of the project has entailed the development of research and case management protocols, establishment of monitoring systems, collection of ARI mortality baseline data, development of case management training materials and commencement of clinical research.

Phase II has entailed the implementation and monitoring of the case management program and clinical research and the development of the health education materials and training program.

Extension for a third phase has been recommended to provide additional time for implementation and impact monitoring of the total ARI control package (both case management and health education components) and greater opportunity for the extraction, analysis and dissemination of operational lessons from the pilot program. An extension serves also to assist the development of a national ARI program which is planned to commence in the near future.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

In the Philippines, ARI is the leading cause of death and is a particular problem in children aged 0-4 years old. It is most common among children in poor communities or the more isolated rural communities with limited access to health care. This is compounded by the present system which allows only medical practitioners to prescribe antibiotics. Thus, children are dying without the aid of early, simple and relatively cheap life-saving measures. As the primary health care workers involved in the ARI program exist in all communities, the program offers a way of extending health services to reach these children.

Improved health status is related to long-term improvements in economic status. However, there is a need for immediate measures to improve health status while waiting for overall economic improvements. To improve health policies and strategies, strengthening of information and research-based decision making is supported, particularly in relation to the leading causes of morbidity and mortality, service delivery technologies and training schemes. The Bohol project accords with this approach by researching the leading cause of morbidity and mortality in the Philippines and being a valuable source of information on ARI-related training and service delivery methods. It also potentially provides a more cost-effective approach to ARI case management conforming to the cost containment priority of the DOH.

C) OBJECTIVES

General

To assist the development of a national ARI program which aims to reduce mortality from ARI.

Specific

1. To modify the health education program in Bohol Province to communicate more effectively the messages related to prevention, home management and health service utilization;
2. To continue the existing ARI case management program with modifications aimed primarily to improve diagnostic practices of health workers; and
3. To assess project performance and impact and provide information to assist development of the National ARI Control Program.

D) PROJECT DESCRIPTION

Phase III of the project involves revision of the health education materials, course content and delivery techniques and minor revisions to the case management protocol. All health workers will receive additional training using the revised materials and approach. Traditional healers and private physicians will be particularly targeted for incorporation into the program. Community outreach will be intensified during Phase III to ensure comprehensive application of both the case management and health education components of the ARI program. A major focus of Phase III will be analysis of reporting. There will be detailed analyses of trends and correlations in knowledge, attitudes and practices, mortality service, morbidity, demographic and socio-economic data and the effect of seasonal geographic and input variations.

E) FINANCIAL REQUIREMENTS

The project will be financed by a grant from the Australian Government in the amount of US\$ 811.3. Local counterpart (US\$ 167.5) will be in terms of recurrent cost including personnel salaries.

Monitoring and analysis activities comprise the major cost component (66%). Personnel cost percentage is also high, reflecting the labor intensive monitoring system. Of the Australian contribution, technical advisory inputs constitute a major component (A\$ 0.42 M).

III. COOPERATION MANAGEMENT

The Australian funding will largely support the cost for labor intensive monitoring systems including increased technical assistance for data analysis. It will provide the project with experts on epidemiology, health economics and community health; salaries for local contractual staff. The Government of the Philippines will see to it that manpower (existing DOH staff), transportation, communication, laboratory space and other medical equipment needed are available to the project.

The national ARI program will continue the activity in Bohol and extend it to the rest of the country. The major additional costs in the Bohol project are for the monitoring system, drug supplies and training. The GOP has decided to proceed with the national program under which drugs and training will be provided. There are sufficient human resources within the Department of Health structure in Bohol for continuation of the program. It is likely that the national program will draw upon the expertise in training and supervision that has developed in Bohol. Thus it may be necessary to supplement the DOH staff in Bohol.

I. GENERAL INFORMATION

PROJECT NAME : Schistosomiasis Research Phase III
 COOPERATION PERIOD : 1989-1991
 COOPERATION SITE : Leyte and Sorsogon
 TYPE OF PROJECT : Grant
 COST OF PROJECT : Total: US\$ 107,518
 Forex : US\$ 80,780
 Local : US\$ 26,738 ^{1/}
 IMPLEMENTING ORGANIZATION : University of the Philippines-College of Public Health (UP-CPH)
 DONOR COUNTRY/ ORGANIZATION : Australian International Development Assistance Bureau (AIDAB)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Schistosomiasis is endemic in 24 provinces in the country. In early 1987, the overall prevalence rate in these provinces was 7.4%. A review of the Schistosomiasis Control Program (1982 - 1986) showed a steady decline of the schistosomiasis prevalence rate in areas where there are foreign assisted projects. However, the overall prevalence rate remained quite high in areas where there are no foreign-assisted projects. Thus, there is a need to enhance research capabilities and improve technology transfer in the field of schistosomiasis control. Since 1982, AIDAB has been sponsoring a research project to attempt to find an effective vaccine against the schistosomiasis worm. This project is but a continuation of these past efforts.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project is one way of operationalizing the strategies set forth in the Medium-Term Philippine Development Plan (MTPDP) 1987-1992, i.e., strengthened information and research based decision making and implementation and strengthened manpower development. The program has a definite and demonstrable research strengthening and technology transfer components which would be of benefit in terms of drawing up new measures and improving existing ones to control schistosomiasis.

^{1/} Exchange rate used US\$ 1.00 = AU\$ 1.257
 US\$ 1.00 = ₱ 22.44

C) OBJECTIVES

The research program aims to:

- a) identify antibody specifications in human sera that correlate with apparent resistance to reinfection following praziquantel (PZQ) drug cure of existing infection;
- b) identify antibody isotypes in the above human sera that correlate with resistance and, more particularly, susceptibility to reinfection;
- c) develop quantitative serodiagnostic tests based on detection of circulatory schistosomiasis antigen or metabolites rather than anti-schistosomiasis antibody;
- d) detect and quantify antibody responses to candidate vaccine molecules in sera from individuals resistant or susceptible to reinfection after PZQ treatment;
- e) detect anti-egg antibody specificities in sera from individuals in an endemic area who do or do not show signs of immunopathologic disease and who, therefore, may or may not have developed anti-embryonation immunity; and
- f) assess the efficacy of molecular vaccines in preventing infection after PZQ administration in endemic areas.

D) PROJECT DESCRIPTION

This research is a continuation of the collaborative research program between the UP College of Public Health and the Walter and Eliza Institute of Medical Research (Australia). Specific studies on human populations will be undertaken focusing on the potential of vaccination against schistosomiasis in conjunction with praziquantel based chemotherapy. Actual vaccine production, however, will not be undertaken as the development of an effective vaccine for this disease is time consuming and very difficult.

E) FINANCIAL REQUIREMENTS

A total of A\$ 101,550 (US\$ 80,780) is needed to implement the project. Specific items that are going to be financed include personnel (salary/honoraria, travels, consumables), supplies, and equipment (if necessary). Local counterpart will be in terms of faculty time spent for this project, use of existing equipment and facilities (which is approximately US\$ 26,738).

III. COOPERATION MANAGEMENT

The Australian assistance will be mainly for support services, i.e., personnel salary and travel costs. Funds for consumables and supplies money will also be made available for the purchase of all items necessary for the routine collection of sera, fecal specimens, snails, as well as reagents necessary for analysis of antibody specificities. There is no request to cover small items of equipment if and when necessary. An evaluation of the progress of the project may be made at times arranged between and mutually convenient to both the Philippine and Australian Governments. Such an evaluation will be undertaken by a joint investigation team appointed by the two governments and independent of the staff involved in the project.

I. GENERAL INFORMATION

PROJECT NAME	:	Philippine Health Information System Development
COOPERATION PERIOD	:	1989-1993
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 1,600,000
Forex	:	US\$ 635,000
Local	:	US\$ 965,000 (in kind)
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR ORGANIZATION	:	GERMAN TECHNICAL COOPERATION (GTZ)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The promotion and protection of the health of the population is the paramount concern of governments all over the world. History will show that health and development have always been directly related to each other. It is in this context that the Department of Health (DOH) embarked on a program of development that resulted in the nationwide implementation of Primary Health Care in 1981, the integration of the curative and preventive aspects of health care in 1982, and the implementation of five program thrusts, namely: Comprehensive Maternal and Child Health Program, Schistosomiasis Control, Malaria Control, Tuberculosis Control and Control of Diarrheal Diseases. All these activities necessitated a review and eventually an overhaul of the existing information system.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The policy of the Department of Health as contained in the Philippine Development Plan 1987-1992 is as follows:

"The system of obtaining timely and reliable information on health, nutrition and fertility indicators shall be strengthened and improved to promote information and research-based decision-making among planners and program implementors. This will include the strengthening of capabilities of local governments and sub-national offices for conceptualization, gathering, processing and utilization of data. In addition, the mechanisms for dissemination and utilization of information and research at all planning levels shall be improved."

The rapid changes in organizational structure and activities have created a situation wherein existing information system can no longer cope with the present demand for timely and accurate data. Moreover, the concept of the "shrinking world" has likewise created more need for a dependable and comparable data which

could be shared with neighbor countries and thereby help promote international health.

C) OBJECTIVES --

General:

To strengthen the existing Health Information System to enable it to collect, process, analyze and disseminate reliable and timely data/ information to policy makers, planners and implementors for management purposes as well as for assessment of health status of the population.

Specific:

- 1) To evaluate the existing Health Information System;
- 2) To design and implement a Health Information System responsive to the needs of the Department of Health;
- 3) To upgrade the knowledge and skills of personnel directly involved in health information activities in manning the system; and
- 4) To provide the Department of Health with basic equipment needed to operate the system.

D) PROJECT DESCRIPTION

The project will organize a study group to review, evaluate and if necessary, to redesign the health information system to effectively and efficiently identify health problems, determine the health status of the population and monitor, evaluate and plan health programs.

The project will likewise, strengthen the Health Intelligence Service by training the existing staff on Health Statistics, Epidemiology, Computer Technology and Information Systems Development. Training and orientation courses on the strengthened Health Information System will also be conducted for national, regional and provincial staff and basic equipment will be provided the DOH to operate the system.

E) FINANCIAL REQUIREMENTS

The project will be purely financed by a grant from the German government in the amount of US\$ 635,000. Local counterpart will be in kind through the provision of office space, training centers, office supplies and materials and the like.

III. COOPERATION MANAGEMENT

The Government of the Federal Republic of Germany shall provide the project with experts in health systems approach, health economy, insurance, health administration and data processing; supplies including vehicles, microcomputers and office equipment; operating and maintenance expenses; and fellowship and local training grants. The supply of materials and equipment for the project funded by the grant will not undergo local procurement procedures. The Government of the Philippines will see to it that manpower, transportation and office space needed are available to the project and that all legal nuances related to the smooth implementation of the project are properly addressed.

I. GENERAL INFORMATION

PROJECT NAME	:	Health Care Equipment Maintenance
COOPERATION PERIOD	:	1989-1992
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 1,700,000
Forex	:	US\$ 625,200
Local	:	US\$ 1,075,000 (in kind)
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	German Technical Cooperation (GTZ)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Health care equipment maintenance is a problem in every developing country. Among the reasons are: lack of manpower, lack of spare parts and lack of training capabilities. To cope with all these problems, the Department of Health, with assistance of the World Health Organization had put up a Biomedical Engineering Workshop under the Radiological Health Service, to act as the main center for training and equipment repair.

The present set-up is capable of carrying out repair and maintenance on a number of major equipment such as: low, medium and high-powered x-ray machines, cobalt machines, ECG and monitoring equipment, spectrophotometer, respirator and refrigeration units.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

In order to effectively manage equipment repair and maintenance, and keep up with the rapid increase of sophistication of equipment design and the large number and variety of equipment presently available, this project was conceived to provide training and supplement/upgrade existing facilities. This is in line with one of the stated policies of the Department of Health which is to make effective and efficient health care delivery through the provision of a well established equipment maintenance service.

C) OBJECTIVES

General

To provide better health care delivery through strengthening and upgrading of existing facilities and management of health care equipment maintenance and repair service.

Specific

1. To upgrade the knowledge and skills of personnel involved in training and actual servicing activities;
2. To put up pilot workshops to decentralize equipment maintenance service;
3. To train more technicians who will perform "first line" and "preventive" maintenance of equipment nationwide; and
4. To upgrade existing facilities like building, workshop tools and test equipment, library and spareparts store as support facilities.

D) PROJECT DESCRIPTION

The project will conduct training of trainers both at the national and regional levels to be able to teach "First line maintenance" and "Specialized training courses." Initially, it is envisaged that at least two (2) technicians from each regional and provincial hospital will be trained and will be provided with various training materials, training equipment and tool kits.

The Central Workshop facility will be upgraded and pilot workshops, one in Cebu and another in Davao, will be established. At the same time, equipment maintenance support facilities and activities such as: a) Equipment library consisting of various manuals and circuit diagrams; b) store rooms and spare parts stocks; c) consultants for the effective management of repair services, preventive maintenance programs, procurement/acceptance testing of new equipment, setting up of training syllabus and survey of existing equipment nationwide will be provided.

E) FINANCIAL REQUIREMENTS

The project will be purely financed by a grant from the German Government in the amount of US\$ 625,200. Local counterpart will be in kind through the provision of needed manpower, office space, training centers and supplies and materials not otherwise covered by the grant.

III. COOPERATION MANAGEMENT

The Government of the Federal Republic of Germany shall provide the project with a long-term expert to act as team leader for management consulting and to coordinate all project activities. Another long-term expert will be provided as consultant for training, project planning and hospital engineering/maintenance will likewise be provided.

Supplies including vehicles, personal computers, teaching materials, office equipment, spareparts, tools and tool-making equipment are also to be provided by the project.

Operating and administrative costs including fellowships abroad of up to 24 man-months and local training seminars will also be funded by the grant.

The Government of the Philippines will see to it that manpower, transportation and office space needed are available to the project and that a separate and detailed budget for a total of four (4) years is earmarked specifically for the project to ensure the continuous implementation and takeover of the programme.

I. GENERAL INFORMATION

PROJECT TITLE	:	Assistance to the National Tuberculosis Control Program
COOPERATION PERIOD	:	1989-1991
COOPERATION SITE	:	Regions V, VIII & X
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 24.74 M
Forex	:	US\$ 10 M
Local	:	US\$ 14.74 M
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Government of Italy

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Tuberculosis continues to be a major public health problem. It is still among the top leading causes of morbidity and mortality. Previous efforts to control tuberculosis have been hampered by inadequate resources and other factors beyond the control of the health sector. Thus, there is a need to strengthen the existing program and channel resources to areas that are in need of TB control services.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The program is one way of operationalizing one of the policies enunciated in the Medium-Term Philippine Development Plan (1987-1992) which is the formulation and implementation of an efficient response to the main causes of morbidity and mortality. Specifically, the project will answer the need to further improve the pursuit of TB control strategies and measures and the need to develop more effective approaches through the conduct of operational researches.

C) OBJECTIVES

In general, the project aims to contribute to the control of TB by a) supporting program management and research at the national level; b) improving TB control activities in three selected regions (V, VIII & X); and c) providing technical and logistics support to the respective regions' TB control activities.

D) PROJECT DESCRIPTION

The TB Control program in Region V, VIII and X will be strengthened through training, provision of drugs and equipment, conduct of researches and provision of technical assistance. In Region X, a building will be constructed and equipped and will serve as the office for the local and Italian consultants and other members of the staff.

E) FINANCIAL REQUIRMENTS

a total of US\$ 10 million will be provided by the Italian Government to finance program activities. Government counterpart will be in terms of personnel services rendered (which is approximately US\$ 14.74 million).

III. COOPERATION MANAGEMENT

The assistance will fund both the national and regional component of the program. The national component involves the hiring of Italian and local consultants and other personnel, training, research activities and provision of equipment and other logistic support. The regional component will be assisted along direct patient care services such as case finding and treatment activities. Foreign and local technical assistance, training, drugs, supplies and equipment as well as building construction in Region X will be given Italian assistance.

I. GENERAL INFORMATION

PROJECT NAME	:	Davao Health Development Project
COOPERATION PERIOD	:	1988-1993
COOPERATION SITE	:	Davao
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 4.57 M
Forex	:	US\$ 2.7 M (CIDA) US\$ 0.57 M (Univ. of Calgary)
Local	:	US\$ 1.3 M
IMPLEMENTING ORGANIZATION	:	Institute of Primary Health Care (IPHC)
DONOR ORGANIZATION	:	Canadian International Development Agency (CIDA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Philippine Government's development strategy stresses economic recovery through rural-based development projects directed at raising the income of the population. For South Mindanao, this implies improving the peace and order situation, increasing and broadening the access to employment and to livelihood opportunities and providing basic social services which are both people-oriented and community-based.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

Inadequate family income is one of the major obstacles in improving and sustaining the health status of the poor segments of the population. Within this framework, the solution to health problems demands a multi-sectoral approach in which income generation activity plays an important role. Such demand led the Institute of Primary Health Care (IPHC) of the Philippines to request the assistance of CIDA in implementing an integrated health project in Davao.

The Davao Health Development Project is developed based on the experiences of the IPHC-implemented and USAID-assisted Community Health through Integrated Local Development (CHILD) project designed to strengthen the health services for 280 underserved communities in Mindanao.

C) OBJECTIVES

The purpose is to strengthen thru a partnership between IPHC and the University of Calgary (U of C), the capability for self-reliance of 100 communities in Southeast Mindanao.

D) PROJECT DESCRIPTION

This project will be implemented jointly by the U of C and IPHC and will have two distinct but interrelated components - institution building and community development. The U of C will help IPHC in strengthening its research and evaluation capabilities and in training its middle management project officers. The project will establish community-based livelihood groups which will initiate and undertake income-generating activities through : a) training of community organizing volunteers; b) building up of community capabilities in managing and evaluating community development activities; and c) establishment of a Social Development Fund (SDF).

The project will provide financial assistance to the livelihood groups for income-generating activities from which a certain portion of the income will be set aside to create an SDF. The SDF will be used to implement health-oriented projects for the community.

E) FINANCIAL REQUIREMENTS

The total estimated cost of the project is US\$ 4.6 M of which CIDA's contribution is about US\$ 2.7 M over the 5-year project period between 1988/89 and 1992/93. The U of C is expected to contribute US\$ 0.57 M and the IPHC contribution will be US\$ 1.3 M. Based on the latest information gathered, however, the total CIDA grant has increased to US\$ 3.1 M.

III. COOPERATION MANAGEMENT

The over-all responsibility for the management of CIDA's inputs to the project will rest with the Project Team Leader presently in CIDA, Hull. The project will be monitored in the Philippines from the Canadian Embassy in Manila.

For effective coordination and management of the Canadian inputs for implementation of the project, CIDA will enter into a Contribution agreement with U of C. Based on this agreement, CIDA's contribution will be channelled thru U of C who will be responsible for providing all the Canadian expertise and services and for managing CIDA's financial contribution to the project.

The GOP thru IPHC will: a) provide all the local resources necessary for the successful implementation of the project; b) jointly prepare reports with the U of C; c) participate in the Project Review Committee which will establish policy with regard to project management and performance and deal with difficulties arising from IPHC/U of C relationship.

I. GENERAL INFORMATION

PROJECT NAME	:	Technical Assistance for the National Hospital Services Development Plan
COOPERATION PERIOD	:	1990-1994
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 487,000
Forex	:	US\$ 470,000
Local	:	US\$ 17,000
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Asian Development Bank (ADB)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The country's health care services are provided through a countrywide network of health facilities. However, these facilities are maldistributed. Apart from the distribution problem, the country's hospital services are facing many other constraints. For instance, some hospitals lack the necessary equipment, transport and communication facilities. In addition, these hospitals are also beset with manpower problems. Thus, efforts need to be geared towards the improvement of the hospital system.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The hospital system is the largest user of resources in the health sector. With the magnitude of the construction and operating costs of hospitals, a large portion of the national budget for health goes to hospitals. Despite a greater budget share, the country's hospital services have been deficient in some respects. It is therefore essential that hospital facilities and services be upgraded as individual units and as a network to maximize the utilization of available resources and to strengthen the referral system. This can be achieved through an organized and staged development and rehabilitation based on a long-term perspective.

The technical assistance complements other assistance being given to primary health care and public health programs in the Philippines, and it will help DOH meet a priority need in the hospital subsector by producing a nationwide, long-term hospital services development plan. The study to be undertaken under this technical assistance will help the Government in formulating policies and programs to improve hospital services over the medium and long-term.

C) OBJECTIVES

The technical assistance is aimed at assisting the DOH in preparing a comprehensive hospital development plan.

D) PROJECT DESCRIPTION

The study will be prepared in three stages as follows:

Stage One: Assessment of the current situation in the hospital sector; identification of main alternative scenario and broad objectives for further development

Stage Two: Identification of long-term strategies for hospital development

Stage Three: Formulation of the 15-year Hospital Services Development Plan

The study will be carried out by a team of consultants working in close collaboration with a steering committee and representative groups from government and private hospitals. The Steering Committee will be composed of representatives from the DOH, NEDA and the private hospital sector. It will be chaired by the Undersecretary for Hospital and Facilities Services.

E) FINANCIAL REQUIREMENTS

The total cost of the study is estimated at US\$ 487,000 of which US\$ 470,000 will be a grant from ADB and US\$ 17,000 will be the GOP counterpart. The grant will cover remuneration of consultants, international and local travels, purchase of microcomputers, part of ground transportation and office supplies. The GOP counterpart will cover part of local transportation, provision of local staff for secretarial assistance, copying services and provision of office space and other facilities.

III. COOPERATION MANAGEMENT

The executing agency for technical assistance will be the DOH. A Steering Committee will be established to monitor progress of and provide guidance to the team of consultants. A full time liaison person will be assigned to assist the consultants in their day to day activities. The DOH will also provide the necessary support services.

The study will be undertaken for about seven months. The short-listed consultants will be invited to include in their proposals, among other things, specific suggestions as regards the detailed schedule for implementation.

The progress of the study will be monitored by the Steering Committee. The consultants will prepare two progress reports and a final report and these will be reviewed by the ADB staff together with the Steering Committee. The Steering Committee will ensure that the consultants' report are shared and discussed with the regional and provincial representatives of the DOH and the private sector, and that these representatives are invited to participate in the reviews.

I. GENERAL INFORMATION

PROJECT NAME : Population Planning III
 COOPERATION PERIOD : 1981-1988
 COOPERATION SITE : Nationwide
 TYPE OF PROJECT : Loans & Grant
 COST OF PROJECT : Total: US\$ 122.33 M
 Forex : Loan - US\$ 26,916,000
 Grant - US\$ 29,835,000
 Local : US\$ 65,580,000 1/
 IMPLEMENTING ORGANIZATION : Commission on Population (POPCOM)
 DONOR ORGANIZATION : United States Agency for International Development (USAID)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Philippines, with an estimated population of 47.6 million in 1981, is the seventeenth most populated country in the world. It is also one of the most densely populated with 158 persons per square kilometer. During the past decade, the population growth rate (PGR) has declined from 3.0-3.1% in 1968 to 2.3% in 1980. However, the momentum for future growth continues, with high fertility (TFR 5.0 in 1977), a young population (median age 16.4 years in 1975) and declining mortality.

Under the preceding projects, Population Planning I and II (PP II), the nationwide Outreach Project changed the family planning program:

1. from a predominantly physician-oriented, clinic-based approach to a combined-clinic and community-based program;
2. from a centrally-managed to a more locally managed program; and
3. from a nationally-financed program to a joint national/local government funded program.

1/ Exchange Rate - USAID - US\$ 1.00 = P/7.50

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

The project coincided with the goal of the Philippine Population Program Medium-Term Plan (1981-1985) and was in consonance with the long-term goal in the GOP Five-Year Development Plan of 1978-1982, of achieving replacement fertility or a net reproductive rate of 1.0 by the year 2000, by which time, the population level would be about 65.70 million, growing at a rate of 1.4% per annum.

The economic rationale of the project is based on the well-documented relationship between reduction in fertility and (1) savings in the social service sector and (2) the economic advantages of reduced labor surplus and decreased pressures on food supply. Over the past few years, the economic benefits gained from reductions in the population growth rate have been substantial. The birth rate has declined measurably in the last decade from 40 per thousand population in 1970 to 32 per thousand population in 1980.

C) OBJECTIVES

To reduce the population growth rate from 2.3% in 1980, with a population level of about 48 million, to an estimated 2.0% in 1985, with a population level of 53 million.

D) PROJECT DESCRIPTION

The project provided support to the Philippine sector goal of having nationwide, fully synchronized and coordinated population services in place which included:

1. Qualified management and field personnel to serve family planning program needs.
2. Adequate private and public clinic support and services.
3. An effective Information, Education and Communication (IEC) component.
4. Effective/reliable contraceptive supplies available to practicing couples.
5. Timely and accurate measures of program impact and fertility reduction.
6. Completed and utilized operations, development and policy research.
7. Effective Management Information System (MIS).

E) FINANCIAL REQUIREMENTS

The project covered a five-year period (1981-85), with the USAID contribution totalling US\$ 56.75 M (Grant - US\$ 29.830 M and Loan - US\$26.915 M) and GOP counterpart of US\$ 65.58 M. Most of the local currency were used for outreach programs, training, IEC and clinical support.

III. COOPERATION MANAGEMENT

The GOP shall have repaid the loan to A.I.D in U.S. dollars within 40 years from the date of first disbursement of the loan including a grace period of not to exceed ten years. The GOP shall have paid to A.I.D in US dollars interest from the date of final disbursement at the rate of (a) two percent per annum during the first ten years, and (b) three percent per annum thereafter on the outstanding disbursed balance of the loan and on any due and unpaid interest accrued thereon.

Goods and services, except for ocean shipping, financed by A.I.D under the project shall have had their source and origin in the Philippines or in countries included in A.I.D Geographic Code 941 except as A.I.D may otherwise agree in writing. Ocean shipping financed by A.I.D under the project shall, except as A.I.D may otherwise agree in writing, have been financed only on flag vessels of the United States or the Philippines.

Annual, or other appropriately scheduled, nationwide contraceptive inventories shall have been conducted by the Cooperating Country.

I. GENERAL INFORMATION

PROJECT NAME	:	Rural Water Supply and Sanitation Project
COOPERATION PERIOD	:	1987-1990
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 25.0 M
Forex	:	US\$ 18.75 M
Local	:	US\$ 6.25 M
IMPLEMENTING ORGANIZATION	:	Department of Local Government (DLG)/ Local Government Units (LGUs)
DONOR COUNTRY/ ORGANIZATION	:	United States Agency for International Development (USAID)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

This project is an attempt to promote the sanitation benefits derived from a water supply system using local officials and the community/beneficiaries in the implementation of the project. This project is part of the continuing effort to provide potable water to all areas of the country especially the unserved and underserved and to strengthen local government units through building their technical and managerial capabilities to deliver basic services.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The completion of the project will greatly enhance the communities' knowledge and awareness about water-borne diseases and the benefits of good sanitation thereby greatly improving the level of public health. This project will likewise, strengthen the capabilities of local government units thereby facilitating the expansion of basic services.

This project is in line with the development thrusts of the Government which are the upliftment of the living conditions of the poorer segments of the population, providing avenues for community participation and the decentralization of the planning and provision of basic services.

C) OBJECTIVES

General

To assist the Government of the Philippines achieve its objectives of decentralizing the delivery of public services through building the technical and managerial capabilities of Local Government Units.

Specific

1. To develop an institutional framework and methodology for the development and enhancement of LGU capabilities to plan, finance and construct self-sustaining water supply systems and related sanitary and health improvements for rural communities.

D) PROJECT DESCRIPTION

This four-year project was comprised of four major components to accomplish the goal and purpose stated above: (i) Institution Building primarily aimed at the staffs of the Project Management Office (PMO) at the Department of Local Government, participating LGUs and RWSAs, (ii) Community Development to achieve the participation of communities in planning, implementing the construction and operation of water systems; (iii) Water Supply Systems, well defined and designed according to technical viability and need; and (iv) Health and Sanitation to promote and assist barangays in further improvement in sanitation, particularly regarding the disposal of excreta.

E) FINANCIAL REQUIREMENTS

The original obligation level of USAID grant was US\$ 9.68 million. However, this was amended by increasing the obligation to US\$ 13.45 million in 1987 in support of additional activities in training, capital costs, commodities and evaluation. The Government of the Philippines, through the Department of Local Government, participating Local Government Units and the Rural Water Supply and Sanitation Associations will contribute a total of US\$ 6.25 million to the project.

III. COOPERATION MANAGEMENT

Disbursement of funds under the grant was used exclusively to finance the costs of goods and services required for the project having, with respect to goods, their source and origin, and, with respect to services, their nationality, in the United States, except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, with respect to marine insurance. Ocean transportation costs were financed under the Grant only on vessels under the flag registry of the United States, except as A.I.D. may otherwise agree in writing.

Disbursement of funds for local currency costs was used exclusively to finance the costs of goods and services required for the Project having their source and except as A.I.D. may otherwise agree in writing, their origin, in the Republic of the Philippines.

DLG established a Project Management Office to administer and implement the Project. It contracted the services of a U.S. Project Management Consultant and Philippine Architect and Engineering (A and E) Firms and any other contracts which were not contracted by LGUs, A.I.D or through subcontracts to the PMC.

The PMO oversaw the works of the various contractors and coordinate with other cooperating agencies such as the Department of Health.

Participating LGUs prepared feasibility studies and preliminary and detailed engineering design plans for water supply systems and contract for the construction of the systems. LGUs will selected RWSAs for participation in the Project in accordance with the criteria set by both DLG and A.I.D.

At present, participating RWSAs own and operate the water supply systems constructed and rehabilitated under the Project.

The Financial Terms and Socio-Economic Study was conducted independently of the PMC and A and E Services. A.I.D. entered into a direct contract for the Financial terms and Socio-Economic Study.

I. GENERAL INFORMATION

PROJECT NAME	:	Upgrading the Medical Equipment of the Philippine Heart Center
COOPERATION PERIOD	:	1988-1989
COOPERATION SITE	:	NCR
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 3.2 M
Forex	:	US\$ 3.2 M
Local	:	In kind (no breakdown available)
IMPLEMENTING ORGANIZATION	:	Philippine Heart Center (PHC) for Asia
DONOR COUNTRY/ ORGANIZATION	:	Japan International Cooperation Agency (JICA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Philippine Heart Center is one of the special hospitals in the country established primarily to provide care to patients inflicted with cardiovascular diseases. Its Emergency Room and Cardiac Catherization Laboratory have continuously served those needing care and equipment have been maintained and kept functional through judicious use and repair. Increased service demands and the present state of these equipment points to the need for upgrading the hospital's equipment and facilities.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The proposed upgrading is in line with one of the thrusts of the health sector which is provision of adequate attention and resources to the machinery that responds to health problems. The equipment that will be provided under the project will allow the hospital to render quality services for those seeking care. For instance, the new angio and system will enable the hospital staff to perform this important procedure on those needing it, thus, relieving a significant number of people of the unnecessary inconvenience of undergoing a coronary artery bypass grafting and of the risks of open heart surgery. This also reduces the cost of care by about 50%.

C) OBJECTIVES

The project aims to upgrade the equipment/facilities of the PHC for it to be able to provide quality health care. The project also aims to expand care for indigent patients whose demands for cardiovascular medical and surgical services are not being met by the hospital's existing capabilities. In addition, it aims to come up with a more efficient service delivery system.

D) PROJECT DESCRIPTION

The hospital's equipment should have been upgraded to enable the hospital to meet the increased demand for cardiovascular medical and surgical services. Specifically, the hospital's diagnostic capability as well as its capability for interventional cardiology, i.e. percutaneous transluminal coronary angioplasty (PTCA) should have been improved. A rapid and efficient system was likewise envisioned with the provision of an ambulance and the upgrading of the emergency room facilities.

E) FINANCIAL REQUIREMENTS

A total amount of \$3.2 million was provided by JICA. The GOP counterpart was in terms of the time rendered by the hospital personnel as well as the maintenance costs of the requested equipment/vehicle.

III. COOPERATION MANAGEMENT

The PHC was responsible for the implementation of the project. The JICA assistance covered mainly, equipment costs. The project also required additional personnel for equipment operation and maintenance. Training and consultancy services also formed part of the project.

I. GENERAL INFORMATION

PROJECT NAME : Construction of the Out-Patient Department (OPD) of the Philippine General Hospital (PGH)

COOPERATION PERIOD : 1988

COOPERATION SITE : Manila

TYPE OF PROJECT : Grant

COST OF PROJECT : Total: US\$ 10 M

Forex : US\$ 10 M

Local : No GOP counterpart required

IMPLEMENTING ORGANIZATION : University of the Philippines - Philippine General Hospital (UP-PGH)

DONOR ORGANIZATION : Japan International Cooperation Agency (JICA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Today, patients tend to seek the services of hospital physicians rather than the services of a private physician. As a consequence, hospitals now become active participants in the delivery of ambulatory care. The PGH engages itself not only in the care of in-patients but also in the care of out-patients.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The OPD plays an important role in the PGH Development Project because it serves as venue for the main entry/screening and follow-up station of patients of all the clinical departments for their teaching-training, research and patient care purposes. Over the years, OPD has treated an average of 1000 patients per day while an average of 100 patients are admitted to the hospital everyday. It is evident that it would cost the hospital less to have a patient attended on an out-patient basis rather than on an in-patient basis. With the present trend of treating patients on an out-patient basis, more patients are treated at less hospital cost.

The OPD of PGH has several problems: a) need for additional and replacement of equipment/instruments; b) need to maximize OPD space allocation; and c) physical plant defects, scarcity of personnel to handle daily transactions, deficiency in other support resources. With the present

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state of the OPD, there is a need to expand and upgrade the department.

C) OBJECTIVES

The project aimed to establish a new, modern, innovative OPD as part of the new PGH which will provide an integrated function for medical services for out-patient care and medical education thru construction of out-patient building and supply and installation of medical equipment.

D) PROJECT DESCRIPTION

The project was concerned with two major agenda, namely: expansion and renovation of the physical facilities; and development and institutionalization of mechanisms for organizational growth and viability. A modern OPD complex should have been built to accommodate at least 2000 patients per day. The project should have also provided: additional/new equipment and instruments; increased allocation of medical supplies; and facilities for operations research.

E) FINANCIAL REQUIREMENTS

The project had a total funding requirement of \$ 10 million broken down as follows: infrastructure (\$5.0M); equipment (US\$ 3.0 M); and construction planning and commissioning (US\$ 2.0 M). The GOP counterpart to the project included the securing and clearing of construction site, construction of access road to the site prior to construction and provision of facilities for distribution of electricity, water supply and drainage and other incidental facilities outside the site.

The grant was used for the purchase of the products of Japan or the Philippines and the services of Japanese or Philippine nationals as follows: products and services necessary for the construction of, and provision of other supplementary facilities of, the OPD of the PGH; equipment and a vehicle for outreach health services and services necessary for the installation of the equipment; services necessary for the transportation of products.

III. COOPERATION MANAGEMENT

The University of the Philippines System was responsible for the administration and execution of the project. The Government of Japan provided for the construction of the OPD of PGH and procurement of equipment and materials for OPD facilities, e.g. medical and surgical equipment, gynecological/obstetrics/pediatric equipment and teaching equipment. The Japan's Grant-Aid System used a Japanese Consultant Firm, a Japanese General Contractor for the construction of the building and a Japanese supplier for the provision of medical equipment.

I. GENERAL INFORMATION

PROJECT NAME	:	Equipment Upgrading of 26 Provincial Hospitals
COOPERATION PERIOD	:	1988-1990
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 6,000,000
Forex	:	US\$ 6,000,000
Local	:	In kind (No breakdown available)
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Japan International Cooperation Agency (JICA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The provincial hospitals are by and large general hospitals mostly located in the urban and highly populated areas of the province. These are departmentalized, with or without teaching and training capabilities. These hospitals are the first points of referral for cases that are beyond the capabilities of the secondary hospitals. Upgrading their facilities/equipment is therefore necessary. The Government cannot afford to upgrade these hospitals all at the same time due to limited financial resources. Hence, financial assistance is necessary to be able to upgrade these hospitals which would result to a safer and more effective patient care for the populace.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The current state of hospital services is far from adequate. Most of the existing hospitals are unable to provide the complete range of tertiary services because of obsolete facilities/equipment. To address this problem, general improvements of the hospital system particularly facilities upgrading has been given priority. This effort is expected to result in the improvement of the quality of health and medical services which in turn would result to an improvement in the general well-being of the people.

C) OBJECTIVES

The project aims to upgrade the equipment and facilities of provincial hospitals to enable them to render the required services for this particular category of hospitals.

D) PROJECT DESCRIPTION

The provincial hospitals were provided with the necessary equipment/facilities. It was envisioned that with these equipment and facilities, the hospitals would have been more responsive to the demands for quality health care services.

E) FINANCIAL REQUIREMENTS

A total amount of US\$ 6 million was provided by JICA. GOP counterpart was in terms of personnel services and maintenance costs of equipment/facilities.

III. COOPERATION MANAGEMENT

The DOH was responsible for the project. The JICA assistance will cover the costs of the equipment/facilities. A JICA mission was dispatched prior to the approval of the assistance. The GOP ensured that the costs for maintenance of these equipment as well as the necessary manpower complement was provided for in the budget.

I. GENERAL INFORMATION

PROJECT NAME	:	Occupational Health and Safety Center
COOPERATION PERIOD	:	April 1985 - March 1990
COOPERATION SITE	:	Metro Manila
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 4,582,807
Forex	:	US\$ 2,611,544
Local	:	US\$ 1,971,263
IMPLEMENTING ORGANIZATION	:	Bureau of Working Conditions and Employees Compensation Commission - Department of Labor and Employment (DOLE)
DONOR ORGANIZATION	:	Japan International Cooperation Agency (JICA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

There is today heightened concern for the improvement of working conditions. The need for improving working conditions is understandable if we consider the alarming increase in the rate of work-related illnesses and accidents.

During the last nine (9) years (1975-1983), the Employees Compensation Commission (ECC) paid through its administering agencies (SSS and GSIS) about P503 million for a total of 710,178 claims. For comparison, in 1978 the ECC paid a total of P38.6 million for 78,701 claims. In 1983, it paid P139.8 million for 102,276 claims or an increase of 361.6 percent and 130 percent, respectively in the span of 5 years.

The government has been aware of the situation. The necessity for improvement of the health and welfare condition of the workers as well as the improvement of the working environment has been recognized and has resulted in a series of labor laws such as PD 442 and PD 626.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

In the National Tripartite Conference on the Improvement of Working Conditions and Environment held on 10-16 January 1984 in Manila, the need for the creation of the proposed center was recognized. In one of its conclusions, the Conference urged the Government to "examine the advisability of setting up or strengthening institutions charged with the promotion of research, dissemination of informations and training on working conditions and the environment. To this end,

high priority should be given to the establishment of a Center to provide such services."

This is aggravated by the fact that the Bureau of Working Conditions has the following basic problems:

- 1) Lack of training materials and instructors for technical training of the inspectorate, safety engineers and other staff;
- 2) Lack of technical service for the private sector, such as staff training, working environment measurement and medical examination;
- 3) Lack of laboratory analytical facilities and staff;
- 4) Shortage of necessary equipment and staff for the diagnosis of occupational diseases;
- 5) Non-availability of facilities for applied research in the field of occupational health and safety;
- 6) No mobile units to implement practical activity in work places; and
- 7) No centralized collection, analysis and evaluation of data concerning occupational health and safety.

In view of above problems, the establishment of the Center is urgently needed.

C) OBJECTIVES

General

To contribute to the national effort of protecting the workers from occupational accidents and diseases and unsatisfactory working conditions.

Specific

To enhance the capacity of the Department of Labor and Employment to inspect, monitor and improve working conditions and environment of workers in the Philippines.

D) PROJECT DESCRIPTION

The project aimed to strengthen the capacity of the Bureau of Working Conditions and the Employees Compensation Commission in their efforts to protect the workers from occupational accidents and diseases and unsatisfactory working conditions. The project was expected to contribute to the greater productivity of the labor force, decrease in economic losses and promotion of worker's welfare.

E) FINANCIAL REQUIREMENTS

The project required funding in the amount of US\$ 4,582,807. Of this amount, JICA will provide the equivalent of US\$ 2,611,544, and the GOP contribution amounts to US\$ 1,971,263. The JICA provided assistance in the following areas: (1) construction; (2) equipment; (3) fellowships; (4) consultants; and (5) maintenance of equipment.

On the other hand, the GOP was responsible for provision of the needed land area, counterpart funds for the maintenance of the building and equipment including supplies and provision for the salaries of the personnel.

III. COOPERATION MANAGEMENT

The Department of Labor and Employment through the BWC and ECC was the principal implementing agency and was responsible for provision of the needed land area, provision for the salaries of the personnel and part of the maintenance of the building and equipment including supplies. Upon conclusion of the TA program, the Philippine government was solely responsible for the maintenance of the Center.

The Japanese government inputs could have been executed by the JICA through both a Grant Aid and Project Type Assistance. Under the former, the JICA was responsible for the construction of the center and funding of initial equipment. On the other hand, under the Project Type Assistance, the following could have been provided:

- 1) Fellowship/training programs in Japan for experts;
- 2) Experts from Japan to train the personnel; and
- 3) Maintenance of equipment during the duration of the project.

The project was subjected to periodic review in accordance with the policies and procedures established by the donor agency for monitoring and program implementation. Technical reviews were envisioned to be conducted during the five (5) year period of the project.

The project was subjected to evaluation in accordance with the policies and procedures established for this purpose by the donor agency. The organizational terms of reference and timing of evaluation was decided upon in consultation with the BWC, ECC and JICA officials.

Quarterly progress reports on the project was prepared by the Project Director. A terminal report was prepared upon completion of the project.

Once the Center became fully operational, the bulk of the funds for its maintenance came from the income it generated by collecting fees for its service in training, medical examination and measurement of the working environment. The Center was estimated to earn an amount of P/ 6.7 million annually. The rest of the maintenance funds came from modest contributions from the ECC and appropriation from the National Fund.

I. GENERAL INFORMATION

PROJECT NAME	:	First Rural Water Supply and Sanitation Project
COOPERATION PERIOD	:	1983-1988
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Loan
COST OF PROJECT	:	Total: US\$ 57.73 M
Forex	:	US\$ 35.5 M
Local	:	US\$ 22.23 M
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	International Bank for Reconstruction and Development (IBRD)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Philippines is participating in the International Drinking Water Supply and Sanitation Decade efforts to improve drinking water supply and sanitation during the 1980s. This ten-year effort was launched by the United Nations General Assembly in November 1980, and its goal is that by 1990, all people should have access to clean drinking water and adequate sanitation.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The completion of the project will greatly reduce water-borne diseases resulting in an improved level of public health. As a result, economic activities in the rural areas are also expected to receive added impetus. Moreover, bringing water within the reach of the households would significantly cut down the long hours spent in fetching water and the time saved could be utilized for more productive activities especially in agriculture and small cottage industries.

C) OBJECTIVES

To provide basic water supply and sanitation services to small communities, based upon need, potential and costs.

D) PROJECT DESCRIPTION

The first IBRD-assisted Rural Water Supply and Sanitation Project involved the construction of 4,500 shallow wells and 2,300 deep wells (Level I), rehabilitation of 2,900 existing non-functioning wells, construction of 400 level II systems, installation of 750,000 toilet units, construction and maintenance of 12 Regional maintenance workshops for rural water system equipment, and research,

training and consulting services to benefit 1.7 million people through the water supply component and 4.5 million people through the sanitation component.

E) FINANCIAL REQUIREMENTS

The amount of the loan for the project was originally set at US\$ 35.5 million to finance rural water supply and sanitation projects. This figure was later revised and the amount of US\$ 6.36 million was reallocated in 1987 for technical assistance to prepare future projects in water supply, sewerage and sanitation.

Based on the original document, some US\$ 22.23 million was needed both from the national and local government as counterpart funding.

III. COOPERATION MANAGEMENT

A Rural Waterworks Development Corporation was established to be responsible for the implementation of the project. The loan financed 100% of directly imported and locally manufactured equipment and materials but only 65% of locally procured ones. All expenditures for civil works were shouldered by the loan as well as consultants' fees and foreign training. However, only 30% of local training costs was financed by the loan.

Equipment and materials were procured under international competitive bidding (ICB), according to the Bank's guidelines. Special micro-computer equipment were procured by inviting quotations from at least three (3) independent manufacturers/suppliers in accordance with procurement procedures satisfactory to the Bank. Civil works were procured through small local contracts, force account, or voluntary labor.

I. GENERAL INFORMATION

PROJECT NAME	:	Philippine Population Project II (POP II)
COOPERATION PERIOD	:	1979-1985 extended to June 1988
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Soft Loan
COST OF PROJECT	:	Total: US\$ 72.0 M (Orig.) US\$ 66.4 M (Final)
Forex	:	US\$ 40 M (Orig.) US\$ 34.4 M (Final)
Local	:	US\$ 32 M (Orig.) US\$ 32 M (Final)
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH) Population Commission (POPCOM)
DONOR COUNTRY/ ORGANIZATION	:	International Development Association (IDA) through the World Bank

II. CONTENTS OF THE PROJECT

A) BACKGROUND

A national population program was launched by the Government of the Philippines in 1970 with the objective of reducing the high level of population growth. Under the new national program, the POPCOM and the DOH hold major responsibilities. After nearly a decade of implementation, the GOP decided on a shift of strategy to address the problems confronting the program. This project was a result of the Government's concern that a high level of population growth would impair its efforts to improve the quality of human life and that population continued to grow because fertility levels were high, the population was basically young and the mortality rate had declined due to improved health and nutrition services.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project answers the need to strengthen the POPCOM's coordinating role in the population program, as well as the need to expand and improve the management, supervision and overall performance of the health and family planning services of the DOH. The project is also expected to result in regulated population growth, which would increase the return on government investments in social and economic programs and improve the general well-being of the populace.

C) OBJECTIVES

To assist the Government efforts to reduce fertility over a five-year period and at the same time to decrease infant mortality and malnutrition among children and improve the health status of semi-urban and rural population.

D) PROJECT DESCRIPTION

The project involved construction, and the provision of furniture, equipment, technical assistance and operating funds for the following:

- a) Regional POPCOM offices and DOH peripheral health facilities;
- b) POPCOM and DOH IEC capabilities;
- c) POPCOM and DOH training capabilities;
- d) DOH pilot primary health care (PHC) scheme;
- e) A management information system (MIS) for both POPCOM and DOH;
- f) Innovative activities for POPCOM; and
- g) Population program research and expansion of POPCOM's research management capacity.

E) FINANCIAL REQUIREMENTS

The original total cost of the project was US\$ 72 million but the final cost was US\$ 52.6 million. The decrease was due largely to the devaluation of the peso from P/7.4 per US\$ 1.00 at appraisal to P/21.0 per US\$ 1.00 at project closing. Of the US\$ 52.6 million, US\$ 32.2 million has been disbursed from the credit while the remaining US\$ 20.4 million represents the borrower's expenditures.

III. COOPERATION MANAGEMENT

The IDA set forth several conditions in connection with the implementation of POP II. These include, among others, the following:

- 1) The GOP through the DOH and POPCOM should carry out the project with due diligence and efficiency and in conformity with appropriate administrative, financial engineering and public health practices and should provide, as promptly as needed, the funds, facilities, services, and other resources required for the purpose.
- 2) Hiring of consultants must be determined by both the GOP and the IDA. The qualifications, experience and terms of conditions and employment of these consultants should be satisfactory to the World Bank.
- 3) The GOP should furnish the IDA, promptly upon their preparation, the plans, specifications, reports, contract documents and construction and procurement schedules for the project including modifications and additions, if any.

The GOP should maintain records and procedures adequate to record and monitor the progress of the project and should furnish the IDA all requested information regarding the project.

The GOP should prepare and furnish the IDA a project completion report not later than six months after the closing date of the project.

- 4) Goods should be procured under contracts awarded in accordance with procedures consistent with those indicated in the "Guidelines for Procurement under World Bank Loan and IDA Credits" on the basis of international competitive bidding (ICB).
- 5) For goods to be procured on the basis of ICB, the GOP should prepare and forward to the IDA as soon as possible and in any event not later than 60 days prior to date of availability to the public of the first tender or prequalification documents, a general procurement notice. The IDA then arranges for the publication of such notice in order to provide timely notification to prospective bidders. The GOP shall provide the necessary information to update such notice annually so long as any goods remain to be procured on the basis on ICB.
- 6) For the purpose of invitation to bid, vehicles, equipment and materials should be grouped together to the extent possible, in packages expected to cost the equivalent of US\$ 80,000 or more.
- 7) In the procurement of goods in accordance with the ICB procedures, goods manufactured in the Philippines may be granted a margin of preference in accordance with and subject to certain provisions indicated in the credit agreement.
- 8) Contracts for items estimated to cost the equivalent of less than US\$ 80,000 but more than US\$ 8,000 may be let on the basis of competitive bidding advertised locally in accordance with the procedures of procurement acceptable to IDA, provided, however, that the aggregate of such contracts should not have exceeded the equivalent of US\$ 800,000.
- 9) Contracts for items estimated to cost the equivalent of US\$ 8,000 or less up to an aggregate amount equivalent to US\$ 200,000 and for tools and materials required for construction of barangay health stations may be let after inviting quotations from at least three suppliers.
- 10) Works for health centers and barangay health stations may be carried out through force account.

For POPCOM, implementation should be through its existing organizational structure. The Executive Director should be the project coordinator and the Division Chiefs as component coordinators. For the DOH, an Undersecretary should be assisted by a deputy and nine senior staff acting as component coordinators.

To facilitate the coordination and implementation of the project, an Inter-Agency Monitoring and Coordinating Committee (IAMCC) composed of representatives from the Department of Finance, Budget and Management and Health, POPCOM and the National Economic and Development Authority was formed.

Sustainability of project initiatives can be considered from two perspectives, i.e. project objectives will be pursued further by the Government since they are part of its health development and family welfare objectives and the contribution of the project in constructing, equipping and furnishing these needed structures and deploying trained midwives and nurses to staff them will help ensure the provision of an acceptable level of health services.

I. GENERAL INFORMATION

PROJECT NAME	:	Improving the Family Welfare Through Responsible Parenthood/Family Planning
COOPERATION PERIOD	:	July 1989-1990
COOPERATION SITE	:	Nationwide
PROJECT TYPE	:	Grant
PROJECT COST	:	Total: US\$ 15.99 M
Forex	:	US\$ 3.49 M
Local	:	US\$ 12.5 M
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA) and Netherland Government

II. CONTENTS OF THE PROJECT

A) BACKGROUND

In the mid-80s, it was found out that demographic goals were not met. The targeted population growth rate did not materialize, the incidence of family planning practice was decreasing while birth rate was rising. Some reasons for the failure include lack of IEC efforts such that an informed family planning demand would be created, and that supplies and services were not readily available and accessible to family planning acceptors.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The main reasons for the failure in reaching the desired population growth target is the considerable increase in women entering the reproductive age group (due to high fertility during the 50s and 60s), and the decline of the mean age at marriage for women from 24.4 in 1978 to 23.3 in 1983.

As the 80 neared its end, the scenario under which the national FP program is to be implemented became critical. Aside from the transition experienced due to the delineation of roles of both DOH and POPCOM on family planning and population matters, the USAID ruled to withdraw population-related assistance in 1989. This was compounded by the Government's inability to allocate sufficient funds for population and family planning projects.

This project was, therefore, proposed in view of the fact that a service delivery gap, even for only a year, would imperil the national FP program and the gains thus far achieved.

C) OBJECTIVES

General

To help the national FP program increase the number of MCRA's practicing family planning and responsible parenthood, and to promote the values of responsible parenthood.

Specific

- a) To provide family planning skills and knowledge to existing MCH/family planning service providers of the government and NGOs;
- b) To provide comprehensive MCH and family planning services through the existing itinerant teams and static clinics;
- c) To provide laboratory services to family planning acceptors, complication assistance to IUD and voluntary surgical sterilization clients, and transportation assistance to indigent voluntary surgical contraception acceptors; and
- d) To maintain existing comprehensive itinerant teams (CITs) and static clinics nationwide complete with trained staff, with replaced worn-out equipment and enough supplies of contraception.

D) PROJECT DESCRIPTION

The project intended to sustain activities initiated through previous projects. Emphasis however was oriented towards maternal and child health instead of having been purely demographic.

Other activities included identification of priority groups where efforts have to be concentrated; provision of financial assistance to government and NGO clinics that were financially constrained but continued to provide services; giving support to CITs for them to render services in depressed, unserved and underserved areas; giving support, training and clinical backstopping to outreach workers; assistance and support in travel costs and operating expenses of agencies presently providing comprehensive MCH/family planning services; and conduct of training and (re)orientation courses for government and NGO health workers.

E) FINANCIAL REQUIREMENTS

The total project cost required from the UNFPA and Dutch Government amounted to US\$ 600,000 and US\$ 2,888,476, respectively. The Government contribution was about P/260.5 million covering the cost of personnel, facilities operation and maintenance of equipment, and an NGO input of about P/2.3 million.

III. COOPERATION MANAGEMENT

The entire amount requested has been provided for in the form of a grant. Part of this grant has been used to pay for the services of an international consultant, who provided technical assistance, and was responsible for coordinating activities, monitoring and financial aspects of the project. The grant has been used for payments of local personnel hired (Project Director, National Consultant, Program Officer), cost of subcontracts, conduct of refresher courses for service providers, and purchase of expendable medical and laboratory equipment.

Timely implementation of activities has been overseen by a Project Director, who was also responsible for reviewing and relaying to the funding agencies all the results achieved. The Director has provided monthly reports to the funding agencies, which contained the financial statement, activities carried out during the month, and the progress of the project. A mid-term consultative/assessment meeting has also been requested. Extensive field trips by the Director and DOH/POPCOM staff, and field visits by the funding agencies was also undertaken.

Considering the present economic situation and the financial constraints of the Philippines, and in view of the large number of projects requiring substantial local resources, the Government might not be able to fund the family planning program and projects in the near future. External resources, therefore, will be needed for quite a long time.

I. GENERAL INFORMATION

PROJECT NAME	:	Training on the Insertion of Copper T 380 A for Skills Trained Trainers and Service Providers
COOPERATION PERIOD	:	August - December 1989
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 73,645
Forex	:	US\$ 41,200
Local	:	US\$ 32,445
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II CONTENTS OF THE PROJECT

A) BACKGROUND

Statistics show that one of the causes of the low performance of the family planning program was the inadequacy of trained personnel at the implementing level, rapid attrition rate of trained personnel, and neglect and low priority given to training.

The proposed training on Copper T 380 A insertion arises from the above problems and because of the IUD service delivery gap created by the withdrawal of the less effective Lippes Loop. Such switching necessitates retraining of previously trained personnel since insertion techniques and follow-up care are quite different.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

Under the Philippine Family Planning Programme, it is explicitly stated that all supplies and techniques provided shall be controlled for safety and quality. No special accommodation or compromise will be adopted that deviates from normal prudent practice for accepting and utilizing contraceptive supplies and techniques in the Programme. Since all Programme procedures are elective, patient safety shall always be preminent. New methods will be thoroughly considered, studied, evaluated and tested prior to inclusion in the Programme.

Furthermore, the Programme is committed to and emphasizes on service quality as a means to expand initial use by those who want and need these services, and continuing use by those who initiate practice.

C) OBJECTIVES

General

To aid in the overall objective of reducing total fertility rate, increasing the prevalence of MCRAs practicing family planning/responsible parenthood, and to promote the values of responsible parenthood which includes responsible sexuality, delayed marriage and child bearing, child spacing and small family size/norm.

Specific

- a) To increase the number of health personnel trained in Copper T 380 A insertion, motivation/counselling and follow-up care; and
- b) To increase the number of service outlets offering Copper T 380 A services.

D) PROJECT DESCRIPTION

The main component of the project was the conduct of six-day training courses to be held simultaneously in 13 regions. This was further duplicated in many field training areas. A total of 35 trainings with 10 participants per session was conducted.

E) FINANCIAL REQUIREMENTS

On the whole, the project involved a cost of US\$ 41,200, funded by a grant from the UNFPA. The government and non-government contribution came in the form of training facilities rentals, provision of vehicles, salaries of training staff and resource persons, technical assistance for the training. The estimated amount of the GOP counterpart totalled to US\$ 32,445.20.

III. COOPERATION MANAGEMENT

Monitoring of the project was lodged into the regular monitoring activities conducted by the FPS-DOH. At the regional level, the trainers monitored the participants' output during and after the training. Indicators to be quantified included number of personnel trained, number of service outlets providing Copper T 380 A services, and output of service outlets per month. After a year of completion of training, field personnel were encouraged to furnish the training agency with a written report on the usefulness of the training to their clinic performance.

I. GENERAL INFORMATION

PROJECT NAME	:	Training Assistance to Family Planning
COOPERATION PERIOD	:	June 1989-1990
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 53,155
Forex	:	US\$ 48,475
Local	:	US\$ 4,680
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Among the developments that happened in the field of population and family planning in 1988 was the decision of the Social Development Committee to transfer family planning-related responsibilities from the Population Commission (POPCOM) to the DOH. With this transfer, the DOH is mandated to serve as the lead agency in the delivery of family planning services in the country. As such, the DOH is now faced with a great responsibility and challenge of achieving the family planning goals of the Philippine Population Programme.

The Philippine Population Programme Plan highlights the need to continuously promote responsible parenthood through the expansion of family planning efforts in the public and private sectors. Attempts will therefore be made to promote the values of responsible parenthood. To achieve this, strategies like strengthening the capability of DOH and the provision of both professional and technical trainings will be undertaken intensively during the first two years of the Plan period in preparation for the Programme's full implementation.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

With its new role as chief implementor and coordinator of the Family Planning Program, the DOH seeks to strengthen its institutional capability in program assessment, planning, program implementation and management, and monitoring and evaluation of family planning projects. This is one of the major thrusts of the Family Planning Program Plan, and is in line with the deemed need of personnel at all levels to be trained and adequately equipped with the competencies demanded by DOH's new and additional responsibilities.

This project will partly answer the training requirement of selected DOH-Family Planning Service staff as well as that of selected NGOs.

C) OBJECTIVES

To enhance the capabilities of selected DOH core staff and individuals from selected NGOs in policy development, planning, programs and projects development, project implementation, monitoring and evaluation, and to widen their perspective in adolescent fertility and development management, natural family planning, accessibility of contraceptives, and child survival and development to a point where each trained personnel can more effectively function in their area of responsibility.

D) PROJECT DESCRIPTION

The main activity of the project involved the selection of staff who underwent specifically identified courses, workshops, seminars and technical meetings designed to answer the staff's short-term and long-term training needs. Identified individuals were those who played a key role in the management and coordination of family planning activities.

The topics of the training programmes identified included communication campaign planning, field and middle management and supervision, monitoring and evaluation of programmes and projects, production techniques for extension audio-visual aids, all of which were conducted in Manila by the UNDP-Development Training and Communication Planning. Other DOH staff also participated in the following identified training programmes: Needs Assessment for/and Management of FP and Health Programmes, technical meeting on the Study of the Accessibility to Contraceptives and Workshop on Natural Family Planning, Planning and Managing Population Communications: The Indonesian Experience, Population Program Management Workshop, Management Skills in Child Survival.

E) FINANCIAL REQUIREMENTS

A total amount of US\$ 48,475 was requested from the UNFPA. The Government of the Philippines provided for the salaries of the candidates who participated in the training programmes.

III. COOPERATION MANAGEMENT

The institutions/agencies that conducted the training programmes were enjoined to conduct training evaluations at the end of each training course. Likewise, participants were required to prepare training reports.

The Family Planning Service-DOH was responsible for identifying key DOH staff who were to participate in the training programmes, and for notifying in advance the institutions of the personnel selected. The Population Center Foundation, on the other hand, was responsible for identifying the participants to the Adolescent Fertility Management Course.

I. GENERAL INFORMATION

PROJECT NAME	:	Pilot NGO-FP Support Project
COOPERATION PERIOD	:	January 1987-December 1988
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 2,065,200
Forex	:	US\$ 1,589,123
Local	:	US\$ 476,077
IMPLEMENTING ORGANIZATION	:	Population Commission (POPCOM)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Philippines has a long history of NGO involvement in advocacy for and provision of family planning services. It was primarily through NGO's efforts that government attention was first drawn to the problems of "overpopulation".

The following statistics will show the extent of NGOs' contribution to the population program. At present, the total MCRA is 6,471,000. To service them, there are 3,522 clinics nationwide. Reports from the field show that GOP clinics serve on the average 526 FP acceptors per clinic per year, while the NGOs serve an average of 971 per clinic.

With regard to voluntary surgical sterilization, in 1983, NGOs provided 7,230 sterilizations, which is 22 percent of total NGO patient volume, while the GOP clinics provided 2,890 sterilizations, which is only 1 percent of their total volume.

Up until POPCOM was established in the late sixties, all external assistance was channeled through NGOs. After POPCOM's creation, the national population program changed radically. POPCOM, through coordination with other ministries and establishment of its own extensive staff network, became heavily involved in the provision of services. While the NGOs continue to receive external and GOP assistance, it has, over the years, declined. As a consequence, NGOs, the backbone of the earlier program, have suffered.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

The proposed project is in response to the downward trend of contraceptive use in the country. Based on the 1983 NDS, contraceptive rate went down from 37 percent to 34 percent for the period 1978-83. Yet, knowledge and awareness of population concerns and FP is at the level of 95 percent.

In view of the program performance trend, the POPCOM Board adopted the "high scenario" suggested by the UPPI which calls for an all out effort to meet demographic goals, i.e., "a continued increase of sterilization, increasing use of other clinic reversible contraceptive methods and increasing prevalence of high quality NFP practice."

To achieve the target of the "high scenario", the program needs to increase service availability and the use of reliable contraceptives. This can be accomplished by strengthening the NGO system of FP service delivery.

The project intends to complement and supplement the existing service delivery network by mobilizing more community-based NGO clinics affiliated and/or to be organized by established participating voluntary and/or professional organizations in service-depressed areas.

C) OBJECTIVES

General

To contribute to the achievement of the national development goal of maintaining population growth at a level conducive to national welfare. The project intends to support non-governmental organizations to increase further their involvement in the national population programme whose goal is to reduce the population growth rate from the estimated 2.5% in 1984 (with about 53 million population) to a projected 2.2% in 1987 (with about 56.5 million population). It is also designed to improve the capabilities of the national NGO network to continuously provide family planning services under the spirit of self-reliance and community participation.

Specific

- a. To help establish new or expand existing family planning clinics and service units in areas with low contraceptive prevalence or where services do not exist;
- b. To serve at least 171,875 new and continuing acceptors with high quality family planning services by the end of 1986, 500 new patients per clinic, per year, average; and
- c. To maintain at least a 50 percent continuation rate of new acceptors during succeeding years.

D) PROJECT DESCRIPTION

Recognizing the motivation of NGOs and descending trends in contraceptive prevalence, the GOP requested UNFPA assistance, in a pilot effort, to increase support to NGO FP services to determine if providing additional service thru the NGO clinic mechanism will increase contraceptive use.

The project objective was to increase the accessibility of services and contraceptive prevalence by increasing participation of NGOs. Some of the major activities included training in IEC, contraceptive methods, accounting and record-keeping; development and implementation of a strict cost accounting system, delivery of services thru 250 NGO clinics; development of monitoring form; and equipping new clinics.

The project aimed to encourage and support the already motivated and dedicated private sector and to improve performance and expand service coverage.

E) FINANCIAL REQUIREMENT

A total amount of US\$ 1,589,123 was requested from UNFPA to help finance the activities of this project for two years. These activities included hiring an international consultant, training NGO personnel and equipping new NGO clinics. On the other hand, the government provided office space, utilities, project personnel and contraceptives. The government contribution was equivalent to US\$ 476,077.

III. COOPERATION MANAGEMENT

The project was executed and implemented by POPCOM, thru a Management Board made up of NGO representatives and relevant project staff. The Management Board provided the general policy direction and was responsible for final decisions on and approval of all proposed guidelines, procedures, contracts and all documents to be submitted to UNFPA. It also discussed, deliberated and acted on periodic consolidated reports to be submitted by the NGOs. At the field level, POPCOM Regional Offices shall monitored NGO activities.

UNFPA, on its part, will conducted an extensive mid-term review for which funds have been budgeted.

As an attempt to move toward self-sustainability, a scheme was established where NGOs recover contraceptive costs as a part of their POPCOM grant. Funds were allocated to NGOs based on cost-per-patient-per-method minus the probable cost recuperation from the sale of contraceptives. The contraceptives were provided by the GOP to NGOs and the NGOs were, in turn, allowed to charge for contraceptives. The money they earn was used to enhance self-sufficiency by requiring less GOP assistance to service the same number of patients during succeeding funding cycles.

The funds POPCOM withheld from NGO grants for supply contraceptives were placed in an escrow account for future purchase of contraceptives thus strengthening GOP contraceptive self-sufficiency.

Contraceptive Cost Recovery

POPCOM

Funds for NGO service delivery, by patient by method

Contraceptives (from donors)

Funds withheld from NGO grants placed in escrow account for future purchase of contraceptives. Mechanism enhances contraceptive self-sufficiency.

(3-6 months advance less cost of contraceptives

NGO

Funds to NGOs based on patients to be served by method estimate

Supplied by POPCOM regional warehouses based on estimates

NGOs may charge patients who can afford, for contraceptives. Funds to enhance self-sufficiency by enabling them to require less funds in future from GOP to serve the same number of patients.

However, the assistance provided by this project for NGOs was primarily intended to encourage greater productivity and help attain the demographic objectives of the national population program.

I. GENERAL INFORMATION

PROJECT NAME	:	An Analytical Study of the Existing Education Curriculum at the Secondary School Level
COOPERATION PERIOD	:	1988-1990
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 58,664
Forex	:	US\$ 47,599
Local	:	US\$ 11,065 1/
IMPLEMENTING ORGANIZATION	:	Department of Education, Culture and Sports (DECS)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Second Country Project which focused on the secondary education sector, succeeded not only in the integration of population education concepts in its learning continuum but also in the development of curriculum materials supportive of this integration.

With the culmination of the Second Country Project in 1987, a critical hiatus was created that required immediate attention by the Population Education Program (PEP) of the Department of Education, Culture and Sports (DECS)). For then, new developments were taking place notably in education and in the area of population.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

In education, the secondary education sector launched an educational reform project that effected a curricular reform program with a new focus on substantive content, values development, productivity and technology. Likewise, with a new population policy, the national population program has come up with a different set of core messages for delivery by its implementing agencies such as the DECS.

The issue on institutionalization of the population education program at the secondary level is now raised.

1/ Exchange Rate - US\$ 1.00 = P21.3350

For what assurance can be provided to the claim that minimum learnings in population education are transmitted to high school students when the curriculum, not to mention the core messages, has been drastically revised?

It is therefore for these primary reasons that a curricular research project such as this was conceptualized with the intention of seeking funding assistance from UNFPA. Furthermore, the urgency of this project is emphasized in order that its execution can dovetail with the scheduled implementation of the new secondary curriculum in 1989.

C) OBJECTIVES

General

To contribute to the institutionalization of population education at the secondary school level.

Specific

To have developed by the end of the project, a validated, integrated population education curriculum.

D) PROJECT DESCRIPTION

The project conducted curricular research and materials production and distribution to the fourteen DECS regional offices. In effect it undertook:

- 1) Content analysis of both the secondary learning continuum and the corresponding teacher student materials.
- 2) Development of population education competencies based on the new core messages for integration in selected subject areas.
- 3) Validation of the integration continuum with various groups such as curriculum experts, subject area specialists, teachers and educational psychologists.
- 4) Development of the corresponding teacher-student materials reflective of the integration in the continuum.
- 5) Final evaluation of both the continuum and the teacher-student materials.
- 6) Data treatment and analysis of student scores using ANOVA/ANCOVA as statistical tool.
- 7) Dissemination of research outputs to selected audience i.e. policy makers, administrators and implementors.

E) FINANCIAL REQUIREMENT

UNFPA provided US\$ 47,599 in support of research, training and operational expenditures. GOP counterpart funds amounting to US\$11,065 was used as payment for support personnel and travel costs.

III. COOPERATION MANAGEMENT

The implementing agency for this project was the Population Education Program Unit (PEP), an office attached to the Bureau of Secondary Education, DECS.

The PEP was responsible for disbursing and accounting of funds and providing the required administrative coordination. Consultancy was performed by local and international consultants.

Upon completion of this project, no future UNFPA assistance will further be requested for population education in formal education.

I. GENERAL INFORMATION

PROJECT NAME	:	Implementing Guidelines for Family Planning Service Delivery
COOPERATION PERIOD	:	5-19 June 1989
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 200,294
Forex	:	US\$ 62,515
Local	:	US\$ 137,779
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR ORGANIZATION	:	United Nations Population Fund (UNFPA)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

From the first census taken in 1903 to the last census in 1980, the Philippine population grew sixfold. Between 1954 and 1960, the annual rate of population growth was a high 3.06 percent. It declined slightly to 2.75 percent between 1970 and 1980. Although it was estimated that the population growth declined to 2.4 percent as of 1987, the population base is still 58 million in 1987.

Unless the population growth rate is further moderated, the estimated population of 58.0 million in 1987, which already taxed the productive and ecological resources of the country, will double to 110.0 million in 28 years or by the year 2015.

Under the new government, a new population policy has been formulated and adopted in May 1987.

The new policy changed the institutional framework of the population program by delegating all implementation to the government departments; primarily the Department of Health, and the NGOs. Prior to the new policy, POPCOM had carried out the outreach programme. However, under the new policy, POPCOM does not operate any clinic or field any motivator. POPCOM's role under the new policy is to coordinate, monitor, evaluate and provide program advocacy.

In August 1988, the Social Development Committee (Cabinet Level) made a decision mandating the Department of Health to assume leadership in the delivery of family planning services. This decision took effect in January 1989. The Population Commission was thus relieved of implementing roles and responsibilities in the family planning area. These roles and responsibilities were then transferred to Department of Health.

A POPCOM Board resolution confirms that the DOH is the lead agency in the national family planning service program.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

With the designation of DOH as the lead agency for the delivery of FP services, the Department is faced with a number of new responsibilities and functions. Aside from being an implementing agency, it will also assume responsibility for coordinating all activities in family planning conducted by participating agencies at various levels and in all sectors.

To fully ensure that these responsibilities are effectively carried out by the Department, the setting of program guidelines is deemed necessary for FP program implementation. The Department of Health must clarify its new roles and responsibilities as well as its collaborations and coordinative functions and how it will relate with other government and non-government agencies for a harmonious and dynamic relationship in terms of effective FP program management. The participating agencies, on the other hand, must also define their roles and functions and actively participate in the setting of guidelines for the effective implementation of all FP activities. This joint effort is a necessary prerequisite to the achievement of the goals of the National Population Program.

As of December 1987, the program's family planning service delivery network included 3,545 service clinics, of which 2,409 are government operated and 1,136 are non-government centers. Of the government centers, 1,977 are operated by the Department of Health. In addition, there are 42 Comprehensive Itinerant Teams (CITs) in the various regions servicing far-flung areas. These CITs are supported by some 1,753 Full-Time Outreach Workers (FTOWs) of the provincial and city governments, and 51,000 Barangay Supply Point Officers (BSPOs) who are community volunteers trained and working together to motivate prospective users and to resupply oral contraceptives and condoms to continuing users.

Other components of the motivational network that help generate acceptors in the clinics are over 17,762 Barangay Nutrition Scholars (BNSs) who are volunteers of the National Nutrition Council; 43,000 Traditional Birth Attendants (TBAs) and 350,000 Barangay Health Workers who are volunteers organized by the Department of Health and 1,250 Community-Based Distributors (CBD) of the Family Planning Organization of the Philippines. Many more volunteers and paid fieldworkers affiliated with various government and non-government institutions help provide family planning information and make referral to clinics/hospitals.

C) OBJECTIVES

General

- a. To increase the number of married couples of reproductive age (MCRA) practicing FP and responsible parenthood (FP/RP) in order to contribute to the improvement of Maternal and Child Health by:
 1. expanding program coverage during the plan period (1989-1993).
 2. improving the quality of service to encourage and sustain FP practice.

- b. To promote the values of responsible parenthood which includes responsible sexuality, delayed marriage, child spacing and small family size.

Specific

At the end of this workshop the participants will be able to:

- a. Discuss the following:
 - 1. Family Planning Program/responsible parenthood of the country.
 - 2. Roles and responsibilities of the Department of Health as lead agency for FP service delivery.
- b. Clarify the roles and functions of different participating agencies (government and non-government) involved in FP activities;
- c. Identify strengths, weaknesses, problems in existing FP policy interpretation and their implementation in all participating agencies;
- d. Explain the scheme of coordination/collaboration between agencies in terms of FP components;
- e. Develop a scheme on the flow of funds, logistics and reports;
- f. Revise/update/formulate new guidelines for implementation of FP program and related activities; and
- g. Develop resolution for approval and guidelines by the Board.

D) PROJECT DESCRIPTION

The project's aim was to develop guidelines for implementing the FP/RP Program and corresponding resolutions for approval by the Board/Technical Committee.

This project was effected through a two week consultative workshop. The participants to this workshop were representatives from participating agencies (government and non-government) and the staff of Family Planning service who are Family Planning Program managers, coordinators, trainers and implementors. Number of participants expected to attend this workshop total 90. Invited resource speakers and local consultants gave relevant inputs to facilitate the flow of activities in coming up with the expected output. Trainers from Population Center Foundation managed and facilitated the conduct of the workshop assisted by trainers and technical staff of Family Planning Service.

This consultative workshop was just one of the training programs conducted by the Department of Health - Family Planning Service, primarily designed to address the urgent need of the Department to strengthen its capabilities as lead agency for FP service delivery.

E) FINANCIAL REQUIREMENTS

UNFPA was requested to fund the project in the amount of US\$ 62,515 which covered payments to resource speakers, workshop expenses and printing

costs. On the other hand, government contributed P/ 3,091,768 (US\$ 137,779) for payments of salaries of government participants to the project.

III. COOPERATION MANAGEMENT

The DOH was responsible for implementing the project. It had the following responsibilities:

- A) Scout and canvass venues for the workshop;
- B) List prospective participants from the Department as well as from participating agencies including GOs and NGOs;
- C) Look for an institution to facilitate the discussion during the workshop and document the proceedings;
- D) Devise training design to provide direction;
- E) Identify resource persons which could provide inputs during the workshop;
- F) Provide a working paper on existing guidelines for program implementation;
- G) Present the output with accompanying resolution to the Technical Committee for endorsement to the POPCOM Board; and
- H) Distribute the final version of the implementing guidelines to the various agencies involved in the FP program as their "Bible of Reference" to provide direction for a smooth FP program.

On its part, the UNFPA provided the fund to pay the six resource persons, workshop expenses which included travel allowances of regional participants, per diem, food and accomodations, training materials and printing of final output.

I. GENERAL INFORMATION

PROGRAM NAME	:	Strengthening the Comprehensive Maternal and Child Health Program (Health Component of Second Country Program for Children - CPC II)	
Sub-Project 1	:	Hilot Training Program	
Sub-Project 2	:	Perinatal and 0-6 Child Care	
Sub-Project 3	:	Promotion of Breastfeeding	
Sub-Project 4	:	Expanded Program on Immunization	
COOPERATION PERIOD	:	1983-1987	
COOPERATION SITE	:	Nationwide	
TYPE OF PROJECT	:	Grant	
COST OF PROJECT (US\$ '000)	:	Total: US\$ 14,099 Thousand	
Forex	:	US\$ 2,292 Thousand	
Local	:	US\$ 11,807.8 Thousand	
		<u>UNICEF</u>	<u>GOP</u>
Sub-Project 1	:	587.0	1,577.1
Sub-Project 2	:	244.0	960.4
Sub-Project 3	:	469.0	605.6
Sub-Project 4	:	992.0	8,664.7
<i>TOTAL</i>		<i>2,292.0</i>	<i>11,807.8</i>
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)	
DONOR COUNTRY/ ORGANIZATION	:	United Nations Children's Fund (UNICEF)	

II. CONTENTS OF THE PROJECT

A) BACKGROUND

In 1981, the infant population, which comprised less than 3% of the population, accounted for about 25% of total deaths. Almost half of these deaths occurred during the first six days of the infants' lives. While the infant mortality rate has decreased over the last five years, it remained to be significantly high at the rate of 64 deaths per 1,000 live births in 1981.

High death rates among infants and children stem mainly from the prevalence of communicable diseases. Likewise, younger children are most vulnerable to diarrheal diseases with 76.4 % of deaths from diarrhea occurring among children below 5 years. Low resistance to infection due to inadequate nutrition is another factor that contributes to high infant and child death rates. Malnutrition is largely traceable to improper feeding practices brought about by the increasing and improper use of milk substitutes and the declining practice of breastfeeding. Poor environmental sanitation is another factor that leads to high infant and child mortality. Major causes of early neonatal deaths are traceable to the way the delivery of the child is handled and the immediate care given to the newborn.

Mortality among mothers is equally significant to the extent that maternal health has a great bearing on the well-being of newborns and infants. Perinatal mortality reflects the quality of care or lack of it during pregnancy, delivery, and post-natal period. In fact, majority of the causes of neonatal deaths are directly related to maternal conditions during pregnancy. The relatively high rate of maternal mortality is due mainly to the lack of medical attendance at birth, inadequate pre- and post-natal care and high fertility.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This Program is concerned with strengthening of the existing Maternal and Child Health (MCH) Program, which seeks to improve the well-being of mothers and children. As stated earlier, the health program which these UNICEF-assisted projects and programs seek to address are: 1) high infant and child mortality; 2) high prevalence of communicable diseases; and 3) high prevalence of malnutrition. Further, as an integral part of the total health program, it is implemented through the network of DOH service facilities, in cooperation with the private sector and the community using the Primary Health Care (PHC) approach.

C) OBJECTIVES

The four component projects of the MCH Program have the following common objectives: a) to reduce CMR and preschool child malnutrition; 2) to reduce incidence of communicable diseases among children; and 3) to reduce maternal deaths.

D) PROJECT DESCRIPTION

Sub-Project 1

This sub-project was aimed at maximizing the utilization of hilots as traditional birth attendants and as a principal resource in the implementation of Primary Health Care. Major activities included: 1) upgrading of the Hilot Registry established in 1974; 2) training of the remaining 15,000 untrained hilots located in far-flung areas; 3) strengthening of the hilot monitoring and supervision activities of RHU midwives and nurses; and 4) provision of needed support such as weighing scales, essential drugs, etc. to hilots.

Innovative ways to provide training services to hilots located in far-flung areas was pilot tested. One such approach was the provision of financial assistance to support the cost of travel and living accomodation of hilots who may need to go to the center to be able to avail of the training services provided. Likewise, innovative ways of monitoring and supervising the activities of the hilot were developed and tested.

Sub-Project 2

This sub-project aimed to reduce infant and child mortality by focusing on peri-natal and 0-6 child care. The peri-natal care component consisted of a systematic study to be able to determine the real extent and causes of perinatal mortality. RHU midwives were also expected to improve their skills at recognizing high risk cases through guided supervision and/or training. Lastly, hospital/health center manpower and facilities were upgraded to enable them to respond to the needs of high risk cases referred to them.

The 0-6 child care component extended the services and approaches developed by the Under-Six Clinic supported under the CPC I. Thus, continuing, comprehensive promotive, preventive and curative care were provided to the pre-school child through periodic check-ups, registration of newborns, monthly monitoring/follow-up of their health and nutritional status by mothers at home using the growth charts, provision of immunization services, and conduct of nutrition, health education and FP counselling classes for mothers.

Complementary to the two components was the vigorous promotion of the use of oral rehydration in the control of diarrheal diseases (CDD). CDD was incorporated in the training of health personnel, and in the production and distribution of IEC materials.

A core of trainers were also trained at Baguio's Under-Six Clinic which served as the national training center of the program. Trained trainers were expected to train other staff members of the RHUs and BHSs on the basic concepts, approaches and activities of the 0-6 child care.

Sub-Project 3

This was a program of advocacy for breastfeeding on a national scale involving all sectors and amply supported by policy-makers, planners and implementors, highly motivated mothers, and the community. It involved institution building and advocacy for the adoption and subsequent implementation of a national policy on breastfeeding. As such, an inter-agency and intersectoral core group was formally organized to map out an overall strategy to vigorously promote breastfeeding. This group was organized and led by the DOH.

At the policy level, this program worked for the attainment of the legal sanction and implementation of the National Code for the Marketing of Breastmilk Substitutes, and the reorientation of hospital rooming-in and lying-in policies and practices.

The Baguio General Hospital and Medical Center was the model site for training/exposure. Other regional hospitals and medical centers with similar policies were developed and utilized for this purpose.

The success of this program hinged largely on the following supportive components: a) massive promotional activities and IEC through synchronized mass media campaigns; b) orientation of those who directly and indirectly influence the promotion and practice of breastfeeding; c) incorporation of breastfeeding in all training programs on workers in health, nutrition, education and related sectors; d) inclusion of breastfeeding promotion in the activities and functions of these workers; and e) conduct of research studies related to breastfeeding.

Breastfeeding campaigns were sustained at the community level using the mother-to-mother approach. Serious efforts in this direction had been done by the

Nursing Mothers Association of the Philippines/Kalinga ng mga Ina. The core group closely coordinated with this and other NGOs that have tried some novel approaches to breastfeeding promotion at the local level.

Sub-Project 4

This sub-project was designed to sustain and expand the coverage of the existing immunization program by way of mass immunizations to be done in health centers, or any place convenient to parents.

The following supportive components were expected to further strengthen the program:

- a) Cold Chain Management and Maintenance Component. This decentralized the present storage and distribution of vaccine through the construction of cold rooms in the regional health offices to facilitate distribution and ensure potency of the vaccines.
- b) Vaccine Procurement and Production Component. This ensured the continued procurement of polio and measles vaccines from abroad since it was more economical to import rather than produce viral vaccines. BCG and Tetanus Toxoid vaccines continued to be produced locally while the full production of DTP vaccines in the Alabang Vaccine Laboratory was attained.
- c) EPI-Project Support Communication (PSC) Component. This enhanced the communication skill of health workers with regards the dissemination of information on the importance of immunization.

E) FINANCIAL REQUIREMENTS

Sub-Project 1

The total project cost was approximately US\$ 2,164.1 thousand. Of this amount, US\$ 587.0 thousand was given by UNICEF and US\$ 1,577.1 thousand served as the GOP counterpart. UNICEF assistance went basically to training and provision of equipment like hilot kits. GOP counterpart costs consisted mostly of salaries of personnel, travel allowances and other imputed costs.

Sub-Project 2

The total project cost was US\$ 1,204.4 thousand, of which US\$ 244.0 thousand was from UNICEF and US\$ 960.4 from the GOP. The bulk of the grant assistance went to training activities.

Sub-Project 3

The total project cost was US\$ 1,074.6 thousand. About US\$ 469.0 thousand was a grant from UNICEF while US\$ 605.6 thousand was the imputed counterpart cost. Being an advocacy project, most of the budget went to training and IEC activities.

Sub-Project 4

The total project cost was US\$ 9,656.7 thousand, of which US\$ 992.0 was from UNICEF and US\$ 866.7 thousand was the counterpart cost. GOP budget covered freight costs (within the country) of transporting equipment and vaccines all over the country, salaries of DOH personnel, travel allowance, etc. UNICEF

assistance went mainly to the purchase of vaccines and cold chain equipment like refrigerators and freezers.

III. COOPERATION MANAGEMENT

UNICEF assistance to the Philippines under the CPC is always covered by a Memorandum of Agreement (MOA) which spells out, among other things, the commitment of both the UNICEF and the GOP.

Regarding procurement of equipment and vehicles, the standard procedure of UNICEF is to require the proponent to include in its annual Work and Financial Plan the equipment and vehicles requested with detailed specifications (to the extent possible). The project proponent is not allowed to purchase equipment and vehicles locally. Likewise, supplies like syringes, needles and vaccines for the Expanded Program on Immunization are also purchased by UNICEF through its international network.

The UNICEF also is responsible for printing of documents/materials related to the Program. The proponent submits the material for printing to the UNICEF for it to conduct a bidding (local) for the printing of the document/ material.

A system of monitoring and evaluation of the CPC has already been established and are found in detail in the Program Coordination and Monitoring Manual.

Two major activities done annually by all UNICEF-assisted project include:

- 1) preparation of the Annual Work and Financial Plan which details the budgetary requirement of the sub-project;
- 2) conduct of the Annual Program Implementation Review to assess program-wide performance. The findings and recommendations of the review are the basis for replanning of various projects.

A Mid-Term review was conducted to assess overall progress, and to determine the need for adjustments by both the Government and the UNICEF. A terminal evaluation is likewise done to assess overall achievement of objectives and targets.

I. GENERAL INFORMATION

PROJECT NAME	:	Parish-Based Primary Health Care in Metro Manila (CPC II)
COOPERATION PERIOD	:	1983-1987
COOPERATION SITE	:	Las Piñas, Alabang (Metro Manila), Dasmarinas (Cavite)
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 305,860
Forex	:	US\$ 169,000
Local	:	US\$ 136,860
IMPLEMENTING ORGANIZATION	:	Department of Health-Central Office Department of Health-NCR Alay Kapwa Kilusang Pangkalusugan (AKAP)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Children's Fund (UNICEF)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

A 1982 survey was conducted by CARITAS, the social arm of the Catholic Church in the Archdiocese of Manila, to identify the health needs of the poor in various densely populated parishes in Metro Manila. From the socio-economic profile, the poor in Metro Manila presented similar general characteristics of being underemployed, unskilled for labor, have large families, live in makeshift dwellings, and squat on empty city lots.

The health problems encountered include high death rates among under-five children, malnutrition, poor environmental sanitation, preponderance of communicable diseases, high prevalence of disabilities, and lack of health knowledge and health skills.

Although the poor in Metro Manila are surrounded by health facilities which exemplify the most advanced health technology in the country, such health services are usually not understood by them and are generally beyond their means.

Based on the survey of health needs of the urban poor in various overpopulated parishes in Metro Manila, it is evident that the type of health needs that harass the urban poor are diseases that are simple, preventable, communicable and do not need expensive, professional, specialized health care. Most of the health problems identified in the survey are directly related to their low socio-economic

level and to ignorance regarding the cause and effect of diseases existing in their midst.

The concept of PHC is based on the experience that if people are participants in an intensive health education program, they can be trained and mobilized to provide simple health care to meet the common health needs of the community.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This project seeks to address the following health problems: 1) high death rates among under-five children in urban poor areas; and 2) high prevalence of malnutrition and poor environmental sanitation in urban poor areas.

C) OBJECTIVES

The project seeks to achieve the following objectives:

1. To gather baseline information as a basis for planning health activities;
2. To gain the support and active participation of the community in formulating the strategies and structure of the health program;
3. To establish linkages with other agencies involved in health projects and community development;
4. To train one elected community health worker for every 50 families to diagnose, treat and prevent simple illnesses, and to organize and mobilize the community to take responsibility in improving health conditions in their area;
5. To encourage the use of available and indigenous resources and other appropriate technology; and
6. To evolve a system of evaluation and documentation of the processes involved in setting up PHC programs in urban centers through parishes.

D) PROJECT DESCRIPTION

The project developed a community-based health program in each of the three parishes of Las Pin~as, Alabang and Dasmarin~as. The major components of the project included:

1. Social preparation of the communities, which consisted of establishing a community diagnosis based on ocular inspection, personal interviews of people and their leaders regarding the major causes of deaths, and analysis of the results of the study. Subsequent activities include presentation to community of data analysis, conduct of meetings and orientation seminars, and election of health trainees.
2. Training in community organization and simple health care for selected health trainees, and implementation of specific health services in the communities. All three parishes embarked on this activity simultaneously. Training for selected Community Health Workers (CHWs) concentrated on community organization; prevention, detection and care of common diseases. Special attention was also placed on nutrition, environmental sanitation, maternal and child care,

communicable diseases, immunization, first-aid, water-borne and vector-borne diseases, and herbal medicine.

3. Evaluation and documentation of the project was undertaken at the end of the project. A participatory evaluation system was developed with the CHWs and parish councils. Documentation of the process and results throughout the project indicated the directions for future activities in parish-based PHC programs elsewhere.

E) FINANCIAL REQUIREMENTS

Total project cost was US\$ 305.9, of which US\$ 169.0 thousand was a grant from UNICEF and US\$ 136.9 thousand was the counterpart cost of AKAP. The bulk of the grant went to training activities which was the main thrust of this project.

III. COOPERATION MANAGEMENT

UNICEF assistance to the Philippines under the CPC is always covered by a Memorandum of Agreement (MOA) which spells out, among other things, the commitment of both the UNICEF and the GOP.

Regarding procurement of equipment and vehicles, the standard procedure of UNICEF is to require the proponent to include in its annual Work and Financial Plan the equipment and vehicles requested with detailed specifications (to the extent possible). The project proponent is not allowed to purchase equipment and vehicles locally. Likewise, supplies like syringes, needles and vaccines for the Expanded Program on Immunization are also purchased by UNICEF through its international network.

The UNICEF also is responsible for printing of documents/materials related to the Program. The proponent submits the material for printing to the UNICEF for it to conduct a bidding (local) for the printing of the document/ material.

A system of monitoring and evaluation of the CPC has already been established and are found in detail in the Program Coordination and Monitoring Manual.

Two major activities done annually by all UNICEF-assisted project include:

- 1) preparation of the Annual Work and Financial Plan which details the budgetary requirement of the sub-project;
- 2) conduct of the Annual Program Implementation Review to assess program-wide performance. The findings and recommendations of the review are the basis for replanning of various projects.

A Mid-Term review is always conducted to assess overall progress, and to determine the need for adjustments by both the Government and the UNICEF. A terminal evaluation is likewise done to assess overall achievement of objectives and targets.

I. GENERAL INFORMATION

PROJECT NAME	:	Community-Government Collaboration for the Improvement and Maintenance of Health (CPC II)
COOPERATION PERIOD	:	1983-1987
COOPERATION SITE	:	Region VIII
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 639,580
Forex	:	US\$ 212,000
Local	:	US\$ 427,580
IMPLEMENTING ORGANIZATION	:	Department of Health-Region VIII
DONOR COUNTRY/ ORGANIZATION	:	United Nations Children's Fund (UNICEF)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Eastern Visayas Region (Region VIII) is the home of 4 million Filipinos, most of whom are underserved rural folk. The "survival" level of existence for most is perpetuated by lack of education and employment opportunities, an average family income of P/ 4,834 per annum coupled with limited access between major population centers. This condition and the basic communication infrastructure has sharply reduced potential social and economic growth of the population who are compelled to adhere to subsistence farming/fishing as a way of life. Such situation inhibit government development efforts.

In terms of the health problems, the major causes of morbidity are gastro-enteritis, influenza, pneumonia, tuberculosis and schistosomiasis. Causes of mortality include pneumonia, tuberculosis, gastro-enteritis, heart diseases, and schistosomiasis.

Both the pattern and rate of these diseases have not changed significantly during the past five years, even with considerable government efforts to ameliorate the situation and respond to human sufferings.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

Efforts in developing community participation through the training of BHWs and other community health volunteers have also encountered some constraints. Services of such individuals have not been sustained. The follow-up required of Municipal Health Offices to support such programs has been inadequate. As an extension of the health system, not all the community health

workers and health programs implemented have been owned by the community, thus, curtailing community participation and subsequent commitments of needed community resources.

C) OBJECTIVES

The project seeks to achieve the following objectives:

1. To provide 500,000 families with access to eight (8) basic health services by the end of 1987;
2. To provide 208,780 children aged 0-6 years and 49,600 pregnant mothers with access to better quality care;
3. To train 10,000 BHW hilots to deliver simple health services in their own communities;
4. To organize mothers' clubs who will conduct intensive IEC campaigns in 4,000 barangays;
5. To train 720 midwives who will train BHWs;
6. To organize 4,081 barangays that can mobilize their own resources for health; and
7. To set-up a Regional Pharmaceutical Laboratory that processes herbal drugs for the primary level health workers' supply.

D) PROJECT DESCRIPTION

This project was implemented by the Department of Health-Region VIII in six provinces in Eastern Visayas. It demonstrates a region-wide application of the primary health care (PHC) approach through the organization of communities for wider participation in their own health care and development. The project aimed to develop capacities of community leaders and indigenous health workers/volunteers to solve problems and take responsibility for making decisions that affect their health. Likewise, the project aimed to strengthen the institutional capacities that make the health system more responsive to health-related needs, problems and opportunities as identified by the communities.

DOH field personnel underwent a social preparation and orientation process to raise awareness on their changing roles, and to help them identify more specifically the operational implications of the "partnership" for health in the context of the development of barangays. As such, they were expected to understand the community conditions and expression of needs and problems, and use these as a basis for health planning and management of health services. Communities on the other hand, were expected to be aware and knowledgeable about their needs, problems, as well as resources within their reach, to meet these needs.

Strengthening of institutional capacities for support mechanisms included the utilization of a relevant management information system; development of an overall health research program that would review and document various PHC approaches applied in and outside the region; procurement of primary level basic equipment, instruments, supplies and drugs for use of midwives and hilots; and operationalization of a Regional Pharmaceutical Laboratory.

E) FINANCIAL REQUIREMENTS

Total project cost was US\$ 639.6 thousand, of which US\$ 212,000 was a grant from UNICEF and US\$ 427.6 thousand was the counterpart cost. The greater portion of the budget went to training activities and provision of equipment for the trainees.

III. COOPERATION MANAGEMENT

UNICEF assistance to the Philippines under the CPC is always covered by a Memorandum of Agreement (MOA) which spells out, among other things, the commitment of both the UNICEF and the GOP.

Regarding procurement of equipment and vehicles, the standard procedure of UNICEF is to require the proponent to include in its annual Work and Financial Plan the equipment and vehicles requested with detailed specifications (to the extent possible). The project proponent is not allowed to purchase equipment and vehicles locally. Likewise, supplies like syringes, needles and vaccines for the Expanded Program on Immunization are also purchased by UNICEF through its international network.

The UNICEF also is responsible for printing of documents/materials related to the Program. The proponent submits the material for printing to the UNICEF for it to conduct a bidding (local) for the printing of the document/ material.

A system of monitoring and evaluation of the CPC has already been established and are found in detail in the Program Coordination and Monitoring Manual.

Two major activities done annually by all UNICEF-assisted project include:

- 1) preparation of the Annual Work and Financial Plan which details the budgetary requirement of the sub-project;
- 2) conduct of the Annual Program Implementation Review to assess program-wide performance. The findings and recommendations of the review are the basis for replanning of various projects.

A Mid-Term review has been conducted to assess overall progress, and to determine the need for adjustments by both the Government and the UNICEF. A terminal evaluation has also been done to assess overall achievement of objectives and targets.

I. GENERAL INFORMATION

PROJECT NAME	:	Strengthening the Support System for Surveillance of Water Quality and Monitoring of Rural Environmental Sanitation Activities (CPC II)
COOPERATION PERIOD	:	1983-1987
COOPERATION SITE	:	Nationwide
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 866,500
Forex	:	US\$ 260,000
Local	:	US\$ 606,500
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	United Nations Children's Fund (UNICEF)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

As of 1980, about 43% (21.4 million) of the total population were served by public water supply facilities, 12.9 million (26%) by public wells, about 0.44 million (1%) by communal faucet systems and 8.1 million (16%) by municipal water-works systems. Service in Metro Manila covers about 82% of the 6.4 million population, other urban areas with a population of 8.9 million rural dwellers in the country receiving safe public water supply. The unserved 67% low-income rural population of 22.8 million depend mostly on private sources like shallow wells, open dug wells, undeveloped springs, indigenous rain collectors, etc.

The Health Survey conducted by the DOH in 1981 revealed that out of 8,364 households in the country, only 78.1% have some kind of toilet facilities, 27.6% of these toilets are considered unsanitary, needing improvement or total rehabilitation; over 1.8 million households (21.9% of the total) do not have any fixed place for defecation. Such unsanitary defecation create environmental problems.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

This project seeks to address the following health and environmental problems, namely: 1) poor environmental sanitation; 2) lack of adequate potable water supply and toilet facilities; and 3) high incidence of gastro-enteric diseases. Also, the "Master Plan for Rural Water Supply and Sanitation" states that the government shall encourage communities to construct sanitary toilet facilities through the provision of technical and financial assistance and provide a continuing program for water quality surveillance.

C) OBJECTIVES

The project seeks to achieve the following:

1. To train the remaining 50 Regional Sanitary Inspectors (trainors) from 1983 to 1985;
2. To train the remaining 1,550 Rural Sanitary Inspectors in 1983;
3. To train 150 Laboratory Technicians/Assistance in testing water quality from 1983 to 1984; and
4. To provide 900 Sanitarian Kits from 1983-1987.

D) PROJECT DESCRIPTION

The project was undertaken by the Bureau of Health Services-DOH with the intent of continuing the training of the Regional Sanitary Inspectors (Trainors and Rural Sanitary Inspectors (RSIs). In addition, it proposed to train the newly assigned/appointed regional and provincial water testing Laboratory Technicians/Assistants.

To further improve the technical capabilities of all Sanitary Inspectors, training was given to those who have not been trained before and to those technicians who complemented the laboratories which had been upgraded or established for testing the quality of water.

The training of the Regional Sanitary Inspectors was conducted by the University of the Philippines/Institute of Public Health (UP/IPH) in Manila.

The training of the RSIs was conducted by the DOH Regional Health Offices in the 12 Regional Training Centers. The Regional Laboratory Technicians/Assistants were trained by the DOH Central Laboratory in Manila. They in turn trained the Provincial Laboratory Technicians.

Each Regional Office shall conducted 3-4 training courses of 25-30 trainees per batch per year for training of RSIs.

E) FINANCIAL REQUIREMENTS

Total project cost was equivalent to US\$ 866.5 thousand. Part of this amount (US\$ 260.0 thousand) was a grant from the UNICEF and about US\$ 606.5 thousand was the GOP counterpart. Bulk of the UNICEF assistance went to training activities which was the main intent of this project.

III. COOPERATION MANAGEMENT

UNICEF assistance to the Philippines under the CPC is always covered by a Memorandum of Agreement (MOA) which spells out, among other things, the commitment of both the UNICEF and the GOP.

Regarding procurement of equipment and vehicles, the standard procedure of UNICEF is to require the proponent to include in its annual Work and Financial Plan the equipment and vehicles requested with detailed specifications (to the extent possible). The project proponent is not allowed to purchase equipment and vehicles

locally. Likewise, supplies like syringes, needles and vaccines for the Expanded Program on Immunization are also purchased by UNICEF through its international network.

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- 2) conduct of the Annual Program Implementation Review to assess program-wide performance. The findings and recommendations of the review are the basis for replanning of various projects.

A Mid-Term review is always conducted to assess overall progress, and to determine the need for adjustments by both the Government and the UNICEF. A terminal evaluation is likewise done to assess overall achievement of objectives and targets.

I. GENERAL INFORMATION

PROJECT NAME : Establishment of a Master Plan for the Development of an Integrated Pharmaceutical Industry (Philippine Pharmaceutical Industry Development Study)

COOPERATION PERIOD : 1988

COOPERATION SITE : Nationwide

TYPE OF PROJECT : Grant

COST OF PROJECT : Total: US\$ 494,738

Forex : US\$ 344,000

Local : US\$ 150,738 /1

IMPLEMENTING ORGANIZATION : Department of Health (DOH)
Department of Trade and Industry (DTI)
Department of Science and Technology (DOST)

DONOR COUNTRY/
ORGANIZATION : United Nations Development Programme (UNDP); United Nations International Development Organization (UNIDO)

II. CONTENTS OF THE PROJECT

A) BACKGROUND

The Drug Industry is an important sector in the Philippines. Drugs are produced, imported and distributed in a free market system. The main manufacturing activity is formulation and packaging of final dosage from imported materials. About 90 to 95% of all raw materials are imported. Drug consumption is limited by availability of medical infrastructure, foreign exchange resources for import and prevailing price levels for medicines among other factors.

Given this situation, the Government of the Philippines has requested UNIDO's assistance in the preparation of a Master Plan which will be incorporated in the national pharmaceutical policy. The said Master Plan is envisioned to contribute to the designing of a systematic and efficient approach to the development of the industry.

1/ Exchange rate used - US\$ 1.00 = P/21.3350

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

On April 30, 1987, during the inauguration of the new building of the Bureau of Food and Drugs (BFAD) in Alabang, Metro Manila, President Corazon C. Aquino enunciated for the first time a four-point National Drug Policy (NDP) designed to "ensure that safe and effective drugs are made available to all Filipinos at anytime and place and at a reasonable and affordable cost."

One of the four pillars of NDP is the development of the national capability to manufacture the intermediate and basic chemicals utilizing available raw materials and skills so that the Philippines is not totally reliant on foreign services, thereby avoiding, the detrimental effects of such dependence.

C) OBJECTIVES

General

The establishment and development of an integrated pharmaceutical industry in the Philippines with the view of satisfying the domestic demand for pharmaceutical products and strengthening the national health care programmes.

Specific

- 1) To prepare the Government's Master Plan for the development of an integrated pharmaceutical industry. An attempt will also be made to view the development of the Philippine pharmaceutical industry in an ASEAN and Asia/Pacific perspective.
- 2) To initiate the establishment and development of a capability in the appropriate government agencies to undertake planning for the local pharmaceutical industry.

D) PROJECT DESCRIPTION

The master plan for the development of an integrated pharmaceutical industry will have the following elements: Government's pharmaceutical policy and legal framework for its development; status and level of the pharmaceutical industry's development; choice of technologies to be acquired; research and development; development and maintenance of supporting structures; human resources, their educational level and a manpower development programme; the auxiliary industries, their level of development and their upstream and downstream integration with the pharmaceutical industry; agricultural development and its capability to provide raw materials from medicinal plants, livestock, etc.; the mode and programmes of action and schedule of implementation; and the integration of the pharmaceutical industry's development with the general health policy and its incorporation into the national economic development plans.

E) FINANCIAL REQUIREMENTS

UNDP provided a total of 45 man/months of experts/ consultant services worth US\$ 205,500 and two vehicles worth US\$ 15,000 for the project's use. UNIDO, on the other hand, funded short-term consultants and national experts for a total of 8 man-months worth US\$ 50,500 and sub-contracts for feasibility studies worth US\$ 50,000. Miscellaneous expenses for travel, publication and reproduction totalling US\$ 15,000 was also covered by the agency. The Government of the Philippines provided the project personnel counterpart, the

study teams to undertake the feasibility studies, office facilities and operating expenses of national project personnel.

III. COOPERATION MANAGEMENT

A detailed Work Plan was prepared by the Chief Technical Adviser assigned to the project in consultation with the local National Project Director and Project Manager.

The activities necessary to produce the indicated outputs and achieve the project's immediate objective was carried out jointly by the national and international staff assigned to it. The respective roles of the national and international staff was determined by their leaders, by mutual discussion and agreement at the beginning of the project and set out in a Framework for Effective Participation of National and International Staff in the project. The respective roles of the project staff (local and international) was in accordance with the established concept and specific purposes of technical cooperation.

I. GENERAL INFORMATION

PROJECT NAME : Promotion of Teaching and Research
at the College of Public Health, UP
Manila

COOPERATION PERIOD : 1987-1990

COOPERATION SITE : National Capital Region

TYPE OF PROJECT : Grant

COST OF PROJECT : Total:

Forex : US\$ 586,588 /1

Local : In kind (No breakdown available)

IMPLEMENTING ORGANIZATION : University of the Philippines-College of
Public Health (UP-CPH)

DONOR ORGANIZATION : GTZ

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Adequate and effective training of health personnel is crucial for health care delivery and has to be carried out according to modern education theories and technologies implying use of advanced techniques. The College of Public Health (CPH) is the head agency in the formal training of prospective leaders in the field of public health. It is also serving as the Department of Social and Preventive Medicine of the College of Medicine of the University of the Philippines. The College has also been hosting various workshops/seminars and to provide services to other agencies. It is towards improving the teaching and training services of the CPH that the project was conceptualized.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project is expected to improve the quality, effectiveness and efficiency of the teaching and training capabilities at the CPH. Specifically, it addresses the problems of lack of equipment/facilities. It will pave the way for better training and research services which will lead to a more technically competent medical and paramedical student. In addition, the availability of appropriate equipment would allow for conduct of more researches that are beneficial to the general public.

1/ Exchange rate used DM 1 = P/ 13.0353
US\$ 1 = P/ 20.8

C) OBJECTIVES

To improve the teaching and research capacity of the College of Public Health, University of the Philippines - Manila.

D) PROJECT DESCRIPTION

In order to achieve the aim, the following measures are planned:

- a) construction of a new building for lecture halls, laboratories and work rooms, including the equipping of the building, for the College of Public Health; and
- b) implementation of field trials and preparation of a field study on mercury poisoning by the College of Public Health (environment component), and the College of Medicine (health component).

E) FINANCIAL REQUIREMENTS

The funding agency shall grant the recipient a financial contribution of US\$ 586,588. This amount will be used for paying the cost of construction of a new lecture hall, teaching and laboratory building for the CPH-UP, including the equipping of the building, and of a field study into mercury poisoning.

The GOP counterpart contribution to the project include provision of land for the building, continued maintenance and constant upkeep of the building including equipment. The recipient will also undertake to pay any additional costs of the project not covered by the financial contribution.

III. COOPERATION MANAGEMENT

It will be the responsibility of the recipient to implement the activities to be undertaken, i.e., initiate the required action, enter into contracts for supplies and services and ensure that the activities are properly executed. Likewise, the recipient shall provide the necessary resources and adequately qualified personnel for the implementation of the project.

The recipient shall ensure, upon entering into contracts for supplies and services, that the conditions of payment of these contracts conform to customary trade practices, the supplies to be financed are insured against transportation risks to an adequate and customary extent, and that reimbursement, insurance, security, warranty or similar payments which may be claimed on the basis of these contracts, are to be transferred to the special account of the recipient and reemployed for the project.

The funding agency will provide an expert whose responsibility is to give advise on planning the project, preparing the tender documents on the awarding of contracts for supplies and services, and on the supervision of implementation and start-up and the acceptance of the supplies and services.

In terms of disbursement procedure, the payments to be made from the financial contribution are based on the contracts for supplies and services entered into in respect of the project. For all payments concerning the project, the recipient shall open a special bank account and shall submit proof of this to the GTZ prior to the initial disbursement.

The recipient shall furnish the GTZ with evidence of how the financial contribution has been used at quarterly intervals. For this purpose, the following documents shall be submitted: financing list where all receipts and expenditures are entered chronologically, bank statements, and a declaration that the costs, supplies and services for which account is rendered have not already been financed from other subsidies or long-term loans.

A quarterly progress report shall be submitted by the implementing agency to the GTZ. Upon completion of all activities, the recipient shall draw up a final report describing implementation and results of the project with regard to the objectives set.

I. GENERAL INFORMATION

PROJECT NAME	:	Institutional Support Program in the National Capital Region (NCR)
COOPERATION PERIOD	:	1988-1990
COOPERATION SITE	:	National Capital Region
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 381,400
Forex	:	US\$ 381,400
Local	:	In kind (No breakdown available)
IMPLEMENTING ORGANIZATION	:	Department of Health (DOH)
DONOR COUNTRY/ ORGANIZATION	:	Government of Italy

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Despite the concentration of health facilities, personnel and financing in the NCR, 1984 indicators showed that the health status of the population is poor as compared to the national average. This may have been due to the lack of effective coordination among service outlets and inadequacy of financial resources to allow for a wider program coverage. Moreover, health programs and services are fragmented and are oftentimes based on the priorities of local executives instead of community needs. There is therefore a need to strengthen the capabilities of health personnel in the region to enable them to have a more efficient and effective health care delivery system.

B) RATIONALE/SOCIO ECONOMIC JUSTIFICATION

The project will address the need to enhance the capabilities of the regional health personnel for them to perform their functions effectively. Moreover, the project is in line with one of the health sector's thrust of providing and maintaining the general well-being of the region's population through an effective and efficient health care delivery system.

C) OBJECTIVES

The program aims to improve the technical and management skills of NCR health personnel and to strengthen primary health care implementation.

D) PROJECT DESCRIPTION

The program involved three components namely: training, implementation of priority programs through PHC in 5 pilot areas and program evaluation. The training component included training of PHC program implementors and barangay health workers. A review/updating of program thrusts will likewise be conducted. For the PHC component, PHC committees and inter/intra sectoral linkages have been established and community participation encouraged.

E) FINANCIAL REQUIREMENTS

A total of US\$ 381,400 was provided by the Italian Government. The GOP counterpart was in terms of personnel services/time for the project.

III. COOPERATION MANAGEMENT

The DOH-NCR was in charge of project implementation. The Italian assistance was mainly for training and logistics support including vehicles and computers. Program evaluation was contracted out by the proponent.

I. GENERAL INFORMATION

PROJECT TITLE	:	Community Participation in Health Care Delivery
COOPERATION PERIOD	:	1989-1990
COOPERATION SITE	:	CAR (Baguio City)
TYPE OF PROJECT	:	Grant
COST OF PROJECT	:	Total: US\$ 89,548
Forex	:	US\$ 69,667
Local	:	US\$ 19,881 <u>1</u>
IMPLEMENTING ORGANIZATION	:	St. Louis University
DONOR ORGANIZATION	:	International Development Research Center (IDRC) - Canada

II. CONTENTS OF THE PROJECT

A) BACKGROUND

Governments all over the world have come to the realization that a healthy citizenry is a most vital factor in the pursuit of economic development. This emphasis on the promotion of health of the population in the Philippines has, however, added problems to the already inadequate health, population and nutrition services in both urban and rural areas. The increasing volume of demand and identified needs especially in the rural areas and urban slums have made it necessary for the government to devise innovative strategies in the provision of basic services. Self-help and community financing of basic services have recently come to fore in the hope that communities may be able to sustain government initiatives in their respective areas.

B) RATIONALE/SOCIO-ECONOMIC JUSTIFICATION

The Medium-Term Philippine Development Plan 1987-1992 has, as one of its stated policies in the Health, Nutrition and Family Planning sector the "Promotion of Individual and Collective Responsibility for Health, Nutrition and Family Planning."

"While the government inevitably assumes leadership in the promotion of health, nutrition and family planning, this leadership can only be effective when the responsibility is shared by the individual and the community. To make each individual responsible for his own health and nutritional needs, programs aimed at developing a better appreciation of the value of good health, nutrition and adequately spaced children shall be designed and implemented."

This project is but one strategy of achieving the stated policy of government of sharing the responsibility of providing basic services to the populace.

1/ Exchange Rate - US\$1 = CAD 1.1578

C) OBJECTIVES

General

To develop and evaluate the effectiveness of strategies for promoting community participation in the planning and delivery of health services.

Specific

- 1) To identify factors that impede the effective delivery of health care services in selected low-income communities in Benguet Province;
- 2) To develop a participatory health care delivery model;
- 3) To implement and evaluate the comparative effectiveness of the new model to the existing health care delivery model; and
- 4) To develop recommendations relating to the planning and delivery of health care services in low-income areas using a participatory approach.

D) PROJECT DESCRIPTION

St. Louis University's College of Nursing undertook a research study to evolve strategies for community participation for a more effective health care delivery system in low-income areas of Benguet. The research project hoped to be able to evolve alternative means of delivering basic services using the participatory approach.

E) FINANCING REQUIREMENTS

The International Development Research Centre (IDRC) contributed a total of CAD \$80,660 as Grant to be spent for personnel costs, equipment and supplies, travel, data processing and office supplies. An additional CAD\$ 2,000 was made available for the publication of the results of the research. The Government of the Philippines put up as counterpart the equivalent of CAD\$ 23,019 to finance training costs, local consultants, office space requirements and general insurance for the project. The figure expressed represented either an actual allocation of funds by the University or a monetary equivalent of staff or material input.

III. COOPERATION MANAGEMENT

The university instituted financial and administrative procedures acceptable to the Centre with respect to the project and, at the request of the Centre, periodically reviewed such procedures and the progress of the Project with the representatives of the Centre.

It is understood that the University undertook the Project on its own behalf and not on behalf of the Centre and that the Centre grant should in no way be construed as constituting the University or any other person or institution involved in the Project or the agent or representative of the Centre.

The University was responsible for undertaking all formalities and administrative arrangements necessary for the importation of any material, equipment or goods purchased with Centre funds for the Project.

ANNEX II

**BIENNIUMS OF
WORLD HEALTH ORGANIZATION
COLLABORATIVE HEALTH PROGRAM BUDGET**

(a) 1986-1987

(b) 1988-1989

(c) 1990-1991

**WORLD HEALTH ORGANIZATION
COLLABORATIVE HEALTH PROGRAM BUDGET
1986-1987**

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
3. HEALTH SYSTEM DEVELOPMENT					
3.1 Health situation and trend assessment					
Development of a national health information system	HST 001				
Fellowships			1 x 4	6 500	Computer technology, Bangkok
Supplies and equipment			1 x 6	15 000	MIS Administration, USA
Contractual services agreement				18 000	Microcomputer and accessories
				20 000	MIS system development and implementation
				<u>59 500</u>	
3.2 Managerial process for national health development				<u>65 500</u>	
Costs of WHO Representative and Programme Coordinator's Office based in Manila, Philippines	MEN 001				
Medical Officer (Dr Y.S. Kim)	F6			154 600	
Administrative Assistant	M6			12 500	
Secretary	M5			10 800	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS. MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
Driver	M3			8 600	
Temporary Assistance				1 500	
Duty travel				10 000	
Common services:					
General operating expenses				25 400	
Supplies and materials				10 000	
Acquisition of furniture and equipment				6 500	
		<u>239 900</u>		<u>239 900</u>	
Development of provincial and district managerial capacity	MPN				
Supplies and equipment				10 000	One photocopier
Local costs				15 000	Four training courses on development of provincial and district managerial capability; 2 courses for Luzon and one each for Visayas and for Mindanao, each for 14 days with 25 participants.
		<u>15 000</u>		<u>15 000</u>	
				<u>25 000</u>	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
4. ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE					
<u>Development of primary health care</u>	PHC 001			97 200	
Supplies and equipment				139 300	
Local costs				236 500	
		312 500			
5. HEALTH MANPOWER					
<u>Western Mindanao State University, College of Medicine, Zamboanga City</u>	HMD 001				
Consultants			2	12 000	
Fellowships			1 x 1	4 100	
				16 100	
<u>Institute of Public Health, University of the Philippines</u>	HMD 002				
Fellowships			1 x 24	45 900	Field of study to be confirmed, costed at USA

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST		DETAILS OF REQUEST
Supplies and equipment				12 000		Details to be provided
Supplies and equipment				2 800		Library support.
				<u>60 700</u>		
Health manpower training, Ministry of Health						
	HMD 003					
Fellowships			1 x 1	4 100		Health manpower Planning, Australia
			1 x 1	4 100		Evaluation of training programme, Australia
			1 x 1	4 100		Library development, Australia
Supplies and equipment				6 200		Supplies for MOH library
Local costs				10 000		Regional workshop on health manpower planning (multisectoral)
				<u>28 500</u>		
National Teacher Training Center						
	HMD 004					
Consultants			3	18 000		Innovative approach in teaching in medical schools
			1	6 000		Evaluation of NTTC activities

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
Fellowships			1 x 1	7 700	Evaluation of effective behaviour, USA
			1 x 1	7 700	The simulated patient: a tool for instruction and evaluation, USA
Fellowships (local)			2 x 12	8 200	Master in Health Personnel Education
Supplies and equipment				8 000	IBM 64K computer system - US\$6000; books and journals for library support - US\$2000
				<u>55 600</u>	
6. PUBLIC INFORMATION AND EDUCATION FOR HEALTH					
Expansion of health education					
Consultant			1	6 000	Research and evaluation in health education
Fellowships			2 x 2	10 600	Research and evaluation in health educ., Australia
Vehicles				10 000	2 Toyota corolla station wagons
		<u>38 500</u>		<u>26 600</u>	

IEH 001

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
8. GENERAL HEALTH PROTECTION AND PROMOTION					
8.1 Nutrition					
<u>Nutrition services</u>	NUT 001				
Supplies and equipment		<u>14 300</u>		<u>14 300</u>	Vitamin A supplements
		<u>14 300</u>		<u>14 300</u>	
8.2 Oral health					
<u>Oral health</u>	ORH 001				
Consultant			1	6 000	To monitor and evaluate programmes in oral health care in Misamis Occidental
Fellowships			1 x 1	4 100	Preventive dentistry, costed for Australia
Supplies and equipment				5 000	IBM-PC micro-computer
Vehicle				5 500	
Local costs				<u>8 500</u>	National dental workshop
		<u>23 500</u>		<u>29 100</u>	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS		DETAILS OF REQUEST
			MAN-MONTHS	ESTIMATED COST	
9. PROTECTION AND PROMOTION OF THE HEALTH OF SPECIFIC POPULATION GROUPS					
9.1 Maternal and child health, including family planning					
Maternal and child health	MCH 001				
Consultants			2	12 000	Advisory services on "risk approach" in the care of pregnant women and children
Fellowships			1	6 000	Perinatology
			1 x 2	9 200	Perinatology, USA
			2 x 1	6 400	Observation visits to perinatal centres in China, Malaysia and Thailand
Supplies and equipment				5 400	One manual typewriter and copier machine
		44 500		39 000	
10. PROTECTION AND PROMOTION OF MENTAL HEALTH					
10.1 Psychosocial factors in the promotion of health and human development					
Mental health	PSF 001				
Fellowships			2 x 1	6 400	Mental health care delivery system, WPR/SZAR

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	MAN-MONTHS	DETAILED REQUIREMENTS ESTIMATED COST	DETAILS OF REQUEST
Supplies and equipment				4 400	One typewriter, psychological teaching materials and office supplies
Local costs				3 000	National workshop to design mental health course syllabus - US\$3000
		<u>NIL</u>		<u>13 800</u>	
10.2 Prevention and control of alcohol and drug abuse		6 500		<u>NIL</u>	
11. PROMOTION OF ENVIRONMENTAL HEALTH					
11.1 Community water supply and sanitation					
Environmental sanitation	CMS 002				
Scientist (Mr H.K. Chang)	P5		24	154 600	
Fellowships			4 x 1	12 800	Study and observation on rural water supply and sanitation, Republic of Korea, 1986
Supplies and equipment				<u>19 700</u>	
		<u>191 900</u>		<u>187 100</u>	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS MAN-MONTHS	ESTIMATED COST	DETAILS OF REQUEST
11.4 Food safety					
	I				
					FOS
Fellowships			2 x 3 weeks	15 400	Food borne biological hazards/chemical contaminants, USA
			1 x 1	7 700	Food additives/packaging/containers
			1 x 3 weeks	7 700	Inspection on GMP of food, food evaluation and food import and export
		<u>27 700</u>		<u>30 800</u>	
12. DIAGNOSTIC, THERAPEUTIC, AND REHABILITATIVE TECHNOLOGY					
12.1 Clinical, laboratory and radiological technology for health systems based on primary health care					
Maintenance of X-ray and other medical equipment					
					CLR 001
Fellowships			1 x 3	6 500	Quality assurance and dosimetry in nuclear medicine, Australia

¹ Project title and number to be decided later.

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS		DETAILS OF REQUEST
			MAN-MONTHS	ESTIMATED COST	
			1 x 3	10 600	Quality assurance in diagnostic radiology, CT and ultrasound, USA
Supplies and equipment				55 600	Supplies and equipment for X-ray and other electro-medical equipment, multi-channel analyzer, survey meters, repair of survey meters and units.
		<u>79 200</u>		<u>72 700</u>	
12.2 Essential drugs and vaccines					
Food and Drug Administration	EDV 001				
Fellowships			1 x 6 weeks	8 500	Drug evaluation, prescription and labeling, USA
			2 x 2	18 400	Drug experience, trend analysis and drug evaluation, USA
			1 x 6 weeks	8 500	Medical and radiological device evaluation, monitoring and quality conformance of cosmetics, USA
		<u>26 000</u>		<u>35 400</u>	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS		DETAILS OF REQUEST
			MAN-MONTHS	ESTIMATED COST	
12.3 Drug and vaccine quality, safety and efficacy					
DPT vaccine production, Alabang	DSE 001		1 x 1	9 300	Production of tetanus toxoid and its combination with DPT, Europe
Fellowships			1 x 1	9 300	Production of pertussis vaccine and its combination with DPT, Europe
		<u>6 000</u>		<u>18 600</u>	
13. DISEASE PREVENTION AND CONTROL					
13.1 Immunization					
Expanded programme on immunization	EPI 001				
Supplies and equipment				6 400	Typewriter, thermometers Printing of revised EPI manual
Local costs				<u>8 000</u>	Mid-level course for manager of EPI
		<u>30 000</u>		<u>14 400</u>	

PROGRAMME CLASSIFICATION	PROJECT NUMBER	MAN-MONTHS	DETAILED REQUIREMENTS		DETAILS OF REQUEST
			ORIGINAL PLANNING FIGURE	ESTIMATED COST	
13.3 Malaria					
<u>Malaria control Programme</u>	NAL 001				
Supplies and equipment				57 300	Antimalaria drugs, spraycan spare parts, reagents, laboratory supplies
Vehicle				10 000	
			67 300	67 300	
13.4 Parasitic diseases					
<u>Schistosomiasis control</u>	PDP 001				
Supplies and equipment				15 000	Biltricide
Local costs				12 000	Follow-up seminar on monitoring/assessment of schistosomiasis
			34 500	27 000	integrated control programme
13.6 Diarrhoeal diseases					
Control of diarrhoeal diseases	CDD 001				
Consultants		2		12 000	To assess cost effectiveness of alternative treatment of diarrhoea

PROGRAMME CLASSIFICATION	PROJECT NUMBER	ORIGINAL PLANNING FIGURE	DETAILED REQUIREMENTS		DETAILS OF REQUEST
			MAN-MONTHS	ESTIMATED COST	
13.14	Blindness				
	<u>Prevention of blindness</u>		PBL 001		
	Supplies and equipment			3 500	Details to be provided
		<u>6 500</u>		<u>3 500</u>	
13.15	Cancer				
	<u>Cancer control</u>		CAN 001		
	Supplies and equipment			12 000	Details to be provided
		<u>50 000</u>		<u>12 000</u>	
13.16	Cardiovascular diseases				
	<u>Epidemiology of cardio-vascular diseases</u>		CVD 001		
	Fellowships			10 600	Study/observation tour of PHCA staff, USA
	Supplies and equipment			12 000	IEC materials, sphygmomanometer, stethoscope
	Local costs			5 000	Evaluation of MCF-PHCA comprehensive cardiovascular community control programme
	Contractual service agreement			7 000	Continuation of prevalence survey in CVD in selected areas
		<u>50 000</u>		<u>34 600</u>	
	TOTAL - PHILIPPINES	<u>1 639 900</u>		<u>1 641 700</u>	

WORLD HEALTH ORGANIZATION
COLLABORATIVE HEALTH PROGRAM BUDGET
1988-1989

PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
3.1 Health situation and trend assessment	HST 001		STC Fellowship S&E Local cost Vehicle	1x2 2x3	13 000 16 200 10 000 6 500 24 000	
		<u>65 500</u>			<u>69 700</u>	(See Annex 1)
3.2 Managerial process for national health development	MPN 004		STC S&E Local cost	1x1	6 500 7 500 5 000	
		<u>15 000</u>			<u>15 000</u>	(See Annex 2)
4. Cost of WR's Office based in Manila	MPN 200		LTS/Medical Officer (Dr Hu Ching-Li) P5 LTS/Adm. Assistant LTS/Secretary LTS/Driver Temporary assistance Duty travel Common services Gen. Operating Exp. Supplies/Materials Acquis of furn/eqpt	24 24 24 24	142 900 15 700 13 200 11 800 1 000 10 000 10 100 3 000 3 000	
		<u>210 700</u>			<u>210 700</u>	
4. Organization of health systems based on primary health care	PHC 001		STC (Local) STC (Local) Fellowship S&E Local cost	1x3 1x1 3x2	4 500 1 500 11 100 50 000 59 500	

1988-1989 DETAILED PROGRAMME BUDGET

COUNTRY: PHL

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARKS
5. Health manpower		<u>259 000</u>	Local cost CSA Vehicle		25 900 29 800 15 000 <u>207 900</u>	(See Annex 3)
Institute of Public Health, University of the Philippines	IPHD 002		STC (Epidemiologist) Fellowship Fellowship S&E Local cost	1x2 1x12 1x12	13 000 24 200 24 200 15 000 6 800 <u>83 200</u>	(See Annex 4)
Health manpower training, Department of Health	IPHD 003		STC STC Fellowship S&E S&E Local cost CSA	1x1 1x1 2x2	6 500 6 500 14 400 24 300 3 200 10 000 5 000 <u>69 900</u>	(See Annex 5)
National Teacher Training Center	IPHD 004		STC STC Fellowship Fellowship Fellowship S&E S&E CSA	1x1 1x1 1x12 1x1 1x1	6 500 6 500 5 000 5 000 5 000 2 400 2 200 5 000 <u>37 600</u>	(See Annex 6)
6. Public information and education for health		<u>189 900</u>			<u>190 700</u>	
Expansion of health education	IEH 001		STC Fellowship Fellowship S&E S&E Local cost	1x1 1x2 1x2	6 500 7 200 4 400 10 500 2 900 5 000	

1988-1989 DETAILED PROGRAMME BUDGET

COUNTRY: PHIL

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO. (WPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
ORIGINAL PLANNING FIGURE					
8.1 Nutrition		CSA/TSA CSA/TSA		5 000 6 000 <u>47 500</u>	(See Annex 7)
<u>Nutrition services</u>	NUT 001	Fellowship S&E Local cost Local cost	1x1	3 700 6 000 3 000 2 300 <u>15 000</u>	(See Annex 8)
8.2 Oral health					
<u>Oral health</u>	ORH 001	Fellowship Fellowship Fellowship S&E Local cost	1x1 1x1 1x1	3 700 3 700 3 700 10 400 3 500 <u>25 000</u>	(See Annex 9)
9.1 Maternal and child health, including family planning					
<u>Maternal and child health</u>	MCH 001	STC STC Fellowship Fellowship S&E Local cost	1x2 1x1 1x1 2x1	13 000 6 500 5 000 7 400 57 100 15 000 <u>104 000</u>	(See Annex 10)
9.3 Workers' health					
<u>Occupational health programme development</u>	OCH 002	STC (Local) S&E	1x6	9 000 3 500 <u>12 500</u>	(See Annex 11)
10.1 Psychosocial factors in the promotion of health and human development					
<u>Mental health</u>	PSF 001	Local cost Local cost		3 300 4 000 <u>7 300</u>	(See Annex 12)

1988-1989 DETAILED PROGRAMME BUDGET

COUNTRY: PHIL

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
10.2 Prevention and control of alcohol and drug abuse	ADA 001		S&E		6 500	
Prevention and control of drug abuse		<u>6 500</u>			<u>6 500</u>	(See Annex 13)
11.1 Community water supply and sanitation	CMS 002		LTS - Scientist (Mr H. Chang) PS	6	36 000	
Environmental sanitation			Fellowship	3x1	11 100	
			Fellowship	1x1	5 000	
			Fellowship	1x1	5 000	
			S&E		13 000	
			S&E		5 000	
			Local cost		10 000	
		<u>135 000</u>			<u>63 100</u>	(See Annex 14)
11.4 Food safety	FOS 009		Fellowship	1x3	8 600	
Food safety (fellowships) (BFAD)			Fellowship	1x3	8 100	
			Fellowship	1x2	7 200	
			Fellowship	1x2	4 400	
			Fellowship	1x2	7 200	
		<u>30 800</u>			<u>35 500</u>	(See Annex 15)
12.1 Clinical, laboratory and radiological technology for health systems based on primary health care	CLR 001		STC	1x2	13 000	
Maintenance of X-ray and other medical equipment			Fellowship	1x1.5	4 400	
			Fellowship	1x1.5	4 400	
			Fellowship	1x1.5	4 400	
			Fellowship	1x1.5	4 400	
			Fellowship	1x3	8 100	

PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (NPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
12.2 Essential drugs and vaccines		<u>65 000</u>	S&E		27 900 <u>66 600</u>	(See Annex 16)
12.3 Drug and vaccine quality, safety and efficacy		<u>26 000</u>			<u>NIL</u>	
Drug quality, safety and efficacy (fellowships) (BFAP)	DSE 099		Fellowship Fellowship Fellowship	1x2 1x2 2x2	7 200 7 200 11 600	
Vaccine quality, safety and efficacy (Dr. Mora)	DSE 001	<u>22 000</u>	STC Fellowship S&E	1x1 2x2	6 500 8 800 3 300 <u>18 600</u> <u>44 600</u>	(See Annex 17) (See Annex 18)
12.4 Traditional medicine						
Traditional medicine	TRM 001	<u>10 000</u>	S&E Local cost		5 000 5 000 <u>10 000</u>	(See Annex 19)
12.5 Rehabilitation						
Development of a community-based rehabilitation programme	RMB 001		Fellowship Local cost	2x.5m	4 500 3 500	
13.1 Immunization		<u>NIL</u>			<u>8 000</u>	(See Annex 20)
Expanded programme on immunization	EPI 001		Fellowship S&E Local cost Local cost	2x1	7 400 17 600 8 000 7 000 <u>40 000</u>	(See Annex 21)

PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (MFR/RC37/S)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
13.3 Malaria						
<u>Malaria control programme</u>	HAL 001		S&E S&E S&E S&E Local cost		6 400 23 700 1 000 29 600 6 700	(See Annex 22)
		<u>67 300</u>				
13.4 Parasitic diseases						
<u>Schistosomiasis control</u>	PDP 001		STC (Local) S&E S&E Local cost	2x1	6 000 1 000 15 300 12 000	(See Annex 23)
		<u>34 500</u>				
13.6 Diarrhoeal diseases						
<u>Control of diarrhoeal diseases</u>	CDD 001		STC STC Fellowship S&E Local cost	1x1 1x1 1x1	6 500 6 500 5 000 15 000 5 000	(See Annex 24)
		<u>59 500</u>				
13.7 Acute respiratory infections						
<u>Acute respiratory infections</u>	ARI 001		S&E Local cost CSA		7 800 11 000 21 200	(See Annex 25)
		<u>40 000</u>				
13.8 Tuberculosis						
<u>Tuberculosis control</u>	TUB 001		STC S&E Local cost	1x2	13 000 112 000 5 000	(See Annex 26)
		<u>130 000</u>				

1988-1989 DETAILED PROGRAMME BUDGET

COUNTRY: PHIL

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WPR/RC37/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
13.9 Leprosy	LEP 001		S&E Local cost		4 500 5 500	
		<u>10 000</u>			<u>10 000</u>	(See Annex 27)
13.10 Zoonoses		<u>10 000</u>			<u>NIL</u>	
13.14 Blindness						
Prevention of blindness	PBL 001	<u>6 500</u>	S&E		6 500	(See Annex 28)
13.15 Cancer						
Cancer control	CAN 001		STC STC Fellowship S&E Local cost	1x1 1x1 2x2	6 500 6 500 14 400 4 200 4 000	
		<u>34 700</u>			<u>35 600</u>	(See Annex 29)
13.16 Cardiovascular diseases						
Epidemiology of cardiovascular diseases	CVD 001		Fellowship Fellowship S&E Local cost Local cost	1x3 2x3	8 600 17 200 45 200 700 400	
		<u>95 000</u>			<u>92 100</u>	(See Annex 30)
TOTAL - PHILIPPINES		1 825 700			1 655 700	

Breakdown of Country Planning Figure:
 Cost of W's Office based
 in Manila 210 700
 Country Planning Figure (Revised) 1 445 000
TOTAL - PHILIPPINES 1 655 700

WHO PROGRAMME: 3.1 Health situation and trend assessment

PROJECT TITLE: Development of a national health information system

PROJECT NUMBER: PHL HST 001

OBJECTIVES:

General: To strengthen the existing health information system, to enable it to collect, process, analyze and disseminate accurate, adequate and timely data/information to policy makers, planners and implementors for assessment of the country's health status and trends.

Specific:

For medical records:

- (1) To develop an implementation strategy for the medical records and to initiate activities.
- (2) To develop a training programme and actually initiate training activities.

For the development of national health information system:

- (1) To further review the developments in information system related to PHC.
- (2) To suggest possible ways by which this can be further improved in terms of data generation, communication, processing, analysis and utilization.
- (3) To recommend priority activities to be undertaken in regard to item 2 above.

SHORT DESCRIPTION OF PROJECT STATUS:

Activities in 1986-1987 were focused on computerization and strengthening of the Management Information Services (MIS) division. The existing health information system needs to be reviewed, evaluated and modified (if necessary) to ensure effective and efficient data collection and processing. Likewise, the Health Intelligence Service (HIS) should be strengthened.

PLANNED APPROACHES FOR 1988-1989:

Review and evaluation of existing health information system and development of strategies for efficient and effective data collection.

Conduct of a national seminar/workshop on health information system.

Strengthening of Health/Intelligence Service by:

1. Training of statisticians on health statistics, medical records and computer technology.
2. Provision of equipment (microcomputer, photocopier, vehicle) necessary for statistical, epidemiological and information dissemination functions.

WHO PROGRAMME: 3.2 Managerial process for national health development
PROJECT TITLE: Development of provincial and district managerial capacity
PROJECT NUMBER: PHL MPM 004

OBJECTIVES:
General: To collaborate in intersectoral planning, implementation of health-for-all strategies, and in studies to improve planning and management, and provide training, particularly for middle-level managers.

Specific:

- (1) To develop operational strategy for the implementation of the various programmes/projects of the Department of Health (DOH) and to strengthen planning and managerial capabilities of health personnel through training, particularly at the district health level.
- (2) To promote collaboration in the formulation of strategies for developmental planning through the utilization of international expertise and exchange of country experiences.

SHORT DESCRIPTION OF PROJECT STATUS:

Initial conduct of a 3-day seminar/workshop on development of managerial capabilities at the national level in 1986, participated in by regional coordinators from the 12 regions, who upon return to their respective regions shall conduct a 5-day seminar/workshop on similar topics discussed, in early 1987.

PLANNED APPROACHES FOR 1988-1989:

- Development of national strategy and plan of action for international collaboration in health.
- Conduct of a 5-day seminar/workshop on development of managerial capabilities at the district health level.
- Exposure of national and regional planners to experiences of countries of similar economic circumstances to international collaboration in health.

WHO PROGRAMME: 4. Organization of health systems based on primary health care

PROJECT TITLE: Development of primary health care

PROJECT NUMBER: PHL PHC 001

OBJECTIVES: To strengthen the organization of the national health system, based on primary health care, in order to effect health care coverage of the entire population, with particular attention to underserved areas.

SHORT DESCRIPTION OF PROJECT STATUS:

As of December 1985, 98% of the more than 39 000 rural villages (barangays) had been initiated to PHC and about 94% of these villages had been organized for PHC. It was also reported that PHC committees had been organized at the regional, provincial and municipal levels, either as part of the development council or as a separate body. However, to date, most of these committees are inactive or non-existent. This state of affair has given much concern to the present DOH management so that it has included the institutionalization of PHC as one of its major programmes.

It is therefore the specific object of this project to develop the capabilities of trainers and field workers to motivate community members to actively participate in their own health care and demonstrate strategies/approaches towards institutionalizing PHC in the delivery of selected health programmes.

PLANNED APPROACHES FOR 1988-1989:

Fellowship to improve capabilities on community organization/community development.

Training of trainers and field health workers at all levels.

Inventory of capabilities of barangay health workers (BHW) and status of community organizations/development.

Operational research.

WHO PROGRAMME: 5. Health manpower

PROJECT TITLE: Institute of Public Health, University of the Philippines

PROJECT NUMBER: PHU HMD 002

OBJECTIVES:

General: To strengthen the staff of the University of the Philippines, in particular that of the College of Public Health, which serves as a regional training centre and is used by WHO in the organization of courses on national health planning.

Specific: To strengthen institutional capabilities for providing graduate level training for professionals in public health and different specialties through formal and extension courses for leadership in public health and its specialties including child survival and primary health care.

SHORT DESCRIPTION OF PROJECT STATUS:

WHO provided support to the institute since 1953. Consultants and fellowships were provided to strengthen the faculty capabilities in various aspects of the College of Public Health. It was used as a national training centre as well as a WHO regional training centre in this field. Following are the main activities of the college:

- A. Degree Programmes offered:
 - 1. Master of Public Health (MPH) field of concentration major in health education, public health administration, epidemiology and biostatistics, nutrition, microbiology or community health.
 - 2. Master of Hospital Administration (MHA).
 - 3. Master of Occupational Health (MOH).
 - 4. Doctor of Public Health (Dr P.H.) - concentration may be in epidemiology, health education, public health administration, parasitology and microbiology.
- B. Short-term post-graduate offerings of several weeks to several months duration on special areas.
- C. Seminars and workshops.
- D. Research on public health problems.

PLANNED APPROACHES FOR 1988-1989:

To further strengthen the faculty capabilities, particularly in the field of epidemiology and health economics and management.

WMO PROGRAMME: 5. Health manpower

PROJECT TITLE: Health manpower training, Department of Health

PROJECT NUMBER: PHL RMD 003

OBJECTIVES: To review the situation of health manpower and sustain specific action for the reorientation of health personnel through primary health care.

To develop a manpower development plan for the Department of Health.

SHORT DESCRIPTION OF PROJECT STATUS:

The Health Manpower Development and Training Service of the Department of Health was recently reorganized (by virtue of Executive Order 851, 1985). It is envisioned that it shall function not only to coordinate all training programmes and activities in the DOH, as it had been doing in the past, but direct its emphasis and priority on "improving human resource management policies and manpower development projects".

There is a dire need to develop the manpower development capabilities of the trainers and staff both at the national and regional levels.

PLANNED APPROACHES FOR 1988-1989:

Fellowships to improve capabilities for manpower development.

Manpower development planning (in coordination with the health planning component) and management.

Inventory of manpower in the Department of Health.

WHO PROGRAMME: 5. Health manpower

PROJECT TITLE: National Teacher Training Center

PROJECT NUMBER: PHL IRND 004

OBJECTIVES: To develop the National Teacher Training Centre for the Health Profession (NTTCHP) and widen application of sound educational practices by institutions producing health personnel.

SHORT DESCRIPTION OF PROJECT STATUS:

The NTTCHP was established by the Board of Regents of the University of the Philippines on January 30, 1975 in answer to a recognized need to enhance the instructional skills of the teacher in the health professions. It functions at the interface between the health professions and education and has for its goal the improvement of the preparation of the teacher in the health professions so he can more effectively assist his students acquire the professional competence required to practice their respective disciplines in order to satisfy the needs of the community he will serve. The Center has operationalized its goal by organizing its activities into the following areas:

1. Teacher training - directed towards enhancement of instructional efficiency by exposure to educational principles and pedagogical technology.
2. Educational services - assistance given by the staff, directly or indirectly, answering specific needs at specific times.
3. Development and research - original researches and project development in health education.
4. Staff development - opportunities for continued growth and development of staff along the philosophy promulgated by the WHO Study Group in 1969 in its long range programme on teacher training for the health professions.

PLANNED APPROACHES FOR 1988-1989:

With a view to further strengthening the training capacity of the NTTCHP, particularly on the PHC curriculum of undergraduate medical schools and to upgrading knowledge on problem-based learning and evaluation skills, the NTTCHP requests WHO support in the following areas:

1. Development of medical undergraduate curriculum geared towards Primary Health Care.
2. Joint programme with Professional Regulation Commission re: evaluation and improvement of Board examinations.
3. Further development of staff expertise.
4. Continue upgrading and enlargement of the library.

WHO PROGRAMME: 6. Public information and education for health

PROJECT TITLE: Expansion of health education

PROJECT NUMBER: PHL IEH 001

OBJECTIVES:

To develop the managerial capabilities of key health educators and information officers at the central/regional/provincial/city offices of the Department of Health.

To train newly hired health educators and information officers on public information and health education thrust of the Department of Health.

To establish baseline KAP, Mortality/Morbidity base; and other relevant behavioural and educational health indicators before massive health education at urban and rural villages would take place.

To measure the effect and impact of public information and health education household teachings at villages.

To provide technical and logistic support to the Public Information and Health Education Service (PIHES).

SHORT DESCRIPTION OF PROJECT STATUS:

Advisory services in health education have been provided since 1979 to support the national training activities and strengthen the national capabilities in health education.

The Department of Health in the Philippines is in the process of strengthening the public information and health education service components of public health and special health care programmes. As such, staff capabilities in the organizational system shall be trained in managing health education support to programmes as well as providing educational directions on field implementation.

It is also commissioned that the existing health education strategies designed for urban and rural villages shall be properly documented and evaluated through an objective research based on results of health information and educational efforts. The strategy is aggressive on reaching responsible family members to participate in non-formal health education study groups with tie up on similar subject matter references with the school/community and families.

With this ambition but functional effort, technical and logistics assistance are needed in the pursuit of having healthy Filipino families under the primary health care concept of health for all by the year 2000.

PLANNED APPROACHES FOR 1988-1989:

Development of management capabilities of health educators and information officers at different levels

1. Seminar/workshops at different levels (national/regional/provincial) within the country
2. Formative/summative evaluation of training
3. Short course/field exposure to foreign countries for international experience

Technical and logistics support of the PIRES Office

1. Short term Technical Adviser on health education
2. Supplies and materials to support management and supervision

Evaluation and research of the programme on health education and information at urban/rural villages utilizing household teaching manuals and Family Health Guide Manuals for educational/behavioural process as learning and practices to take place at the household.

WHO PROGRAMME: 8.1 Nutrition

PROJECT TITLE: Nutrition services

PROJECT NUMBER: FHL NUT 001

OBJECTIVES: To reduce the incidence of iron deficiency anaemia and related nutritional deficiencies among the vulnerable age group (pre-schoolers, pregnant and lactating mothers).

SHORT DESCRIPTION OF PROJECT STATUS:

Consultancy services and logistics were provided towards the control of endemic goiter and iodation of the locally produced salt. Likewise nutrition component training on the front-line health workers and evaluation of the intervention experiment to counteract Xerophthalmia were undertaken. Support for a national campaign to promote breastfeeding and Vitamin A supplements were also provided.

PLANNED APPROACHES FOR 1988-1989:

Wider coverage of targets for the micronutrient supplementation to correct the deficiencies on iron.

Workshop on nutrition in the 12 health regions of the country which will include the Senior Dietary Nutritionists, Medical Nutritionists, Dietary Nutritionists, Hospital Dietitians and City Nutritionists to participate in the year-end workshop.

Evaluation on the effectiveness and efficiency of the Targeted Food Assistance Programme.

WHO PROGRAMME: 8.2 Oral health

PROJECT TITLE: Oral health

PROJECT NUMBER: PHL ORH 001

OBJECTIVES:

To develop oral health care services to raise the level of oral health of the population, particularly children, through the primary health care approach and with special emphasis on prevention.

To increase the management skills of those responsible for oral health programme.

To provide training for dental personnel to upgrade their theoretical knowledge and clinical skills.

SHORT DESCRIPTION OF PROJECT STATUS:

The concept of partnership between the Department of Health and Department of Education, Culture and Sports was sealed with the signing of a Memorandum of Agreement on 25 July 1984, and one of the offsprings of the partnership is the establishment and implementation of the Model Center for Oral Health Care in Miagao, Iloilo. Prior to the implementation of the center, basic orientation course was conducted with the collaboration of WHO. The participants were school officials, school teachers, midwives and barangay health workers from the town proper and 11 barangays. An action programme was developed and formulated through the coordinated efforts of the dental personnel from national, regional and municipal levels. The action programme was operationalized in January 1986 by the dentist-in-charge of the DOH and DECS.

Application of pits and fissure sealants to Grades I-II schoolchildren and the clinical activities are handled by the dentists-in-charge. The supervised toothbrushing and mouthrinsing activities to all schoolchildren involved which are handled by the school teachers are among the highlights in the preventive dental health programme for the project. Decayed permanent teeth which can still be saved are being filled up. Dental health education campaign has been intensified utilizing the school teachers, barangay health workers, allied health personnel, civic organization, and available media in dissemination of dental health information to all members of the community.

Fluoride application by mouthrinsing of 0.2% sodium fluoride solution is done twice a month by the school teachers among Grades I-V school children in 12 pilot areas. Daily toothbrushing is being supervised by the school teachers also. The midwives and barangay health workers applied emergency treatment to dental patients found in the areas of assignment and referred dental cases to the dentists.

PLANNED APPROACHES FOR 1988-1989:

The thrust of the Department of Health is to fully implement and monitor the five (5) major programmes as front-line services throughout the country. One of the major programmes is the comprehensive MCH programme of which oral health is one of the components. With the implementation of appropriate preventive activities and providing some basic dental treatment needs in the underserved areas with the Model Center for Oral Health Care serving as the demonstration area, it is expected that after the evaluation by the end of 1987, the DOH will expand the programme throughout the province of Iloilo, by 1988 it will be region-wide and by 1989 eventually, it is nationwide.

The major effort in oral health will be directed towards prevention of oral diseases among schoolchildren and other young adults by all available means including the effective use of various methods of fluorides; application of pits and fissure sealants; indigenous oral hygiene measures and traditional tooth cleaners. With the development and establishment of the Model Center for Oral Health Care in Misgao, Iloilo, through the collaboration of WHO, the project aims to reduce gingivitis rate among children and other young adults by 50%; to reduce caries rate by 25% and to fill 50% of all decayed permanent teeth among children and other young adults and serve as a demonstration center for the training of public health dentists in preventive oral health.

Technical and financial support from WHO for consultancy and advisory services, fellowships, purchase of dental equipment and local cost are requested to support the demonstration centre.

WHO PROGRAMME: 9.1 Maternal and child health

PROJECT TITLE: Maternal and child health

PROJECT NUMBER: PHIL MCH 001

OBJECTIVES: To reduce maternal morbidity and mortality and pregnancy wastage; to improve the chances of survival of live born children; and to improve child health, growth and development.

To improve the well-being of mothers and children through maximum involvement of the community.

SHORT DESCRIPTION OF PROJECT STATUS:

The MCH programme provides care to the pregnant and non-pregnant women at home and in health facilities. An innovative approach has been tested through the use of a home-based mother's record (HEMR) as a tool for strengthening MCH utilizing FIC concept in selected communities which showed favourable results. This is linked with the child growth chart. Promotion of breastfeeding is pursued through community and inter-agency efforts. The National Milk Code has been signed into law which gave a big boost to the breastfeeding campaign.

PLANNED APPROACHES FOR 1988-1989:

Intensification activities will be pursued such as: the expansion of the use of home-based mothers record and continuing care through the risk approach. The maternal and neonatal risk factors for Filipinos will be determined for adoption by health workers. The Milk Code will be disseminated and its implementation monitored closely.

WHO PROGRAMME: 9.3 Workers' health

PROJECT TITLE: Occupational health programme development

PROJECT NUMBER: PHL OCH 002
(New)

OBJECTIVES:
General: To develop a programme on the prevention and control of occupational diseases and health hazards among industrial and agro-based workers.

Specific:

- (1) To undertake an inventory of industries for purposes of developing a national directory of industrial establishments.
- (2) To identify industries considered hazardous.
- (3) To evaluate/assess the working environment as it affects the health and safety of the workers.
- (3) To identify occupational diseases and common health complaints among workers in specific industries based on medical records.

SHORT DESCRIPTION OF PROJECT STATUS:

This is a new project.

PLANNED APPROACHES FOR 1988-1989:

Establishment of baseline information on environmental stresses/factors and working conditions affecting the health of the working population.

Coordination with other related governmental agencies involved in the promotion and protection of workers' health.

WHO PROGRAMME: 10.1 Psychosocial factors in the promotion of health and human development

PROJECT TITLE: Mental health

PROJECT NUMBER: PHIL PSF 001

OBJECTIVES:

To identify present attitudes and their corresponding expressions regarding the mentally-ill among health professionals in the Department of Health.

To identify resistance to change as well as opportunities and risks as the DOH moves towards the treatment of the mentally-ill in the community and non-psychiatric hospitals.

To design approaches to overcome resistance to training in the care of the mentally-ill among DOH non-psychiatric health personnel.

SHORT DESCRIPTION OF PROJECT STATUS:

The project started in 1976, however no particular activity has been supported by WHO until 1983. In 1984 and 1986, national seminars-workshops on formulation of mental health plan through PHC were held in order to develop a national mental health programme utilizing the PHC approach.

PLANNED APPROACHES FOR 1988-1989:

Assessment of attitudes of health personnel concerned on the promotion of health and care/treatment of mentally-ill.

Conduct a workshop to identify constraints and to make recommendations on intervention measures that will be implemented.

WHO PROGRAMME: 10.2 Prevention and control of alcohol and drug abuse

PROJECT TITLE: Prevention and control of drug abuse

PROJECT NUMBER: PHL ADA 001
(New)

OBJECTIVES: General: To strengthen the existing programme on the prevention and control of drug abuse.

Specific:

- (1) To develop strategies in prevention and control of drug abuse.
- (2) To strengthen public health information and education activities.

SHORT DESCRIPTION OF PROJECT STATUS:

The Philippine Government has a Dangerous Drugs Board with the Secretary of the Department of Health as Chairman.

In the past, WHO support was confined to responding to ad hoc requests of the government.

PLANNED APPROACHES FOR 1988-1989:

For 1988-1989, it is envisioned that a newsletter will be published to serve as basic source of information for health personnel on the problem and scope of drug abuse, contributory factors, its prevention, etc.

At the same time, printing of health education materials for distribution to the public will be pursued.

WHO PROGRAMME: 11.1 Community water supply and sanitation

PROJECT TITLE: Environmental sanitation

PROJECT NUMBER: PHL CWS 002

OBJECTIVES:

General: To strengthen basic sanitation measures, in collaboration with the comprehensive health service delivery system using the primary health care approach, which will respond to the needs of the community and make the best use of available resources.

Specific: To support the IDWSSD Programme using appropriate technology, local resources, staff development, promotion of coordination among related agencies and active community participation through the PHC approach to enhance the achievement of the Decade goal.

SHORT DESCRIPTION OF PROJECT STATUS:

The IDWSSD Programme is being implemented by 6 departments and agencies and is making steady progress.

The population drinking safe water has been increased from 50% of the total population in 1980 to 72% in 1986, while the households having sanitary toilets increased from 59% to 67% during the same period.

WHO collaboration is required in monitoring/evaluation of the progress of programme, promotion in the inter and intra cooperation among the related agencies and in obtaining external fundings.

PLANNED APPROACHES FOR 1988-1989:

To provide safe and adequate drinking water supply and the necessary sanitary facilities for the people in order to control or minimize related communicable diseases and improve community living conditions, the following activities will be implemented:

- a. Continue implementation of the decade programme and make comprehensive monitoring and evaluation.
- b. Promote and strengthen the urban water supply and sanitation programmes.
- c. Training of BHWs and sanitary inspectors to obtain their active participation as well as the community.
- d. Strengthening of operation and maintenance of water supply and sanitation facilities.
- e. Monitoring of pilot rural environmental sanitation project.
- f. Conduct of comprehensive review of the IDWSSD programme.

WHO PROGRAMME: 11.4 Food safety

PROJECT TITLE: Food safety (fellowships)

PROJECT NUMBER: PHL FOS 099

OBJECTIVES: To strengthen the food regulatory operation of the Bureau of Food and Drugs in order to ensure safe and good quality supply of food products for the protection of public health.

SHORT DESCRIPTION OF PROJECT STATUS:

The project is a continuation of prior year activities in the training of technical personnel on food safety and control by means of study/observation and practical training in food regulatory agencies and institutions of developed countries.

PLANNED APPROACHES FOR 1988-1989:

For the period 1988-1989, three (3) fellowship activities have been proposed which are directed toward the improvement of BFAD food laboratory systems and procedures, food evaluation and inspection management system.

With the advancement in the field of international and domestic food technology and regulatory systems, it is expected that the said activities will help better improve the present functions of BFAD to control the manufacture, distribution and sale of processed food which are introduced in the market. The safety and quality of food will be assured with the efficiency and effectiveness of BFAD operation.

WHO PROGRAMME: 12.1 Clinical, laboratory and radiological technology for health systems based on PHC

PROJECT TITLE: Maintenance of X-ray and other medical equipment

PROJECT NUMBER: PHL CLR 001

OBJECTIVES:
To strengthen the hospital equipment repair and training capabilities of the Biomedical Engineering Division of the Radiological Health Service (RHS), Department of Health.

To strengthen the Secondary Standard Dosimetry Laboratory (SSDL) of the Medical Physics Division of the Radiological Health Service of the Department of Health.

SHORT DESCRIPTION OF PROJECT STATUS:

The RHS Biomedical Engineering Division has conducted separate training courses in the repair of low and medium-powered X-ray equipment, electromedical equipment and laboratory equipment. Field performance of trainees has been satisfactory. Partial decentralization has been achieved in 2 regions. However the number of courses needs to be increased and the technical knowhow of the trainers needs to be upgraded. To ensure effective transfer of knowledge, the number of trainees is kept to a manageable level.

The RHS SSDL is an accredited member of the WHO/IAEA network of SSDL's. It maintains the radiation metrology standards for the Philippines, and provides the following services: calibration of radiation dosimeters, clinical dosimeters consultation services, therapy beam output measurements and machine checks, design of radiation facilities, acceptance and quality control testing of radiologic equipment, training of radiation workers and other related duties.

PLANNED APPROACHES FOR 1989-1989:

Upgrading of technical knowledge of RHS engineers who train DOH regional maintenance personnel in hospital equipment repair.

Upgrading of technical knowledge of SSDL personnel on SSDL equipment design and maintenance.

Conduct of training courses for DOH regional maintenance personnel on the repair of hospital equipment.

WHO PROGRAMME: 12.3 Drug and vaccine quality, safety and efficacy

PROJECT TITLE: Drug quality, safety and efficacy (fellowships) (formerly Assistance to Food and Drug Administration - PHL EDV 001)

PROJECT NUMBER: PHL DSE 099

OBJECTIVES: To strengthen the drug regulatory operation of the Bureau of Food and Drugs in order to ensure safe and good quality supply of drug for the protection of public health.

SHORT DESCRIPTION OF PROJECT STATUS:

The programme title is a reclassification from "Essential drugs and vaccines" to "Drug and vaccine quality, safety and efficacy", as recommended by WHO Regional Adviser under 1986/1987 Programme Budget, stating that "drug regulatory agency should be under programme 12.3 Drug and vaccine quality, safety and efficacy".

The project is directed to the training of technical personnel of BFAD on drug control by means of study/observation tour and practical training in drug regulatory agencies and institutions of developed countries.

PLANNED APPROACHES FOR 1988-1989:

For the period 1988-1989, three (3) fellowship activities have been proposed which are directed toward the improvement of BFAD laboratory system and procedures and plant inspection.

WHO PROGRAMME: 12.3 Drug and vaccine quality, safety and efficacy

PROJECT TITLE: Vaccine quality, safety and efficacy (formerly DPT Vaccine Production, Alabang)

PROJECT NUMBER: PHU DSE 001

OBJECTIVES: To upgrade capabilities of quality control of vaccines such as DPT, measles, polio and other viral vaccines.

SHORT DESCRIPTION OF PROJECT STATUS:

Quality control examinations are done for several locally produced vaccines such as BCG, cholera, typhoid, tetanus and rabies vaccines. It is planned to extend this capability for other vaccines that will be locally manufactured or for imported ones.

PLANNED APPROACHES FOR 1988-1989:

A study to increase the capabilities of the Division of Biologicals of the Bureau of Research and Laboratories are about completed. As part of this process, its capacity for quality control needs to be expanded. In addition, the licensing of biological products has been proposed to be given to the Bureau. Hence, the capabilities for testing both locally manufactured and imported biologicals need to be upgraded.

WHO PROGRAMME: 12.4 Traditional medicine

PROJECT TITLE: Traditional medicine

PROJECT NUMBER: PHL TRM 001

OBJECTIVES: To organize a traditional medicine unit under the Public Health Operations.

To undertake a survey of traditional health practices existing in urban/rural areas.

To promote the development/utilization of useful traditional medicine practices.

SHORT DESCRIPTION OF PROJECT STATUS:

Herbal processing plants in Regional Health Office 2, 8 and 12 are being established for production of 5 herbal plants preparations.

Local training of 80 DOH physicians in acupuncture already completed and are practicing acupuncture in their respective areas of assignment.

PLANNED APPROACHES FOR 1988-1989:

Undertake survey of traditional medicine practices.

Promote the use of acupuncture and herbal medicine in treatment, which are being developed.

WHO PROGRAMME: 12.5 Rehabilitation

PROJECT TITLE: Development of a community-based rehabilitation programme.

PROJECT NUMBER: PHL RHB 001
(New)

OBJECTIVES: To design and implement a community-based rehabilitation programme to address the needs for disability prevention, rehabilitation and equalization of opportunities for the affected population.

SHORT DESCRIPTION OF PROJECT STATUS:

This is a new project.

PLANNED APPROACHES FOR 1988-1989:

Exchange of information concerning community-based rehabilitation services, both physical and mental, as a basis for planning the national programme on rehabilitation.

Coordination of activities with other governmental and non-governmental organizations concerned with rehabilitation services.

WHO PROGRAMME: 13.1 Immunization

PROJECT TITLE: Expanded programme on immunization

PROJECT NUMBER: FHL EPI 001

OBJECTIVES:

To reduce morbidity and mortality from the six childhood immunizable diseases by providing immunization against them for every child in the country by the year 1990.

To promote national self-reliance in the delivery of immunization services within the context of primary health care.

SHORT DESCRIPTION OF PROJECT STATUS:

Immunization of infants, school entrants and pregnant women has been implemented nationwide. Training courses on EPI management and repair of refrigerators have been conducted. A comprehensive programme review was conducted which led to the revision of implementing guidelines and formulation of operational plans for EPI acceleration.

PLANNED APPROACHES FOR 1988-1989:

Acceleration of EPI through dissemination of EPI newsletters, updating of EPI manual, intensification of immunization campaign in cities and improvement of cold chain and logistics and maintenance.

WHO PROGRAMME: 13.3 Malaria

PROJECT TITLE: Malaria control programme

PROJECT NUMBER: PHL MAL 001

OBJECTIVES:
 General: To collaborate in the development of malaria control programme with the objectives of prevention and reduction of malaria mortality and morbidity.

Specific:

- (1) To reduce the level of malaria incidence to 1/1000 population by year 2000.
- (2) To prevent the re-establishment of malaria endemicities in cleared-areas.

SHORT DESCRIPTION OF PROJECT STATUS:

The Malaria Eradication Service (MES) was created on 16 July 1966 by R.A. 4832 to be directly under the administrative supervision of the Secretary of Health with the mandate to protect the people against malaria. A national malaria eradication programme was started in 1967 but reverted to a national control programme in 1980. In line with the global PHC concept and thrust, Executive Order No. 851, dated 2 December 1982 integrated the Malaria Control Programme into the Field Health Service of the DOH. The MES was given a staff function but with a responsibility of planning and monitoring the national control programme.

PLANNED APPROACHES FOR 1988-1989:

For the last 5 years there has been no adequate vector control and residual spraying has been applied through volunteerism in selected parts of the house. Correction of this method will be done together with the following strategy. Areas will be divided into 3 categories depending on the annual parasite incidence: (a) API > 5/1000 but < 10/1000 - one spray cycle and case finding through PHC approach; (b) API > 10/1000 pop.-combine residual spraying, environmental management and biological control; residual spraying 2 cycles and case finding incidental; (c) API < 5/1000 - focal spraying only, case finding through PHC approach and reenforced by hired malaria canvassers. In vivo and in vitro researches, production of portable incubators, other research projects and training will be continued.

WHO PROGRAMME: 13.4 Parasitic diseases

PROJECT TITLE: Schistosomiasis control

PROJECT NUMBER: PHL PDP 001

OBJECTIVES: To prevent and progressively control schistosomiasis; specifically to reduce prevalence rate of infection by 70-80% within a timeframe of 6 years starting from 1984.

SHORT DESCRIPTION OF PROJECT STATUS:

It is estimated that *S. japonicum* infection affects about 400 000 people in 167 municipalities in 23 provinces in the Philippines. Starting in 1982, a mass treatment campaign was launched using the drug, praziquantel. Recent assessment of the national programme on schistosomiasis control showed that in spite of shortage of funds and trained field staff, the control programme is progressing well and getting closer to the target of reducing the prevalence rate of infection.

PLANNED APPROACHES FOR 1988-1989:

A seminar is planned in 1988 to continue monitoring and assessment of the national control activities.

Visits to field teams will be done by consultants to monitor on-going activities such as mass chemotherapy of the infected population; and also to encourage implementation of additional measures of control to sustain gains achieved from mass treatment like toilet construction, provision of water supply and improvement of environmental sanitation.

Intensification of health education activities.

Strengthening of linkage with other government and non-governmental agencies engaged in the implementation of other control and preventive measures.

WHO PROGRAMME: 13.6 Diarrhoeal diseases

PROJECT TITLE: Control of diarrhoeal diseases

PROJECT NUMBER: PHL CDD 001

OBJECTIVES:

To reduce mortality and malnutrition related to acute diarrhoeal diseases, particularly in children under 5 years of age;

To reduce morbidity from acute diarrhoea by promoting sound feeding practices, environmental sanitation and health education. The promotion of research and strengthening of disease surveillance will also be essential to identify appropriate control measures.

To promote self reliance in matters of production of oral rehydration salts.

SHORT DESCRIPTION OF PROJECT STATUS:

The CDD programme was instituted as a response to the diarrhoea problem in the country. Diarrhoea is the number 2 cause of death and illness among young children. The programme has 3 major components: oral rehydration salts (ORS) production, training and health education/promotion.

General orientation sessions on CDD/ORT had been conducted and this had been implemented in the field since 1981. Clinical management courses which emphasize the "hands-on" training was started in 1985. By end of 1986, 6 such courses covering 72 physicians and 67 nurses were completed. Nine of the 13 health regions were covered by this training. Training had also reached the medical and nursing schools. In late 1986, 2 workshops on strengthening the curricula were held for the medical and nursing schools. For ORS production, the Department of Health is committed to produce 4 million oresol every year at the same time encourages the private sector to produce and sell ORS.

PLANNED APPROACHES FOR 1988-1989:

Training course/s to strengthen CDD in medical schools.

Improving capabilities for operational research.

WHO PROGRAMME: 13.7 Acute respiratory infections

PROJECT TITLE: Acute respiratory infections

PROJECT NUMBER: PHL ARI 001

OBJECTIVES: To develop a national programme for prevention and control of acute respiratory infections.

To upgrade primary health care in case management and health education.

To strengthen laboratory diagnostic capabilities, including antibiotic sensitivity testing.

SHORT DESCRIPTION OF PROJECT STATUS:

Since researches in the Philippines have provided adequate information on epidemiology, clinical and etiological aspects of acute respiratory infections, the pilot programme is currently being undertaken in the Bohol rural area funded by ADAB, with a view to demonstrating the impact of intervention programme and obtaining data on operational problems of the programme. The Government plans to initiate a national control programme in a phased manner from 1987 onward. At the same time, laboratory capabilities have been strengthened to undertake research activities and monitoring antibiotic sensitivity to support case management programme by holding training courses in 1983 and 1986. JICA will conduct workshops on ARI laboratory diagnosis at RITH in 1987 and 1989.

PLANNED APPROACHES FOR 1988-1989:

ARI control programme with health services in urban areas.

The activities consist of baseline data collection, training, intervention and evaluation for two years. Programme sites will be Metro Manila. In the first quarter of 1988, a training course for case management and integrated survey on EPI coverage and mortality, morbidity and treatment of ARI and CDD will be conducted to be followed by an actual survey.

Case management programme, rational practice on ARI and health education of mothers by primary health care workers will also be conducted from 1988 through 1989. Cotrimoxazole will be supplied to all related health centres. EPI and CDD will also be encouraged if programmes are not active in the area.

For monitoring and evaluation, the integrated survey will be repeated in 1988 and 1989.

WHO PROGRAMME: 13.8 Tuberculosis

PROJECT TITLE: Tuberculosis control

PROJECT NUMBER: PHL TUB 001

OBJECTIVES: To strengthen the national tuberculosis control programme of the Department of Health.

SHORT DESCRIPTION OF PROJECT STATUS:

For the past years, substantial collaboration from WHO was used in the procurement of anti-tuberculosis drugs and laboratory supplies/reagents. The short course chemotherapy was adapted in the national programme which necessitated the reorientation/training of the Implementors and managers in the new mode of management. Currently, case-finding is pursued using sputum microscopy as standard procedure, and drugs are distributed to identified cases using a set mechanism.

PLANNED APPROACHES FOR 1988-1989:

Intensify case-finding and treatment activities.

Upgrade microscopy centers.

Supplement drug/supply requirements of the national programme.

Upgrade technical skill of concerned health and paramedical personnel.

WHO PROGRAMME: 13.9 Leprosy

PROJECT TITLE: Leprosy control

PROJECT NUMBER: PHL LEP 001

OBJECTIVES: To strengthen the leprosy control services with the existing health infrastructure.

To intensify case-finding activities and sustained treatment with multidrug all cases discovered and registered cases.

SHORT DESCRIPTION OF PROJECT STATUS:

Following the pilot experiences/results of leprosy control through MDT implementation, expanded activities on the various aspects of MDT implementation shall be pursued in 1988-1989.

PLANNED APPROACHES FOR 1988-1989:

Encourage and enhance community support for the leprosy control programme.

Encourage voluntary self-reporting and diagnosis.

Improve drug compliance rates.

Strengthening of the programme management at provincial level.

WHO PROGRAMME: 13.14 Blindness

PROJECT TITLE: Prevention of blindness

PROJECT NUMBER: PHL PBL 001

OBJECTIVES: To develop prevention of blindness programmes, especially in underserved areas in order to reduce preventable blindness.

To upgrade knowledge and skills of concerned DOH personnel in the prevention of blindness.

SHORT DESCRIPTION OF PROJECT STATUS:

In the past biennium, equipment such as slit-lamps were procured to strengthen diagnostic capabilities of some DOH hospitals.

In 1984, two Filipino eye specialists (one from the Jose Reyes Memorial Medical Center and the other from the Quirino Memorial General Hospital) were awarded WHO fellowships for the purpose of transferring intra-ocular lens (IOL) transplantation technology here. Unfortunately, this has not been completely realized yet, the main constraint being the lack of IOLs.

PLANNED APPROACHES FOR 1988-1989:

Blindness due to cataract is one disorder that could readily be managed by surgery. It is planned that simple cataract extraction and intra-ocular lens transplantation will be applied both in urban and rural areas. Some basic instruments and supplies will be provided and regional and provincial eye men will be trained on the technique.

WHO PROGRAMME: 13.15 Cancer

PROJECT TITLE: Cancer control

PROJECT NUMBER: PHIL CAN 001

OBJECTIVES:

To collaborate in the development of a national control programme which will be integrated into the existing health services.

To develop a comprehensive programme of cancer management.

To develop a multidisciplinary approach in managing cancer pain so as to provide an effective, low-cost and affordable means of managing cancer pains.

SHORT DESCRIPTION OF PROJECT STATUS:

From 1980, WHO cooperation was substantially in the form of technical cooperation in the review and assessment of cancer registries and the assessment of the status of nuclear medicine.

Staff development was likewise initiated. In addition to foreign studies, local training of selected personnel in the field of cytopathology and nuclear medicine was implemented.

Supplies and equipment for the Center were procured.

PLANNED APPROACHES FOR 1988-1989:

The project, since its start, was carried out primarily for the development of a highly specialized cancer center to answer the problem of cancer prevention and control. Little attention, if any, was given to the problem of the cancer survivors - that is, cancer pain.

It is envisioned therefore that for 1988-1989, the government shifts its attention to this basic problem of providing a community-based, low cost, affordable and effective management of pain so that cancer patients may go through their remaining years, be more productive, and have a better quality of life.

This aspect of cancer management is a support to the definitive management of the disease. Should this be developed and integrated in the existing system, then we would have achieved total care for the cancer patient and address the needs of the cancer survivors.

Specific activities shall relate to upgrading knowledge, development of skills of certain personnel on pain management through consultancy services, fellowships and locally conducted training.

WHO PROGRAMME: 13.16 Cardiovascular diseases

PROJECT TITLE: Epidemiology of cardiovascular diseases

PROJECT NUMBER: PHL CVD 001

OBJECTIVES:

General: To collaborate in the development of a national cardiovascular disease control programme.

Specific:

- (1) To have trained key personnel in CVD prevention and control at the district and municipal levels by end of 1989.
- (2) To develop and evaluate a prototype of a feasible control programme for the common CVD at the community level for nationwide implementation.

SHORT DESCRIPTION OF PROJECT STATUS:

CVD training: Beginning 1985 to 1986, national and regional trainers had been trained in CVD prevention and control with WHO's support and with the intent of training other trainers at the provincial and municipal levels. However due to lack of logistics support only a few provinces had conducted the CVD echo training.

The Comprehensive Cardiovascular Control Programme (CCCP), a pilot programme started in 1981, is basically a comparison of the CVD problems in an area where intervention programme was carried out (experimental) with those in an area where no intervention programme was introduced (control). There are 3 phases of the study: Phase 1, the establishment of baseline information, consisted of a survey on people's knowledge, attitude and practices (KAP) and an epidemiological survey. This phase was accomplished in 1983. Phase 2, the intervention phase is on-going. It is scheduled to be finished in September 1987. Phase 3, the evaluation phase, will immediately follow the intervention phase.

PLANNED APPROACHES FOR 1988-1989:

To have trained key personnel on CVD prevention and control at the district and municipal level by end of 1989.

Upgrade knowledge/skills of certain health personnel on the prevention and control of CVD.

The evaluation phase of the CCCP study will be continued in 1988. As in Phase 1, KAP and epidemiological surveys will again be conducted in both the intervention and control areas of the study. After the surveys, data processing and analysis will be done. Documentation of the outcome of the study will also be undertaken during the period.

**WORLD HEALTH ORGANIZATION
COLLABORATIVE HEALTH PROGRAM BUDGET
1990-1991**

1990-1991 DETAILED PROGRAMME BUDGET

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WEP/RC39/5)	CG/MO/MENT	MAN-MONTHS	ESTIMATED COST	R E M A R K
3.1 Health situation and trend assessment	HST 001					
<u>Development of a national health information system</u>						
			SIC	1x1	7 000	
			Fellowship	2x1	5 400	
			Fellowship	1x1	5 800	
			Fellowship	4x2	14 800	
			Fellowship	3x2	11 100	
			S&E		24 400	
			Local cost		6 000	
		<u>89 400</u>			<u>74 500</u>	(See Annex 1)
3.2 Managerial process for national health development	MPN 001					
<u>Development of provincial and district managerial capacity</u>						
			Fellowship	3x1	17 400	
			S&E		17 200	
			Local cost		10 000	
		<u>44 200</u>			<u>44 500</u>	(See Annex 2)
4. Organization of health systems based on primary health care	PHC 001					
<u>Development of primary health care</u>						
			SIC (Local)	2x2	6 000	
			Fellowship	8x1	21 500	
			S&E		89 000	
			Local cost		18 000	
			Vehicle		15 000	
		<u>138 000</u>			<u>149 500</u>	(See Annex 3)

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO. (WFR/RC39/S)	ORIGINAL PLANNING FIGURE	COMPONENT	MAN-MONTHS	ESTIMATED COST	R E M A R K
5. Development of human resources for health						
<u>College of Public Health, University of the Philippines</u>	HMD 001 (ex HMD 002)		Fellowship Fellowship Fellowship Fellowship Fellowship Fellowship S&E Local cost	1x3 1x2 1x12 1x2 1x2 1x2 1x2 1x2	8 500 8 700 25 100 8 700 8 700 8 700 8 700 5 000 5 100	(See Annex 4)
<u>National Teacher Training Center</u>	HMD 002 (ex HMD 004)		SIC Fellowship (local) Fellowship Fellowship S&E Local cost	1x1 2x12 1x3 1x3	7 000 8 000 8 500 8 500 7 700 3 500	(See Annex 5)
<u>Health manpower training, Department of Health</u>	HMD 003		SIC SIC Fellowship S&E S&E Local cost CSA Vehicle	1x1 1x1 2x2	7 000 7 000 14 200 10 000 17 000 10 000 5 000 16 000	(See Annex 6)
		<u>230 800</u>			<u>85 200</u> <u>216 600</u>	

1990-1991 DETAILED PROGRAMME BUDGET

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WFR/RC39/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
6. Public information and education for health						
<u>Expansion of health education</u>	IEH 001		SIC	1x1	7 000	
			Fellowship	1x2	7 100	
			Fellowship	1x2	5 500	
			Fellowship	2x1	5 400	
			S&E		1 400	
			S&E		12 200	
			Local cost		5 000	
			Local cost		2 000	
			CSA		5 000	
			Vehicle		5 000	
		<u>55 200</u>			<u>55 600</u>	(See Annex 7)
8.1 Nutrition						
<u>Nutrition services</u>	NUT 001		Fellowship	1x1	5 800	
			Local cost		3 500	
			Local cost		4 000	
			Local cost		4 400	
		<u>17 700</u>			<u>17 700</u>	(See Annex 8)
8.2 Oral health						
<u>Oral health</u>	ORH 001		Fellowship	2x2wk	4 600	
			Fellowship	2x2wk	4 500	
			S&E		14 800	
			Local cost		4 800	
		<u>29 800</u>			<u>28 700</u>	(See Annex 9)

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WER/RC39/5)	COMPONENT	MAN-HOURS	ESTIMATED COST	REMARK
8.4 Tobacco or health						
Smoking control programme	TOB 001		S&E Local cost		3 000 2 000 <u>5 000</u>	(See Annex 10)
9. Maternal and child health, including family planning						
Maternal and child health	MCH 001		SIC Fellowship Fellowship Fellowship S&E Local cost	1x2 2x1 2x1 1x1	14 000 6 800 5 400 5 800 50 400 10 000 <u>92 400</u>	(See Annex 11)
9.4 Workers' health						
Occupational health programme development	OCH 001 (ex OCH 002)		SIC (Local) Fellowship S&E	1x5 3x1	9 000 8 100 5 700 <u>22 800</u>	(See Annex 12)
10.1 Psychosocial and behavioural factors in the promotion of health and human development						
Mental health	PSF 001		SIC S&E	1x1	7 000 1 500 <u>8 500</u>	(See Annex 13)

PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO. (WFR/RC39/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
ORIGINAL PLANNING					
10.2 Prevention and control of alcohol and drug abuse	ADA 001	Local cost		4 000	
Prevention and control of drug abuse		Local cost		3 000	
				<u>7 000</u>	(See Annex 14)
11.1 Community water supply and sanitation	CWS 001	Fellowship	4x1	10 800	
Environmental sanitation	(ex CWS 002)	Fellowship	2x1	5 400	
		S&E		43 900	
		Local cost		18 000	
				<u>83 500</u>	(See Annex 15)
11.5 Food safety (fellowships)	FOS 099	Fellowship	1x2	7 100	
Food safety (fellowships)		Fellowship	1x2	7 100	
		Fellowship	1x2	7 100	
		Fellowship	1x2	6 900	
		Fellowship	1x2	6 900	
		Fellowship	2x1	5 400	
				<u>40 500</u>	(See Annex 15)

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (NER/RC39/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
12.1 Clinical, laboratory and radiological technology for health systems based on PEC						
Maintenance of X-ray and other medical equipment	CLR 001		SIC	1x1	7 000	
			SIC	1x1	7 000	
			Fellowship	1x3	4 800	
			Fellowship	1x3	4 800	
			Fellowship	1x3	7 400	
			Fellowship	1x2	6 900	
			Fellowship	1x1	5 800	
			S&E		53 700	
		<u>91 600</u>			<u>97 400</u>	(See Annex 17)
12.2 Essential drugs and vaccines						
		<u>30 900</u>			<u>NIL</u>	
12.3 Drug and vaccine quality, safety and efficacy						
Vaccine quality, safety and efficacy	DSE 001		SIC	1x1	7 000	
			Fellowship	1x2	3 700	
			Fellowship	1x2	3 700	
			S&E		11 500	
					<u>25 900</u>	(See Annex 18)
Drug quality, safety and efficacy (fellowships)	DSE 099		Fellowship	1x2	7 100	
			Fellowship	1x2	7 100	
			Fellowship	1x2	7 100	
			Fellowship	1x2	6 900	
		<u>25 400</u>			<u>28 200</u>	(See Annex 19)
					<u>54 100</u>	

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WFR/RC39/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
12.4 Traditional medicine	TRM 001		S&E Local cost		3 000 8 000	
		<u>11 000</u>			<u>11 000</u>	(See Annex 20)
12.5 Rehabilitation	RHB 001		SIC (Local) S&E Local cost CSA	2x1	3 000 3 000 2 400 2 000	
		<u>9 400</u>			<u>10 400</u>	(See Annex 21)
13.1 Immunization	EPI 001		Fellowship S&E Local cost Local cost	2x1	5 400 20 800 10 000 6 000	
		<u>44 200</u>			<u>42 200</u>	(See Annex 22)
13.3 Malaria	MAL 001		Fellowship Fellowship	2x3 2x1	19 400 5 400	

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WFP/RC39/5)	COMPONENT	MAN-MONTHS	ESTIMATED COST	REMARK
13.8 Tuberculosis						
<u>Tuberculosis control</u>	IUB 001		STC	1x2	14 000	
			STC	1x1	7 000	
			STC	1x1	7 000	
			Fellowship	5x1	13 500	
			S&E		121 300	
			Local cost		14 500	
		<u>188 800</u>			<u>177 300</u>	(See Annex 27)
13.9 Leprosy						
<u>Leprosy control</u>	LEP 001		STC	1x1	7 000	
			Vehicle		11 000	
		<u>11 000</u>			<u>18 000</u>	(See Annex 28)
13.15 Blindness and deafness						
<u>Prevention of blindness</u>	PBD 001 (ex PBL 001)		S&E		7 800	
		<u>7 800</u>			<u>7 800</u>	(See Annex 29)
13.16 Cancer						
<u>Cancer control</u>	CAN 001		STC	1x1	7 000	
			Fellowship	1x2	8 700	
			Fellowship	2x2	14 200	
			S&E		4 500	
			Local cost		4 000	
		<u>39 400</u>			<u>38 400</u>	(See Annex 30)

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PROGRAMME CLASSIFICATION/ PROJECT TITLE	PROJECT NO.	ORIGINAL PLANNING FIGURE (WFR/RC39/5)	COMMENT	MAN-MONTHS	ESTIMATED COST	R E M A R K
13.17 Cardiovascular diseases						
Epidemiology of cardiovascular diseases	CVD 001		SIC (Local)	1x5	9 000	
			SIC (Local)	1x5	9 000	
			SIC	1x1	7 000	
			SIC (Local)	2x1	3 000	
			SIC (Local)	2x1	3 000	
			SIC (Local)	10 000	10 000	
			Fellowship	8 100	8 100	
			S&E	27 000	27 000	
			S&E	7 000	7 000	
			Local cost	10 000	10 000	
			Vehicle	19 500	19 500	
		<u>112 500</u>			<u>112 500</u>	(See Annex 31)

TOTAL - PHILIPPINES

1 544 000

1 544 000

WHO PROGRAMME: 3.1 Health situation and trend assessment

PROJECT TITLE: Development of a national health information system

PROJECT NUMBER: PHL HSI 001

OBJECTIVES: General: To strengthen the existing health information system to enable it to collect, process, analyze and disseminate accurate, adequate and timely data/information to policy-makers, planners and implementors for assessment of the country's health status and trends.

Specific:

1. To develop efficient systems of processing data collected by the new health information system.
2. To develop efficient system for data communication.
3. To develop the capability on data analysis and utilization of DOH personnel at all levels.

SHORT DESCRIPTION OF PROJECT STATUS:

In 1986-1989, activities were focused on the development and operationalization of the new health information system and strengthening the Health Intelligence Service (HIS) by training of statistical staff and provision of equipment to support statistical, epidemiological and information dissemination functions.

A grant given by the U.S. Agency for International Development (USAID) to the World Health Organization (WHO) in 1988 in the amount of US\$409 807 provided technical and budgetary support in redesigning the health information system and in carrying out nationwide HIS implementation activities.

PLANNED APPROACHES FOR 1990-1991:

- Development of monitoring and evaluation methodologies for the new Health Information System.
- Observation and study tours in countries with developed health information systems.
- Training of computer personnel and statisticians in computer technology, data processing and communication.
- National seminar-workshops for mid-level managers on data analysis and utilization.
- Provision of equipment necessary for statistical, epidemiological and information dissemination as well as training functions.

WHO PROGRAMME: 3.2 Managerial process for national health development
PROJECT TITLE: Development of provincial and district managerial capacity
PROJECT NUMBER: PHL MPN 001 (ex MPN 004)

OBJECTIVES:
General: To collaborate in intersectoral planning, implementation of health-for-all strategies, and in studies to improve planning and management, and provide training, particularly for middle-level managers.

Specific:

1. To develop operational strategies for an effective planning and implementation of health programmes/projects, and improve managerial capacity of district level managers.
2. To strengthen planning capability of health staff by providing advance training on health planning for an effective delivery of planning assistance to lower level units.
3. To improve operational planning and implementation of various health programmes/projects of the Department of Health (DOH) by providing technical and planning assistance to health personnel, particularly at the district health level.

SHORT DESCRIPTION OF PROJECT STATUS:

A 3-day seminar/workshop on development of managerial capabilities at the national level was conducted in 1986, participated in by regional coordinators from the 12 regions, who, upon return to their respective regions, also conducted a 5-day seminar/workshop on same topics.

A 5-day seminar/workshop on the improvement of operational planning at the municipal level in Regional Health Office No. 9 was held from 27 June to 2 July 1988, participated in by 30 district health officers, municipal health officers, nurses, midwives, sanitary inspectors and local government representatives.

PLANNED APPROACHES FOR 1990-1991:

- Strengthening of planning capability of health staff through advance training in health planning and exposure to experiences of other countries.
- Conduct of a 5-day seminar/workshops on operational planning at the district health level in two selected areas.
- Provision of necessary logistic support for the effective implementation of operational strategies.

WHO PROGRAMME: 4. Organization of health systems based on primary health care

PROJECT TITLE: Development of primary health care

PROJECT NUMBER: PHL PEC 001

OBJECTIVES: To strengthen the organization of the national health system, based on primary health care, in order to effect health care coverage of the entire population, with particular attention to underserved areas.

SHORT DESCRIPTION OF PROJECT STATUS:

The Philippines, with the cooperation of WHO, has initiated and organized some 95% of barangays to primary health care. As with some programmes, some difficulty was experienced in sustaining active participation of local leaders and some communities due to inadequate follow-up/supervision at the community level and fast turnover of barangay health workers (BHWs). Thus, the thrust in the previous biennium was to institutionalize primary health care as one of the major programmes, to give support to active/existing health workers and communities, and to provide both logistic and technical support for the staff to improve managerial and supervisory capabilities and develop more strategies for maintenance of efforts already started.

PLANNED APPROACHES FOR 1990-1991:

Continued logistical and technical support in the form of supplies/equipment and training within or outside the country.

Improvement of supervisory capabilities and conduct of regular monitoring activities.

WHO PROGRAMME: 5. Development of human resources for health

PROJECT TITLE: College of Public Health, University of the Philippines

PROJECT NUMBER: PHL RMD 001 (ex RMD 002)

OBJECTIVES: To further strengthen institutional capability for providing graduate level training for public health professionals and extension courses.

SHORT DESCRIPTION OF PROJECT STATUS:

WHO has been providing support to the College over the past several years. The College serves not only as a national centre for training in public health, hospital administration, and tropical medicine, but also receives postgraduate students from other countries sponsored by WHO, SEAMEO, and the World Bank, among others. WHO support has been in staff development, provision of consultancies, and to a very modest extent, equipment and local cost.

PLANNED APPROACHES FOR 1990-1991:

As part of the College development plan, further opportunities need to be provided to enable the different departments of the College to respond to new demands for training and technical support made on it by the country and its Asian neighbours. While attending to such demands, it is also necessary to provide postgraduate degree training to its young faculty members. For these reasons, fellowships, local cost support to the development of field practice areas, and some badly needed equipment are requested.

WHO PROGRAMME: 5. Development of human resources for health

PROJECT TITLE: National Teacher Training Center

PROJECT NUMBER: PHL HMD 002 (ex HMD 004)

OBJECTIVES: To develop the National Teacher Training Center for the Health Professions (NTTCHP) and widen application of sound educational practices by institutions producing health personnel.

SHORT DESCRIPTION OF PROJECT STATUS:

The NTTCHP was established by the Board of Regents of the University of the Philippines on 30 January 1975, in answer to a recognized need to enhance the instructional skills of teachers in the health professions. It functions at the interface between the health professions and education and has for its goal the improvement of the preparation of the teacher in the health professions so he can more effectively assist his students acquire the professional competence required to practice their respective disciplines in order to satisfy the needs of the community he will serve. The Center has operationalized its goal by organizing activities into the following areas:

1. Teacher training - directed towards enhancement of instructional efficiency by exposure to educational principles and pedagogical technology;
2. Educational services - assistance given by the staff, directly or indirectly, answering specific needs at specific times;
3. Development and research - original researches and project development in health education;
4. Staff development - opportunities for continued growth and development of staff along the philosophy promulgated by the WHO Study Group in 1969 in its long range programme on teacher training for the health professions.

PLANNED APPROACHES FOR 1990-1991:

Strengthening and training capacity of the NTTCHP, particularly for short-term teacher training courses for health professionals.

1. Development of NTTCHP staff skills
2. Development of bioethics curriculum
3. Upgrading and enlarging of Library
4. Further expansion of learning resources unit

WHO PROGRAMME: 5. Development of human resources for health
PROJECT TITLE: Health manpower training, Department of Health
PROJECT NUMBER: PHL HRD 003

OBJECTIVES:
 General: To review the situation of human resources for health and sustain specific action for the reorientation of health personnel through primary health care.
 Specific: To develop/operationalize an integrated/comprehensive continuing education system as part of the total human resources development of the Department of Health and the country as a whole.

SHORT DESCRIPTION OF PROJECT STATUS:

There are a lot of opportunities for health workers to continue their education throughout their careers but offerings for continuing education in the country is fragmented and piece meal and these programmes have not been very effective in developing appropriate skills and attitudes that will rebound to improved/quality health care. Also, the lack of a system, specifically, coordination between and among organizations and agencies concerned with service delivery and manpower development/training, has resulted in weak continuing educational programmes that are hardly relevant to the needs of the workers themselves, the organization that hired them, and the clientele.

The Department of Health has about 68 000 workers, 90% of which are in the field units where opportunities for continuing education are few and far between. It is envisioned that the development of a systematic programme of harnessing and bringing together efforts and resources of nongovernmental and governmental organizations, initiated and coordinated by the Department, will maximize available opportunities for continuing for all health and allied workers; thus continuous progressive learning is assured throughout the worker's career life and, hopefully, make an impact on health care delivery.

PLANNED APPROACHES FOR 1990-1991:

Assessment/study of the needs of health workers and the health care system for continuing education (E.E.).
 Inventory of resources and capabilities of governmental and nongovernmental organizations for continuing education.
 Formulation of health manpower, including continuing education policy, involving top policy makers, relevant governmental and nongovernmental organizations and interest groups, legislators, health workers and the community.
 Committee work and consultative workshops; fellowships to improve capabilities for continuing education and supervision of trainers and supervisors.
 Networking of institutions/facilities with interrelated programmes to establish coordination and collaboration between/among institutions.
 Scheme for deployment of continuing education and opportunities to rural areas; monitoring the implementation and evaluating the effect of continuing education.

WHO COOPERATION REQUIRED:

ACTIVITY	DETAILED REQUIREMENTS FOR 1990-1991 MAN-MONIES EST. COST (US \$)	REMARKS	TARGET DATE FOR IMPLEMENTATION
Vehicle	15 000	One mini-bus or combi to facilitate monitoring and for 3rd country nationals/WHO fellows when in groups	1st quarter 1990
6. Strengthening resource materials and capabilities for continuing education	17 000	Current/relevant books, periodicals for central and regional libraries to support continuing education; printing of up-dates	1st quarter 1991
PROJECT TOTAL			85 200

WHO PROGRAMME: 6. Public information and education for health

PROJECT TITLE: Expansion of health education

PROJECT NUMBER: PHL IEH 001

OBJECTIVES: General: To redirect and broaden the scope of health education and information to include proper management of mass media to educate the public on health programmes and related matters.

Specific: (1) to develop the managerial capabilities of key health educators and of the DOH;
 (2) update health education and public information policies and strategies;
 (3) ensure more active involvement of mass media practitioners and expand coverage of health subjects in the mass media;
 (4) improve effectiveness of health education programmes through behavioural researches;
 (5) develop mechanisms for the development of multi-sectoral activities to

SHORT DESCRIPTION OF PROJECT STATUS:

Implementation of project activities was not carried out at a normal pace because the Public Information and Health Education Service of the Department of Health underwent several reorganizations during the biennial term. However, the project contributed mostly to the development of staff capabilities geared toward the formulation of a directional plan in health education and information which became the standard guide to field health education service.

PLANNED APPROACHES FOR 1990-1991:

For 1990-1991, the redirection of objectives needs appropriate innovations in health education and information. Further strengthening of health education and information units at the national, regional, provincial and district levels will be emphasized, specifically through:

- Updating of health education and public information policies and strategies
- Use of mass media
- Encouraging and supporting behavioural research
- Coordination with other sectors
- Short courses/field exposure to foreign countries for international experience
- Development of management capabilities of health educators and information officers at different level

HRD COOPERATION REQUIRED:

ACTIVITY	COMPONENT	DETAILED REQUIREMENTS FOR 1990-1991 MAN-MONTHS EST. COST (US \$)	REMARKS	TARGET DATE FOR IMPLEMENTATION
2. Provision of logistics to support monitoring and supervisory activities	S&E	12 200	IV and betamax sets, portable VIR, paper copier, camera and slide maker	2nd quarter 1990
	Vehicle	5 000	Local procurement of a van for monitoring and supervisory activities	2nd quarter 1990
			PROJECT TOTAL	<u>55 600</u>

WHO PROGRAMME: 8.1 Nutrition

PROJECT TITLE: Nutrition services

PROJECT NUMBER: PHL NUT 001

OBJECTIVES: To reduce the incidence of iron deficiency anemia and related nutritional deficiencies among the vulnerable age groups (pre-schoolers, pregnant and lactating mothers).

SHORT DESCRIPTION OF PROJECT STATUS:

WHO collaboration during the past years was in the form of consultancy services, personnel training and provision of supplies and micro-nutrient supplements to address the problems of endemic goitre, xerophthalmia and iron deficiency. An evaluation of programme implementation was also made during the last biennium.

PLANNED APPROACHES FOR 1990-1991:

Continuation of existing activities.

Initiating activities to reduce prevalence of metabolic and nutritional disorders through dietary counselling and use of dietary slips, specifically:

- provision of supplies/materials
- orientation/seminar on use of diet slips
- advanced implementation of selected areas
- evaluation

WHO PROGRAMME: 8.2 Oral health

PROJECT TITLE: Oral health

PROJECT NUMBER: PHL ORH 001

- OBJECTIVES:
1. To develop comprehensive preventive dentistry services for children and young adults in other areas utilizing Misago project as model.
 2. To update the management skills on oral health programmes among dental personnel
 3. To provide training for dental personnel who will handle the expanded programme.

SHORT DESCRIPTION OF PROJECT STATUS:

The Department of Health through the Dental Health Service and Department of Education, Culture and Sports, in collaboration with WHO, has established and developed a Model Center for Oral Health Care in Misago, Iloilo. The establishment and implementation of the Model Center was an offshoot of the partnership between the two government agencies through the signing of a Memorandum of Agreement on 25 July 1984.

Prior to the implementation of the Model Center, basic orientation course was conducted with WHO's collaboration. The participants were school officials, school teachers, midwives and barangay health workers from the town proper and 11 barangays of Misago. An action programme on comprehensive preventive dentistry was formulated through the coordinated efforts of the dental personnel from national, regional and municipal levels of DOH and DECS. The action programme was operationalized in January 1986 by the dentists-in-charge of DOH and DECS.

Highlights of the comprehensive preventive dental health programme are the application of pits and fissures sealant to Grades I, II, V and VI school children and clinical interventions for decayed mouth-rinsing of 0.2% sodium fluoride solution and oral health instruction are handled by the school teachers. The midwives and barangay health workers are provided emergency dental care to patients in the community and then referred to them to the dentists.

On 14-16 November 1988, an orientation training course was conducted among provincial dental supervisors and public health dentists of DOH and DECS from Regions VI and VIII for the expansion of the Model Center to other areas in Region VI and selected pilot areas in Region VIII. There were 25 participants from Region VI and 8 participants from Region VII and 8 participants from Region VIII.

PLANNED APPROACHES FOR 1990-1991:

- Strengthening collaboration between the Department of Health and the Department of Education, Culture and Sports.
- Expansion of the comprehensive preventive dental health programme in the entire Regions VI and VIII and selected areas in Regions V, VII and IX.
- Emphasis on a more vigorous monitoring and evaluation at the regional/provincial levels and implementing units.

WHO PROGRAMME: 8.4 Tobacco or health

PROJECT TITLE: Smoking control programme

PROJECT NUMBER: PHL TOH 001
(New)

OBJECTIVES:

1. To organize and train key groups (government and private) for smoking control in support of legislation.
2. To strengthen information and education activities on smoking control.

SHORT DESCRIPTION OF PROJECT STATUS:

The Department of Health, in its effort to support and coordinate with the private sector and other Government agencies, is involved in the Coalition for Anti-Smoking. Activities include, among others, information campaigns, creating a pool of resource speakers, preparation of position papers relevant to House and Senate bills on anti-smoking. Technical and logistic support is imperative for systematic and effective pursuance of smoking control objectives.

PLANNED APPROACHES FOR 1990-1991:

Organizational/consultative workshop for smoking control policy formulation and proposed programme direction.

Strengthening the anti-smoking campaign at central and field levels through IEC materials or documentary films as a health education strategy.

WHO PROGRAMME: 9.1 Maternal and child health, including family planning

PROJECT TITLE: Maternal and child health

PROJECT NUMBER: PHL MCH 001

OBJECTIVES:

1. To reduce maternal morbidity and mortality and pregnancy wastage.

2. To improve the chances of survival of live-born children.

3. To improve the well-being of mothers through maximum involvement of the community.

SHORT DESCRIPTION OF PROJECT STATUS:

The maternal and child health programme provides care to the pregnant and non-pregnant women at home and in health facilities. The risk approach to maternal care through the use of the home-based mother's record (HBMCR) has been expanded to several provinces which showed initial favourable results in terms of improvement of coverage and quality in the delivery of maternal and neonatal care services. Promotion of breast-feeding is being pursued through community and inter-agency efforts.

PLANNED APPROACHES FOR 1990-1991:

Intensification activities will be undertaken such as national expansion and institutionalization of the risk approach to maternal care through the use of the home-based mothers record. The maternal and neonatal risk factors for Filipinos will be determined for adoption by health workers. The Milk Code will be disseminated and its implementation monitored closely.

WHO PROGRAMME: 9.4 Workers' health

PROJECT TITLE: Occupational health programme development

PROJECT NUMBER: PHL OCH 001 (ex OCH 002)

OBJECTIVES: General: To develop a programme on the prevention and control of occupational diseases and health hazards among industrial and agro-based workers.

Specific:

1. To undertake an inventory of industries for purposes of developing a national directory of industrial establishments.
2. To identify industries considered hazardous.
3. To evaluate/assess the working environment as it affects the health and safety of the workers.
4. To identify occupational diseases and common health complaints among workers in specific industries based on medical records.

SHORT DESCRIPTION OF PROJECT STATUS:

For the biennium 1988-1989, the Division of Occupational Health, Noncommunicable Disease Control Service, was able to undertake the first phase of a national occupational health survey, confining data gathering and analysis in the National Capital Region. The second phase of this survey will be carried out in 1990, to be done in Regions I to XII. Budget of the actual operationalization of this survey comes from GOP funds. WHO collaboration and support is through the provision of a local consultant and some equipment used for environmental monitoring.

PLANNED APPROACHES FOR 1990-1991:

As soon as data from the first phase (NCR) are analysed, the Department of Health staff shall start working on programme development to be finalized after the second phase. For this, the following are seen as necessary:

- technical cooperation;
- study tour in a country with a similar setting as the Philippines (e.g. industrial/agricultural activities, geographic factors, culture, etc.);
- logistic support.

WHO PROGRAMME: 10.1 Psychosocial & behavioural factors in the promotion of health & human development

PROJECT TITLE: Mental health

PROJECT NUMBER: PHL PSF 001

OBJECTIVES:

1. To identify present attitudes and their corresponding expressions regarding the mentally-ill among health professionals in the Department of Health.
2. To identify resistance to change as well as opportunities and risks as the DOH moves towards the care/treatment and rehabilitation of the mentally-ill in the community and non-psychiatric hospitals.
3. To design approaches to overcome resistance to training in the care/treatment and rehabilitation care of the mentally-ill among DOH non-psychiatric health.

SHORT DESCRIPTION OF PROJECT STATUS:

The project started in 1976; however, no particular activity has been supported by WHO until 1983. In 1984 and 1986, national seminar/workshops on the formulation of mental health plan through primary health care were held in order to develop a national mental health programme utilizing the primary health care approach.

PLANNED APPROACHES FOR 1990-1991:

Assessment of attitudes of health personnel concerned with care/treatment and rehabilitation of mentally-ill.

Conduct of a workshop to identify constraints and to make recommendations on intervention measures that will be implemented.

Monitoring and evaluation of results of workshops to make necessary recommendations.

WHO PROGRAMME: 10.2 Prevention and control of alcohol and drug abuse

PROJECT TITLE: Prevention and control of drug abuse

PROJECT NUMBER: FHL ADA 001

- OBJECTIVES:
1. To develop strategies in drug abuse prevention and control.
 2. To strengthen public health information and education activities.

SHORT DESCRIPTION OF PROJECT STATUS:

The project was started in 1988-1989 with the development and printing of public health education materials.

PLANNED APPROACHES FOR 1990-1991:

Currently, there are about 246 DDB-accredited physicians who are providing professional diagnostic services for drug abuse cases all over the country. While accreditation of government physicians has augmented the number of trained physicians, this number is still not enough to meet the volume of cases nationwide. Therefore, planned activities for the next biennium are:

- Training for accreditation of physicians from health and education sectors, including nongovernmental organizations;
- Refresher courses for accredited physicians.

WHO PROGRAMME: 11.1 Community water supply and sanitation

PROJECT TITLE: Environmental sanitation

PROJECT NUMBER: PHL CWS 001 (ex CWS 002)

OBJECTIVES:

General: To strengthen basic sanitation measures in collaboration with the comprehensive service delivery system using the primary health care approach, which will respond to the needs of the community and optimize utilization of available resources.

Specific: To continue with activities that support the IDWSSD programme and the long-term goal of health for all by the year 2000, utilizing appropriate technology, local resources, staff development, promotion of coordination among related agencies and active community participation through the primary health care approach.

SHORT DESCRIPTION OF PROJECT STATUS:

The IDWSSD programme, in support of the long-term goal of "health for all by the year 2000" is being implemented in the Philippines by six departments and agencies in accordance with programme targets and activities set forth in the "Rural Water Supply and Sanitation Master Plan (1982-1990)" and the recently-approved "Water Supply, Sewerage and Sanitation Master Plan of the Philippines (1988-2000)". Regular water and sanitation development programmes have been complemented by special projects with foreign funding assistance and by the end of 1987, 63% of the country's population had access to potable water supply, while 69% of total households had sanitary toilet facilities. WHO collaboration is required in the implementation of master plans and in the monitoring/evaluation of the progress of the programme, ensuring that the primary health care approach to programme implementation is attained.

PLANNED APPROACHES FOR 1990-1991:

To provide wider coverage and provision of potable drinking water supply and the necessary sanitary facilities for the people in order to control and prevent the occurrence of water-borne and sanitation-related communicable diseases, and improve the community living environment, the following activities will be implemented:

- comprehensive monitoring and evaluation activities built into the implementation of the decade programme and the country's master plan on water supply, sewerage and sanitation;
- efficient management of programmes/projects through a more cohesive and coordinated inter-agency implementation of activities;
- training of sanitary engineers and key sanitary inspectors on water supply, waste management and food sanitation to further develop their technical and management capabilities;
- greater and more meaningful community cooperation, particularly in planning and decision-making process;
- utilization of appropriate technologies in the development of water and sanitation facilities for urban and rural areas;
- strengthening of health education, including IEC development/dissemination in communities for the promotion, operation and maintenance of water supply and sanitation facilities.

WHO PROGRAMME: 11.5 Food safety

PROJECT TITLE: Food safety (fellowships)

PROJECT NUMBER: PHL FOS 099

OBJECTIVES: To strengthen the food regulatory operation of the Bureau of Food and Drugs in order to ensure safe and good quality supply of food products for the protection of the public.

SHORT DESCRIPTION OF PROJECT STATUS:

The project is a continuation of prior year's activities in the training of technical personnel on food safety and control by means of study/observation and practical training in food regulatory agencies and institutions in developed countries.

PLANNED APPROACHES FOR 1990-1991:

For the period 1990-1991, five (5) fellowship activities have been proposed which are directed toward the improvement of the BFAD food laboratory systems and procedures, food evaluation and inspection management system.

With the advancement in the field of international and domestic food technology and regulatory systems, it is expected that said activities will better improve the BFAD control over the manufacture, distribution and sale of processed food which are introduced in the market. The safety and quality of food will be assured with the efficiency and effectiveness of BFAD operations.

WHO PROGRAMME: 12.1 Clinical, laboratory and radiological technology for health systems based on PHC

PROJECT TITLE: Maintenance of X-ray and other medical equipment

PROJECT NUMBER: PHL CLR 001

OBJECTIVES: To upgrade the standard of radiology and medical equipment repair and management in the country.

SHORT DESCRIPTION OF PROJECT STATUS:

Training courses in the repair of low- and medium-powered X-ray equipment, electromedical and laboratory equipment were conducted. As a result, partial decentralization was achieved in two regions. Likewise, training of radiation workers was also conducted. As an accredited member of the WHO/IAEA network of Secondary Standard Dosimetry Laboratory, the Radiation Health Service of the DOH continued to perform such activities as maintenance of radiation metrology standards, calibration of radiation dosimeters, therapy beam output measurement, machine checks, acceptance and quality control testing of radiological equipment. In all of these, WHO has collaborated in various upgrading of knowledge and skills of the concerned health personnel.

Radiation protection has been firmly established. However, individual personnel dose monitoring for radiology is found to be inadequate. For the past few years, there has been an increase in the number of qualified medical and technological manpower in radiology and we feel that there is a need to update/upgrade their knowledge of radiology.

The Biomedical Engineering Division of the Radiation Health Service was established through this project. With the reorganization of the Department of Health, this division became the nucleus of the Hospital Maintenance Service which is tasked with the maintenance of medical and other equipment of the Department. It is for this reason that the above objective has been reworded to broaden its scope.

PLANNED APPROACHES FOR 1990-1991:

Given the above, the following are proposed for the 1990-1991 biennium:

- Establishment of a nationwide monitoring system using thermoluminescent dosimeter (ILD);
- Strengthening the training capabilities of the Hospital Maintenance Service of the Department of Health;
- Upgrading knowledge/skills of personnel.

WHO PROGRAMME: 12.3 Drug and vaccine quality, safety and efficacy

PROJECT TITLE: Vaccine quality, safety and efficacy

PROJECT NUMBER: PHL DSE 001

OBJECTIVES: 1. To upgrade capabilities for production and quality control of vaccines such as DPT, measles, polio and other usual vaccines.

SHORT DESCRIPTION OF PROJECT STATUS:

Production of diphtheria, pertussis and tetanus components for DPT combination through fermentor system had been started but was not successful due to various problems encountered during the process of production, particularly on diphtheria and tetanus toxoids.

The country's annual needs are met through importation but this might be stopped by 1991, so there is a need to enhance DPT production capability, since current local production capacity by manual is only 250 000 doses per year. Fellowship training for pertussis and diphtheria component production had started earlier and same training should be extended to tetanus component production. Hiring of consultant is a must to make the necessary evaluation and recommendations to make fermentor system operational so as to achieve DPT production through fermentor system by 1990

PLANNED APPROACHES FOR 1990-1991:

Technical support for the maintenance and operation of the fermentor.

Training of Biologicals Production Service personnel.

Provision of logistics support.

WHO PROGRAMME: 12.3 Drug and vaccine quality, safety and efficacy

PROJECT TITLE: Drug quality, safety and efficacy (fellowships)

PROJECT NUMBER: PHL DSE 099

OBJECTIVES: To strengthen the drug regulatory operation of the Bureau of Food and Drugs in order to ensure safe and good quality of supply of drugs and vaccines for the protection of the public.

SHORT DESCRIPTION OF PROJECT STATUS:

Training of technical personnel of the Bureau of Food and Drugs on drug control by means of study/observation tour and practical training in drug regulatory agencies and institutions in developed countries.

PLANNED APPROACHES FOR 1990-1991:

For the period 1990-1991 four fellowship activities have been proposed which are directed toward the improvement of the BFAD laboratory systems and procedures and plant inspection.

MHO PROGRAMME: 12.5 Traditional medicine

PROJECT TITLE: Traditional medicine

PROJECT NUMBER: PHL IEM 001

OBJECTIVES:

1. To promote the level of interest of acupuncture trained physicians in the practice of acupuncture as a modality of treatment in health care delivery.

2. To update their knowledge and skills in acupuncture technology through exchange of experiences and by providing continuing education through access to scientific journals and new technical development in countries where acupuncture practice is more advanced.

SHORT DESCRIPTION OF PROJECT STATUS:

Acupuncture practice in the Philippines started only in 1972. The Department of Health has trained physicians from rural health units and hospitals since 1975, but to date, only about 90 physicians have been trained; 10 in China and 80 in-country. Recent monitoring reports showed that only 70% of those trained are in active practice. There are, however, many non-DOH physicians in active acupuncture practice, especially in urban centres.

Among the problems encountered by the project are the dearth of scientific journals for updates on acupuncture practice and the need to conduct regular annual conferences/scientific meetings for sharing new knowledge in acupuncture.

PLANNED APPROACHES FOR 1990-1991:

Two- to three-day conferences on acupuncture updates.

Updating knowledge and skills through scientific journals and teaching materials.

Strengthening linkages between government and non-government acupuncture-trained physicians.

WHO PROGRAMME: 12.5 Rehabilitation

PROJECT TITLE: Development of a community-based rehabilitation programme

PROJECT NUMBER: PHL RHB 001

OBJECTIVES: To design and implement a community-based rehabilitation programme to address the needs for disability prevention, rehabilitation and equalization of opportunities for the affected population.

SHORT DESCRIPTION OF PROJECT STATUS:

Initial activities were geared towards exchange of information and experience, both within and out of the country, for purposes of gaining insights into current efforts at rehabilitation. There was a study visit to China and Hong Kong to observe the implementation of the programme in these two countries; local experience on the subject was shared among concerned agencies/institutions through a workshop resulting in a concept of a community-based programme.

Continued support was given to the Negros Occidental Rehabilitation Foundation, Inc., which has been designated as the WHO Collaborating Centre for the Western Pacific Region. In 1988, WHO provided local costs to NORFI for the conduct of a training workshop on the community-based rehabilitation services programme.

PLANNED APPROACHES FOR 1990-1991:

Based on the information gathered from initial activities, it is proposed to establish a pilot site for community-based rehabilitation services in one area in Luzon. Major activities to achieve this are:

- Development of training modules;
- Social preparation - information dissemination and consultations with local officials;
- Survey of disabled persons in the community;
- Training of volunteers and of family members;
- Monitoring and evaluation.

Present budgetary allocation may not be adequate for the above activities, so efforts will be exerted in securing additional funding support from various sources.

WHO PROGRAMME: 13.1 Immunization

PROJECT TITLE: Expanded programme on immunization

PROJECT NUMBER: PHL EPI 001

- OBJECTIVES:
1. To reduce morbidity and mortality from the six childhood immunizable diseases by providing immunization against them for every child in the country by the year 1990.
 2. To promote national self-reliance in the delivery of immunization services within the context of primary health care.

SHORT DESCRIPTION OF PROJECT STATUS:

Immunization of infants, school entrants and pregnant women have been implemented nationwide. Training courses on EPI management have been conducted. Cluster surveys (first phase) have also been conducted nationwide, for redirection of the implementation of EPI. Accelerations, social mobilizations and other urban strategies to increase the immunization status of children (FIC) were done intensively.

PLANNED APPROACHES FOR 1990-1991:

Continued intensification of IEC for EPI, social mobilization, improvement of masterlisting, cold chain and logistics maintenance.

Inclusion of hepatitis B immunization (by pilot areas) in the EPI programme.

WHO PROGRAMME: 13.3 Malaria

PROJECT TITLE: Malaria control programme

PROJECT NUMBER: PHL MAL 001

OBJECTIVES: General: To collaborate in the development of malaria control programme with the objective of prevention and reduction of malaria mortality and morbidity.

Specific:

1. To reduce the level of malaria incidence to 1/1000 population by the year 2000.
2. To prevent the re-establishment of malaria endemicities in cleared areas.

SHORT DESCRIPTION OF PROJECT STATUS:

The Malaria Eradication Service (MES) was created on 16 July 1966 by R.A. 4832 to be directly under the administrative supervision of the Secretary of Health with the mandate to protect the people against malaria. A national malaria eradication programme was started in 1967 but reverted to a national control programme in 1980. In line with the global PHC concept and thrust, Executive Order No. 851 dated 2 December 1982, integrated the malaria control programme into the field health service of the Department of Health. The MES was given a staff function but with a responsibility of planning and monitoring the national control programme.

PLANNED APPROACHES FOR 1990-1991:

For the last 5 years, there has been no adequate vector control and residual spraying has been applied through volunteerism in selected parts of the house. Correction of this method will be done together with the following strategy. Areas will be divided into 3 categories depending on the annual parasite incidence:

- (a) API - 5/1000 but < 10/1000 - one spray cycle and case finding through primary health care approach;
- (b) API > 10/1000 population - combine residual spraying, environmental management and biological control; residual spraying 2 cycles and case finding incidental; (c) API < 5/1000 - focal spraying only, case finding through primary health care approach and reinforced by hired malaria canvassers. In vivo and in vitro researches, production of portable incubators, other research projects and training will be continued.

WHO PROGRAMME: 13.4 Parasitic diseases

PROJECT TITLE: Schistosomiasis control

PROJECT NUMBER: PHL FDP 001

OBJECTIVES: To prevent and progressively control schistosomiasis so that by the end of 1991, the overall prevalence of the disease is below 5%.

SHORT DESCRIPTION OF PROJECT STATUS:

As of 1988, the overall prevalence of *Schistosoma japonicum* infection is 6% in the endemic provinces of the Philippines, including Maguindanao, a province that was recently discovered endemic. The WHO consultants, in their survey of some endemic provinces in 1988, reported a reduction in prevalence from 13.12% in 1980 to 6.93% in 1987. With the continued health education campaigns, mass case finding and treatment using praziquantel, the control programme is progressing well and is getting closer to the target of reducing the prevalence rate of infection to the point where schistosomiasis can no longer be considered a major public health problem in the Philippines.

PLANNED APPROACHES FOR 1990-1991:

Seminar and consultative workshops involving regional and provincial operations coordinators, unit heads and central office monitoring staff to pinpoint and solve problems of implementation and improve the programme, including data collection and reporting.

Field visits by consultants to monitor on-going activities on case finding and treatment of cases, health education and other environmental control measures.

Intensification of health education materials.

Further strengthening of linkages with other government and nongovernmental agencies engaged in activities related to schistosomiasis control and prevention.

WHO PROGRAMME: 13.6 Diarrhoeal diseases

PROJECT TITLE: Control of diarrhoeal diseases

PROJECT NUMBER: PHL CDD 001

OBJECTIVES:

1. To reduce mortality and malnutrition related to acute diarrhoeal diseases, particularly in children under 5 years of age.

2. To reduce morbidity from acute diarrhoea by promoting sound feeding practices, including breast-feeding, environmental sanitation and health education. The promotion of research and strengthening of disease surveillance will also be essential to identify appropriate control measures.

3. To promote self-reliance in ORI by promoting appropriate home fluids and effective use of ORS.

4. To make available ORS both in government and private sectors.

SHORT DESCRIPTION OF PROJECT STATUS:

Orientation sessions on CDD/ORI have been conducted in the field since 1981. Clinical management courses for hospital physicians and nurses which emphasize "hands on" training were started in 1985 at NRIIC, San Lazaro Hospital. To date, there are 4 diarrhoea training units conducting clinical management training simultaneously during diarrhoea season which is from July to October. A total of 438 physicians and 417 nurses were trained as of 1988. In 1987, supervisory skills training on CDD for public health physicians, nurses, midwives and sanitarians was started covering the 13 regions. There are 1410 physicians, 2028 nurses, 3275 midwives and 877 sanitarians who have been trained by the end of 1988. Workshops on strengthening CDD in medical, nursing and midwifery curricula were conducted for medical, nursing and midwifery schools. A similar workshop is scheduled to be held in 1989 to strengthen CDD in the pharmacy curriculum. A household and a health facility survey was conducted in 1988. Sentinel sites were identified and sentinel reporting initiated. Promotion of ORI to private sectors is done largely with the collaboration of the Philippine Paediatric Society. Currently, the Department of Health produces orosol for use of its health facilities and at the same time encouraging commercial ORS for the private sector.

PLANNED APPROACHES FOR 1990-1991:

Training courses to strengthen CDD in medical schools and allied health schools.

Improving programme implementation through supervision, monitoring and evaluation.

Improving capabilities for operational research.

WHO PROGRAMME: 13.7 Acute respiratory infections

PROJECT TITLE: Acute respiratory infections

PROJECT NUMBER: PHL ARI 001

OBJECTIVES:

1. To develop a national programme for the prevention and control of acute respiratory infections.

2. To upgrade primary health care in case management and health education.

3. To strengthen laboratory diagnostic capabilities, including antibiotic sensitivity.

SHORT DESCRIPTION OF PROJECT STATUS:

The National ARI Control Programme, launched in early 1989, will be operational in two pilot regions, and in one district per region in the remaining eleven regions, at the end of the year. The programme adopts the WHO case management intervention strategy, as well as the hands-on clinical management in ARI training units. Private sector participation and linkages with medical/allied health professionals are being stressed. EPI programmes for increasing measles and DPT coverage are being strengthened to reduce pneumonias directly related to measles, diphtheria and pertussis.

PLANNED APPROACHES FOR 1990-1991:

An ARI case management and health education programme to be integrated in the primary health care system set to be implemented in Pasay City. The programme shall consist of the following:

1. Management of mild ARI cases at the community level by trained and supervised primary health care workers.
2. Referral of moderate cases to the health centre and severe cases to the hospital.
3. Health education for mothers/families on ARI.

Thus, the programme will provide a functional referral system wherein children with severe illness are likely to be seen early and referred to the appropriate health facilities. This referral system is considered an essential component for the project.

WHO PROGRAMME: 13.8 Tuberculosis

PROJECT TITLE: Tuberculosis control

PROJECT NUMBER: PHL IUB 001

OBJECTIVES: To strengthen the National Tuberculosis Control Programme for the Department of Health.

SHORT DESCRIPTION OF PROJECT STATUS:

Even with the use of short-course chemotherapy (6 months using RHZ), the tuberculosis control programme, which is one of the impact programmes of the Department of Health, needs further strengthening due to its low performance compared against set targets. The programme was able to accomplish only 41% of the operational target, which was set at 40% of the 6.6 per 1000 prevalence for sputum positive cases. This can be attributed to the small figure for identification and examination of tuberculosis symptomatics, as well as sputum positive cases. WHO has continued to support the programme, however, through the provision of drugs, reagents and local costs for training courses for regional and provincial tuberculosis coordinators, in addition to training courses for tuberculosis microscopists.

PLANNED APPROACHES FOR 1990-1991:

Intensify and strengthen the case finding and treatment activities through the conduct of training/retraining/ refresher courses for health workers involved in the programme.

Provide drugs, laboratory supplies and equipment to upgrade existing microscopy centres, and new ones to be established.

Conduct operational researches to identify implementation problems, as well as epidemiological studies to provide baseline data for future planning activities.

Provide opportunities for information exchange.

WHO PROGRAMME: 13.9 Leprosy

PROJECT TITLE: Leprosy control

PROJECT NUMBER: PHL LEP 001

OBJECTIVES:

1. To strengthen the leprosy control services with the existing health infrastructure.
2. To intensify case finding activities and sustain treatment with multidrug in all cases discovered and registered.

SHORT DESCRIPTION OF PROJECT STATUS:

Following the pilot experiences/results of leprosy control through MDI implementation, expanded activities on the various aspects of MDI implementation are being pursued with vigour. Among these are: (a) development/printing of training materials, health education/IEC materials for dissemination; (b) training courses for health educators, regional, provincial, city, district MDI coordinators/trainors, nursing attendants, district hospital resident physicians and medical technologists, and public information officers; and (c) close/regular monitoring/supervision of the various aspects of MDI implementation.

PLANNED APPROACHES FOR 1990-1991:

Activities will be geared towards enhancement and encouragement of community support/participation in the leprosy control programme. Voluntary self reporting of patients will be encouraged through IEC campaigns and health education promotion. Improvement of drug compliance rate and strengthening of programme management at various levels - provincial, city and district - through regular and close monitoring and supervision will be given priority.

Monitoring capabilities of selected/priority provinces, districts will be strengthened through provision of transport. Operational researches on impact of MDI on epidemiological indices will be developed.

WHO PROGRAMME: 13.15 Blindness and deafness

PROJECT TITLE: Prevention of blindness

PROJECT NUMBER: PHL PBD 001 (ex FEL 001)

OBJECTIVES:

1. To develop prevention of blindness programmes, especially in underserved areas in order to reduce incidence of preventable blindness.
2. To upgrade knowledge and skills of DOH personnel in the prevention of blindness.

SHORT DESCRIPTION OF PROJECT STATUS:

Through WHO, two eye specialists from two general hospitals in Metro Manila were trained in IOL transplant technology. They were to be trainers on said technology for the other personnel of the Metro Manila hospitals. In support of this plan, instruments and other supplies were provided.

PLANNED APPROACHES FOR 1990-1991:

Provision of logistic support for cataract treatment.

WHO PROGRAMME: 13.16 Cancer

PROJECT TITLE: Cancer control

PROJECT NUMBER: FHL CAN 001

OBJECTIVES:

1. To assess the impact of cancer in the community, elucidate causal factors, identify high risk groups, and assess the effects of preventive and therapeutic programmes.
2. To conduct a continuing public information campaign on the prevention and early detection of cancer.
3. To carry out a multisectoral activity that aims to promote relevant cancer prevention programmes, as well as the early detection of specific cancer sites.
4. To carry out a well-coordinated treatment programme by the various medical disciplines involved in the treatment, rehabilitation and pain relief of cancer patients.
5. To implement on-going training programme for core trainers and implementors on the integrated cancer prevention and control programme at the community level.
6. To conduct relevant research on basic, clinical, epidemiologic as well as operational research in the management, prevention and control of cancer.

SHORT DESCRIPTION OF PROJECT STATUS:

In the past, WHO cooperation was geared towards the review and assessment of existing programmes. Selected personnel were sent, both here and abroad. Supplies and equipment were also procured. In 1988-1989 biennium, an integrated cancer control programme was initiated with emphasis on trained manpower at the community level. Two personnel were sent abroad for fellowship training on cancer pain relief. The national cancer pain relief programme was laid out to include hospital-based activities, and for this purpose, a workshop was conducted. The population-based tumour registries were also reviewed and prioritized.

PLANNED APPROACHES FOR 1990-1991:

The project was initially carried out on a hospital level, but now it is intended to bring down to the community level an effective well-organized, comprehensive and integrated approach to cancer prevention and control. Activities are directed at providing a community-based, low cost and effective management of pain, improving the quality of life of cancer patients, developing cancer data on which prevention, early detection and management depend, upgrading knowledge, and development of skills of certain personnel on pain management, cancer research and tumour registry through short-term consultancy services, fellowship programmes and locally conducted training courses, implementing the national cancer pain relief programme.

WHO PROGRAMME: 13.17 Cardiovascular diseases

PROJECT TITLE: Epidemiology of cardiovascular diseases

PROJECT NUMBER: FHL CVD 001

OBJECTIVES: General: To collaborate in the development of a national cardiovascular disease control programme.

Specific:

1. To have trained key personnel in cardiovascular prevention and control at the district and municipal levels.
2. To develop and evaluate a prototype feasible control programme for the common cardiovascular diseases at the community level for nationwide implementation.

SHORT DESCRIPTION OF PROJECT STATUS:

Beginning 1989, two workshops had been conducted with support from WHO. First was the CVD-IEC workshop for national noncommunicable disease control service staff and regional health educators, with the intent of developing regional IEC action plans and prototype CVD messages and IEC materials. Second was the CVD technical working group workshop, a collaborative effort of the Department of Health (NCDSCS) and the Philippine Heart Center (Division of Preventive Cardiology). The comprehensive cardiovascular control programme (CCCP) in Pangasinan has just completed its evaluation survey in December 1988.

PLANNED APPROACHES FOR 1990-1991:

Update CVD information and technology transfer as a basis for decision-making.

Organize a CVD expert group as an advisory body for policy/programme direction.

Train key personnel on priority CVD prevention and control at the central and field implementing levels.

Test the feasibility of specific intervention schemes for national use in the prevention and control of CVD.

Develop and implement a course on CVD health education in pilot schools, both elementary and high school.

Develop community-based and industry-based models for the implementation of the national cardiovascular disease control programme.

ANNEX III

LOGICAL FRAMEWORK

**LOGICAL FRAMEWORK
Project Name : PRIMARY HEALTH CARE FINANCING PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal : The broader objective to which this project contributes : (A-1)</p> <p>To reduce fertility and infant and early childhood mortality in the Philippines.</p>	<p>Measures of Goal Achievements : (A-2)</p> <ul style="list-style-type: none"> - A reduction in fertility rates - A reduction in infant mortality rates - A reduction in 0-5 mortality rates 	<p>(A-3)</p> <ul style="list-style-type: none"> - Census data - Demographic studies 	<p>Assumptions for achieving goal targets : (A-4)</p> <ul style="list-style-type: none"> - Utilization of selected primary health care services offered through financing schemes and government programs will decrease fertility and mortality. - A more financially stable and reliable health care system will contribute toward reduced fertility and mortality.
<p>Project Purpose : (B-1)</p> <p>To increase access to and utilization of sustainable primary health care services managed and financed by communities and by the GOP.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <ol style="list-style-type: none"> 1. Beneficiaries participating in financing PHC services in the demonstration areas. 2. Programmatic changes in the GOP health system which reflect the research findings. 3. Evidence that the four MOH programs receiving project assistance are functioning more effectively. 	<p>(B-3)</p> <ul style="list-style-type: none"> - Project records - Evaluation of financing schemes - Evaluation of MOH programs which received project assistance (baseline info provided in project research) 	<p>Assumptions for achieving purpose : (B-4)</p> <ul style="list-style-type: none"> - Utilization of modern PHC services will increase if the services are of high enough quality, readily available and affordable. - People will pay for health services that they believe are efficacious, particularly when the illness is perceived to be serious. - People's participation in financing PHC services will improve their ability to make demands on the quality and nature of the services provided. - The chances that people will have improved access to PHC services over the long term will be increased if the cost of the services are shared by the beneficiaries, the private sector and government.

**LOGICAL FRAMEWORK
Project Name : PRIMARY HEALTH CARE FINANCING PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions								
<p>Project Outputs : (C-1)</p> <ol style="list-style-type: none"> 1. Tested health care financing schemes which involves beneficiary financing. 2. Series of completed research and special studies. 3. Improved MCH services support mechanisms in place in the areas of village pharmacies, IEC for primary health care, training/utilization of PHC workers, provision of PHC commodities. 	<p>Magnitude of outputs : (C-2)</p> <ol style="list-style-type: none"> 1. 24 tested financing schemes 2. 5 major studies completed in the areas of health sector financing, herbal drug factories, BHW program, midwifery program, boticas sa barangay, cost-effectiveness analyses, health referral facilities and vaccines production. 3. Policy guidance, training programs, improved procedures for village pharmacies <ul style="list-style-type: none"> - Improved training protocol for midwives and BHWs - Improved commodity support system for BHWs - New set of mass media messages supporting selected PHC services 	<p>(C-3)</p> <ul style="list-style-type: none"> - Project monitoring and evaluations - Papers and workshops presenting outcomes of special studies - Field visits 	<p>Assumptions for achieving outputs : (C-4)</p> <ul style="list-style-type: none"> - Testing financing schemes can help demonstrate the viability of combining private, public and commodity resource to improve PHC service delivery. - The special studies to be undertaken will stimulate government to make the recommended health sector program changes and adjustment. - Assistance in the four areas of the MCH service support system will result in substantial improvements in those programs. 								
<p>Project Inputs : (D-1)</p> <ol style="list-style-type: none"> 1. Developing, testing and evaluating financing schemes. 2. Planning and implementing special studies. 3. Developing improved training protocols, for BHWs and Midwives, technical guidance on their deployment, and commodity support to BHWs. 4. Providing technical assistance, training and support to Boticas. 	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>AID Inputs (in US\$)</p> <table border="0"> <tr> <td>1. Financing Schemes</td> <td></td> </tr> <tr> <td> a. Grants</td> <td style="text-align: right;">2,550,000</td> </tr> <tr> <td> b. Administrative costs</td> <td style="text-align: right;">450,000</td> </tr> <tr> <td>2. Special Studies</td> <td style="text-align: right;">1,150,000</td> </tr> </table>	1. Financing Schemes		a. Grants	2,550,000	b. Administrative costs	450,000	2. Special Studies	1,150,000	<p>(D-3)</p> <ul style="list-style-type: none"> - Project implementation documents 	<p>Assumptions for providing inputs : (D-4)</p> <ul style="list-style-type: none"> - Sufficient technical expertise will be available in the form of Filipino and foreign consultants to guide the development of financing schemes and special studies. - The disbursement systems planned for in releasing the loan and grant funds for the project will function as expected and in a timely manner.
1. Financing Schemes											
a. Grants	2,550,000										
b. Administrative costs	450,000										
2. Special Studies	1,150,000										

**LOGICAL FRAMEWORK
Project Name : PRIMARY HEALTH CARE FINANCING PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions																		
<p>5. Providing funding for development of new IEC materials.</p> <p>6. Conducting workshops and conferences to discuss funding of studies and financing schemes.</p>	<p>3. Service Delivery Support</p> <table style="margin-left: 20px;"> <tr> <td>a. Boticas</td> <td style="text-align: right;">2,000,000</td> </tr> <tr> <td>b. BHW/Midwifery</td> <td style="text-align: right;">1,600,000</td> </tr> <tr> <td>c. PHC Commodities</td> <td style="text-align: right;">2,600,000</td> </tr> <tr> <td>d. IEC</td> <td style="text-align: right;">1,300,000</td> </tr> <tr> <td>4. Other Support Costs</td> <td style="text-align: right;">300,000</td> </tr> <tr> <td>5. Evaluations</td> <td style="text-align: right;"><u>50,000</u></td> </tr> <tr> <td>AID TOTAL</td> <td style="text-align: right;">12,000,000</td> </tr> <tr> <td>GOP TOTAL</td> <td style="text-align: right;"><u>10,900,000</u></td> </tr> <tr> <td>GRAND TOTAL</td> <td style="text-align: right;">22,900,000</td> </tr> </table>	a. Boticas	2,000,000	b. BHW/Midwifery	1,600,000	c. PHC Commodities	2,600,000	d. IEC	1,300,000	4. Other Support Costs	300,000	5. Evaluations	<u>50,000</u>	AID TOTAL	12,000,000	GOP TOTAL	<u>10,900,000</u>	GRAND TOTAL	22,900,000		<p>- Sufficient numbers of organizations will be interested in developing proposals for financing schemes to be submitted for project funding.</p>
a. Boticas	2,000,000																				
b. BHW/Midwifery	1,600,000																				
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AID TOTAL	12,000,000																				
GOP TOTAL	<u>10,900,000</u>																				
GRAND TOTAL	22,900,000																				

**LOGICAL FRAMEWORK
Project Name : FAMILY PLANNING ASSISTANCE PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions												
<p>Program or Sector Goal : (A-1)</p> <p>To assist the GOP to continue progress toward meeting the national family planning goal of reducing the total fertility rate.</p>	<p>Measures of Goal Achievements : (A-2)</p> <p>Total Fertility Rate reduced to 3.74 by 1994</p> <table border="1" data-bbox="478 672 734 1030"> <tr> <td></td> <td>1990</td> <td>1991</td> <td>1992</td> <td>1993</td> <td>1994</td> </tr> <tr> <td>TFR</td> <td>4.41</td> <td>4.21</td> <td>4.05</td> <td>3.09</td> <td>3.74</td> </tr> </table>		1990	1991	1992	1993	1994	TFR	4.41	4.21	4.05	3.09	3.74	<p>(A-3)</p> <p>Contraceptive Prevalence Survey 1991 and the National Demographic Survey 1993 compared with the 1988 NDS and the trends documented in similar surveys in 1968, 1973, 1978 and 1983 and the 1990 Census on Population.</p>	<p>Assumptions for achieving goal targets : (A-4)</p> <ol style="list-style-type: none"> 1. Increased numbers of couples will choose the more effective methods of contraception and use them effectively. 2. The GOP commitment to making all medically safe and legally available contraceptives to couples will not wane over the LOP.
	1990	1991	1992	1993	1994										
TFR	4.41	4.21	4.05	3.09	3.74										
<p>Project Purpose : (B-1)</p> <p>To increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>Use of Contraceptive Methods promoted in the program increased as follows:</p> <table border="1" data-bbox="798 672 1021 1030"> <tr> <td></td> <td>1990</td> <td>1991</td> <td>1992</td> <td>1993</td> <td>1994</td> </tr> <tr> <td>CPR</td> <td>36</td> <td>39</td> <td>42</td> <td>46</td> <td>50</td> </tr> </table>		1990	1991	1992	1993	1994	CPR	36	39	42	46	50	<p>(B-3)</p> <p>1991 Contraceptive Prevalence Survey and the 1993 National Demographic Survey. Inferences in the interim from the FHSIS routine contraceptive data and logistics information. Routine monitoring visits at family planning service sites.</p>	<p>Assumptions for achieving purpose : (B-4)</p> <ol style="list-style-type: none"> 1. Clearer information on the health benefits of family planning and the safety of contraceptive methods will increase use of program methods of contraception. 2. The GOP will expand availability of services for program methods.
	1990	1991	1992	1993	1994										
CPR	36	39	42	46	50										
<p>Project Outputs : (C-1)</p> <p>1. Family Planning Information and services expanded in the DOH, GO, and NGO clinics network.</p>	<p>Magnitude of outputs : (C-2)</p> <p>1. FP information and service available in over 3,000 clinics in the GO and NGO network. VSS available in 200+ district hospitals.</p>	<p>(C-3)</p> <p>1. Routine progress reports from NGOs; data from FHSIS and site visits, vouchers for reimbursement.</p>	<p>Assumptions for achieving outputs : (C-4)</p> <ol style="list-style-type: none"> 1. FHSIS is adequate for monitoring contraceptive users and supplies. 												

**LOGICAL FRAMEWORK
Project Name : FAMILY PLANNING ASSISTANCE PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>2. DOH, GO and NGO staff have required level of knowledge and skills.</p> <p>3. DOH contraceptive logistics system operating with acceptable efficiency/effectiveness.</p> <p>4. IECM materials developed and distributed throughout the DOH and NGO network.</p> <p>5. PNGOC able to administer funds and award grants for projects.</p> <p>6. Family planning information and services available in the workplace in Regions III, VII, X and XI.</p> <p>7. Contraceptive Social Marketing Program operational.</p> <p>8. Selected research studies/projects completed.</p> <p>9. Policy makers understand population development interactions.</p>	<p>2. 20,000-25,000 service delivery personnel in the DOH, GOs and NGOs have been trained in updated contraceptive technology and information.</p> <p>3. Contraceptives available at over 3,000 service delivery sites.</p> <p>4. Method specific and generic family planning brochures available to clients through the GOP and NGO clinic network; at least 3 media campaigns implemented.</p> <p>5. PNGOC administratively and functionally sound and award grants.</p> <p>6. 98 additional factories have family planning services available to its workers.</p> <p>7. Subsidized contraceptives available for sale in retail outlets and private physicians' offices.</p> <p>8. New outreach structures operational.</p> <p>9. Policy makers support the right of individuals to have sufficient information to make informed choices about family planning.</p>	<p>2. Vouchers for reimbursement, site visits.</p> <p>3. Contractor reports; FHSIS; contraceptive inventory.</p> <p>4. Site visits; contractor reports; NGO reports.</p> <p>5. PNGOC reports, site visits, evaluation.</p> <p>6. DOLE and NGO reports, site visits.</p> <p>7. Contractor reports, site visits.</p> <p>8. Contractor reports, vouchers for reimbursement, site visits.</p> <p>9. Contractor reports, site visits.</p>	<p>2. FP training will be appropriately designed to impart necessary skills.</p> <p>3. Contraceptive inventory is conducted in a timely manner in 1990 and 1991, DOH and USAID staff routinely visit clinic sites.</p> <p>4. DOH leadership continues to view family planning as an important preventive maternal and child health intervention.</p> <p>5. PNGOC will become eligible to receive USG funds and becomes a registered NGO.</p> <p>6. Business and industry recognize family planning as a preventive health measure and will comply with GOP regulations.</p> <p>7. A CSM program that is culturally sensitive will be successful in the Phils. and will comply with GOP regulations.</p> <p>8. Appropriately designed research will narrow the existing gap between high knowledge and low practice.</p> <p>9. GOP leaders will continue to allow all medically safe and legally available contraceptives be used in the program.</p>
<p>Project Inputs : (D-1)</p> <p>1. Expansion of Service Delivery - locally hired project manager - short-term technical assistance, medical kits, clinic equipment, comprehensive itinerant teams special clinical services including laboratory test fees, design test outreach system.</p>	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>Summary of Costs Estimates (all years, '000)</p> <p>1. Expansion of Service Delivery 6,152</p>	<p>(D-3)</p> <p>1. Buy-ins executed, project manager hired, equipment arrives, CFI's operating, appropriate lab tests conducted, new outreach systems in place.</p>	<p>Assumptions for providing inputs : (D-4)</p> <p>1. DOH continues to view family planning as an important preventive maternal and child health intervention.</p>

**LOGICAL FRAMEWORK
Project Name : FAMILY PLANNING ASSISTANCE PROJECT**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>2. IECM - long and short term technical assistance, materials development, production and distribution mass media campaigns.</p> <p>3. Logistics - long and short term technical assistance warehouse maintenance and rental, maintenance and rental, distribution of contraceptives, utility vehicles, national contraceptive inventory.</p> <p>4. Contraceptives - IUDs, condoms, pills</p> <p>5. Private Sector - long and short term technical assistance cooperative agreement with U.S. PVO, grants with local NGOs, development of a social marketing program</p> <p>6. Training - short term technical assistance, short term skills-based training in clinical skills, management, supervision and evaluation of family planning training, fellowships and observation study tours.</p> <p>7. Research - Demographic surveys, data analysis, operations research - areas of study include contraceptive use and safety and sociological research on use of family planning.</p> <p>8. Monitoring, Evaluation and Audit - short term technical assistance, support for Family Health Service Information System and validation teams to monitor project progress.</p>	<p>2. IECM 3,960</p> <p>3. Logistics 2,100</p> <p>4. Contraceptives 11,537</p> <p>5. Private Sector 8,811</p> <p>6. Training 5,000</p> <p>7. Research 767</p> <p>8. Monitoring, Evaluation and Audit 673</p>	<p>2. Buy-ins executed, materials available at clinic sites, media spots aired and published.</p> <p>3. Buy-ins executed, leases executed, contraceptives available throughout the DOH, GO and NGO network.</p> <p>4. PIO/Cs executed.</p> <p>5. Buy-ins, cooperative agreement with U.S. PVO and grants to local NGOs executed. Contraceptive social marketing program operational.</p> <p>6. Joint USAID/DOH/NEDA training plan approved, PIO/Ps executed.</p> <p>7. National Demographic and Contraceptive Prevalence surveys completed and data analyzed; research findings disseminated.</p> <p>8. Buy-ins executed, NGOs and GOs use FHSIS to report service statistics, reimbursement vouchers for validation teams.</p>	<p>2. Family planning messages which stress the health benefits and safety of contraception will increase contraceptive use and prevalence.</p> <p>3. A well managed logistics system will ensure availability of contraceptives and clinic supplies.</p> <p>4. Same as above.</p> <p>5. Expansion of the private sector role in family planning will ensure that family planning services are available to all couples who desire and need them.</p> <p>6. Appropriate skills based training will enable health personnel to deliver quality family planning services.</p> <p>7. Demographic measurement of the national family planning program will assist program managers to measure the impact of the program. Operations research activities will enable program managers to design and implement culturally acceptable family planning activities.</p> <p>8. Lessons learned will be incorporated into the remaining project activities and/or a follow-on project.</p>

LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal : The broader objective to which this project contributes : (A-1)</p> <p>Reduce population growth rate from 2.3% in 1980 with a population level of about 48 million to an estimated 2.0% in 1985 with a population level of 53 million.</p>	<p>Measures of Goal Achievements : (A-2)</p> <p>Reduction of crude birthrates from 32 per thousand in 1980 to 28 by 1985.</p>	<p>(A-3)</p> <ol style="list-style-type: none"> 1. National Census 1980-1985 2. National Demographic Survey, 1983 3. Family Planning/Fertility Surveys, 1982-1985 	<p>Higher order goal: (A-4)</p> <p>Population growth and levels most conducive to national welfare.</p>
<p>Project Purpose : (B-1)</p> <p>Contribute to GOP program purpose of increasing the percentage of MCRAs practicing contraception and increasing contraceptive effectiveness.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>Prevalence among MCRAs to increase from 43% in 1980 to 53% in 1985. Contraceptive-use effectiveness to increase from 81% in 1980 to 83.5% by 1985.</p>	<p>(B-3)</p> <ol style="list-style-type: none"> 1. Family Planning/Fertility Surveys (1982, 1985) 2. National Demographic Survey (1983) 3. Management Information Systems (MIS) 	<p>Purpose to Goal Assumptions: (B-4)</p> <ol style="list-style-type: none"> 1. Continuation of slowly declining death rate. 2. International migration will have little effect on population growth rate. 3. Effects of age structure and marriage on birth rate remain favorable. 4. Social and cultural condition allow promotion of more effective methods.
<p>Project Outputs : (C-1)</p> <p>Nationwide fully synchronized and coordinated population program services in place which include:</p> <ol style="list-style-type: none"> 1. In place qualified management and field personnel to serve family planning program needs. 2. Adequate private and public support and services. 	<p>Magnitude of Outputs: (C-2)</p> <ol style="list-style-type: none"> a. Increase management capability at central regional, provincial/city level. b. Trained and deployed 3,000 FTOWs, 466 DPOs, 165 PPOs/CPOs, 45,000 BSPOs, to cover approximately 50% of the estimated 6.5 million MCRA mainly concentrated in the rural areas. 	<p>(C-3)</p> <ol style="list-style-type: none"> 1. Field monitoring and reporting. 2. Periodic performance and fiscal reports submitted by POPCOM against approved implementation plans. 3. Periodic project evaluations. 4. Physical inventories of commodities. 5. Special surveys. 	<p>Output to Purpose Assumptions: (C-4)</p> <ol style="list-style-type: none"> 1. Filipino couples will increasingly seek family planning services as they become more readily available 2. Continued decline in desired family size.

**LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>3. Effective IEC.</p> <p>4. Effective/reliable contraceptive supplies available to practicing couples.</p> <p>5. Timely and accurate measures of program progress and fertility reduction.</p> <p>6. Completed and utilized operations, development and policy research.</p> <p>7. Effective Management Information System (MIS).</p>	<p>2. a. Established and operational 12 Regional Comprehensive Family Planning Centers with itinerant family planning capability and Provincial Mobile Family Planning Clinics to provide comprehensive, clinical back-up support.</p> <p>b. Sterilization services available in 840 sterilization centers, laboratory services obtainable in 12 regions, 484,000 VSS cases subsidized, transportation assistance provided to clients as required, medical assistance accessible for complications.</p> <p>c. Coordinated private sector program on family planning.</p> <p>3. Intensified central and regional IEC campaign addressed to pre-MCRA (pre-schoolers, students, out-of-school youth, pre-marital couples) MCRA, special groups, e.g. opinion leaders and influentials. (GOP/IBRD/USAID)</p> <p>4. Maintain appropriate supply levels and adequate storage facilities at all operational outlets.</p> <p>5. a. Family planning and fertility surveys conducted in 1982, 1983 and 1985 and information disseminated to appropriate people for information and action.</p> <p>b. Joint POPCOM/USAID evaluations and monitoring conducted.</p> <p>6. a. Operational and policy research projects are completed and findings disseminated and utilized.</p> <p>b. Approved alternative plan to Outreach</p>		

**LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions																		
<p>Input Activities : (D-1)</p> <p>1. a.1. Train/Retrain BSPOs, Outreach Structure Personnel, PAS and POPCOM personnel for effective project management. (GOP/IBRD/UNFPA/USAID)</p> <p>a.2. Train warehouse personnel in modern warehouse procedures.</p> <p>a.3. Train/Orient MIS personnel of POPCOM/PAs at Central and field levels. (GOP/IBRD/USAID)</p> <p>a.4. Implement appropriate recommendations of Management Audit report due July 1980.</p> <p>a.5. Implement Coordination Guidelines nationwide.</p>	<p>tested for cost effectiveness for implementation of population /family planning services after 1985.</p> <p>c. Assess and improve local governments participation in alternative plans for cost effective Outreach network under PP III and after 1985.</p> <p>d. Implemented community incentive schemes; methodology started in 1981 - 1982.</p> <p>7. MIS data are produced, analyzed and distributed in an accurate and timely manner for use by appropriate people at all levels. (GOP/IBRD/USAID)</p> <p>Implementation Target : (Type and Quantity)</p> <p>(D-2)</p> <table border="0"> <tr> <td>GOP *</td> <td>\$65,580</td> <td>P 491,733</td> </tr> <tr> <td>USAID *</td> <td>56,750</td> <td>425,603</td> </tr> <tr> <td>Loan</td> <td>26,915</td> <td>201,863</td> </tr> <tr> <td>Grant</td> <td>29,835</td> <td>223,762</td> </tr> <tr> <td>IBRD **</td> <td>16,325</td> <td>120,805</td> </tr> <tr> <td>GOP Counterpart to IBRD</td> <td>12,392</td> <td>91,700</td> </tr> </table> <p>* US\$ 1 = P 7.5 ** US\$ 1 = P 7.4</p>	GOP *	\$65,580	P 491,733	USAID *	56,750	425,603	Loan	26,915	201,863	Grant	29,835	223,762	IBRD **	16,325	120,805	GOP Counterpart to IBRD	12,392	91,700	<p>(D-3)</p> <ol style="list-style-type: none"> 1. Signed project arrangements / implementation plans. 2. Field visits. 3. Reports/inventories on commodities. 4. Financial Reports. 	<p>Input to Output Assumptions : (D-4)</p> <ol style="list-style-type: none"> 1. Coordination will be maintained among the private and public organizations and the donors. 2. GOP will continue to support family planning programs at least at current level. 3. Personnel will apply skills and concepts learned in training. 4. Public and private agencies will continue participating in the program. 5. AID/W will continue to finance through centrally funded contracts research in family planning techniques and behavioral sciences. 6. Other donors will provide scheduled inputs.
GOP *	\$65,580	P 491,733																			
USAID *	56,750	425,603																			
Loan	26,915	201,863																			
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LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>1. b.1. Assess geographic coverage of existing delivery networks and develop plans for adequate coverage of eligible couples.</p> <p>b.2.-Establish, deploy and monitor 45,000 BSPOs by the end of 1985.</p> <p>b.3. Develop and implement a systematic linkage between clinic personnel and Outreach workers.</p> <p>b.4. Continue to implement BSPOs inventive schemes.</p> <p>b.5. Provide for salaries and travel of Outreach personnel.</p> <p>2. a.1. Upgrade and establish 12 Regional Comprehensive Family Planning Centers, and provincial Mobile Family Planning Clinics.</p> <p>2.b.1. Provide clinical support services to clients and subsidy to sterilization service providers.</p> <p>2.c.1. Assist and coordinate with MOL to expand industrial sector outreach.</p> <p>c.2. Develop guidelines for project ideas for centrally funded projects.</p> <p>c.3. Assist youth oriented services.</p> <p>3.a.1. Develop and disseminate IEC materials/messages for pre-MCRAs, and special groups. (GOP/IBRD/USAID)</p> <p>a.2. Conduct IEC research. (GOP/IBRD/USAID)</p> <p>a.3. Document population program and IEC experience. (GOP/IBRD/USAID)</p> <p>a.4. IEC training/orientation.</p>			

**LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>4. a.1. Review and improve existing distribution system. a.2. Develop and test alternative distribution systems. a.3. Explore commercial distribution networks. a.4. Conduct annual or bi-annual contraceptive inventories and adjust ordering schedule accordingly. a.5. Maintenance of program vehicles and equipments. a.6. Conduct quality assurance tests. 5. a.1. Conduct family planning and fertility surveys and disseminate findings. 5.b.1. Conduct joint GOP/USAID program monitoring. b.2. Conduct joint evaluation. 6.a.1. Define, design, and implement research projects and ensure research utilization. (GOP/USAID/IBRD) 6.b.1. Design, develop and implement a cost effective program. 6.c.1. Assess and improve local governments participation in funding Outreach for PP III and after 1985. 6.d.1. Document and evaluate complete and on-going community incentive schemes. d.2. Develop and implement new community incentive schemes based on findings.</p>			

**LOGICAL FRAMEWORK
Project Name : POPULATION PLANNING III**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>7. a.1. Design, test and implement new MIS system. (GOP/USAID/IBRD) a.2. Hire necessary staff for implementing MIS at central and regional levels.</p>			

SURVEY OF MEDICAL COOPERATION
TO THE PHILIPPINES

TERMS OF REFERENCE

MARCH 1991

I. BACKGROUND

The key sectoral indicators for health and family planning shows a steady improvement over the years. Crude death rate (CDR) was estimated to have declined to 7.3 deaths per thousand population while infant mortality rate was registered at 50.3 per thousand livebirths. Total fertility rate likewise declined from 4.1 in 1989 to 4.06 in 1990.

In terms of financing, the budget appropriations for health and family planning increased from ₱ 4.18 billion in 1987 to ₱ 8.3 billion in 1990. Foreign assistance also increased from a total of \$ 23.34 million in 1987 to \$ 33.19 million in 1990 or a 14.07 percent average increase over the same period.

Despite considerable gains in the health and family planning sectors, much remains to be done to sustain past achievements and to address present needs. For one, these sectors have to contend with the present economic crisis and the attendant budget cuts imposed by the government. With the increasing demand for health and family planning services, it is necessary to maximize the utilization of available resources. In this regard, it is critical at this time to determine the magnitude and intended use of resources poured into these sectors to avoid duplication of efforts and to ensure efficient use of resources.

II. OBJECTIVE OF THE STUDY

To assess the trend of medical cooperation of/by donor countries/institutions to the Philippines with the aim of formulating a more effective cooperation programme between JICA and the Philippines.

III. METHODOLOGY

Retrieval and review of project documents will be undertaken. All relevant information will be summarized/capsulized for inclusion in the report. Project costs will be categorized according to two (2) general categories: Public Health (preventive care) and Clinical Medicine (curative care) and will be further subdivided according to their intended use - institution building, research, construction, equipment provision, supplies and support services.

The primary sources of data and information will be the implementing agencies and project offices. The following agencies will be covered by the study to be able to compile a fairly comprehensive inventory of projects: DOH, POPCOM, UP-PGH.

DOLE, UPPI, DECS, PMCC, RITM, DPWH and LWUA. Likewise, multilateral and bilateral funding institutions, such as JICA, ADB, UNDP, UNICEF, UNFPA, WHO, USAID, WORLD BANK, AUSTRALIA, GERMANY, ITALY and NETHERLANDS will be covered to validate the list of projects and the information gathered.

Interviews with project managers will be conducted, particularly for projects that have been completed for sometime, projects that have undergone a lot of amendments as to objective and cost, and projects that have been extended.

IV. PROJECT OUTPUT

The study shall cover capital and technical assistance projects in the health and family planning sectors undertaken (completed and on-going) after 1986.

Each major project shall be presented in detail with the following information:

1. General Information

- Project Name
- Cooperation Period
- Cooperation Site
- Type of Project
- Cost of Project
- Implementing Organization
- Donor Country/Organization (Including third party organizations, if applicable)

2. Contents of the Project

- Background (Needs Analysis/Situational Analysis)
- Objectives (Objective Analysis)
- Rationale/Socio-Economic Justification (To include beneficiary analysis and sector policy of recipient country)
- Cost Analysis (Only for projects costing ₱300 Million and above)
- Financial Requirements
 - Type of Assistance (grant, loan, mixed)
 - Local and Forex Cost

3. Cooperation Management

- Donor's Implementation Method (Provision of project teams/experts/project managers)
- Tendering Procedures (where applicable)
- Monitoring Procedure/Scheme
- Consideration for Further Sustainability after Cooperation

4. Organizational Charts of the Implementing Organizations

- Department of Health
- Population Commission
- Philippine Medical Care Commission
- U.P. - Philippine General Hospital
- Department of Labor and Employment
- University of the Philippines Population Institute
- Department of Education, Culture and Sports
- Research Institute for Tropical Medicine
- Department of Public Works and Highways
- Local Water Utilities Administration

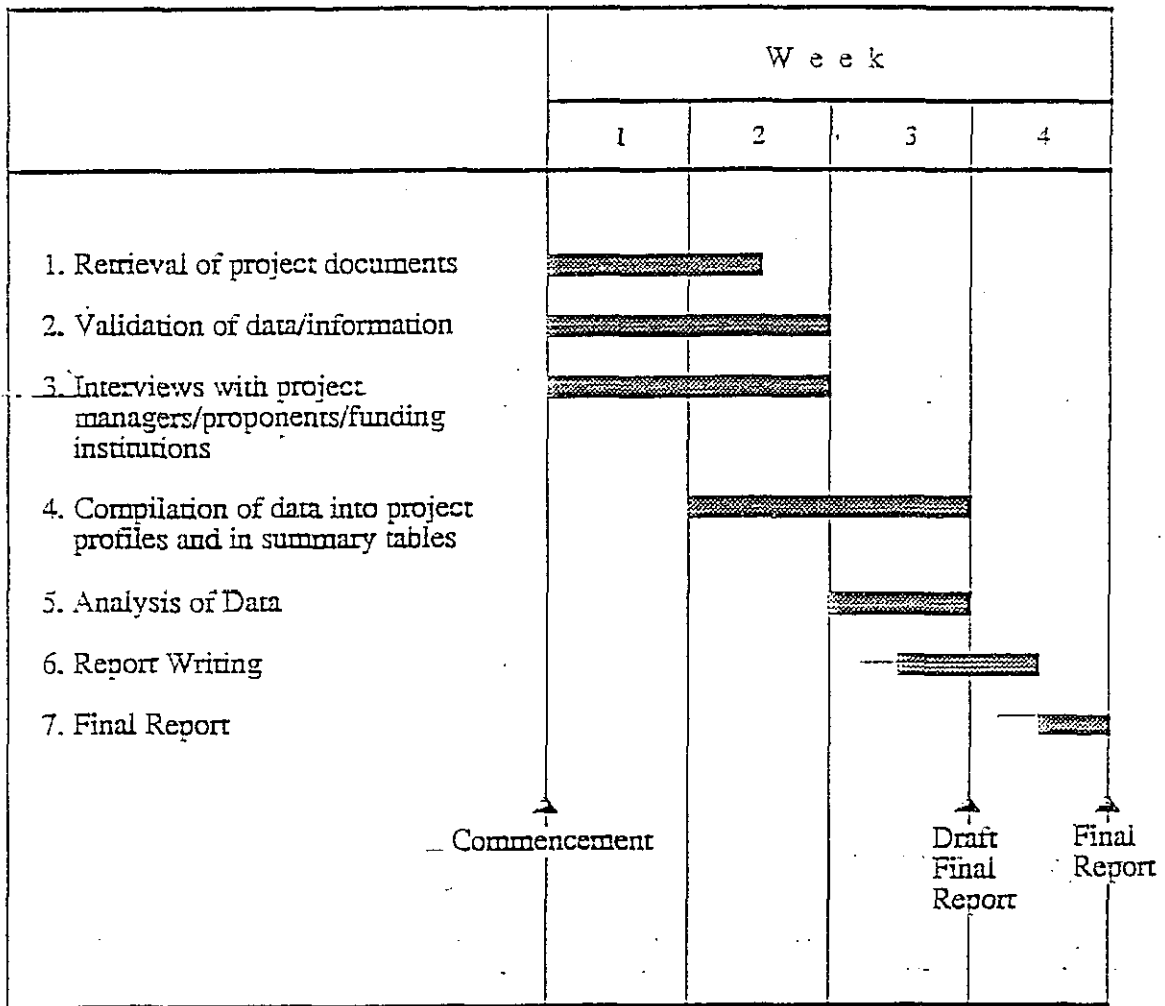
The set of data gathered will be subjected to a trend analysis to pinpoint the direction of assistance of specific funding institutions and identify areas where assistance is lacking/minimal. A summary table has been devised to assist the users of the document to analyze and compare with ease, funding thrusts and patterns (pls. see attached matrix).

V. LIMITATIONS OF THE STUDY

In view of the limited time available to the study group, the inventory may not be able to include all assistance (direct and indirect) given to Non-Government Organizations (NGOs) as well as health-related components of Integrated Area Development Projects (IADP) and major irrigation projects.

VI. SCHEDULE OF ACTIVITIES

The Survey will be conducted for a period of one month in accordance with the following schedule:



VII. REPORTS

The final report will be submitted one month after commencement of the Survey in ten (10) copies.

VIII. ORGANIZATION OF THE STUDY TEAM

The successful completion of the Survey within the one-month period will be possible with the collaboration and involvement of people who have adequate background in, and familiarity of, the Health/Medical Sector in the Philippines, including its organization, especially the Team Leader who will supervise all phases of the works and, together with the analyst, will be responsible for the analyses of the data gathered and of the impact of the projects. The Team Leader will also facilitate contact with the various implementing agencies and financing institutions as well as project managers when and if necessary.

The health researchers will be responsible for the retrieval of project documents/data/information and for the compilation of such data/information into the summary tables and other forms to facilitate analysis thereof. One of them will also assist in report writing.

The Team will thus be composed of the following:

1. Team Leader
2. Development Specialist/Analyst
3. Health Researcher 1
4. Health Researcher 2
5. Health Researcher 3

Attached is a chart indicating the duration of services of each of the members of the Team.

MANNING SCHEDULE

	W e e k				Total M/M
	1	2	3	4	
Team Leader					1.00
Development Specialist/Analyst					1.00
Health Researcher 1					1.00
Health Researcher 2					0.75
Health Researcher 3					0.75
Computer Encoder 1					0.75
Computer Encoder 2					0.75

