

***SURVEY OF MEDICAL COOPERATION  
TO THE PHILIPPINES***

**FINAL REPORT  
VOLUME I**

**06 MAY 1991**

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06 May 1991

Mr. Masataka Iijima  
Resident Representative  
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**Subject : Final Report-Consultancy for the  
SURVEY OF MEDICAL COOPERATION  
IN THE PHILIPPINES**

Dear Mr. Iijima :

I have the honor to submit herewith ten (10) sets of our Final Report on the above-captioned Consultancy in accordance with our contract agreement with JICA Manila Office dated 27 April 1991.

The Report is contained in two (2) volumes and includes an Executive Summary indicating the major findings of the evaluation made on trend of cooperation of ODA agencies / institutions on the medical and health-related sub-sectors of the Philippines. The Report also contains the profiles of 52 major projects / programs implemented, both completed and still ongoing during the period from 1987 to 1990. These, together with all the other smaller projects, have been analyzed, evaluated and summarized, the results of which are indicated in the main text and in the accompanying tables in accordance with the Terms of Reference (TOR).

We hope that this Report meets your requirements and we wish to express our appreciation to JICA for having been entrusted to conduct the Survey.

We remain

Very truly yours,

PKII Engineers

MARIANO M. SANTOS  
President



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## LIST OF ACRONYMS AND ABBREBRIATIONS USED

ABCSDP	Area Based Child Survival and Development Program
ADB	Asian Development Bank
AIDAB	Australian International Development Assistance Bureau
AIR	Advanced Implementation Region
AKAP	Alay Kapwa Kilusang Pangkalusugan
ASEAN	Association of Southeast Asian Nations
ATI	Agricultural Training Institute
BARBD	Bureau of Agrarian Reform Beneficiaries Development
BFAD	Bureau of Food and Drugs
BHS	Barangay Health Stations
BHW	Barangay Health Workers
BOO	Build, Operate and Own
BOT	Build, Operate and Transfer
BT	Build and Transfer
CARI	Control of Acute Respiratory Infections
CB	Central Bank
CDD	Control of Diarrheal Diseases
CDR	Crude Death Rate
CHILD	Community Health through Integrated Local Development
CHW	Community Health Worker
CIDA	Canadian International Development Agency
CIF	Cost of Insurance and Freight
COA	Commission on Audit
CPC II	Second Country Program for Children
CPC III	Third Country Program for Children
CSP	Child Survival Program
CWC	Council for the Welfare of Children
DA	Department of Agriculture
DAR	Department of Agrarian Reform
DBM	Department of Budget and Management
DENR	Department of Environment and Natural Resources
DHDP	Davao Health Development Project
DILG	Department of Interior and Local Governments
DOF	Department of Finance
DOH	Department of Health
DOST	Department of Science and Technology
DRDF	Demographic Research and Development Foundation
DSWD	Department of Social Welfare and Development
DTCP	Development Training and Communication Planning
DTI	Department of Trade and Industry
EMB	Environmental Management Bureau
EPI	Expanded Program on Immunization

EPI-PSC	EPI-Project Support Communication
ESA	External Support Agencies
ESCAP	Economic and Social Committee for Asia and the Pacific
FAO	Food and Agriculture Organization
FHSIS	Family Health Service Information System
FOA	Forward Obligation Authority
FP	Family Planning
FPAP	Family Planning Assistance Project
FPS-DOH	Family Planning Service-DOH
FW	Family Welfare
GOCC	Government Owned and Controlled Corporation
GO-NGO	Government Organization-Non-Government Organization
GOP	Government of the Philippines
GTZ	German Technical Cooperation
HTP	Hilot Training Project
IAD(P)	Integrated Area Development (Projects)
IBRD	International Bank for Reconstruction and Development
ICB	International Competitive Bidding
ICC	Investment Coordination Committee
IDA	International Development Association
IEC(M)	Information, Education, Communication (Motivation)
ILO	International Labor-Organization
IPDP	Integrated Population and Development Planning
IPDP	Integrated Population and Development Program
IPHC	Institute of Primary Health Care
IUD	Intra-Uterine Device
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitudes and Practice
LGU	Local Government Unit
MCH	Maternal and Child Health
MCRA	Married Couple of Reproductive Age
MES	Monitoring and Evaluation System
MIS	Management Information Service
MOA	Memorandum of Agreement
MOOE	Maintenance and Other Operating Expenses
MSC	Margaret Sanger Center
MTPDP	Medium Term Philippine Development Plan
MTPIP	Medium Term Public Investment Program
MTTAP	Medium Term Technical Assistance Program
NCR	National Capital Region
NEDA	National Economic and Development Authority
NEDA CO	NEDA Central Office
NGO	Non-Government Organization
NPP	National Population Program
NROs	NEDA Regional Offices
OPD-PGH	Out-Patient Department-PGH

ORT	Oral Rehydration Therapy
PCUP	Presidential Commission for the Urban Poor
PHC	Primary Health Care
PHC	Philippine Heart Center
PHDP III	Philippine Health Development Project III
PLCPD	Philippine Legislators' Committee on Population and Dev't
PMS	Project Management Staff
POP II	Philippine Population Project II
POPCOM	Population Commission
POPED	Population Education
PQZ	Praziquantel
RDC	Regional Development Council
RDC	Regional Development Council
RHU	Rural Health Units
RITM	Research Institute for Tropical Medicine
ROW	Rights of Way
RP	Responsible Parenthood
RP/FP	Responsible Parenthood/Family Planning
RSI	Rural Sanitary Inspector
SDC	Social Development Committee
SLU	Saint Louis University
STIPOP	Bureau of Science and Technology, Office of Population
TA	Technical Assistance
TB	Tuberculosis
U of C	University of Calgary
UBSP	Urban Basic Services Program
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Org.
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations International Development Organization
UP	University of the Philippines
UP-IHS	UP-Institute for Health Sciences
UP-IPH	UP-Institute of Public Health
UP-PGH	UP-Philippine General Hospital
UPPI	UP Population Institute
USAID	United States Agency for International Development
WFP	Work and Financial Plan
WHO	World Health Organization

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## EXECUTIVE SUMMARY

### BACKGROUND

The key health indicators in the Philippines manifested a general improvement in the health status of its population during the period 1987-1990. Crude death rate was estimated to have declined from 7.6 deaths per thousand population in 1987 to 7.3 deaths per thousand population in 1990. The infant mortality rate was also estimated to have decreased from 54.1 to 50.3 per thousand live births during the same period. With the overall improvement in mortality, life expectancy improved from 63.7 years to 64.6 years during the 1987-1990 period.

Recognizing the role of health in national development, government efforts have been continuously geared towards the upliftment of the general well-being of the population. However, with the scarce government resources, the health sector relies, to a certain extent, on foreign assistance.

This survey aims to assess the trends of official development assistance (ODA) in the health and health-related sectors and determine the gaps and needs, thus, enabling the formulation of a more effective cooperation program with the donor agencies in general and JICA in particular.

In order to achieve this, the projects were classified into two (2) major sub-sectors for better analysis; Public Health and Clinical Medicine. Public health is defined as all activities and facilities associated with preventive care. Examples of these activities are immunization programs, family planning services, environmental sanitation campaigns and primary health care facilities such as the Barangay Health Stations and Rural Health Units. Activities and facilities that deal with curative care are categorized under Clinical Medicine. Assistance to secondary and tertiary hospitals such as Medical Centers, Regional, Provincial and District Hospitals are considered under this category.

### ASSESSMENT OF ODA ASSISTANCE

#### The Process

The identification of a development project for possible ODA loan financing signifies the beginning of a process starting with project preparation through/to project appraisal, pre-negotiation clearances, loan negotiation and, finally, project approval. On the other hand, the process for securing ODA grants starts with an indicative level of assistance from the grant source then to project call/identification, pre-qualifying/screening, project review, endorsement/program review and finally project approval.

#### Availment

Total foreign assistance to Public Health Services and Clinical Medicine from the period 1987 to 1990 amounts to US\$ 450.02 million. USAID is the biggest contributor with a forty percent (40%) share of the total assistance followed by IBRD with a thirty nine percent (39%) share.

The following is the summary of the official development assistance for health-related projects by funding source and by sub-sector from 1987 to 1990 (in thousand US dollars equivalent):

Funding Agency	Health Sub-Sector		TOTAL
	Public Health	Clinical Medicine	
1. USAID	162,673.0	19,530.0	182,230.0
2. WB	174,834.0	0.0	174,834.0
3. JICA	6,340.0	21,811.5	28,151.5
4. ITALY	10,381.4	0.0	10,381.4
5. AIDAB	15,861.2	88.0	15,949.2
6. UNICEF	5,279.4	0.0	5,279.4
7. UNFPA	27,195.3	0.0	27,195.3
8. CIDA	3,300.0	0.0	3,300.0
9. GTZ	1,221.6	625.2	1,846.8
10. IDRC	70.0	0.0	70.0
11. UNDP	344.0	0.0	344.0
12. ADB	470.0	0.0	470.0
<b>TOTAL</b>	<b>407,969.9</b>	<b>42,054.7</b>	<b>450,024.6</b>

The above do not include the WHO assistance, which also fall under the Public Health sub-sector, as indicated in Table 8 and in Annex II.

Public health services have been the main focus of assistance by most of the multilateral and bilateral funding institutions for the period 1987-1990. A total amount of US\$ 407.97 million (excluding WHO assistance) is being channelled to this category of health service. This is ninety one percent (91%) of the total amount coming from ODA.

Clinical medicine gets assistance from only four (4) donor agencies with JICA providing fifty four percent (54%) of the total assistance of US\$ 44.10 million to this category of health care.

### Cooperation Management

As a general rule, procurement procedures under bilateral assistance, whether loan or grants, are on a tied basis meaning that consultant services and equipment/materials/supplies are sourced and procured from the donor country and supplied to the recipient country in kind. There are, however, exceptions to this rule when the recipient country is allowed to evaluate consultant's expertise and/or enter into contract for procurement of services/equipment/supplies locally.

UN agencies, likewise, provide experts of their own choice and take full responsibility for the procurement of equipment/ materials/supplies through their established network worldwide.

Multilateral agencies like the IBRD and ADB conform to the general open untied procurement procedure which is through International Competitive Bidding (ICB) for equipment/materials/ supplies and the international selection procedure with respect to consultant services.

Table 5 shows the procurement methods adopted for each project/program.

### **Logical Framework**

USAID appears to be the only funding agency that requires the inclusion of a logical framework in the project proposal. Annex III are the Logical Frameworks for three (3) USAID assisted projects. While the other funding agencies may have the same or similar requirement, these are not explicitly indicated in the project documents. The logical framework is meant to trace the achievements of program/project goals, inputs and outputs. It specifies the objectively verifiable indicators, the means for verification and the assumptions for achieving such goals, inputs and objectives, all of which become the bases in monitoring the project and in conducting post evaluation/appraisal thereof. It is therefore necessary that the Logical Framework or similar document be made a permanent feature of all health related projects.

### **ACHIEVEMENT ANALYSIS**

In general, the programs and projects being supported by the multilateral and bilateral funding agencies are in response to the identified needs of the sector. Specifically, activities related to institution building and training address coordination and manpower constraints. Establishment of systems for coordination, monitoring and evaluation provides for effective and efficient delivery of services. Provision of drugs/medicines and contraceptives addresses the problem of insufficiency of supplies.

It is in the area of curative care, especially in the upgrading of medical equipment, where assistance may be lacking. For the health facilities to respond to the increasing demand and sophistication of medical needs, a continuous program of upgrading the hospital system is deemed in order.

Another area that needs assistance is the health insurance and financing component of health care. During the period 1987-1990, only US\$ 1.5 million have been allocated for studies/pilot testing of financing schemes.

Partnership with the private sector have to be fully explored. Private sector initiative can provide the additional facilities needed to solve the maldistribution of health facilities.

Finally, strengthening and expanding GO-NGO (Government Organization - Non-Government Organization) collaboration needs to be fully supported. While NGOs have been active in the provision of family planning services, more support is needed to activate NGO assistance to health.

## I. INTRODUCTION

### A. Background/Objective

Recognizing the role of health in national development, government efforts of the GOP have been continuously geared towards the upliftment of the general well-being of the population. However, with the scarce government resources, the health sector still competes with the other sectors for its financial requirements. Thus, to augment available resources, the sector also relies, to a certain extent, on foreign assistance. It is in this regard that bilateral and multilateral agencies have played a major role in the Philippine health sector. The donor agencies not only serves as providers of resources for the expansion or improvement of the sector's programs and projects but also actively participate in policy dialogues with the government.

This survey aims to assess the trends of official development assistance (ODA) in the health and health-related sectors and to determine the gaps and needs, thus, enabling the formulation of a more effective cooperation program with the donor agencies in general and JICA in particular. Specifically, it focuses on the trend analysis of ODA provided to the health and health-related sectors in terms of:

- a) the type and magnitude of cooperation/assistance and the availment procedures adopted;
- b) the areas of concern (sub-sectors), sites and beneficiaries and the intended use of the assistance; and
- c) the program/project organization and the cooperation methods between the donor agency and the Government of the Philippines

The survey also includes a review of the status of the health sector as well as the major programs and projects and the organization of the concerned implementing agencies. It therefore tries to indentify the gaps and needs of the sector with the objective of recommending or suggesting measures to properly address them.

### B. Methodology

To be able to assess the trends of ODA in the health sector, an inventory of health and health-related projects from 1987 to 1990, which were or are being financed by various multilateral and bilateral agencies such as the UN agencies, USAID, JICA, CIDA, ADB, IDRC, GTZ, AIDAB, World Bank, and the Governments of Italy and Netherlands was undertaken. Project proposals as-well as copies of the memorandum of agreement for each of the projects were gathered by the study team from the implementing agencies and from NEDA. To facilitate the analysis, project profiles were prepared and summary tables were drawn up/accomplished. These tables are as follows:

1. Foreign-Assisted Health-Related Projects;
2. Foreign-Assisted Health-Related Projects by Sub-Sector, by Component and Cost;
3. Foreign-Assisted Health-Related Projects by Sub-Component and by Cost;
4. Foreign-Assisted Health-Related Projects by Sub-Component and by Type;
5. Foreign-Assisted Health-Related Projects' Cooperation Procedure (Checklist);
6. Summary of the Total Cost of Health-Related Projects by Sub-Sector by Funding Agency; and

7. Summary of the Total Foreign-Exchange Cost of Health-Related Projects by Funding Source and by Sub-Sector; and
8. WHO Collaborative Health Program Budget, 1986-1987, 1988-1989, 1990-1991.

The projects were classified by sub-sector, i.e., public health and clinical medicine, by funding agency and as to whether these are on-going or completed. Tables 1 and 2 were accomplished for all the projects; but for Tables 3, 4 and 5, only the major programs and projects each costing the equivalent of US\$ 1 million and above were covered. For some of the projects, the dollar to peso exchange rates used in converting the equivalent cost in US dollar were based on the prevailing exchange rates for the year. For the rest of the projects, the exchange rates indicated in the project proposals were adopted. The project profiles contain the following information:

1. General information: project name, cooperation period, cooperation site, type of project (grant or loan financed), cost of project, implementing organization and donor organization;
2. Project contents: background, rationale/socio economic justification, objectives, project description, and financial requirements; and
3. Cooperation management and other concerns.

The overall assessment was based on the project profiles and the summary tables. Aside from the overall assessment, the trend of cooperation by donor agency was also analyzed.

### **C. Limitations/Problems Encountered**

The conduct of the inventory of programs and projects was made difficult by the inadequacy of data. Specifically, there were missing project proposals and copies of the memorandum of agreement were not on file. Moreover, considering the time period between submission of the proposal and funding approval, there were changes in project costs, project titles and, in some cases, scope of work for the projects. Thus, the validation of information was time consuming. In addition, the accomplishment of the summary tables was particularly difficult for big programs/projects. For some projects, the breakdown of costs was not available. Due to time constraints, the assessment was centered on major programs and projects. Minor but nevertheless important projects were given minimal attention. NGO projects, irrigation projects with health components, as well as IADs were not covered because of limited time.

The coverage of JICA assistance was not comprehensive because the study team opted to concentrate on the projects of other funding agencies/countries to be able to give a fairly comprehensive account of the trends of assistance of other donor agencies having assumed that JICA is already aware of the trend of its own assistance.

## **II. OVERVIEW OF THE PHILIPPINE HEALTH SECTOR**

### **A. Health Status**

The key sectoral indicators manifested a general improvement in the health status of the population during the period 1987-1990. Crude death rate was estimated to have declined from 7.6 deaths per thousand population in 1987 to 7.3 deaths per thousand population in 1990. The infant mortality rate was also estimated to have decreased from 54.1 to 50.3 per thousand livebirths during the same period. Maternal mortality rate was registered at 1.0 per thousand livebirths in 1987 and this slightly decreased to 0.8 per

thousand livebirths in 1990. With the overall improvement in mortality, life expectancy improved from 63.7 years to 64.6 years during the 1987-1990 period. These indicators, however, show variations across the different regions of the country.

## **B. Morbidity and Mortality Trends**

The morbidity and mortality situation typifies that of less developed countries where communicable diseases remain to be the leading causes of illness and deaths. Degenerative diseases, however, have started to become prominent causes of mortality. Specifically, the leading causes of morbidity include bronchitis, diarrheal diseases, pneumonia, tuberculosis, influenza, malaria, measles, diseases of the heart, accidents and malignant neoplasms.

With regard to the leading causes of mortality, pneumonia consistently ranked first. Degenerative diseases such as diseases of the heart, malignant neoplasm and diseases of the vascular system also appeared in the top ten list. Meanwhile, malnutrition and poor environmental sanitation remained as major public health problems.

## **C. Health Care Delivery System**

Two major sub-systems comprise the country's health care delivery system - the government or public and the private. The Department of Health (DOH) is the major institution responsible for the government sub-system. It implements programs and projects that answer the need for preventive services. These programs and projects are implemented through the field units of the DOH, i.e., regional and provincial health offices, rural health units (RHUs) with their satellite Barangay Health Stations (BHSs). For curative services, a network of government hospitals (classified into primary, secondary and tertiary) are spread all over the country. The private sub-system on the other hand delivers more of the curative services although in some instances, preventive services are also rendered. Government health facilities are usually frequented by lower income patients while private health facilities cater to higher income groups.

## **D. Resources for Health Services**

### **1. Health Facilities and Manpower**

There are 1,696 hospitals in 1989, of which 564 are government and 1,132 are private. The country's bed to population ratio is 1:707. There are 2,072 RHUs and 9,184 BHSs to widen the catchment area of health facilities. As to health manpower, 1988 data show that there are 8,928 physicians, 9,112 nurses, 10,827 midwives and 2,355 rural sanitary inspectors in the government service. Other paramedical workers, e.g. pharmacists, medical technologists, sanitary engineers, etc. as well as traditional midwives (hilots) and volunteer barangay health workers are tapped in the delivery of health services. In addition, there are private medical and paramedical practitioners as well as other traditional health workers (herbolarios).

Health facilities and manpower tend to be concentrated in urban areas. The manpower to population ratio and the bed to population ratio vary from region to region.

### **2. Health Care Financing**

Financial support for the government health sector comes from revenues of the national government. In addition, budgetary support for some programs and projects are drawn from grants/loans given by bilateral and multilateral agencies.



For the period 1987-1990, the budget share of the health sector increased from P/ 4.2 billion to P/ 8.7 billion representing an increase of 48.28 percent. As percentage share of total government budget, this increased from 2.7 percent in 1987 to 3.5 percent in 1990.

Meanwhile, available data indicate that total health care expenditures (public and private) constituted about 2.5 percent of GNP on the average in 1981-1985. The public sector accounted for 2.6 percent of total expenditures in 1985. Public sector expenditures are financed mainly from tax revenues. User charges in public hospitals are limited and cost recovery is less than 10 percent. Private sector expenditures, on the other hand, are financed mostly by user charges and fees and partly by insurance from a government sponsored social insurance scheme (MEDICARE). Voluntary private insurance is very limited considering that less than five percent of the total population is covered (Herrin, 1989).

As regards ODA, the share of social services (including health and family planning) to total loans increased from zero percent in 1987 to 8.72 percent in 1990. Meanwhile, around 2.02 percent of foreign grants/technical assistance was channelled to social services in 1987. This increased to 13.75 and 20.69 percent in 1988 and 1989, respectively, but decreased to 10.06 percent in 1990.

### 3. Other Resources

Drugs and medicines, vaccines, medical equipment and supplies are the other important resources in the health sector. Funds for these items are provided for in the budget but grants from bilateral and multilateral agencies are also tapped. Some vaccines are locally produced and these are augmented by donations from some donor agencies.

### E. Sectoral Problems and Constraints

The Philippine health sector has been beset by institutional, financial and manpower constraints (Pante, 1989). Specifically, there has been lack of coordination among health providers which led to the duplication of services/functions and waste of resources. In addition, budgetary allocation for the sector has been inadequate resulting to limited coverage for the major programs and projects, manpower constraints, and inavailability of resources such as drugs/medicines as well as medical equipment. In terms of allocation within the sector, more funds are channelled to the hospital system (curative services) rather than the public health system (preventive services). The maldistribution of health facilities and manpower also poses a problem to the sector.

### F. Policies, Programs and Projects

As enunciated in the Health, Nutrition and Family Planning chapter of the Medium Term Philippine Development Plan (1987-1992), the following objectives will be pursued by the sector: a) to improve the health and nutritional status of the population; b) to contribute to the achievement of health for all by the year 2000 through primary health care; and c) to promote responsible parenthood and a small family norm in support of a moderate population growth as a means to improve family welfare.

Specifically, the following policy thrusts will be adopted to improve the health status of the population: a) formulation and implementation of an efficient response to the main causes of morbidity and mortality (i.e. disease control and service delivery programs); b) provision of adequate attention and resources to the machinery that responds to health problems (i.e. the government health network and the network of private health care providers); and c) establishment and maintenance of a climate conducive to health-oriented policies and programs (i.e., multisectoral action for health through advocacy, regulation and coordination).

In the area of disease control and service delivery, the following policies and strategies shall be pursued:

The five impact programs (EPI, Malaria Control, TB Control, Schistosomiasis Control, and Diarrheal Diseases Control) shall be sustained;

Services and programs oriented toward the health of mothers and children will be operationalized and integrated at the service delivery level;

Appropriate support will be provided to the following programs: maternal, infant and child care; nutrition with a specific focus on mortality reduction, disability prevention and rehabilitation from malnutrition; dental health; family planning; environmental health; leprosy control; radiation health and safety; filariasis control and control of sexually-transmitted diseases;

In the medium term, major program interventions will be launched and implemented in the following areas: acute respiratory illness control, cardiovascular disease control, cancer control and mental health;

A focused program to prevent and control AIDS shall be established and expanded over the medium term;

Medical and hospital care services shall be expanded and improved;

Government performance in quarantine, licensing, regulation, food and drug administration and related regulatory activities shall be improved through more rational application of technical standards, system streamlining, greater transparency and use of more cost-effective methods.

In the area of attending to and supporting the development of the health system for greater effectiveness, efficiency and equity, the following policies and strategies are to be pursued:

a) Government Health Network

- Organizational development
- Technical development
- Managerial development
- System and facilities modernization

b) Private Health Network

*Sustaining and improving the viability of private sector health providers.*

Influencing the rate of production, the skills profile and the fielding of health practitioners.

Improving the quality and reliability of privately-provided health services.

Expanding the financial and human resource base of private sector health providers.

In the area of multi-sectoral action for health, six major priorities shall be pursued as follows:

- The implementation of the national drug policy
- The provision of safe water and adequate sanitation
- Primary health care
- Environmental health
- Occupational health
- Health insurance
- Active collaboration with international agencies

Specific programs and projects that are being implemented by the DOH include the five impact programs namely: Tuberculosis Control Program, Malaria Control Program, Schistosomiasis Control Program, Comprehensive Maternal and Child Care and Control of Diarrheal Diseases. Apart from the previously mentioned programs, other programs and projects are being implemented by the DOH, e.g., Child Survival Program, Family Planning Assistance Project, Philippine Health Development Project III, etc.

Meanwhile, new policies adopted by the DOH include, among others, the national drug policy which is aimed at providing safe, effective and high quality drugs and medicines; the Generics Act of 1988 which seeks to promote, require and ensure the production of an adequate supply, distribution, use and acceptance of drugs and medicines identified by their generic names; and policies for the prevention and control of diseases like AIDS and other degenerative diseases. In addition, Executive Order No. 441 which provides for additional Medicare benefits was implemented.

### III. ASSESSMENT OF OFFICIAL DEVELOPMENT ASSISTANCE (ODA) FOR THE HEALTH SECTOR IN THE PHILIPPINES

#### A. The Process

##### 1. Process for Securing ODA Loans

The actual process in programming ODA loans varies depending on the source and recipient of the assistance. The process depicted in Chart 1 and described below represents what is perceived to be generally applicable. The description of the process is based on the framework provided by existing legal instruments and the experience of concerned officials/employees of the NEDA Secretariat.

##### a. Project Identification

The identification of a development project for possible ODA loan financing signifies the beginning of the process. Project identification starts with a project idea which may be generated from three (3) sources, namely:

- i. the prospective recipient agency based on a sector study;
- ii. the prospective lending agency (donor) based on a sector study; and
- iii. the project identification survey conducted by the donor's own mission.

The project idea has to be thoroughly justified and its feasibility must be shown. Then, it is referred to NEDA for clearance to proceed to project preparation.

##### b. Project Preparation

Project preparation, which is used interchangeably with "feasibility study", refers to the stage in which critical decisions are made with respect to the projects viability and its ability to achieve its objective within the limits set by decision makers. At this stage, preliminary estimates of required resources, as well as basic decisions with respect to size, location, technology and administrative needs, must be made.

If the agency does not have the financial resources to prepare the project proposal and if NEDA should find the project worth investigating, the latter may program an amount from the Feasibility Studies Fund or from similar sources under the National Priorities Support Fund of the General Appropriations Act. Moreover, if the agency needs foreign technical assistance, NEDA may also program the required amount from an appropriate source. It may also be secured from one of the UN agencies as a grant or from the prospective ODA source (either as a grant or a part of the loan).

In the course of project preparation, the NEDA Secretariat (and the prospective lending institution in cases where it provided technical assistance for project preparation) monitors the progress of work.

##### c. Appraisal

Once the feasibility study is completed, and if the results indicate that the project is feasible, then NEDA through the Investment Coordination Committee (ICC) after favorable evaluation by the NEDA Secretariat, and the lending institution, undertake a comprehensive appraisal of the project.

The prospective donor usually sends an appraisal mission to discuss the project not only with the proponent agency but also with other agencies involved in ODA administration (DOF, DBM and CB).

d. Pre-Negotiation Clearances

If the outcome of the appraisal is favorable, the process of obtaining pre-negotiation clearances begins. Otherwise, the implementation and funding of the project is either deferred (if the project is not economically viable at the time of appraisal but shows viability in the near future), subjected to further studies (if the results are inconclusive), or dropped altogether (if the project is not feasible at the time of appraisal and even in the distant future).

A number of clearances/documents have to be secured as a pre-requisite for loan negotiation. These are:

- i. ICC clearance;
- ii. NEDA Board Resolution;
- iii. Monetary Board Approval (CB);
- iv. DBM Forward Obligational Authority (FOA);
- v. DOF Certification; and
- vi. Presidential Approval in the form of "Full-Powers".

The ICC is a committee of the NEDA Board which serves as the focal point of coordination in the programming of ODA. It is composed of the Director General of NEDA, the Executive Secretary, the Secretaries of Finance, Agriculture, Trade and Industry, and of Budget and Management and the Governor of the Central Bank. In the ICC, projects are reviewed for their economic, financial, technical, institutional viability and social impact.

ICC review/decision covers:

- i. Any public sector undertaking with total project cost of P300 million and above, resulting in new capital forming in the economy, irrespective of financing;
- ii. Public sector projects with foreign borrowings of at least US\$ 5 million; and
- iii. Projects of the private sector seeking concessional ODA financing under on-lending arrangements and/or national government guarantees. These shall include infrastructure projects to be implemented under the Build Operate and Transfer (BOT)/Build, Operate and Own (BOO)/Build and Transfer (BT) schemes.

Projects for evaluation by the ICC should be accompanied by the following documents upon submission to the ICC Secretariat:

- i. Feasibility Study Report;
- ii. Accomplished ICC prescribe forms;

- iii. Regional Development Council (RDC) Endorsement for region-based projects;
- iv. Endorsement from other concerned agencies (e.g., Environmental Management Bureau (EMB) clearance);
- v. Endorsement from the GCMCC with respect to the financial capacity of the concerned GOCC to undertake the project;
- vi. Agency plan for Rights-of-Way (ROW) acquisition (when applicable); and
- vii. Location Map (when applicable)

DBM issues a FOA based on the proposed loan amount and peso counterpart contributions. On the other hand, the CB 's approval is needed to ensure the programming of foreign exchange outflows based on the proposed loan amount, terms and conditions.

The reason for securing preliminary certification from the DOF is to make sure that the proposed loan does not exceed the statutory ceiling. A NEDA Board Resolution is necessary pursuant to the provisions of the Foreign Borrowing Law and in view of NEDA's foreign assistance coordination responsibility as prescribed in Executive Order No. 230.

Once all five (5) clearances from the ICC, DBM, CB, DOF and NEDA have been obtained, steps towards negotiating the proposed loan could be undertaken. Two (2) LOIs direct the DOF and CB as chief negotiator and co-chief negotiator, respectively. The two bodies are responsible for taking the lead in constituting an appropriate negotiating panel and in requesting the President of the Republic of the Philippines that the panel be vested with "Full Powers" to negotiate (including the authority for one government official to sign the loan agreement). In many instances, NEDA assumes such responsibility in coordination with the project proponent.

e. Loan Negotiations

Upon issuance of "Full Powers" by the President, loan negotiation is conducted with the lending institution. Immediately thereafter, the loan document as negotiated is signed by the authorized signatories unless there are conditions precedent to loan signing agreed upon between the two (2) parties during the negotiation.

2. Process for Securing ODA Grants

The process of availing ODA grants from multilateral and bilateral sources is much simpler as compared to loan availments (See Chart 2). NEDA, serves as the grant or aid coordinator. Donors deal with NEDA directly rather than the recipient agencies in programming the use of ODA grants. Other agencies which have roles to play are: (a) the DFA, serving as the diplomatic channel of communication; and (b) the DBM, in cases where the grant generates peso proceeds and/or requires budgetary counterpart support.

a. Indication of Assistance

An announcement of an indicative level of assistance by an ODA source sets in motion the grant programming. In indicating the level and magnitude of assistance, ODA sources employ three (3) methods of grant programming:

- i. regular medium-term (5 years) country programming;
- ii. regular annual programming; and
- iii. ad hoc programming

Grant aids from USAID, ADB, UNDP and Italy are programmed through regular medium term (country programming) method. On the other hand, grants from bilateral sources like Japan, Germany, Belgium, Denmark and Netherlands are on annual programming basis. The EEC, WFP and the rest of the UN agencies operating in the country operate under/within the ad-hoc programming category.

b. Project Call/Identification

Given the indication of assistance from ODA sources, NEDA initiates a project call. NEDA's project call advises proponents on the preferred or eligible project types. Generally, NEDA draws projects from the Medium-Term Technical Assistance Program (MTTAP) or selects projects from, or that are supportive of, the Medium-Term Public Investment Program (MTPIP). Only those projects included in the approved MTTAP and MTPIP shall be accorded priority in the programming of ODA resources for TA and capital assistance. Those that are not included in the MTTAP and MTPIP shall be reviewed by the NEDA Secretariat for inclusion in the next updating of these programs.

c. Pre-Qualifying/Screening Stage

Proposed projects submitted to NEDA are pre-qualified based on the following considerations:

- i. Projects do not duplicate on-going or proposed activities of other government entities as well as the private sector; and
- ii. Project activities and inputs are eligible and suitable for foreign funding.

Project which pass the pre-qualifying stage shall undergo prioritization by concerned NEDA sector staffs based on the government priorities and criteria of various donors.

Data requirements at this stage of the process consist of the following:

- i. Profile of Project or accomplished NEDA prescribed Form;
- ii. Two (2) copies of project proposals, one for the donor and another for NEDA; and
- iii. RDC Resolution - for projects originating from the Local Government Units (LGUs) and those which are region-based. Proponents are required to secure an endorsement from the RDC before submitting the proposal to NEDA.

d. Project Review

Upon submission of the full-blown proposal by proponent agencies, NEDA evaluates the project in terms of consistency/conformity with national, regional and sectoral policies and strategies. The project's socio-economic

desirability and feasibility, and the appropriateness of implementation arrangements and structures are also taken into consideration.

e. Endorsement/Program Review

A list of projects is then endorsed by NEDA to the grant source through the DFA. While awaiting approval, recipient agencies go through detailed project preparation/documentation, the results of which are reviewed by NEDA and sent to the grant source through diplomatic channels. Other agencies like the DOF and the DOJ may need to be consulted before the terms and conditions laid down in the Memorandum of Understanding (i.e. exemption from taxes, duties, privileges to project staff, etc.) are finalized.

Pursuant to NEDA Board Resolution Nos. 38 and 69 series of 1988, all TA or grant aid projects costing \$1 million and below, except for pre-investment studies, shall be automatically endorsed to the donor agency.

f. Approval

A project is approved when there is already an agreement specifying commitments of both the donor and the GOP. Once obtained, NEDA signs the agreement in behalf of GOP.

Prior to the endorsement/approval of the project, consultations usually take place between the proponent agency, NEDA and the donor to thresh out identified issues.



## **B. Availment of ODAs for the Health Sector**

The assessment of ODA will be done in two (2) stages for a clearer presentation and better appreciation of information. Assessment will be done initially by funding agency to be able to highlight more concretely the respective thrusts and objectives and the cooperation management/procedure being adopted by these funding institutions/agencies. An overall assessment will follow to give an aggregative view of foreign assistance. Annex I contains the detailed information of each of the project included in this report. Tables 1, 2, 3 and 4 give the breakdown of costs per sub-sector and its component. Table 5 summarizes the total funding for health-related services by funding source including GOP counterpart while Table 7 shows the total amount of external financial assistance to health related services by funding source. Table 5, meanwhile, summarizes the cooperation methods employed by donor countries/agencies.

### **ASSESSMENT BY FUNDING AGENCY**

#### **USAID Assistance**

##### **Programs/Projects**

Five (5) nationwide programs/projects have been assisted by USAID within the period 1987-1990 totalling US\$ 182.2 million for both public health and clinical medicine. All of these assistance are provided as grants except for the completed Population Planning III project where part of the project funding was provided through a loan. Including GOP counterpart, the financial requirements of USAID assisted projects within the study period amount to US\$ 276.5 million.

The Primary Health Care Financing Project is one of the three (3) on-going projects. The project commenced in 1983 and will be completed in 1991. Funding for this project was originally for a US\$ 10 million loan and US\$ 2 million grant. Due to the complicated nature of financing schemes in relation to primary health care services, the USAID finally acceded to a US\$ 16.7 million grant to help the Government of the Philippines accelerate its program and attain its objectives of Health For All by the year 2000.

The provision of oral rehydration therapy (ORT), immunization vaccines, drugs and health kits gets the bulk of the funds for the project with a fifty six percent (56%) share. Training and institution building activities is allocated twenty three percent (23%) of the project cost while expenditures for IEC campaigns/materials used another fourteen percent (14%). There is no breakdown of GOP counterpart although most of the local counterparts are imputed costs used for support services.

The Family Planning Assistance Project is a US\$ 62.43 million project that supports the expansion of family planning service delivery, training, IEC activities, logistics, contraceptives, monitoring, evaluation and audit and research. The project is given a foreign assistance of US\$ 40 million for the purpose. Thirty nine percent (39%) of the project finance is going to institution building/training, twenty seven percent (27%) for support services, eighteen percent (18%) for the provision of supplies, mostly contraceptives and fourteen percent (14%) to support service delivery activities. The project started in 1990 and is projected to be completed in 1994.

The Child Survival Program (CSP) is a US\$ 50 million program with no GOP counterpart required. 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 national rate by increasing availability, utilization and sustainability of child survival-related services including child spacing.

Ninety percent (90%) of the program cost is given to the DOH for use in various activities to meet the identified program benchmarks. The DOH is therefore given blanket authority to allocate the fund according to its needs. The rest of the project fund will be spent for technical assistance (experts) and monitoring evaluation and audit.

There are two (2) completed projects with USAID assistance. The Population Planning III project provided support to the Philippine Population Program through the provision of an effective management information system, reliable contraceptive supply, training, and an effective IEC and service delivery program. Total cost of the project was US\$ 122.33 million of which foreign assistance of US\$ 26.92 million was provided through a loan and US\$ 29.83 million as grant to the project. Sixty four percent (64%) of the project funds were spent in support of outreach programs with another sixteen percent (16%) used to purchase contraceptives.

The other completed project is the Rural Water Supply and Sanitation Project whose aim is to assist the Government of the Philippines decentralize the delivery of public services by strengthening the technical and managerial capabilities of local government units. Total cost of the project is US\$ 25 million with US\$ 18.75 million as foreign assistance. Almost fifty percent (50%) of project funds were spent for the construction of Level I and II water supply systems with another seventeen percent (17%) for institution building/training activities. Twenty four percent (24%) was spent for support services.

### **Logical Framework**

USAID is the only funding agency that requires the inclusion of a logical framework in the project proposal. The logical framework is meant to trace the achievements of program/project goals, inputs and outputs. It specifies the objectively verifiable indicators, the means for verification and the assumptions for achieving such goals, inputs and outputs (see Annex A-III for logical framework examples).

### **Cooperation Management**

It is standard practice for USAID-assisted projects that disbursement of funds under the grant will be 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 provided in the Project Grant Standard Provisions Annex, with respect to marine insurance. Ocean transportation costs shall be 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 will be 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.

### **Sustainability**

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.

## JICA Assistance

### **Programs/Projects**

There are five (5) grant-assisted projects included in the survey. Only one (1) project is on-going and is expected to be completed this year 1991. Three (3) other completed projects were not included due to lack of complete data. These are the Construction of Training Center for RITM, Equipment Supply for BFAD Laboratory Phase II and Upgrading the Medical Equipment of the Philippine Children's Medical Center. Total assistance from the five (5) projects amount to US\$ 30.12 million with seventy nine percent (79%) going to clinical medicine. GOP counterpart required is minimal at US\$ 160,000.

The only on-going JICA assisted project is the Rural Environmental Sanitation Project, Phase II with a total cost of US\$ 6.5 million of which US\$ 6.34 million is foreign assistance. The project's objective is to improve the health standard of the population through the construction of toilet facilities, deepwells and development of springs and installation of communal faucet systems. Almost half of the project amount (48%) is being spent for the acquisition and distribution of toilet bowls. Another twenty five percent (25%) is being used to construct different water and sanitation facilities.

The project Upgrading the Medical Equipment of the Philippine Heart Center was started in 1988 and completed in 1989. Essentially, the project provided medical equipment in order for the hospital to meet the increased demand for sophisticated medical and surgical services. A total amount of US\$ 3.2 million was provided by JICA with no GOP counterpart required. Seventy two percent (72%) of the grant was spent for medical equipment and ambulance. The remaining amount was spent for laboratory supplies.

Construction of the Out-Patient Department (OPD) of the Philippine General Hospital (PGH) is another completed project assisted by JICA. Completed in 1988, the US\$ 10 million grant-aid was spent for Construction (70%) and equipment (30%) to supplement the existing facilities of the PGH. GOP counterpart was not required.

As the name of the project implies, Equipment Upgrading of 26 Provincial Hospitals, Phase I was to provide this first batch of provincial hospitals with manpower equipment/facilities necessary to improve the services provided by the tertiary hospitals. The entire project amount was spent for the acquisition of modern medical equipment. GOP counterpart was in kind.

The Occupational Health and Safety Center Project commenced in 1985 and was completed in March 1990. The project's aim was 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 total amount of assistance was spent for the construction of a Center to provide a venue for research, information dissemination and training.

### **Cooperation Management**

For the Environmental Sanitation Project, selection of project site will be conducted jointly by the DOH and the DPWH together with a Japanese Survey Mission. Detailed engineering will be undertaken by the Japanese Government through a consulting firm and assisted by local engineers.

For the construction/upgrading of infrastructure, JICA assistance will cover mainly construction and equipment costs and part of training costs if required. The local lead agencies will assume the responsibility of operating, managing and maintaining the constructed facilities.

## World Bank Assistance

### **Programs/Projects**

There are four (4) projects assisted by IBRD for the period 1987-1990. The amount of assistance extended for public health services total US\$ 174.83 million. All of the projects are financed with loans and are above US\$ 1 million. Including GOP counterpart, the total funding of IBRD-assisted projects amount to US\$ 266.590 million.

The Philippine Health Development Project III (PHDP III) is one of two (2) on-going IBRD-assisted projects. The total cost of the project is US\$ 108.3 million with the foreign assistance totalling US\$ 82.8 million, of which US\$ 12.4 million are grants from the governments of Italy and Japan to co-finance the Tuberculosis Control Program and the start-up activities, training and technical assistance. The PHDP III is a six-year project and is composed of four (4) major components. Studies/ researches represent thirty three percent (33%) of project cost; institution building/training twenty seven percent (27%); supplies, twenty one percent (21%); and equipment/vehicles, nineteen percent (19%).

Another on-going project is the First Water Supply and Sanitation Project (Health Component) whose total project cost is US\$ 56.39 million. Foreign assistance amounts to US\$ 22.134 million with the rest as GOP counterpart. Over sixty percent (60%) of the project cost is shared evenly by the training and support services component while fifteen percent (15%) of the total cost is devoted to the purchase of waste-water treatment units, quality control materials/equipment, jeeps and motorcycles all needed by the project. Another thirteen percent (13%) is being spent for the acquisition of toilet bowls and well disinfectants.

Two completed projects with IBRD assistance are the Philippine Population Project II (POP II) and the First Rural Water Supply and Sanitation Project. Both were completed in 1988 and were implemented by the Department of Health (jointly with POPCOM in the case of POP II).

The POP II project had a total cost of US\$ 66.4 million with a foreign component of US\$ 34.4 million. The project commenced in 1979 and was completed in 1988 after a three year extension. The project involved the construction and the provision of furniture and equipment, technical assistance and operating expenses for DOH and POPCOM facilities. Infrastructure and equipment/vehicles alone comprise forty five percent (45%) of the total project cost. Thirty six percent (36%) of the project funds went to institution building/training to strengthen the capabilities of both DOH and POPCOM.

The First Rural Water Supply and Sanitation Project was launched in 1983 and completed in 1988. The total cost of the project was US\$ 57.73 million of which US\$ 35.5 million was foreign assistance. The project involved the construction of shallow and deep wells and level II water systems, installation of toilet units and construction and maintenance of Regional Maintenance workshops for rural water system development. Forty six percent (46%) of total project cost was spent for water system equipment with another thirty percent (30%) used for the construction and installation of these units.

### **Cooperation Management**

Several conditions were set forth by the Bank (WB) with regard to the implementation of IBRD-assisted projects.

Equipment and materials will be procured under international competitive bidding (ICB), according to the Bank's guidelines. A margin of preference equal to 15% of the cost of insurance and freight (CIF) price will be allowed for domestic manufacturers in bid evaluation. Civil works will be procured through small local contracts, force account, or voluntary labor.

The GOP, through the DOH and POPCOM, will carry out the project in conformity with appropriate administrative, financial, engineering and public health practices and shall provide, the needed funds, facilities, services and other resources required for the purpose.

Hiring of consultants will be determined by both GOP and the IBRD. The qualifications, experience and terms of conditions and employment of these consultants should be satisfactory to the IBRD and in accordance with international selection procedure.

### United Nations (UN) Assistance

#### UNFPA

##### **Programs/Projects**

From 1987 to 1990, the UNFPA is the biggest contributor among the four United Nations agencies (UNFPA, UNICEF, UNDP and UNIDO) providing grant assistance to the Philippine government with a total assistance of US\$ 27.195 million with a GOP counterpart of the equivalent of US\$ 22.992 million. Most of this assistance, US\$ 21.769 million are on-going and are channelled to projects that deal with strengthening institutional capabilities to plan, coordinate and/or manage the implementation/delivery of family planning services. As to the type of activities being assisted, the bulk of the on-going assistance is allotted to service delivery in the amount of US\$ 8.940 million. These are direct assistance in preventive care given to NGOs, school organizations and depressed provinces. Another US\$ 7.222 million is devoted to institution building/ training activities.

There are fourteen (14) on-going UNFPA-assisted projects. Seven (7) of these cost US\$ 1 million each and above. Except for three (3) which are region-specific, all of the projects have nationwide coverage with one (1) project jointly being undertaken with UNICEF and UNDP. The biggest amount of assistance, US\$ 6,989.2 million, is being spent for the enhancement of the delivery of family planning services in Regions III, VII, X and XI through training and the provision of vehicles and expendable equipment (IUD kits, flashlights, minilap kits, etc.) as well as for the improvement of the monitoring and evaluation system through automation and electronic support at the DOH Central Office. The second largest amount of assistance, US\$ 5,970.1 million, is given to non-government organizations (NGOs) in order for them to continue with their outreach programs especially in areas not easily reached by government resources. The contribution of NGOs to the National Family Planning Program has been very substantial, notwithstanding their perennial problem of lack of resources. The aim of the project is to strengthen clinical services through training, information dissemination and development of income-generating activities to establish working models of self-sufficient clinical service delivery.

For the period under study, six (6) UNFPA projects had been completed with a total amount of assistance of US\$ 2.54 million. Two (2) of these projects cost above US\$ 1 million each. The project entitled "Improving the Family Welfare through Responsible Parenthood/Family Planning" was funded by a US\$ 600 million grant from UNFPA and an additional US\$ 2.89 million from the Netherlands Government. Most of these grants were used for consultancy and sub-contracting services, supplies, training and purchase of medical and laboratory equipment.

The other project with a UNFPA US\$ 2.21 million grant entitled "Pilot NGO-FP Support Project," aims to increase accessibility of services and contraceptive prevalence through the NGO clinic mechanism. The project will also attempt to move toward self-sustainability through the recovery of contraceptive costs.

## Cooperation Management

Of the seven (7) projects each costing US\$ 1 million and above, six (6) are being implemented in coordination with an international institution (ILO, UNESCO, Margaret Sanger Center, FAO, UNDP) as executing agency. The responsibilities of these executing agencies range from the procurement of local equipment and supplies and subcontracting of studies to the provision of technical assistance through the establishment of monitoring and evaluation tools, training and financial management.

The procurement of major equipment and supplies including vehicles is the responsibility of the UNFPA through its established network. Implementation and management of the projects is always lodged with a particular unit of the local implementing agency such as the DOH and POPCOM.

The only exception to this set-up is the project entitled "Integrated Population and Development Planning (IPDPP)" being implemented by the National Economic and Development Authority (NEDA). The IPDP adopts a three-pronged strategy composed of institutional support, training and research/research utilization to promote fuller integration of population concerns in key development plans, policies and programs. No executing agency is named for this project although the responsibility for the procurement of data processing equipment and one vehicle is still lodged with the UNFPA.

For assistance directed to NGOs, a Management Board or a Steering Committee is created, composed of NGO representatives and relevant project staff, to provide policy directions and be responsible for final decisions on procedures, contracts and reports pertaining to the project. At the regional level, POPCOM or DOH Regional Offices shall monitor NGO activities.

## UNICEF

### Programs/Projects

UNICEF's Second and Third Country Programs are covered by the study with the latter still on-going. Both Country Programs contribute a total of US\$ 5.279 million in assistance to the country with a required GOP counterpart of US\$ 12.63 million equivalent. There are four (4) sub-projects under the Country Program for Children III costing US\$ 2 million. These are: (1) Expanded Program on Immunization (EPI) whose main objective is to sustain high immunization coverage by providing cold chain equipment to the peripheral units, training in the proper utilization and maintenance of these equipment, information dissemination, improved surveillance and laboratory services, provision and proper distribution of adequate EPI supplies and strengthening of supervision and monitoring mechanisms on a nationwide scale; (2) Care of the Mother and Under-Five Child which focuses on the strengthening of Under-Five Clinics in the delivery of comprehensive services to mothers and children, and also, the capability of District hospitals are being enhanced to manage high risk cases referred by RHUs, and furthermore the capability building is being done through trainings and provision of essential equipment for obstetrical emergencies; (3) Control of Diarrheal Diseases through Promotion of Breastfeeding is being launched nationwide through the development and production of IECM materials in support of breastfeeding and improved weaning practices; and (4) Control of Acute Respiratory Infection (CARI) focuses on case finding, treatment and follow-up of cases supplemented by appropriate services such as training, IEC, research, monitoring and supervision. This project is being implemented in Region VIII, and in areas covered by the Area Based Child Survival and Development Program (ABCSDP) and the Urban Basic Services Program (UBSP).

Only one (1) project, Care of Mothers and Under-Five Child, has a total amount of assistance exceeding US\$ 1 million. Seventy six percent (76%) of the US\$ 1.16 million

assistance has been channelled to the supply of Midwifery Kits, Maternal and Child Health/Obstetrical Kits, Traditional Birth Attendants' (TBA) kits and drugs. Thirteen percent (13%) went to training activities while eleven percent (11%) was utilized to purchase medical equipment. The project concentrates on the 25 most depressed provinces of the country.

The Country Program for Children II (Strengthening the Comprehensive and Child Health Program), with a total of US\$ 3.28 million in assistance was implemented from 1983 to 1987. It had seven (7) sub-project components, four (4) of which had a combine cost of over US\$ 1 million. The largest sub-project was the EPI which got US\$ 992,000 in UNICEF assistance and a local counterpart of US\$ 8.66 million equivalent. About ninety two percent (92%) of the project cost (46% per component) was used to purchase vaccines and to provide logistical support to field operations. Mass immunizations were done in health centers or wherever is convenient for the parents. This particular strategy has increased both the coverage and the operating cost of the project.

The second largest sub-project under the CPC II involved the training of Hilots or Traditional Birth Attendants (TBAs). Seventy three percent (73%) of the project cost was used to support operational expenses. An innovative scheme of paying for the transportation and upkeep of the TBAs while undergoing training was introduced in order to entice these hilots to attend the training sessions. Another twenty two percent (22%) of the project cost was used to purchase weighing scales for distribution and use of the hilots.

The third project costing more than US\$ 1 million was aimed at reducing infant and child mortality nationwide by focussing on peri-natal and 0-6 years old child care. Seventy five percent (75%) of the project cost went to the provision of drugs and growth charts while eleven percent (11%) went to various training activities. A systematic study to determine the real extent and causes of perinatal mortality was likewise undertaken.

For the sub-project "Promotion of Breastfeeding", a program of advocacy on a nationwide scale was launched involving all sectors to vigorously promote the practice. Advocacy activities, meetings, workshops involving policymakers, planners, implementors and the community got a fifty five percent (55%) share of the cost while IEC materials including VTRs and film strips covered the other thirty two percent (32%) of the total project cost.

Two (2) sub-projects were area-specific. The Parish-Based Primary Health Care project covered the areas of Alabang, Las Pin~as and Dasmarin~as, Cavite. The project involved the social preparation of the communities, training in community organization and evaluation of the process and results of the project. The other project "Community-Government Collaboration for the Improvement and Maintenance of Health" was implemented in six (6) provinces in Region VIII. The main objective of the project was to develop capacities of community leaders and indigeneous health workers/volunteers solve problems and take responsibility for making decisions concerning their respective communities. Moreover, the project set-up a Regional Pharmaceutical Laboratory to process herbal drugs for primary level health care.

Overall, UNICEF assistance went to support operational expenses related to the provision of basic health services in poorer communities nationwide. The bulk of GOP counterpart was used specifically as payment of salaries and maintenance expenses.

### **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 agency 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.

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

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

A Mid-Term review is 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.

## UNDP/UNIDO

### **Programs/Projects**

Both UNDP and UNIDO were involved in the formulation of a master plan for the development of an integrated Pharmaceutical Industry in 1988 contributing the amount of US\$ 220,500 and US\$ 123,500, respectively. Ninety three percent (93%) of UNDP and forty one percent (41%) of UNIDO assistance were allocated for experts and consultant services for the conduct of studies related to the Industry.

Another project being presently assisted by UNDP together with UNFPA and UNICEF, is entitled "Support to the Philippine Legislators' Committee of Population and Development Foundation, Inc. (PLCPD) for Social Development Policies and Programmes." The project's objective is to promote awareness of the interrelationship of population, maternal and child health, women, environment and natural resource use among the country's legislators and executive officials through the organization of a secretariat and the participation of parliamentarians and local executives in international conferences which address these issues. UNDP's contribution of US\$ 60,000 comprise about twenty one percent (21%) of the total foreign assistance.

### **Cooperation Management**

In the case of the formulation of a master plan for an integrated Pharmaceutical Industry, the cooperation procedure followed was that international and local experts were chosen by the funding agency and the Philippine government.

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 respective roles of the national and international staff were determined by their leaders through mutual discussion and agreement at the beginning of the project and set out in a Framework for Effective Participation of National and International Staff and in accordance with the established concept of technical cooperation.



The other project followed strictly the UNFPA cooperation procedure.

### Australian Assistance (AIDAB)

#### **Programs/Projects**

There are four (4) on-going projects being supported by the Australian Government (AIDAB). All of these projects are area-specific and are provided with grant assistance totalling US\$ 15.86 million for public health services and US\$ 88,000 for clinical care. Total GOP counterpart required is US\$ 4.45 million equivalent. Two (2) projects, namely, Central Visayas Water and Sanitation Project and Strengthening Health Services for Maternal and Child Health Care in 18 Provinces, have a total project cost of over US\$ 1 million.

The Central Visayas Water and Sanitation project commenced in 1990 with a duration of five years. The project will be implemented in Region VII with the aim of improving the health and overall living conditions of the poorer communities in the area through improved water supply and sanitation facilities. Thirty eight percent (38%) of the total project cost of US\$ 15.5 million will go to the purchase of water systems equipment, spareparts and vehicles to support the implementation and rehabilitation of various selected water supply schemes for the community. Twenty nine percent (29%) of the total cost will fund consultant services which are needed to design and/or improve information systems and planning and management procedures. Training and enhancing community participation will also be done to prepare the community to use and manage the improved water system.

Strengthening Health Services for Maternal and Child Health Care in 18 Provinces is funded by a US\$ 3.8 million grant from AIDAB. The purpose of the project is to reduce maternal and child mortality and morbidity through the provision of equipment, drugs, training and management support to the decentralized DOH structure in 18 depressed provinces. The provincial and district level area-based planning approach in this project enables the DOH to target Class C municipalities where basic services are wanting. Twenty seven percent (27%) of the grant assistance will go to the purchase of needed medicines which is just about the same as the allocation for training activities. Another twenty four percent (24%) is earmarked for equipment supplement identified as critical needs of the target provinces.

The Schistosomiasis Research Project Phase III in Leyte and Sorsogon is implemented by the University of the Philippines-College of Public Health and the Walter and Eliza Institute of Medical Research (Australia). Specific studies on human populations are being undertaken focusing on the potential of vaccination against schistosomiasis in conjunction with praziquantel based chemotherapy. Total cost of the project is US\$ 107,500 with a GOP counterpart of US\$ 26,738 as imputed cost. Eighty five percent (85%) of the grant is used to support the salaries of researchers/technical staff and for operating expenses. No request for equipment is made but flexibility in funding is requested so as to support unforeseen future needs.

The Bohol Acute Respiratory Infections Research Project Phase III is likewise a continuation of research activities to reduce ARI related mortality. Phase III involves the revision of the health education materials, course content and delivery techniques and minor revisions in case management protocol. Community outreach is being intensified and reporting/monitoring schemes will be analyzed. Total cost of the project is US\$ 978,800 which supports both public health (preventive care) and clinical medicine (curative care). Eighty five percent (85%) of the project cost is spent to support the community outreach component of the project while eleven percent (11%) is allocated for studies/researches and

development of IEC materials for preventive care. The remaining four percent (4%) is devoted to support studies and training in the clinical field.

### **Cooperation Management**

The Australian funding largely supports expenditures for personnel, equipment, and supplies needed by the projects. Personnel provided by the Government of Australia will be responsible for ensuring the effectiveness of the Australian contribution and will have an advisory and consultative role.

For projects where executing agencies are involved, AIDAB will make annual payments from funds available from the AIDAB bilateral programs to the executing agency for disbursement according to the terms of the AIDAB-Executing agency agreements. Under the procurement guidelines approved by AIDAB, the project equipment/supply list once approved will be examined for Australian sources on a best-value-for-money basis.

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

The Government of the Philippines will see to it that local resources needed by the projects are available and that all legal impediments are taken cared of to facilitate entry of supplies and materials.

### **German Assistance (GTZ)**

#### **Programs/Projects**

There are at least three (3) on-going projects being financed through grants from the German government. Two (2) are on-going projects and nationwide in scope while the other project is an NCR-based completed project. The assistance extended by the German Government to the country for the period 1987-1990 total US\$ 1.86 million. A total of US\$ 1.22 million is being utilized for preventive care (public health) activities.

The first of two on-going projects is the "Health Care Equipment Maintenance" project which is being implemented for a four-year period by the Department of Health. The project presently conducts training of two (2) technicians from each regional and provincial hospitals and provides them with various training materials, training equipment and tool kits in order for them to teach "First line maintenance" and "Specialized training courses" so that the DOH will be able to effectively maintain its equipment.

The Central Workshop Facility in the NCR is being upgraded and pilot workshops in Cebu and Davao will be established. Equipment and materials in support of these workshop facilities will likewise be funded out of the project including local and international experts/consultants who will provide technical assistance.

The total project cost is US\$ 1.7 million with US\$ 625,000 as GTZ assistance. GOP counterpart is in kind through the provision of needed local manpower, office space, training centers and supplies and materials not otherwise covered by the grant.

The second project is the "Philippine Health Information System Development" which is also being implemented for five years by the DOH. The project has organized a study team to review, evaluate and if necessary redesign the health information system. This entails training of existing staff on Health Statistics, Epidemiology, Computer Technology and Information Systems Development.

The total cost of the project is US\$ 1.6 million with US\$ 635,000 as GTZ assistance. GOP counterpart is likewise in kind through the provision of necessary local resources such as manpower, office supplies and materials and training sites.

More than fifty percent (50%) of foreign assistance will go to the conduct of local training for both projects. Another thirty percent (30%) of the assistance to the Equipment Maintenance project is earmarked for the tools and equipment of the workshop facilities while about twenty percent (20%) of the funding for the project on health information system is devoted to a more functional management information system.

The completed project entitled "Promotion of Teaching and Research at the College of Public Health, UP Manila" was funded by a US\$ 586,588 grant. The objective of the project is to improve the teaching and research capacity of the UP College of Public Health through the construction and equipping of a new building and the implementation of research studies on mercury poisoning.

### **Cooperation Management**

The Government of the Federal Republic of Germany provides the project with experts in health systems approach, equipment maintenance, health economy, insurance, health administration, hospital engineering/maintenance and data processing; supplies including vehicles, microcomputers and office equipment; operating and maintenance expenses; and fellowships and local training grants. The supply of materials and equipment for the project funded by the grant will not involve local procurement.

The Government of the Philippines will see to it that manpower, transportation and office space needed are available to the project to ensure the continuous implementation and takeover of the programme.

In the case of the UP-CPH project, the recipient was given the responsibility to enter into contract for supplies and services from German sources and to ensure that all contracts conform with the customary trade practices.

### **Italian Assistance**

#### **Programs/Projects**

There are two (2) Italian grant-assisted projects covered by the survey. Total Italian assistance for the period under study is US\$ 10.38 million with no GOP financial counterpart required. The completed project, "Institutional Support Program in the National Capital Region (NCR)," provided support for training of health personnel, review/upgrading of program thrusts and program evaluation in order to strengthen the coordination and implementation of health programs within the NCR.

The other project entitled "Assistance to the National Tuberculosis Control Program" is on-going and being implemented in Regions V, VIII and X. Sixty two percent (62%) of foreign assistance (US\$ 6.233 million) is earmarked for the purchase of drugs to be used in expanding and sustaining clientele coverage. Thirteen percent (13%) is being used to pay for experts seconded to the project who will provide technical assistance in the conduct of researches on Tuberculosis. Equipment and vehicles will likewise be provided by the project in support of the activities to be undertaken. The GOP shall provide office space and equipment and regular staff of the Department of Health which are unputed to cost about US\$ 14.74 million.

## **Cooperation Management**

The assistance will fund both the national and regional components 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 provided with Italian assistance.

For the completed project in the NCR, the DOH-NCR assumed the lead role in project implementation. The Italian assistance was confined to training and logistics support including vehicles and computers. Program evaluation was contracted out by the proponent.

## **Canadian Assistance**

### **Programs/Projects**

There are two (2) projects assisted by the Canadian government through grants within the period 1987-1990. The project which was based in Baguio City and costing US\$ 90,000, was aimed at assisting St. Louis University to come up with working models of health care delivery systems for low-income areas. The project ended in 1990 and a completion report has yet to be submitted. The second project based in Davao costing US\$ 4.6 million started in 1988 and is projected to be completed in 1993. The total Canadian assistance for public health services is US\$ 3.37 million.

The objective of both projects is to improve the quality of life of depressed communities in rural areas through the development of mechanisms to strengthen the capability for self-reliance in the provision of basic health, nutrition and family planning services.

The concentration of resources of the on-going CIDA project is in service delivery where outreach workers together with central DOH staffs will assist the community in establishing community organizations and in developing income generating activities. Various IEC materials will be produced and a health data system will be established.

## **Cooperation Management**

The overall responsibility for the management of CIDA's inputs to the project will rest with the Project Team Leader presently in CIDA. CIDA will enter into a contribution agreement with the University of Calgary. CIDA's contribution will be channelled through the University which will be responsible for providing all the Canadian expertise and services and for managing CIDA's financial contribution to the Project.

The Institute of Primary Health Care (IPHC) will provide all locally needed resources, prepare jointly with the University all pertinent reports and participate in the Project Review Committee which will establish policy with regard to project management and performance.

## ADB Assistance

### **Programs/Projects**

For the period 1987-1990, no completed projects have been assisted by ADB and only one (1) on-going project is being provided assistance in the form of a grant. The "Technical Assistance for the National Hospital Services Development Plan" is being prepared in three (3) stages starting from assessment of the current situation in the hospital sector, identification of long-term strategies and finally the formulation of a 15-year Hospital Services Development Plan. The project is estimated to cost about US\$ 487,000 with ADB contributing close to ninety seven percent (97%) of the funding. The amount will be used mostly for consultancy and support services, the latter in the form of salaries and maintenance expenses for local staff and office space, respectively. This study grant is expected to be the basis for a full-blown proposal for future project to be financed by ADB, among others.

### **Cooperation Management**

The progress of the study will be monitored by a 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 regional and provincial representatives of the DOH and the private sector are consulted and that these representatives are invited to participate in the reviews.

The executing agency for the technical assistance will be the DOH. The Steering Committee will monitor the 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. Short-listed consultants to be invited to submit Technical Proposals will be instructed to include in their proposals, among other things, specific suggestions as regards the detailed schedule for implementation.

### **WHO Assistance\***

#### **WHO Collaborative Health Program, 1986-1987; 1988-1989; 1990-1991**

In general, the focus of WHO health program collaboration for the periods 1986-1987; 1988-1989; and 1990-1991 has been on programs and projects directed towards solving existing health problems and promoting health and sanitation condition of communities through inter- and intra-sectoral cooperation. Specifically, WHO provides short term consultants for workshops and consultations; financial support for program reviews and surveys; training/ fellowship; and supplies and equipment for the following areas of cooperation:

1. Health Systems Development;
2. Organization of Health Systems Based on Primary Health Care;
3. Development of Human Resources for Health;
4. Public Information and Education for Health;

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\* Who is a UN agency but it was treated separately because its assistance is solely for the health sector.

5. General Health Protection and Promotion - i.e., nutrition services, oral health, smoking control program;
6. Protection and Promotion of the Health of Specific Population Groups, i.e., maternal and child health including family planning, workers' health;
7. Psychosocial and Behavioral Factors in the Promotion of Health and Human Development, i.e., mental health, prevention and control of drug abuse;
8. Promotion of Environmental Health, i.e., community water supply and sanitation, food safety;
9. Diagnostic, Therapeutic and Rehabilitative Technology, i.e., maintenance of X-ray and other medical equipment, essential drugs and vaccines, drug and vaccines quality, safety and efficacy, traditional medicines and rehabilitation; and
10. Disease Prevention and Control, i.e., immunization, control of malaria, schistosomiasis, diarrheal diseases, acute respiratory infections, tuberculosis, leprosy, blindness and deafness, cancer and cardiovascular diseases.

The budgetary allocation for the 1986-1987 biennium was US\$ 1,641,700. This slightly increased to US\$ 1,655,700 during the 1988-1989 biennium but a slight decline to US\$ 1,644,000 was observed for the 1990-1991 program (see Table 8 and Annex II). During the three bienniums, disease prevention and control received the biggest allocation, i.e., 27.50% in 1986-1987; 29.84% in 1988-1989 and 38.29% in 1990-1991. Health systems development ranked second in terms of allocation for the 1986-1987 and the 1988-1989 programs (19.76% and 17.84%, respectively). For the present program, however, health manpower development ranked second with 13.18% of the total budget. Meanwhile, the organization of health systems based on primary health care ranked third with 14.41% and 12.56% of the budget in 1986-1987 and 1988-1989, respectively. For the 1990-1991 biennium, diagnostic therapeutic and rehabilitative technology ranked third in terms of allocation (10.52%).

In general, the budget for the following areas of cooperation has been increasing: a) disease prevention and control; b) health manpower development; c) public information and education for health; and d) diagnostic, therapeutic and rehabilitative technology. On the other hand, the budgetary allocation for the following areas decreased: a) health systems development; b) organization of health systems based on primary health care; and c) promotion of environmental health. With regard to the budgetary allocation for the protection and promotion of the health of specific population groups, this increased from 2.38% in 1986-1987 to 7.04% in 1988-1989 but this slightly decreased to 7.01% in 1990-1991. The budgetary allocation for the protection and promotion of mental health as well as for the general health protection slightly decreased during the first two bienniums but an increase has been observed for the 1990-1991 program of cooperation.

## OVERALL ASSESSMENT

### **Programs/Projects**

Public Health Services have been the main focus of assistance by most of the multilateral and bilateral funding donors/institutions. A total amount of US\$ 407.97 million is being spent for the promotion of health care and the prevention and control of diseases. Close to ninety percent (90%) of total assistance comes from three (3) funding institutions. Forty three percent (42%) is being provided by World Bank through loans

(US\$ 174.83 million). Another forty percent (40%) is being financed by USAID mostly through grants (US\$ 162.67 million) while seven percent (7%) is accounted for by UNFPA assistance (US\$ 27.20 million).

Including GOP counterpart, thirty percent (30%) or US\$ 192.97 million of the total funding for preventive care of US\$ 635.63 million is being spent for enhancing institutional capacities and training of health staff personnel. USAID is the biggest contributor to this component followed by IBRD, GTZ, ADB, UNDP and IDRC. Sixteen percent (16%) of total public health funding (US\$ 98.95 million) is helping finance direct health services to target areas/clientele in the form of service equipment and supplies and salaries of outreach workers. Support services gets a fifteen percent (15%) share (US\$ 95.02 million) in the form of salaries and wages of regular DOH and POPCOM personnel as well as for maintenance and operating costs of the projects.

Clinical Medicine is being assisted by only four (4) of the twelve (12) funding institutions under study. JICA provides fifty two percent (52%) of the total foreign assistance, (US\$ 23.78 million) while USAID provides around forty six percent (46%) or US\$ 19.53 million. AIDAB's contribution is minimal at US\$ 88,000 which is mainly for clinical studies/ researches and support services for ARI. Ninety five percent (95%) of the JICA assistance for clinical services went to civil works and medical equipment for hospital upgrading.

Total assistance to both types of service amount to US\$ 450.02 million. USAID contributes forty percent (40%), IBRD thirty nine percent (39%) with JICA and UNFPA contributing six percent (6%) each.

### **Cooperation Management**

The checklist of cooperation procedures (Table 5) indicate that most of the funding institutions provide experts of their own choice to the projects being assisted. This is especially true for UN and GTZ assisted projects where the agreements with experts are pre-arranged. There are some instances where the Government of the Philippines is notified of the selection of a particular expert. Approval, however, becomes academic.

Consulting firms, meanwhile, are usually selected from a short-list of donor agencies with the work contract submitted for bidding by short-listed firms. These firms usually have established track records with the donor agency.

Most of the equipment/vehicles being used in the projects are subjected to tied bidding, meaning that only manufacturers/ suppliers from the donor country are allowed to bid for the supply of these equipment and materials. For UN-assisted projects, procurement of equipment/vehicles is their sole responsibility. The Government of the Philippines submits a list of needed equipment/ vehicles which the UN agencies purchase through their established network. This is likewise true for supplies of syringes, needles, vaccines, contraceptives and other drugs and medicines for use in the delivery of basic health services. In IBRD's case, however, supply of these equipment/vehicles and other materials are subjected to International Competitive Bidding (ICB). A margin of preference equal to fifteen percent (15%) of the cost of insurance and freight (CIF) price is allowed for domestic manufacturers in bid evaluation. The IBRD projects may be treated differently because these are financed by loans.

Local training is almost always handled through a joint undertaking by the donor agency/country and the Government of the Philippines. The donor agency/country provides the financial assistance and/or training expert and the Government of the Philippines arranges for the venue and other facilities needed for the successful conduct of the training programs. There are also instances where local experts are contracted for curriculum development and/or as training instructors/lecturers. The foreign training is

treated differently. It is exclusively handled by the donor agency from the choice of the training institute and curriculum to the financing of the candidates' participation. The only contribution of the Government of the Philippines is in the screening of participants for the training courses.

### **Logical Framework**

The logical framework specifies the key indicators by which the project's accomplishments can be measured. It is therefore a powerful tool for project implementors in determining whether the project is proceeding smoothly and in planning and scheduling future activities. It is likewise a useful tool for post-project evaluation. The logical framework, as a requirement for project preparation in the health sector may be necessary and can be instituted as a permanent fixture in all health concept papers for ODA.

## **IV. ACHIEVEMENT ANALYSIS**

There are five (5) major issues / concerns identified earlier in the report. These are lack of coordination and manpower constraints; inadequate budgetary allocation from local sources; inavailability of sufficient drugs / medicines and medical equipment; imbalance in the allocation of resources favoring the hospital system / clinical services' and maldistribution of health facilities. The priority programs / projects of government as embodied in the Medium Term Philippine Development Plan 1987 - 1992 is therefore to address these immediate concerns in order to make health services more responsive to the needs especially of the poorer communities.

In general, the programs and projects being assisted by these multilateral and bilateral funding institutions are in response to these needs. Specifically, activities related to institution building and training address coordination and manpower constraints. The setting up and conduct of training courses to strengthen planning, delivery, monitoring and evaluation of health services are important steps toward alleviating technical skill shortages. Strengthening of institutions enable government agencies, both at the local and national levels, to cope with increasing demands for services. Establishment of systems for coordination, monitoring and evaluation makes for effective and efficient delivery of services. The training of outreach workers and the development of communities for self-reliance in the delivery of basic services are the latest strategies to offset maldistribution of health facilities. These too are being addressed by foreign assistance.

Sufficiency of drugs / medicines is also being addresses. This is manifested by the rather large amount of funding for service delivery and supplies where expenditures for drugs, vaccines and other medicines account for quite a sizable amount of assistance.

The trend of assistance has been clearly for public health services. Ninety one percent (91%) of the 1987 - 1990 foreign assistance went to preventive care activities. This is especially true for on-going programs and projects where only two (2) projects supported construction of facilities for curative care within the period under study and these are through projects that have already been completed.

Medical equipment corners twelve percent (12%) and twenty nine percent (29%) of total assistance for preventive and curative care, respectively. Percentages, however, are misleading because in aggregate terms, a total of US\$ 75.50 million worth of equipment / vehicles was given to the public health services sub-sector and only US\$ 12.89 million worth for clinical medicine. It is in the area of curative care (hospital services) where assistance may be lacking and where JICA is the only agency presently attending to the needs.

Another area of concern that needs more assistance in terms of studies / researches and actual implementation of developed schemes is the health insurance and financing



component. Of the fifty two (52) projects included in the study, only the Primary Health Care Financing Project of USAID, the Davao Health Development Project of CIDA and Pilot NGO Family Planning Support Project of UNFPA have financing components. These three (3) projects contribute only a total of US\$ 1.5 million for financing schemes.

Partnership with the private sector has not been totally explored. Providing the private sector access to foreign assistance may be the strategy needed to solve the maldistribution of health facilities. Private sector initiative can provide the additional health facilities thereby freeing scarce government health sources to other equally pressing concerns. In this connection, data / information on private health facilities and expenditures needs to be gathered so as to determine the areas of comparative advantage for both the public and private sector in health.

Strengthening and expanding GO-NGO collaboration needs to be fully supported. While NGOs have been active and recognized in the provision of family planning services, more support is needed to activate NGO assistance in health. Two very prominent family planning projects are UNFPA assisted with a total assistance of US\$ 7.71 million.

## V. ORGANIZATION

Local implementing agencies normally are tasked with spearheading foreign-assisted projects. These implementing agencies, in turn, assign specific units within their organization to take the lead in the conduct of the activities under the Project. Chief Technical Advisers / Experts are seconded to the project by Donor agencies to develop / design project activities, firm-up the schedule of implementation and coordinate and monitor the accomplishments of the project with their local counterparts.

For projects with multisectoral concerns, a Management / Coordinating / Steering Council of Committee is created composed of representatives of relevant agencies / organizations to guide the overall direction of the project in consultation with the Project consultant / adviser assigned by the Donor organization. This is also true for collaborative ventures with NGOs. NGO representatives are included in these Management Committees to ensure that their views and ideas are properly ventilated and incorporated in the planning and implementation of joint projects with government.

Some UN funding agencies assigned executing agencies to oversee the implementation of projects. The lead role in the implementation of the project, however, remains with the local agency / unit. The usual role of an executing agency is to provide technical backstopping for various key aspects of project implementation, manage and be accountable for projects funds, monitor the implementation of the project and participate in the yearly Tripartite project review.

Two (2) big projects, the PHDP III and the UNICEF Country Program for Children III (UNICEF-CPC III), are presented in detail in this report for a better appreciation of the organization and management structure of a complex foreign-assisted project.

The Department of Health is the primary implementing agency of the Philippine Health Development Project III (PHDP III). Overall responsibility for project management is vested on the Undersecretary of Health and Chief of Staff who serves as the Project Director. He is assisted by a full-time Project Management Staff (PMS) composed off a project coordinator, a project monitor / analyst, 4 project staff assistants, a project secretary and a project accountant. The project coordinator is responsible directly to the Chief of Staff. The project monitor / analyst is responsible for collecting and analyzing data and information regarding the status of project implementation and operational problems. He is also responsible in providing feedback to the project director and coordinator on problems and decisions that need to be acted upon to ensure smooth implementation of the project.

He is likewise tasked with the preparation of the projects quarterly reports. The project assistants are responsible for data collection and analysis for each of the component. They also assist the project monitor / analyst in the preparation of quarterly reports. They are likewise tasked to provide staff support to each component manager.

Overall Management for Component I is the responsibility of the Undersecretary for Public Health Services. He is assisted by the service chiefs of the various units responsible for the impact programs and full time assistant from the PMS. Component II, on the other hand, is managed by the Undersecretary for Management Services. He is assisted by the assistant secretary and the service chiefs of the following units. Planning Service, Management Information Service, Health Information Service, Communication Service, Logistics and Procurement Service, Financial Service and Training Service. A full time project assistant from the PMS is also assigned to provide staff assistance to the Component Manager. Component III managed by the Undersecretary for Operations. He is assisted by the Community Health Service Staff (which is also assigned to provide central secretariat for this component). With regard to Interagency Committees on health policy development and nutrition policy development shall be constituted. Committee members shall include senior officials of involved agencies such as NEDA, DBM, COA, NNC, DTI, DA, etc. Sub-committees may be organized, if necessary. Local Consultants / consulting firms may be hired to assist the Chief of Staff in monitoring and coordinating the policy development activities and administering the use of grant funds for policy studies.

A national Inter-Agency Coordinating Committee composed of senior officials of the DOH, NEDA, DBM, DOF, COA and other relevant agencies will also be constituted to provide policy and management support to the project. Secretarial support to the committee will be provided by the PMS. Chart 3 is an illustrative model of the flow of the PHDP III organization.

The CPC III is under the general supervision and control of NEDA through the Social Development Committee (SDC) at the national level. It has an Executive Committee (EXCOM) composed of representatives from the Department of Interior and Local Government (DILG), National Nutrition Council (NNC), Council for the Welfare of Children (CWC), Presidential Commission for the Urban Poor (PCUP), Department of Agriculture (DA), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Budget and Management (DBM), National Statistical and Coordinating Board (NSCB), Department of Labor and Employment (DOLE), Autonomous Region for Muslim Mindanao (ARMM) and UNICEF. The EXCOM which is under the umbrella of the SDC Sub-Committee of Children and Women is responsible for the overall management and coordination of the program. It provides guidelines and policy directions to the Technical Secretariat on various aspects of project operations, reviews and acts on recommendations / issues referred by the Technical Secretariat, and provides the necessary linkages between CPC III and other related programs of the different concerned agencies.

The CPC III has a Technical Secretariat which is responsible for the coordination, monitoring and evaluation of CPC III projects. It is composed of two NEDA Staffs, namely: Social Development Staff (SDS) and Project Monitoring Staff (PMS).

The various projects under CPC III are categorized under three major program areas, namely: a) Area-based Child Survival and Development Program (ABCSDP); b) National Program; and c) Urban Basic Services (UBSP). The ABCSDP is implemented in selected municipalities in seven provinces. It is being coordinated and monitored by the NEDA Central Office (CO), particularly the Project Monitoring Staff, NEDA Regional Offices (NROs) and Regional Development Councils (RDCs). The National Program is being coordinated by the NEDA CO (Social Development Staff) and the CWC. The Urban Basic Services Program is being monitored by the PCUP in coordination with the NROs.

Project under these three programs are implemented by various government agencies and non-government organizations.

The UNICEF and External Support Agencies (ESA) serve as the main source of funds of CPC III. The UNICEF provides funds programming guidelines and identifies other sources of funds while the ESA identify priority areas for assistance. In ABCSD areas, the final Work and Financial Plan (WFP) of the province is endorsed by the NRO to the RDS for approval and submitted to PCMP-CO. The PCMP-CO consolidates the WFP, UNICEF invites the proponent to request release of funds. In UBS areas, work programs from different communities are integrated at the city level by the local SDC. The local SDC endorses the WFP thru the City Development Council. These are forwarded to PCMP-CO for review and finalization. The plan is subsequently forwarded by PCMP-CO to UNICEF for endorsement. Chart 4 shows the organizational structure of the CPC III Program.

The Organizational Charts of DOH, POPCOM and NEDA are also shown in Charts V, VI and VII, respectively. DOH and POPCOM are the key agencies for health, family planning and population development. NEDA, on the other hand, coordinates ODA in the Philippines.

## **VI. SUMMARY OF FINDINGS AND RECOMMENDATIONS**

To sustain past achievements and to address present needs in the sector, efforts should be continuously geared towards the following:

- a) improvement / strengthening of planning and implementation of programs and projects;
- b) improvement of program / project management, monitoring and supervision;
- c) continuous updating of data to allow better assessment and analysis and programs and projects in particular and the sector in general;
- d) efficient utilization of available resources;
- e) encouraging private sector initiatives in the provision of basic health services.

In addition to the above concerns, there is also a need to fully develop health insurance and financing as a means to attract new capital resources as well as improve the financial conditions of private health institutions. Data / information on private health care expenditures also need to be gathered. Moreover, the development, introduction and use of technology should be given attention and technology absorption in health needs to be improved. Lastly, equal priority attention should be given to both the public health and hospital systems because of their importance in the delivery of basic health services.

### **Sustainability Concerns**

Sustainability is not a major concern of the majority of the projects covered by the study. However, the study team feels that sustainability of health initiatives greatly depends on the government's commitment to provide for the needed financial resources. It also depends on the availability of health care providers and well-equipped health facilities. Strong support systems e.g. logistics, monitoring and evaluation is likewise necessary. Moreover, the acceptability of the programs and projects to the intended beneficiaries also contributes to the sustainability of these initiatives.

# **T A B L E S**

Table 1  
**GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990**

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Forex Amount	Facility		
I. ON-GOING										
A. USAID										
1. Primary Health Care Financing Project	Health <i>PHC</i>	Nationwide	USAID	DOH	1983-1991	(Original) 10,900.0	10,000.0 <del>2,000.0</del>	Loan Grant	22,900.0	
2. Family Planning Assistance Project	Family Planning <i>FP</i>	Nationwide	USAID	DOH	1990-1994	(Final) 14,000.0	16,703.0	Grant	30,703.0	
3. Child Survival Program	Health <i>PHC</i>	Nationwide	USAID	DOH	1989-1992	22,427.0	40,000.0	Grant	62,427.0	
B. JICA										
1. Rural Environmental Sanitation Project, Phase II	Health <i>PHC</i>	Regions I, VI, X	JICA	DOH, DPWH	1990-1991	160.0	6,340.0	Grant	6,500.0	
C. IBRD										
1. First Water Supply, Sewerage and Sanitation Project (Health Component)	Health <i>PHC</i>	Nationwide	IBRD	DOH	1990-1994	34,256.0	22,134.0	Loan	56,390.0	

Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/ Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Forex			
							Amount	Facility		
2. Philippine Health Development Project III	Health (H)	Nationwide	IBRD, Govts. of Japan and Italy	DOH	1989-1994	25,500.0	70,400.0 12,400.0	108,300.0	Governments of Japan and Italy providing the grant portion of cost.	
D. UNITED NATIONS										
D.1 UNFPA										
1. Population and Environment IEC Programme	Population (P)	Region I, III, VI, VII, X, XII	UNFPA	DENR, FAO	1988-1992	358.2	676.8	1,035.0	Grant	
2. Population Information in Aid of Advocacy for the National Population Program	Family Planning (FP)	Nationwide	UNFPA	POPCOM	1990-1993	649.0	250.0	899.0	Grant	
3. Integrated Population and Development Planning	Population (P)	Nationwide	UNFPA	NEDA	1990-1993	403.2	1,840.2	2,243.4	Grant	Exchange rate assumed for conversion of local counterpart is US\$ 1 = P 21.00
4. Increasing the Quality, Self-Sufficiency and Accessibility of NGO Family Planning Service Delivery.	Family Planning (FP)	Nationwide	UNFPA	DOH	1989-1993	1,070.0	5,970.1	7,040.1	Grant	US\$ 1 = P 21.10
5. Strengthening the IECM in Support of the Philippine National FP Program	Family Planning (FP)	Nationwide	UNFPA	DOH	1989-1993	947.6	1,999.7	2,947.3	Grant	US\$ 1 = P 21.00

Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Forex Amount	Facility		
5. Strengthening the IECM in Support of the Philippine National FP Program	Family Planning	Nationwide	UNFPA	DOH	1989-1993	947.6	1,999.7	Grant	2,947.3	US\$ 1 = P 21.00
6. Population Education for Special Interest Groups	Population (L)	Nationwide	UNFPA	DECS	Jan. 1989 - Dec. 1993	251.5	1,581.9	Grant	1,833.4	US\$ 1 = P 22.4
7. Comprehensive Operations Research for the Philippine FP Program	Family Planning (L)	Nationwide	UNFPA	UPPI	Apr. 1990 - Oct. 1992	30.0	246.5	Grant	276.5	US\$ 1 = P 22.2
8. Family Welfare/Family Planning Programmes at the Workplace	Family Planning (L)	Nationwide	UNFPA	DOLE	Aug. 1989 - Dec. 1993	712.8	1,069.2	Grant	1,782.0	
9. Increasing the Quality and Coverage of Responsible Parenthood and Family Planning Service Delivery Through the DOH	Family Planning (L)	DOH Central, Regions III, VII, X, XI	UNFPA	DOH	1990-1994	4,003.2	6,989.2	Grant	10,992.4	US\$ 1 = P 21.8
10. Integrating Population Concerns Into the Agricultural Extension and Training Activities of the DA	Population (L)	Nationwide	UNFPA	DA	Apr. 1990- Sept. 1992	492.6	142.6	Grant	635.2	
11. Integrating Population-Related Concerns in the Training and Extension System of DAR	Population (L)	Nationwide	UNFPA	DAR	Oct. 1990- Sept. 1992	156.4	152.2	Grant	308.6	
12. Strengthening the Institutional Capability for TA in Pop. Planning of the UPPI	Population (L)	NCR	UNFPA	UPPI	1989-1993	95.8	241.0	Grant	336.8	

Table 1  
**GENERAL INFORMATION OF THE  
 FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
 1987-1990**

Name of Project	Area of Concern	Cooperation Site	Donor Country/ Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Forex Amount	Facility		
13. Strengthening Management, Coordination, Monitoring and Evaluation Capabilities of POPCOM	Population, Family Planning	Nationwide	UNFPA	POPCOM	1990-1993	565.9	320.3	Grant	886.2	
14. Support to the PLCPD for Social Development Policies and Programs	Population	Nationwide	UNFPA, UNICEF, UNDP	PLCPD	1989-1991	55.5	289.6	Grant	345.1	
D.2 UNICEF										
1. Strengthening Health Services for Child Survival and Maternal Care (Health Component of the CPC III)	Health									Program was originally proposed to end in 1992, but was extended to 1993, except for CARI
Sub-Projects										
1. Expanded Prog. on Immunization	Health	Nationwide	UNICEF	DOH	1988-1993	-	579.0	Grant	579.0	
2. Care of the Mother and Under-Five Child	Health	25 depressed provinces	UNICEF	DOH	1988-1993	-	1,161.0	Grant	1,161.0	
3. Control of Diarrheal Diseases through Promotion of Breastfeeding	Health	Nationwide	UNICEF	DOH	1988-1993	-	260.0	Grant	260.0	
4. Control of Acute Respiratory Infections	Health	Reg. VIII, ABCSDP and UBSP areas	UNICEF	DOH	1991-1993	-	375.0	Grant	375.0	



Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Amount	Facility		
<b>E. AIDAB</b>										
1. Central Visayas Water and Sanitation Project	Health (1/8)	Region VII	AIDAB	RDC 7, LGU, DPWH, DOH	1990-1994	4,280.0	11,250.0	Grant	15,530.0	
2. Strengthening Health Services for Maternal and Child Health Care in 18 Provinces	Health (1/8)	18 provinces	AIDAB	DOH	1990-1993	n.a.	3,809.0	Grant	3,809.0	
3. Bohol Acute Respiratory Infections Research (Phase III)	Health (1/8)	Bohol	AIDAB	RITM	1989-1991	167.5	811.3	Grant	978.8	
4. Schistosomiasis Research Project (Phase III)	Health (1/8)	Leyte and Samar	AIDAB	UP-CPH	1984-1991	26.7	80.8	Grant	107.5	Local Cost represents imputed cost only
<b>F. GTZ</b>										
1. Philippine Health Information System Development	Health (1/8)	Nationwide	GTZ (Germany)	DOH	1989-1993	965.0	635.0	Grant	1,600.0	Training to be conducted nationwide; Upgrading of Workshop Facilities to cover Cebu and Davao only
2. Health Care Equipment Maintenance	Health (1/8)	Nationwide	GTZ (Germany)	DOH	1989-1992	1,075.0	625.2	Grant	1,700.2	
<b>G. ITALIAN GOVERNMENT</b>										
1. Assistance to the National Tuberculosis Control Program	Health (1/8)	Regions V, VIII, X	Italian Govt.	DOH	1989-1991	14,740.0	10,000.0	Grant	24,740.0	Local Cost represent imputed costs only

Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)			Remarks
							Forex Amount	Facility	Total	
H. CIDA	Health (A)	Davao	CIDA	Inst. of Primary Health Care	1988/89 - 1992/93	1,300.0	3,300.0	Grant	4,600.0	
H. ADB	Health (A)	Nationwide	ADB	DOH	1990-1991	17.0	470.0	Grant	487.0	
II. COMPLETED										
A. USAID										
1. Population Planning III	Family Planning (A)	Nationwide	USAID	DOH, POPCOM	1981-1988	65,580.0	26,916.0	Loan Grant	122,331.0	Completed except for AIDS component
2. Rural Water Supply and Sanitation Project	Health (A)	Nationwide	USAID	DLG, LUGs, DOH	1987-1990	6,250.0	18,750.0	Grant	25,000.0	
B. JICA										
1. Upgrading the Medical Equipment of the Philippine Heart Center	Health (A)	NCR	JICA	PHC	1988-1989	-	3,200.0	Grant	3,200.0	
2. Construction of the Out-Patient Department of PGH	Health (A)	Manila	JICA	UP-PGH	1988	-	10,000.0	Grant	10,000.0	

Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/ Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)		Total	Remarks
							Forex Amount	Facility		
3. Equipment Upgrading of 26 Provincial Hospitals	Health (15)	Nationwide	JICA	DOH	1988-1990	(in kind)	6,000.0	Grant	6,000.0	
4. Occupational Health and Safety Center	Health (17)	NCR	JICA	DOLE	1985-1990	1,971.3	2,611.5	Grant	4,582.8	
C. IBRD/IDA										
1. First Rural Water Supply and Sanitation Project	Health (18)	Nationwide	IBRD	DOH	1983-1988	22,230.0	35,500.0	Loan	57,730.0	
2. Philippine Population Project II	Population (19)	Nationwide	IDA	DOH	1979-1985 extended to 1988	32,000.0	40,000.0 (orig.) 34,400.0 (final)	Loan	72,000.0	
D. UNITED NATIONS										
D.1 UNFPA										
1. Improving Family Welfare Through Responsible Parenthood/Family Planning	Family Planning (20)	Nationwide	UNFPA/ Dutch Govt.	DOH	July 1989-1990	12,538.1	600.0 (UNFPA) 2,888.5 (Dutch)	Grant	16,026.6	US\$ 1 = P 21.00
2. Training on the Insertion of Copper T 380 A for Skills Trained Trainers and Service Providers	Family Planning (21)	Nationwide	UNFPA	DOH	Aug.-Dec. 1988	32.4	41.2	Grant	73.6	

Table 1  
GENERAL INFORMATION OF THE  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
1987-1990

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)			Total	Remarks
							Forex		Facility		
							Amount				
3. Training Assistance to Family Planning	Family Planning (F)	Nationwide	UNFPA	DOH	June 1989-1990	4.7	48.5	Grant	53.2	US\$ 1 = P 21.00	
4. Pilot NGO Family Planning Support Project	Family Planning (F)	Nationwide	UNFPA	FPOP, IMCH, INC-CMPDA	Jan. 1987 - May 1989	476.1	1,737.0	Grant	2,213.1	Project was extended to 5 more months with an additional funding from UNFPA of US\$ 147,895	
5. An Analytical Study of the Existing Population Education Curriculum at the Secondary School Level	Population (A)	Nationwide	UNFPA	DECS	1988-1990	11.1	47.6	Grant	58.7		
6. Implementing Guidelines for Family Planning Service Delivery	Family Planning (A)	NCR	UNFPA	DOH	5-19 June 1989	137.8	62.5	Grant	200.3		
D.2 UNICEF											
1. Strengthening the Comprehensive Maternal and Child Health Program (Health Component of the CPC II)	Health (F)	Nationwide	UNICEF	DOH	1983-1987	1,577.1	587.0	Grant	2,164.1		
Sub-Projects											
1. Hilot Training Prog.	Health	Nationwide	UNICEF	DOH	1983-1987	960.4	244.0	Grant	1,204.4		
2. Perinatal and 0-6 Child Care	Health	Nationwide	UNICEF	DOH	1983-1987	605.2	469.0	Grant	1,074.2		
3. Promotion of Breastfeeding	Health	Nationwide	UNICEF	DOH	1983-1987	8,664.3	992.0	Grant	9,656.3		
4. Expanded Prog. on Immunization	Health	Nationwide	UNICEF	DOH	1983-1987						

**Table 1**  
**GENERAL INFORMATION OF THE**  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**1987-1990**

Name of Project	Area of Concern	Cooperation Site	Donor Country/Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)			Remarks	
							Amount	Forex	Facility		Total
2. Parish-Based Primary Health Care in Metro Manila	Health (H)	Alabang; Las Pinas; Dasmariñas, Cavite	UNICEF	DOH-CO DOH-NCR Alay Kapwa Kilusang Pangkalusugan	1983-1987	136.9	169.0	Grant	305.9	Implementing Org. is an NGO	
3. Community-Government Collaboration for the Improvement and Maintenance of Health	Health (H)	Region VIII	UNICEF	DOH-Reg. VIII	1983-1987	427.6	212.0	Grant	639.6		
4. Strengthening Support System for Surveillance of Water Quality and Monitoring of Rural Environmental Sanitation Activities	Health (H)	Nationwide	UNICEF	DOH	1983-1987	606.5	260.0	Grant	866.5		
<b>D.3 UNDP/UNIDO</b>											
1. Establishment of a Master Plan for the Development of an Integrated Pharmaceutical Industry	Health (H)	Nationwide	UNIDO/UNDP	DOH, DTI, DOST	1988	150.7	344.0	Grant	494.7	US\$ 1 = P 21.3350	
<b>E. GTZ</b>											
1. Promotion of Teaching and Research at the College of Public Health, UP Manila	Health (H)	NCR	GTZ	UP-CPH	1987-1990	(in kind)	586.6	Grant	586.6	GOP in kind	

Table 1  
**GENERAL INFORMATION OF THE  
 FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
 1987-1990**

Name of Project	Area of Concern	Cooperation Site	Donor Country/ Organization	Implementing Organization	Cooperation Period	Local	Cost (US\$ '000)			Remarks	
							Amount	Forex	Facility		Total
<b>F. ITALIAN GOVERNMENT</b>											
1. Institutional Support Program in the National Capital Region	Health (15)	NCR	Italy	DOH-NCR	1988-1990	(in kind)	381.4	Grant	381.4		
<b>G. IDRC/Canadian Government</b>											
1. Community Participation in Health Care Delivery	Health (14)	Cordillera Administrative Reg.	IDRC	St. Louis Univ.	1989-1990	20.0	70.0	Grant	90.0		

合計 450,55.4

**Legend**

Area of Concern = Health, Family Planning or Population-Related Activity  
 Cooperation Site = Location  
 Cooperation Period = Project Duration

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health						Clinical Medicine						Remarks		
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles		Supplies	Support Services
I. ON-GOING															
A. USAID															
1. Primary Health Care Financing Project	11,601.0	567.0	4,124.0				411.0								
2. Family Planning Assistance Project	8,585.0	1,036.0	24,472.0				11,537.0								
3. Child Survival Program			50,000.0												

The original authorization was for US \$12 M (US\$ 10 M - loan, and US\$ 2 M - grant). This was revised increasing the assistance to US\$ 16.7 M all in grants. Cost does not include GOP counterpart since there is no breakdown.

GOP counterpart not required; US\$ 45,000 will be made directly available to the GOP as sector assistance

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks		
	Service Delivery	Studies/ Researches	Inst'n Bldg./Arg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Arg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services			
B. JICA																	
1. Rural Environment Sanitation Project, Phase II		264.0	132.0	1,616.0	573.0	3,104.0	811.0										
C. IBRD																	
1. First Water Supply, Sewerage and Sanitation Sector Project (Health Component)		1,571.0	17,243.0	4,045.0	8,479.3	7,190.7	17,861.0										
2. Philippine Health Development Project III		35,700.0	29,600.0		21,000.0												
D. UNITED NATIONS																	
D.1 UNFPA																	
1. Population and Environment IEC Programme		47.0	435.0		65.0		488.0										
2. Population Information in Aid of Advocacy for the National Population Program		174.0	15.0		21.0	46.0	643.0										



Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks
	Service Delivery	Studies/ Researches	Inst'n Bldg./Tg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Tg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	
3. Integrated Population and Development Planning		746.3	614.8		239.1		643.1								
4. Increasing the Quality, Self-Sufficiency and Accessibility of NGO FP Service Delivery	4,925.4		781.6		107.1		1,226.0								
5. Strengthening the IECM in Support of the Phil. Natl. FP Programme		75.0	694.1		658.7		1,519.5								
6. Population Education for Special Interest Groups		59.3	1,250.3		22.9		496.1								
7. Comprehensive Operations Research for the Phil. FP Programme		182.0	5.0		3.4		86.1								
8. Family Welfare/Family Planning Programmes at the Workplace		165.5	733.4		137.8		745.3								
9. Increasing the Quality and Coverage of the FP/FP Service Delivery through the DOJ		920.0	1,668.6		3,703.5		2,154.9								

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	
10. Integrating Population Concerns into the Agricultural Extension and Training Activities of DA		27.3	95.2				512.6								
11. Integrating Population Related Concerns in the Training and Extension System of the DAR		11.3	92.6		3.4		201.3								
12. Strengthening the Institutional Capability for TA in Pop. Planning of the UPPI	53.8	44.8	64.4		25.3	15.8	132.7								
13. Strengthening Management, Coordination, Monitoring, and Evaluation Capabilities of POPCOM		89.8	146.6		14.0	61.2	574.6								
14. Support to the PLCPD for Social Development Policies and Programs			171.6		3.0	3.8	166.8								

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks	
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Constn/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Constn/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services		
D.2 UNICEF																
1. Strengthening Health Services for Child Survival and Maternal Care (Health Component of the CPC III)																
Expanded Program on Immunization			190.0			389.0										
Care of the Mother and Under-Five Child			216.0		127.0	818.0										
Control of Diarrheal Diseases through the Promotion of Breastfeeding		11.0	249.0													
Control of Acute Respiratory Infections																
E. AIDAB																
1. Central Visayas Water and Sanitation Project			4,782.0	3,910.0	5,891.0		945.0									
2. Strengthening Health Services for Maternal and Child Health Care in 18 Provinces	1,014.5	57.8	1,176.3		928.3		632.1									

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks
	Service Delivery	Studies/Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	
3. Bohol Acute Respiratory Infections Research (Phase III)		101.2	9.8				705.9		13.4	2.4				146.1	No request for equipment is made by flexibility is requested in the event that small items of equip't. become necessary (These will be funded w/in the budgeted amt.); cost for supplies and support services does not include local counterpart
4. Schistosomiasis Research Project (Phase III)						11.9	68.9								
F. GTZ															
1. Philippine Health Information System Development		60.0	480.0												
2. Health Care Equipment Maintenance											274.2	10.0	5.0	GOP Counterpart in kind	

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks	
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services		
G. Italian Government Assistance to the National Tuberculosis Control Program	6,233.1	27.5	1,885.6		786.3		1,067.5									GOP counterpart (imputed cost) is around US\$ 14.74 M
H. CIDA																
1. Davao Health Development Project	1,882.0	86.4	300.6			/	2,331.0									
F. ADB																
1. Technical Assistance for the National Hospital Service Development Plan			327.0		4.0	3.0	153.0									
II. COMPLETED																
A. USAID																
1. Population Planning III	54,770.0	5,290.0	19,000.0		1,500.0	20,000.0	2,240.0	19,530.0								In the summary table by component, the amount for service delivery (outreach field work and clinical service) were lumped under support services.

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	
2. Rural Water Supply and Sanitation Project		298.0	4,719.0	12,170.0	1,796.0		6,017.0			/		2,295.0	905.0	/	
B. JICA															
1. Upgrading the Medical Equipment of the Philippine Heart Center											7,000.0	3,000.0			
2. Construction of Out-Patient Department of PGH												6,000.0			
3. Equipment Upgrading of 26 Provincial Hospitals											2,902.1	1,321.7		359.0	
4. Occupational Health and Safety Center															
C. IBRD/IDA															
1. First Rural Water Supply and Sanitation Project		4,350.0	560.0	10,500.0	16,450.0		3,640.0								

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	
2. Philippine Population Project II Original Final		2,000.0 1,100.0	28,500.0 24,000.0	16,000.0 17,900.0	8,300.0 11,600.0		17,200.0 11,800.0								
D. UNITED NATIONS															
D.1 UNFPA															
1. Improving Family Welfare through RP/FP	2,743.3	18.0	111.6		140.6	449.1	12,564.0								
2. Training on the Insertion of Copper T 380 A for Skills Trained Trainers and Service Providers			41.2				32.4								
3. Training Assistance to Family Planning			48.5				4.7								
4. Pilot NGO Family Planning Support Project	1,217.0	30.8	169.3		221.4	437.3	137.2								Project was extended for 5 months with an additional funding from UNFPA of US\$ 147,895
5. An Analytical Study of the Existing Population Education Curriculum at the Secondary School Level		2.9	26.0				29.7								

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health						Clinical Medicine						Remarks	
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles		Supplies
6. Implementing Guidelines for FP Service Delivery			56.8				143.5							
D.2 UNICEF														
1. Strengthening the Comprehensive Maternal and Child Health Program (Health Component of the CPC II)														
Hilot Training Program Perinatal and 0-6 Child Care	475.0	8.0	112.0		80.0	4.6	1,572.5							
Promotion of Breastfeeding Expanded Program on Immunization	906.9	35.0	138.0				71.4							
	4,542.2		445.6		474.0	50.8	4,529.3							
2. Parish-Based Primary Health Care in Metro Manila		18.0	254.2		33.7									
3. Community-Government Collaboration for the Improvement and Maintenance of Health			106.3		102.7	424.1	6.5							



Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health							Clinical Medicine							Remarks	
	Service Delivery	Studies/ Researches	Inst'n Bldg./Tvg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Tvg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services		
4. Strengthening Support System for Surveillance of Water Quality and Monitoring of Rural Environmental Sanitation Activities			817.5		42.5		6.5									
D.3 UNDP/UNIDO																
1. Establishment of a Master Plan for the Development of an Integrated Pharmaceutical Industry		50.0	264.0		25.0		150.7									
E. GTZ																
1. Promotion of Teaching and Research at the College of Public Health, UP Manila		112.8		376.0	97.8											
F. Italian Government																
1. Institutional Support Program in the National Capital Region		20.0	82.4		164.4	80.0	34.6									GOP counterpart, i.e., cost of services was not reflected in the cost breakdown

Table 2  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BREAKDOWN BY PROJECT COMPONENTS**  
 1987-1990  
 US\$ (000)

Name of Project	Public Health						Clinical Medicine						Remarks		
	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles	Supplies	Support Services	Service Delivery	Studies/ Researches	Inst'n Bldg./Trg.	Const'n/ Civil Wks.	Equipment/ Vehicles		Supplies	Support Services
G. IDRC/Canadian Govt.															
1. Community Participation in Health Care Delivery		4.0	6.0		6.0	10.0	64.0								

**Legend**

Clinical Medicine = Secondary and Tertiary Care-Related Assistance (Assistance to Medical Centers, Regional, Provincial and District Hospitals)  
 Public Health = Assistance to Primary Health Care (Rural Health Units, Barangay Health Stations, TB, Malaria, Schistosomiasis, EPI Programs, Environmental Sanitation, FP Activities)  
 Studies = Pre-Investment Studies, Feasibility Studies, Surveys, Etc.  
 Institution Building/Human Resource Development/Training = Formal Education, Training Programs, Experts/Consultants tied to the Project, IEC, monitoring and evaluation, audit  
 Construction/Civil Works = Infrastructure  
 Equipment/Vehicles = Office Equipment, vehicles, furniture and fixtures, spare parts, laboratory equipment, quality control equipment  
 Supplies = Supplies of vaccines, condoms, IUDs, drugs, pesticides, etc.  
 Support Services = Travel, Salaries, operating expenses  
 Service Delivery = Direct Services like immunization, tubal ligation, vasectomy, etc.

Table 3  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY COST (\$ '000)

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
I. ON-GOING													
A. USAID													
1. Primary Health Care Financing Project	351.0	250.0			9,301.0	3,874.0		411.0	2,300.0		216.0	16,703.0	Cost does not include GOP counterpart since there is no breakdown.
2. Family Planning Assistance Project													No breakdown available
Expansion of Service Delivery	/	/	/		/	/		/				8,585.0	
IECM	/	/							/			4,685.0	
Logistics												15,797.0	
Contraceptives					/	/		/				11,537.0	
Private Sector Support					/	/		/				8,811.0	
Training												10,000.0	
Research		/				/						1,036.0	
Monit./Eval. and Audit		/				/						976.0	
Contingency		/				/						1,000.0	
3. Child Survival Program													
Sector Assistance		/			/	/		/				45,000.0	
Technical Assistance		/										4,250.0	
Monitoring, Eval. and Audit		/						/				750.0	
B. JICA													
1. Rural Environment Sanitation Project, Phase II	68.0	196.0	573.0	1,616.0	3,104.0	132.0		811.0				6,500.0	

Table 3  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY COST (\$ '000)

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
C. IBRD													
1. First Water Supply, Sewerage and Sanitation Sector Project (Health Component)		1,571.0	8,479.3	4,045.0	7,190.7	17,243.0		17,861.0				56,390.0	Cost for IEC incorporated in the cost of training
2. Philippine Health Development Project III													
Component I													
Malaria Cont. Comp.	/	/	/	/	/	/	/	/	/	/	/	19,800.0	
Schisto Cont. Comp.	/	/	/	/	/	/	/	/	/	/	/	7,800.0	
TB Cont. Comp.	/	/	/	/	/	/	/	/	/	/	/	14,900.0	
MCH Comp.	/	/	/	/	/	/	/	/	/	/	/	3,000.0	
Component II												36,600.0	
Info. and Comm. Reg'l. and Prov'l. Health Planning	/	/	/	/	/	/	/	/	/	/	/		
Field Services	/	/	/	/	/	/	/	/	/	/	/		
Central Lab.	/	/	/	/	/	/	/	/	/	/	/		
Proj. Mngt.	/	/	/	/	/	/	/	/	/	/	/		
IEC	/	/	/	/	/	/	/	/	/	/	/		
Training	/	/	/	/	/	/	/	/	/	/	/		
Evaluation	/	/	/	/	/	/	/	/	/	/	/		
Component III												8,300.0	Total reflects total for both sub-components of Component III
Community Dev'l. Funds	/	/	/	/	/	/	/	/	/	/	/		
Community Health Systems Support	/	/	/	/	/	/	/	/	/	/	/		

Table 3  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
 BY COMPONENT BY COST (\$ '000)**

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
Component IV		/						/				600.0	Total reflects total for both sub-components of Component IV
Health Policy Studies		/						/				2,800.0	
Nutrition Policy Studies		/						/				14,500.0	
Start-Up Activities Contingencies													
<b>D. UNITED NATIONS</b>													
<b>D.1 UNFPA</b>													
1. Population Environment IEC Programme	13.0	34.0	65.0				217.0	488.0	213.0	5.0		1,035.0	
2. Integrated Population and Development Planning		424.5	239.1				872.6	707.2	/			2,243.4	
3. Increasing the Quality, Self-Sufficiency and Accessibility of NGO FP Service Delivery	8.0	5,136.4	109.1				562.6	1,224.0				7,040.1	
4. Strengthening the IECM in Support on the Philippine National FP Program		234.8	658.7				694.1	1,359.7				2,947.3	
5. Population Education for Special Interest Groups	96.2	76.2	22.9		5.3		343.8	440.7	848.8			1,833.9	Cost for Expert dispatch covers mission's travel cost only
6. Family Welfare/Family Planning Programmes at the Workplace	72.3	165.5	133.8				661.1	745.3		4.0		1,782.0	

Table 3  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY COST (\$ '000)

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
7. Increasing the Quality and Coverage of RP/FP Service Delivery through the DOH	870.4	926.8	3,495.8			1,668.6		3,823.2		207.6		10,992.4	
D.2 UNICEF									60.0			1,161.0	
1. Care of the Mother and Under Five Child (Sub-Project of the CPC III)			127.0		818.0	156.0							
E. AIDAB										/		15,530.0	Cost reflected in Civil Works in the regular budget of GOP with no breakdown
1. Central Visayas Water and Sanitation Project	/	4,571.0	5,891.0	3,910.0	/	211.0		947.0				3,809.0	
2. Strengthening Health Services for Maternal and Child Health Care in 18 Provinces		57.8	928.3		1,014.5	1,005.7		632.1	170.6				
F. GTZ												635.0	GOP in kind in the amount of US\$ 965 thousand
1. Philippine Health Information System Development	75.0		100.0			280.0				130.0			
2. Health Care Equipment Maintenance			189.7	100.0		165.5						625.2	GOP in kind in the amount of US\$ 1.075 M; Cost for Expert dispatch incorporated

Table 3  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY COST (\$ '000)

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
G. Italian Government													
1. Assistance to the National TB Control Program	1,318.2	27.5	786.3		6,233.1	416.0		1,067.5	151.4			10,000.0	GOP in kind in the amount of US\$ 14.74 M
H. CIDA													
1. Davao Health Development Project		86.4			/	300.6		/	2,401.8	/	/	4,600.0	Support services are dispersed among other components
II. COMPLETED													
A. USAID													
1. Population Planning III		7,940.0	1,500.0		20,000.0	9,160.0		78,040.0	5,690.0			122,330.0	
2. Rural Water Supply and Sanitation Project	/	658.0	1,796.0	12,170.0		4,359.0		6,017.0	/	/		25,000.0	
B. JICA													
1. Upgrading the Medical Equipment of the Philippine Heart Center			2,295.0		905.0							3,200.0	
2. Construction of the Out-Patient Department of PGH	/		3,000.0	7,000.0								10,000.0	
3. Equipment Upgrading of 26 Provincial Hospitals			6,000.0									6,000.0	

Table 3  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY COST (\$ '000)

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
4. Occupational Health and Safety Center			1,321.7	2,902.1				359.0				4,582.8	
C. IBRD/IDA													
1. First Rural Water Supply and Sanitation Project		4,350.0	16,450.0	10,500.0			110.0	450.0				35,500.0	Cost for expert dispatch incorporated in cost of consultancy services; no breakdown for GOP (US\$ 22.23 M)
2. Phil. Population Project II													Cost breakdown incomplete
Civil Works				16,200.0								16,200.0	
Equipment/Vehicles/ Furniture/Materials			11,700.0				/					11,700.0	
Technical Assistance		3,300.0										3,300.0	
IEC		/							13,000.0			13,000.0	
Training/Studies/MIS		/					7,700.0	/		/		7,700.0	
Innovative Activities		1,100.0										1,100.0	
Reconstruction				1,700.0		/						1,700.0	
Recurring Incremental Costs								11,900.0				4,500.0	Cost for support services reflective of both recurring incremental costs and contingencies
Contingencies												7,400.0	
D. UNITED NATIONS													
D.1 UNFPA													
1. Improving Family Welfare through RP/FP	18.0	2,743.3	140.6		449.1		111.6					16,026.5	
2. Pilot NGO Family Planning Support Project	15.0	30.8	221.4		437.3		169.3				1,217.0	2,213.1	



Table 3  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
 BY COMPONENT BY COST (\$ '000)**

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training		Support Services	IEC	MIS	Finan. Scheme	TOTAL	Remarks
						Local	For.						
D.2 UNICEF													
1. Strengthening the Comprehensive Maternal and Child Health Program (Health Component of the CPC II)													
Hilot Training Program Perinatal and 0-6 Child Care	8.0	475.0	4.6		4.6	112.0		1,572.5				2,164.1	
Promotion of Breastfeeding Expanded Program on Immunization	35.0	80.0	906.9		906.9	138.0		71.4				1,204.3	
									341.6			1,074.2	
								4,529.3				9,656.3	

Table 4  
**FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
 BY COMPONENT BY TYPE**

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
I. ON-GOING										
A. USAID										
1. Primary Health Care Financing Project	/	/			- Oral Rehydration Therapy - Immunization vaccines - Drugs - Kits	- Trg. of BHWs - Workshops - short courses	- salaries - operating expenses	- written radio - film		- rural industries - irrigation associations - cooperatives - farmers' groups
2. Family Planning Assistance Project	Short Term Experts on IECM and Logistics	Consultants	- Various FP Equipment - Vehicle		- Various Supplies - Contraceptives	- Various Trainings - Workshops - Study Tours	- Staff Salaries - Travel Expenses - Contingency	IEC Materials		
3. Child Survival Program		Consultant			- Various Salaries	- Training Workshops	- Staff Salaries - Travel Expenses			
B. JICA										
1. Rural Environment Sanitation Project, Phase II	/	/	- rotary drilling rig - pumping equipment - vehicles - water analysis kit	- school toilets - water system	- toilet bowls	- waterworks associations	- admin. costs - contingency costs			
C. IBRD										
1. First Water Supply, Sewerage and Sanitation Sector Project (Health Component)		/	- jeeps - motorcycles - waste-water treatment units	- school toilets	- toilet bowls - well disinfectants	- community training - trg. of sanitary	- admin. costs - contingency costs	/		

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
2. Philippine Health Development Project III Component I			- sullage removal units - water quality control materials/ equipment			inspectors - workshops - seminars	- taxes			
	Malaria Control	1 pers./36 MMs Operations Research Consultant	1,100 Spray Cans 5 Stethoscopes Vehicles		- Drugs and Pesticides		- Staff salaries - Travel expenses	- Malaria Teaching Aids		
	Schisto. Control	1 pers./24 MMs Operations Research Trainer 16 MMs Snail Cont. 16 MMs Transmission of morbidity 28 MMs Proj. benefit, monit. and eval. systems	Motorcabs		Drugs and Pesticides		- Staff salaries - Travel expenses			
TB Control		1 pers./48 MMs TB Expert	- Binocular microscopes and spareparts - utility vehicles		- Drugs and Reagents	27 Foreign Fellowships	- Salaries - Travel Expenses			

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
Comprehensive Child Care Services		- Development of Manuals/ Teaching Guides	- Time Pieces - Oxygen Concentrators		- Drugs	- Mothercraft classes	- Staff salaries - Travel expenses	- Charts - Manuals - Teaching Guides		
Component II		<u>Foreign:</u> Communications	- Microcomputers - Vehicles - Cartography system			- Foreign Fellowships			- Software and Manuals	
Info. and Communication		<u>Local:</u> Various expertise part. MIS								
Reg'l and Prov'l Health Planning		<u>Local:</u> Development of Planning/ Training methods	- Microcomputers			- Trainers' Training - Training materials	- Staff salaries - Travel Expenses			
Field Services		Development of Program Management Manual	- Microcomputers - Fax Machines - VHF Station - Utility Vehicles - Delivery Vans		- Manuals		- Supplemental MOOE - Staff Salaries			
Central Laboratory		Central Laboratory Consultant	- Various Laboratory Equipment			- Foreign Fellowships				
Project Management		Management Consultant	- Microcomputers - copier - Slide Projectors - Vehicles				- Documentat'n Cost - Sundry - Honoraria - Staff Salaries			

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
IEC		- Planning Consultant - Development of IEC Key Messages - Annual Review - Development of Schisto. IEC Manual	- Desk Top Publishing - VTR - Audio Visual Production Set			- Workshops	- Travel Expenses - Staff Salaries	- Midwives IEC kits - Posters - Flipcharts - Brochures - Newsletters		
Training		Consultants	- Projectors - VCR - PA system - Mimeo Machines - Plain Paper Copier			- Various Training Programs - Workshops	- Travel Expenses			
Evaluation		- Annual Program Reviews - Surveys - Process Evaluation					- Honoraria - Documentat'n - Sundry - Staff Salaries - Travel Expenses			
Component III Community Dev't. Fund		- Slide Projector - Camera - Cassette Recorder - Vehicles				- Various Trainings	- Planning and Project Grants			

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
Community Health System Support		Consultants	- Various Equipment - Vehicle		- Computer Supplies - Manuals	- Trainings - Workshops	- Documentat'n - Honoraria - Sundry Salaries - Travel Expenses			
Component IV Health Policy Studies		Local Policy Studies and Grants					- Steering Committee - Secretariat Cost			
Nutrition Policy Studies		- Consultants - Local and Foreign Studies and Grants					- Steering Committee - Secretariat Cost			
Start-Up Activities Contingencies										
D. UNITED NATIONS D.1 UNFPA										
1. Population and Environment IEC Programme	- training expert - researcher	- evaluation - audit - tripartite review - audio-visual equipment	- vehicle - production unit			- skills trg. - workshops - conferences - symposia	- salaries - travel - MOOE	- IEC materials	- computer - printer	
2. Integrated Population and Development Planning	1 pers./not specified Local consult.	- review of plans and programs	- vehicle - overhead projectors		/	- POPDEV training - seminars	- salaries - operating expenses	- publication of research	- computers	

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
3. Increasing the Quality, Self-Sufficiency and Accessibility of NGO FP Service Delivery	N/mm Type 1 pers/24 MMs non-UN Int'l personnel	- POPDEV framework papers - research and updating of pop. projections - POPDEV indicators - database system - mid-term & final eval. - evaluation - service delivery	- books - calculators  - medical equipment			- workshops - orientat'n - echo trgs.  - skills development trainings	- salaries - operating expenses  - hiring of IECM personnel - admin. costs - salaries			
4. Strengthening the IECM in Support of the Philippine National FP Program	N/mm Type 6 pers/12 MMs local consult.	- monitoring and evaluation - conduct of studies 1 Local Consultant to Develop Functional Literacy and Livelihood Skills Dev't. Mats.	- audio-visual equipment - typewriter  - Steel Cabinets - Typewriters - Cameras - Tape Recorders - Radios - Computer - VCR - Xerox Machine - Video Camera - Hand Calculators - Television		- trg. materials - motivators - kits  - Video and Audio Tapes - Photo Copying Paper - Transparency Paper and Frames - Film Rolls	- seminars - workshops - study tours  - Literacy and Skills Trainings - Study Tours	- IECM personnel - admin. costs - salaries  - Travel Exp. - Honoraria - Overtime Pay - Equipment Maintenance - Printing of Tech. Papers - Auditing Fees - Cost of Mail	- devt. of prototype IECM kit  - 630,700 copies of Various IEC Materials	- micro computers	
5. Population Education for Special Interest Groups	Travel Cost and DSA for 1 UNESCO Rep.  Travel Cost and Admin. Exp. for UNESCO and UNFPA Consultants for Mid-Term Eval.	1 Local Instl. to Conduct Studies 1 Local Instl. for Impact Eval.								

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
6. Family Welfare/Family Planning Programmes at the Workplace	N/mm Type 1 pers. Associate Expert	- grants to institutions - research - evaluation	- audio visual equipment - jeeps		/	- seminars - workshops - study tours	- admin. costs - salaries - operating expenses	- prodn. of AV materials	- data processing equipment	
7. Increasing the Quality and Coverage of RP/FP Service Delivery through the DOH	N/mm Type 1 pers./24 MMs Resident Advisor		hospital equipment		- hospital supplies	- trainings - workshops - consultative meetings		- production of FP trg. manuals	- computers	
	N/mm Type 1 pers./12 MMs Computer Systems Consultant									
	N/mm Type 1 pers./7 MMs Training Specialist									
	N/mm Type 1 pers./48 MMs Sr. Planning Consultant									
D.2 UNICEF										
1. Care of the Mother and Under-Five Child (Sub-Project of the CPC III)			Medical equipment		- MCH/OB Kits - Midwifery Kits - TBA Kits - Drugs - Growth Charts - Home-Based Mothers' Records	- Workshops - Training Courses		- Calendars - Manuals		
E. AIDAB										
1. Central Visayas Water and Sanitation Project	/	/	- vehicles - spareparts - water system equipment	/	/	- community trg. courses - workshops	- admin. costs - taxes - fees		- computers	



Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
2. Strengthening Health Services for Maternal and Child Health Care in 18 Provinces		- Surveys - Studies	- Office Equipment - MCH/OB kits - Hiot Kits - Pump boats - Horses		Drugs	- Short Training Courses - Workshops	- Personnel Costs - Contingency	- Modules - Manuals - Comics		
F. GTZ										
1. Philippine Health Information System Development	1 pers./46 MMs Foreign		75 Micro Computers and accessories			Local - Development of training materials			Implement'n, monit'g and eval'n of the strengthened system nationwide	
	1 pers./18 MMs Local		1 photocopier			- Actual Training nationwide				
			2 vehicles			Foreign				
			Books			- Fellowships 80 MMs				
2. Health Care Equipment Maintenance	1 pers./144 MMs Foreign		Tools and Equipment	2 Pilot Workshops (Cebu and Davao)		- Tool kits, equipment's training manuals				
			3 vehicles							
			spareparts							
			3 photocopiers							
			Books							

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
G. Italian Government	Experts	Foreign and Local Consultants	- Vehicles - Microscopes - Spectrophotometer - Typewriter	Building Construction	- Cross Index Cards - Treatment Cards - Report Forms - SCC Drugs	Training of Health Personnel	- Maintenance and Operation Exp. - Monit. and Supervision costs	IEC Materials		
H. CIDA					Various Office Supplies	- Trg. of Central Office Volunteers, middle mngt. project officers	- Salaries - Travel Expenses	Project Info. Materials	- Development of Health Data System	- Provision of financial assistance for income generating activities
I. Davao Health Development Project		Consultants								
II. COMPLETED										
A. USAID										
1. Population Planning III		- Construction Mngt. Consultants - Executive Architects - Consultants for IEC, trg. modules, research	- Office Furniture and Equipment - Vehicles	Construct/n/ Recons. of: - MHCs, BHSs, - IEC - Prmshops, - IPHO - Workshops - Herbal - Process'g - Plants - POPCOM CO - Complex, Reg'l. Offices - Warehouses	- Various Supplies and Materials	- Various Trgs. and Workshops	- Staff Salaries - Travel Expenses - Contingency	- Various IEC materials	MIS Assessment	

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
2. Rural Water Supply and Sanitation Project	/	- design of orientation program - needs assessment - curricula for trg.	- water system equipment	- Vehicle Maintenance Workshops - Rural Water Systems Level I and II		- Skills Training	- Admin. Costs - taxes	- IEC materials	- computers	
B. JICA					- Laboratory Supplies	Training on Equipment Maintenance	Maintenance and Operating Expenses			
1. Upgrading the Medical Equipment of the Philippine Heart Center	Short-Term Experts on Construction		- Various Equipment - Ambulance	Construction of Out-Patient Department of PGH						
2. Construction of the Out-Patient Department of PGH			- Vehicle - Equipment for OPD facilities - Obs/Gyne/Pedia Equipment - Teaching Equipment							
3. Equipment Upgrading of 26 Provincial Hospitals	Experts		- Medical Equipment - Vehicles							
4. Occupational Health and Safety Center	6 Consultants		- Cars - Vans - Video Tape Recorder - Monitor Camera - 16 mm. film projector - overhead projector	- OIISC Building		- 20 Fellowships	- Salaries - Maintenance of Building - Travel expenses - office supplies - communicat'n cost		- micro-computer and software	

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
C. IBRD/IDA			- mimeograph machine - PA system - Typewriters - Xerox machines - desks and chairs - various medical and testing equipment							
1. First Rural Water Supply and Sanitation Project	/	/	- vehicles - drilling equipment	- const'n of wells, toilet units, Level II water systems		- computer trgs. - workshops - fellowships	- fees - admin. costs			
2. Philippine Population Project III	Development Planning and Research	- Evaluation - Audit - Training Programs			Contraceptives	- Trainers' Training - Training of Fieldworkers - Seminars - Workshops		- Audio Visual - Training Materials and Books	- Printing of MIS Forms	
D. UNITED NATIONS										
D.1 UNFPA										
1. Improving the Family Welfare through RI/FP	1 pers/12 MMs non-UN Int'l. personnel	- service delivery (VSS)	- hospital expendable equipment		- contraceptives	- refresher courses	- hiring of admin. personnel, project director - salaries			

Table 4  
FOREIGN-ASSISTED HEALTH-RELATED PROJECTS  
BY COMPONENT BY TYPE

Name of Project	Expert Dispatch	Consultancy	Equipment/ Vehicle	Civil Works	Supplies	Training	Support Services	IEC	MIS	Financial Scheme
2. Pilot NGO FP Support Project	N/MM/ Travel Cost and Per Diem of 2 UNFPA Consultants	1 pers./3 MMs International Consultant to set up a Cost Accounting System	- Various FP Equipment - Vehicle - Microcomputer - Various Office Equipment and Furniture		- Pills - IUDs - Depo Provera - Condoms	- Trainings on FP and Management	- Salaries - Travel Costs - Honoraria - Overtime Pay - Operating and Maintenance Costs - Printing Cost of Reports and Project Forms - Office Rentals - Utilities			Contract to 375 NGOs for FP Services
D.2 UNICEF										
1. Strengthening the Comprehensive Maternal and Child Health Program (Health Component of the CPC II)										
Hilot Tg. Program					- Clinic Supplies - Hilot Kits	- Various Trg.	- Salaries - Transpo. Allowance			
Perinatal and 0-6 Child Care		Conduct of Study	- Weighing Scales - Warmers		- Drugs - Growth Charts	Various Training Courses, Workshops and Orientations	- Salaries - Transpo. Allowance			
Promotion of Breastfeeding		Conduct of Studies				- Advocacy Activities - Meetings - Workshops	- Salaries - Transpo. Allowance	- Film Strips - Printed IEC Materials - VTR		
Expanded Program on Immunization			- Refrigerators - Cold Rooms - Syringes and Needles		Vaccines	- Workshops - Training Courses	- Salaries - Transpo. Allowance			

**Table 5**  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS**  
**COOPERATION PROCEDURE**  
**CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training										
	A		B	C	D	E	F	G	H	I	J	K	Local			Foreign						
													L	M	N	O	L	M	N	O		
I. ON-GOING																						
A. USAID																						
1. Primary Health Care Financing Project			/		/	/					/						/					
2. Family Planning Assistance Project	/				/	n.d.					n.d.						/					
3. Child Survival Program					/						n.d.						/					
B. JICA																						
1. Rural Environmental Sanitation Project, Phase II	/				/	/		/	/		/				/							
C. IBRD																						
1. First Water Supply, Sewerage and Sanitation Project (Health Component)					/	/	/	/	/		/						/					

**Table 5**  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS**  
**COOPERATION PROCEDURE**  
**CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training								
	A		B	C	D	E	F	G	H	I	J	K	Local			Foreign				
													L	M	N	O	L	M	N	O
2. Philippine Health Development Project III				/		/					/	/				/				/
D. UNITED NATIONS																				
D.1 UNFPA																				
1. Population Environment IEC Programme		n.d.		n.d.	n.d.		n.d.		n.d.		n.d.			n.d.				n.d.		
2. Integrated Population and Development Planning			/	n.d.			/				n.d.				/					
3. Increasing the Quality, Self-Sufficiency and Accessibility of NGO FP Service Delivery		/		n.d.			/				n.d.				/					/
4. Strengthening IECM in Support of the Philippine National FP Program			/	n.d.			/				n.d.				/					
5. Population Education for Special Interest Groups		/		/			/				/				/					

Table 5  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS  
 COOPERATION PROCEDURE  
 CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training								
	A	B	C	D	E	F	G	H	I	J	K	Local			Foreign					
												L	M	N	O	L	M	N	O	
6. Family Welfare/Family Planning Programmes at the Workplace	/			n.d.		/				n.d.					/					
7. Increasing the Quality and Coverage of Responsible Parenthood/Family Planning Service Delivery through the DOH	/		/	n.d.		/				n.d.					/					
D.2 UNICEF																				
1. Care of the Mother and Under Five Child (Sub-Project of the CPC III)	/				/	n.d.				n.d.				/						
E. AIDAB																				
1. Central Visayas Water Supply and Sanitation Project		n.d.		n.d.		n.d.		n.d.		n.d.					/					



Table 5  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS  
 COOPERATION PROCEDURE  
 CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training						
	A		B	C	D	E	F	G	H	I	J	K	Local			Foreign		
													L	M	N	O		
2. Strengthening Health Services for Maternal and Child Health Care in 18 Provinces				n.d.		n.d.					n.d.					/		
F. GTZ																		
1. Philippine Health Information System Development		/					/				/					/		
2. Health Care Equipment Maintenance		/					/				/					/		
H. Italian Government																		
1. Assistance to the National TB Control Program	/			n.d.		n.d.					n.d.					/		
H. CIDA																		
1. Davao Health Development Project				/							/					/		

**Table 5**  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS**  
**COOPERATION PROCEDURE**  
**CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training									
	A	B	C	D	E	F	G	H	I	J	K	Local			Foreign						
												L	M	N	O	L	M	N	O		
II. COMPLETED																					
A. USAID																					
1. Population Planning III		n.d.		n.d.	/	/	/	/	/	/	/										/
2. Rural Water Supply and Sanitation Project	/																				
B. JICA																					
1. Upgrading the Medical Equipment of the Philippine Heart Center	/										/										
2. Construction of the Out-Patient Department of PGH				/			/	/	/	n.d.											
3. Equipment Upgrading of 26 Provincial Hospitals	/						/	/	/												
4. Occupational Safety and Health Center		/					/	/	/												/

**Table 5**  
**FOREIGN-ASSISTED HEALTH RELATED PROJECTS**  
**COOPERATION PROCEDURE**  
**CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training							
	A	B	C	D	E	F	G	H	I	J	K	Local			Foreign				
												L	M	N	O	L	M	N	O
4. Occupational Safety and Health Center	/						/	/				/							
C. IBRD/IDA																			
1. First Rural Water Supply and Sanitation Project	/			/	/	/	/	/	/	/		/	/	/	/	/	/	/	/
2. Phil. Population Project II				/	/	/	/	/	/	/		/	/	/	/	/	/	/	/
D. UNITED NATIONS																			
D.1 UNPFA																			
1. Improving Family Welfare through Responsible Parenthood/Family Planning	/			n.d.			/			n.d.		/							
2. Pilot NGO Family Planning Support Project	/			/		/	/			/									

**Table 5  
FOREIGN-ASSISTED HEALTH RELATED PROJECTS  
COOPERATION PROCEDURE  
CHECKLIST**

Name of Project	Expert Dispatch			Consultancy		Equipment/ Vehicle		Civil Works		Supplies		Training					
	A B C		D	E	F	G	H	I	J	K	Local			Foreign			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
D.2 UNICEF 1. Strengthening the Maternal and Child Health Program (Health Component of the CPC II)	/				/	n.d.				n.d.			/				

- A - DONOR SELECT/REQUEST RECIPIENT COUNTRY FOR COMMENT/APPROVAL
  - B - DONOR SELECT/NO REQUEST FOR RECIPIENT COUNTRY APPROVAL
  - C - RECIPIENT COUNTRY SELECT
  - D - DIRECT BIDDING
  - E - LONG LIST/SHORT LIST (BIDDING)
  - F,H,J - OPEN UNTIED BIDDING
  - G,I,K - TIED BIDDING
  - L - DONOR MAKES THE ARRANGEMENTS FOR THE TRAINING PROGRAM
  - M - DONOR ENTERS INTO CONTRACT WITH THIRD PARTY FOR THE ARRANGEMENT AND CONDUCT OF TRAINING PROGRAM
  - N - RECIPIENT COUNTRY MAKES THE ARRANGEMENTS FOR THE TRAINING PROGRAM
  - O - JOINT UNDERTAKING
- n.d. - no data

Table 6  
**BREAKDOWN OF COST\***  
**OF FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BY PROJECT COMPONENTS**  
**1987 - 1990**  
**( \$ '000 )**

HEALTH SUB-SECTOR	FUNDING AGENCY											TOTAL	
	USAID	**WB	JICA	ITALY	AIDAB	UNICEF	UNFPA	CIDA	GIZ	IDRC	UNDP		ADB
<b>I. PUBLIC HEALTH</b>													
A. SERVICE DELIVERY	74,956.0	0.0	0.0	6,233.1	1,014.5	5,924.1	8,939.5	1,882.0	0.0	0.0	0.0	0.0	98,949.2
B. STUDIES / RESEARCHES	7,191.0	42,721.0	264.0	47.5	159.0	72.0	2,594.0	86.4	172.8	4.0	50.0	0.0	53,361.7
C. INSTITUTION BUILDING / TRAINING	102,315.0	71,403.0	132.0	1,968.0	5,968.1	2,588.6	7,221.6	300.6	480.0	6.0	264.0	327.0	192,973.9
D. CONSTRUCTION / CIVIL WORKS	12,170.0	32,445.0	1,616.0	0.0	3,910.0	0.0	0.0	0.0	376.0	0.0	0.0	0.0	50,517.0
E. EQUIPMENT / VEHICLES	3,296.0	57,529.3	573.0	950.7	6,819.3	732.9	5,366.2	0.0	192.8	6.0	25.0	4.0	75,495.2
F. SUPPLIES	31,537.0	29,190.7	3,104.0	80.0	11.9	1,813.5	3,564.0	0.0	0.0	10.0	5.0	3.0	69,319.1
G. SUPPORT SERVICES	25,465.0	33,301.0	811.0	1,102.1	2,351.9	6,779.8	22,501.6	2,331.0	0.0	64.0	150.7	153.0	95,011.1
<b>S U B - T O T A L</b>	<b>256,930.0</b>	<b>266,590.0</b>	<b>6,500.0</b>	<b>10,381.4</b>	<b>20,234.7</b>	<b>17,910.9</b>	<b>50,187.0</b>	<b>4,600.0</b>	<b>1,221.6</b>	<b>90.0</b>	<b>494.7</b>	<b>487.0</b>	<b>635,627.3</b>
<b>II. CLINICAL MEDICINE</b>													
A. SERVICE DELIVERY	19,530.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	19,530.0
B. STUDIES / RESEARCHES	0.0	0.0	0.0	0.0	13.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.4
C. INSTITUTION BUILDING / TRAINING	0.0	0.0	0.0	0.0	2.4	0.0	0.0	0.0	336.0	0.0	0.0	0.0	338.4

Table 6  
**BREAKDOWN OF COST \***  
**OF FOREIGN-ASSISTED HEALTH-RELATED PROJECTS**  
**BY PROJECT COMPONENTS**  
**1987 - 1990**  
**(\$ '000 )**

HEALTH SUB-SECTOR	FUNDING AGENCY											TOTAL	
	USAID	WB	JICA	ITALY	AIDAB	UNICEF	UNFPA	CIDA	GTZ	IDRC	UNDP		ADB
D. CONSTRUCTION / CIVIL WORKS	0.0	0.0	9,902.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9,902.1
E. EQUIPMENT / VEHICLES	0.0	0.0	12,616.7	0.0	0.0	0.0	0.0	0.0	274.2	0.0	0.0	0.0	12,890.9
F. SUPPLIES	0.0	0.0	905.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	0.0	915.0
G. SUPPORT SERVICES	0.0	0.0	359.0	0.0	146.1	0.0	0.0	0.0	5.0	0.0	0.0	0.0	510.1
S U B - T O T A L	19,530.0	0.0	23,782.8	0.0	161.9	0.0	0.0	0.0	625.2	0.0	0.0	0.0	44,099.9
GRAND TOTAL	276,460.0	266,590.0	30,282.8	10,381.4	20,396.6	17,910.9	50,187.0	4,600.0	1,846.8	90.0	494.7	487.0	679,727.2

\* INCLUDES BOTH FOREIGN ASSISTANCE AND GOP COUNTERPART  
 \*\* INCLUDES BOTH IBRD AND IDA LOANS

NOTES : PROJECTS WITHOUT PROJECT DOCUMENT - CONSTRUCTION OF THE TRAINING CENTER FOR RITM (JICA)  
 - EQUIPMENT SUPPLY FOR BFAD LAB. PHASE II (JICA)  
 - UPGRADING THE MEDICAL EQUIPMENT OF THE PHIL. CHILDRENS MEDICAL CENTER PROJECT (JICA)

PROJECTS WITH NO GOP COUNTERPART BREAKDOWN - PRIMARY HEALTH CARE FINANCING PROJECT (USAID) GOP : \$ 10.9M  
 - SCHISTOSOMIASIS RESEARCH PROJECT PHASE III (AIDAB) GOP : \$ 26,700  
 - PHILIPPINE HEALTH INFORMATION SYSTEM DEVELOPMENT (GTZ) GOP : \$ 965,000  
 - HEALTH CARE EQUIPMENT MAINTENANCE (GTZ) GOP : \$ 1,075 M  
 - ASSISTANCE TO THE NATIONAL TB CONTROL PROGRAM (ITALIAN) GOP : \$ 144.74 M  
 - FIRST RURAL WATER SUPPLY AND SANITATION PROJECT (MB-IBRD) GOP : \$ 22.23 M

**Table 7**  
**SUMMARY OF ODA FOR THE**  
**HEALTH AND MEDICAL-RELATED SECTOR**  
**BY FUNDING SOURCE**  
**1987 - 1990**  
**( \$ '000 )**

FUNDING AGENCY	HEALTH SUB-SECTOR		TOTAL
	PUBLIC HEALTH	CLINICAL MEDICINE	
1. USAID	162,673.0	19,530.0	182,203.0
2. WB	174,834.0	0.0	174,834.0
3. JICA	6,340.0	21,811.5	28,151.5
4. ITALY	10,381.4	0.0	10,381.4
5. AIDAB	15,861.2	88.0	15,949.2
6. UNICEF	5,279.4	0.0	5,279.4
7. UNFPA	27,195.3	0.0	27,195.3
8. CIDA	3,300.0	0.0	3,300.0
9. GTZ	1,221.6	625.2	1,846.8
10. IDRC	70.0	0.0	70.0
11. UNDP	344.0	0.0	344.0
12. ADB	470.0	0.0	470.0
GRAND TOTAL	407,969.9	42,054.7	450,024.6

**Table 8**  
**WHO Collaborative Health Program Budget:**  
**1986-1987; 1988-1989; and 1990-1991**

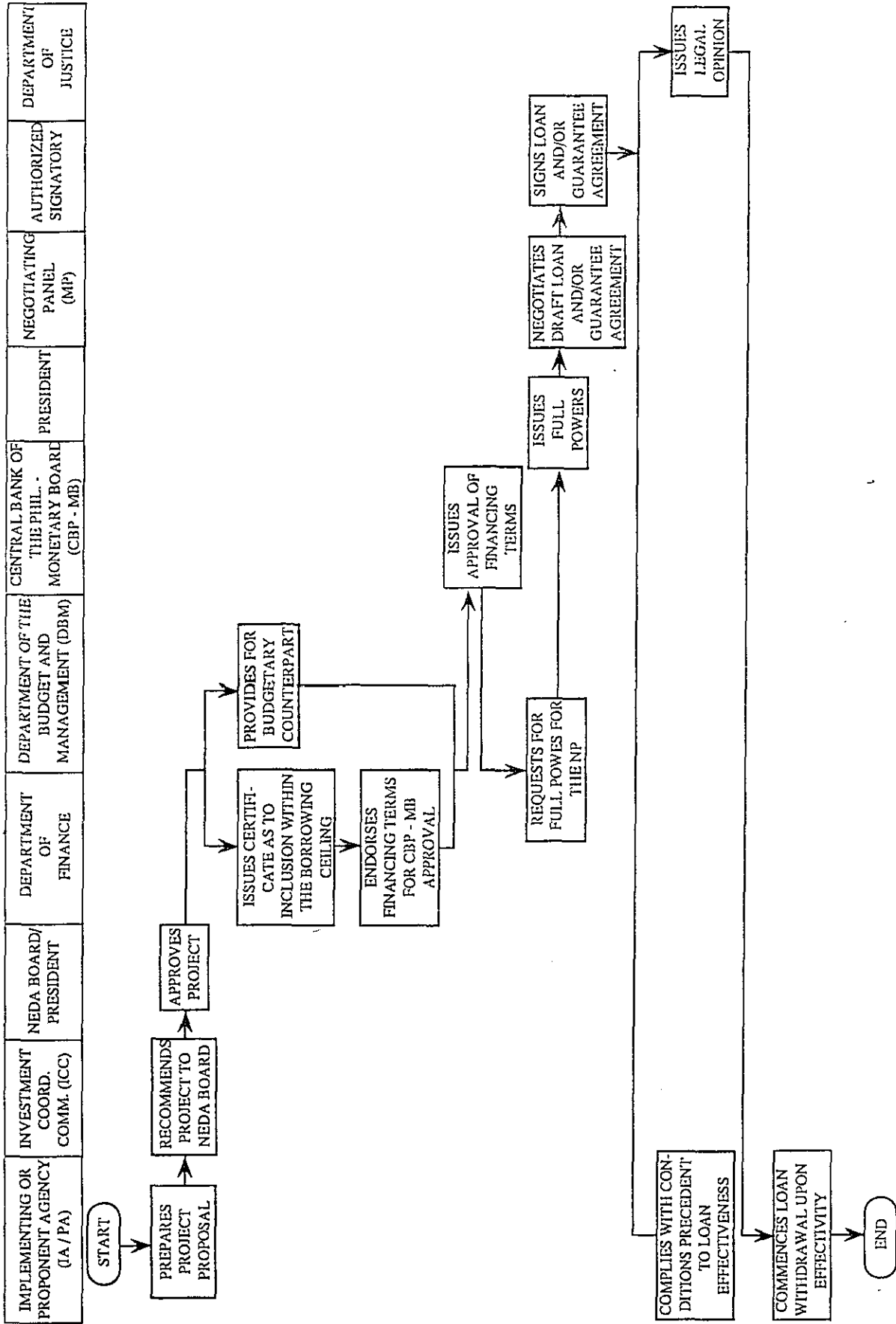
Area of Cooperation	1986-1987		1988-1989		1990-1991	
	Amount (in US\$)	%	Amount (in US\$)	%	Amount (in US\$)	%
1. Health Systems Development	324,400	19.76%	295,400	17.84%	119,100	7.24%
2. Organization of Health Systems Based on Primary Health Care	236,500	14.41%	207,900	12.56%	149,600	9.10%
3. Health Manpower Development	160,900	9.80%	190,700	11.52%	216,600	13.18%
4. Public Information and Education for Health	26,600	1.62%	47,500	2.87%	55,600	3.38%
5. General Health Protection	43,400	2.64%	40,000	2.42%	51,400	3.13%
6. Protection and Promotion of the Health of Specific Population Groups	39,000	2.38%	116,500	7.04%	115,200	7.01%
7. Protection and Promotion of Mental Health	13,800	0.84%	13,800	0.83%	15,500	0.94%
8. Promotion of Environmental Health	217,900	13.27%	120,600	7.28%	118,600	7.21%
9. Diagnostic, Therapeutic and Rehabilitative Technology	126,700	7.72%	129,200	7.80%	172,900	10.52%
10. Disease Prevention and Control	452,500	27.56%	494,100	29.84%	629,500	38.29%
	1,641,700		1,655,700		1,644,000	



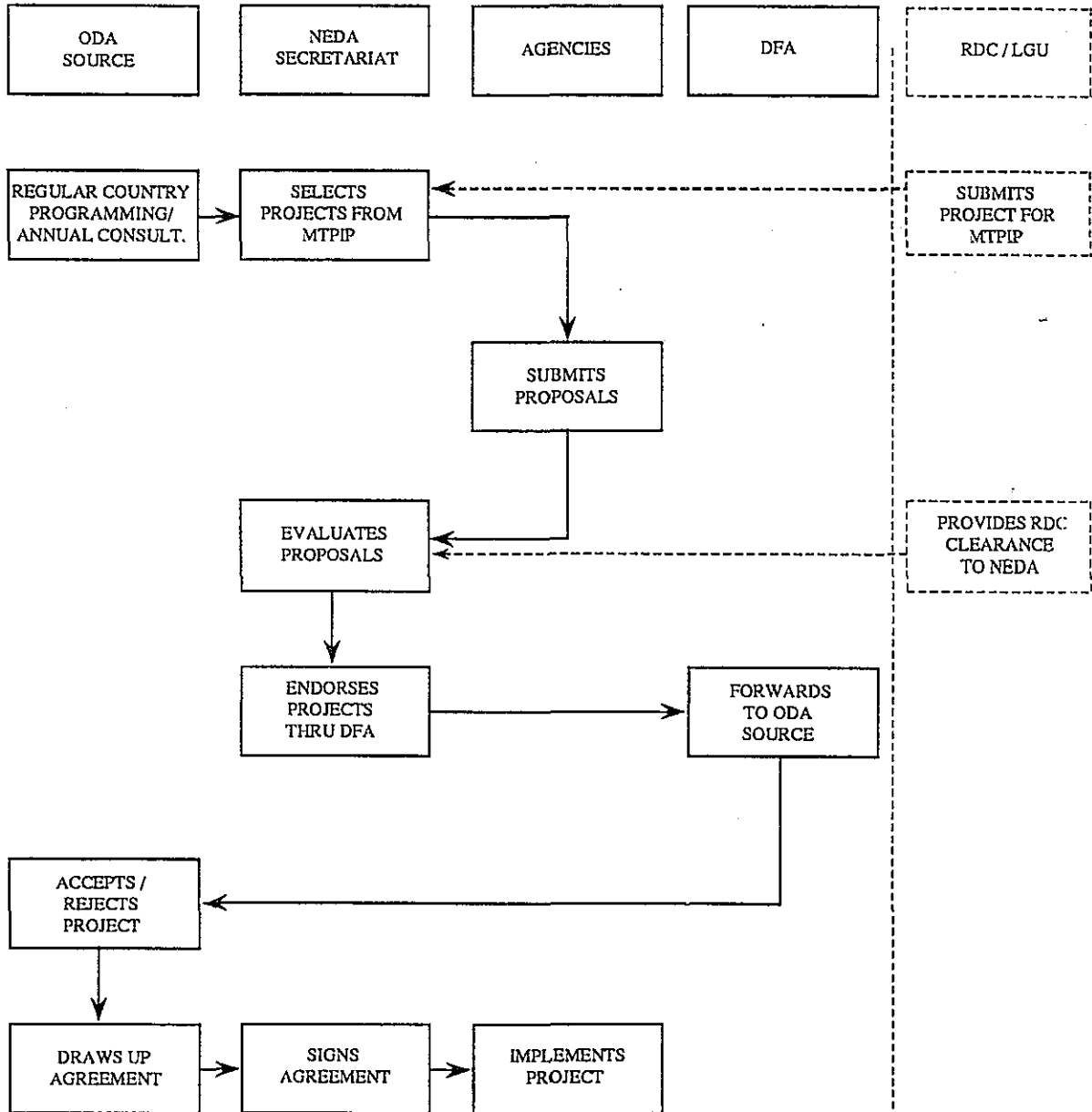
# CHARTS

# CHART 1

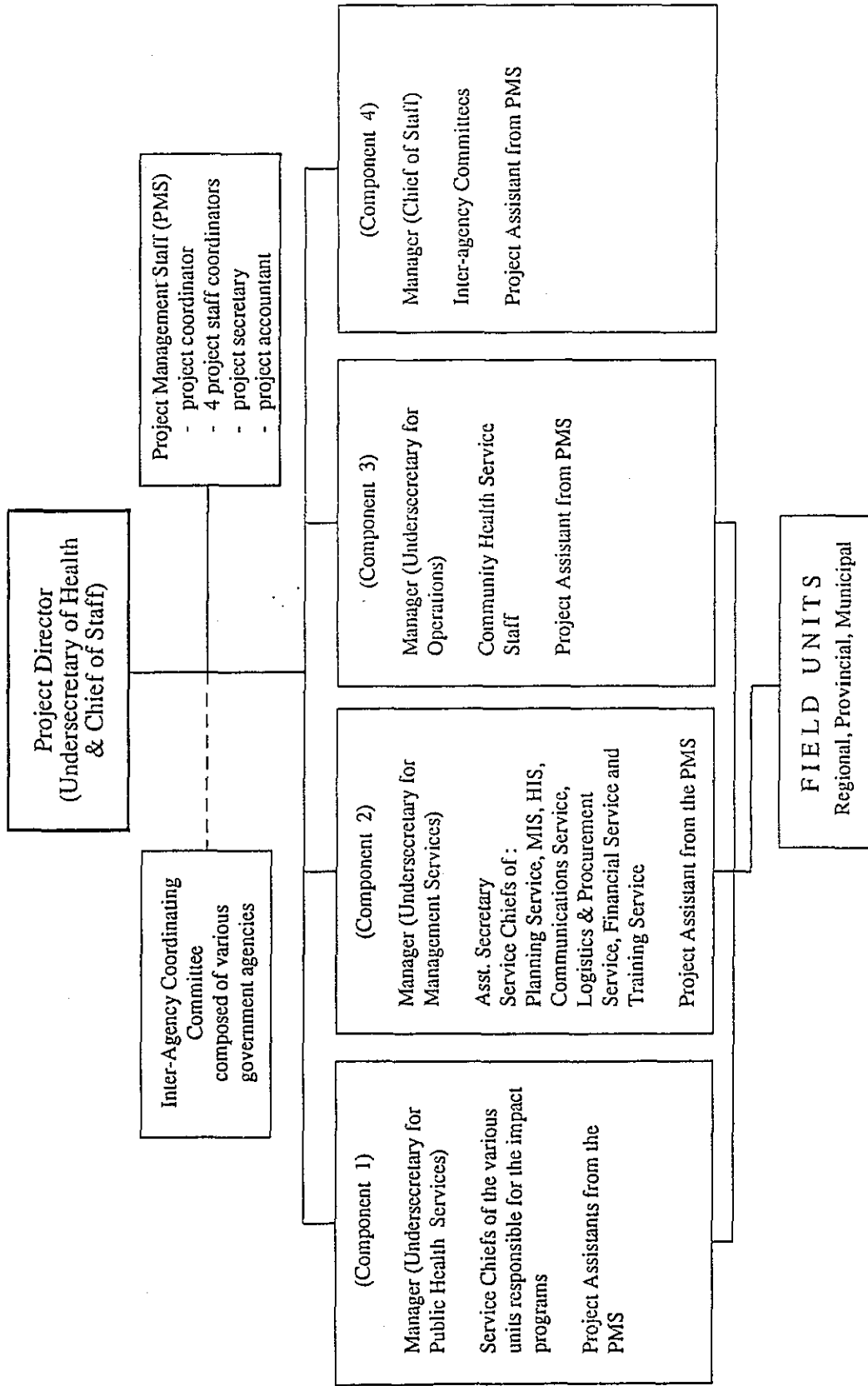
## FLOWCHART ON ODA LOAN PROCEDURES IN THE REPUBLIC OF THE PHILIPPINES



**CHART 2**  
**FLOWCHART FOR PROCESSING OF ODA GRANTS**



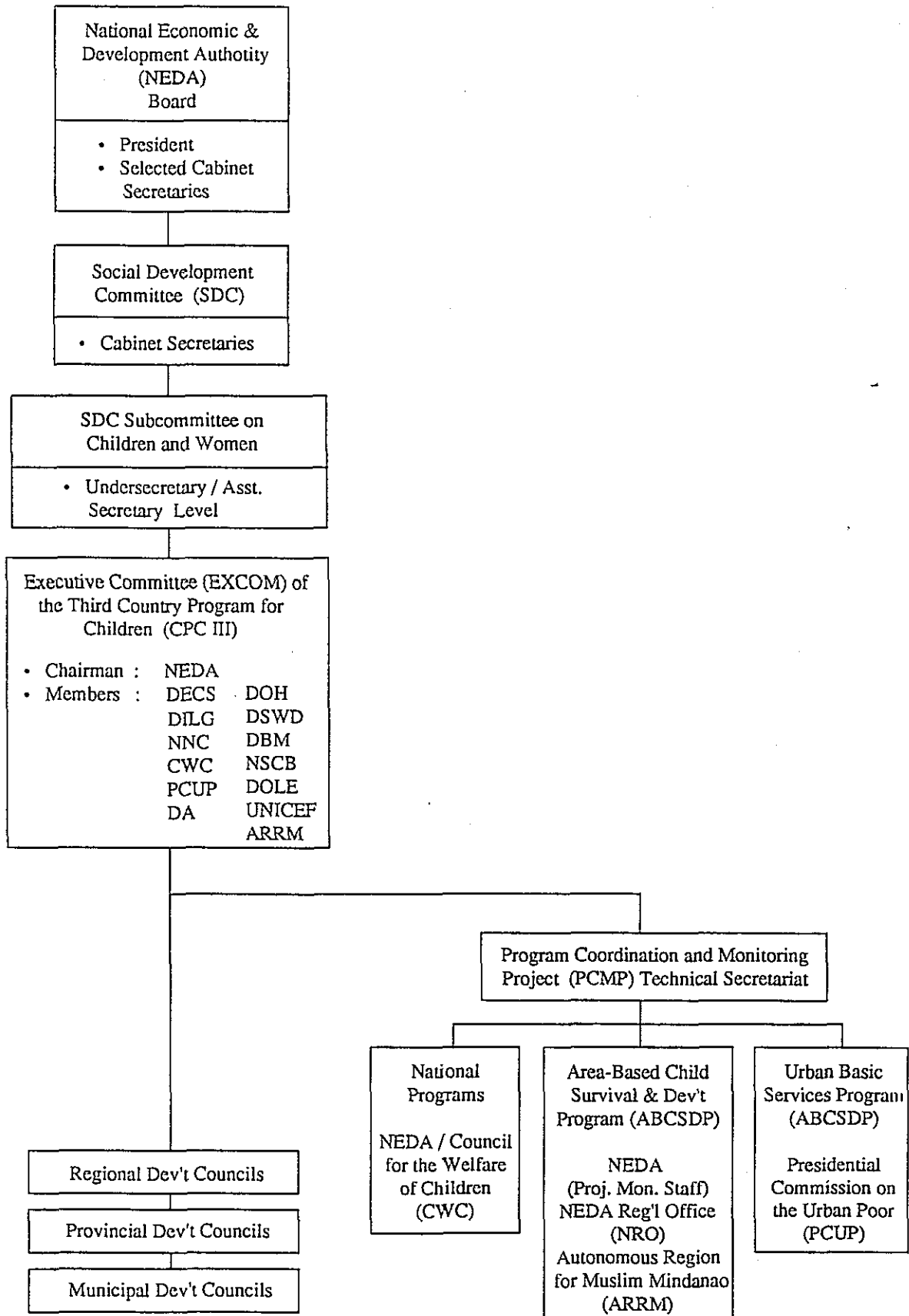
**CHART 3**  
**PHILIPPINE HEALTH DEVELOPMENT PROGRAM III**  
**ORGANIZATIONAL CHART \***



\* Note that DOH will be utilizing its own regular organizational structure for the project.

## CHART 4

### COUNTRY PROGRAMME FOR CHILDREN III ORGANIZATIONAL FLOWCHART



# CHART 5

## Organization Structure Department of Health

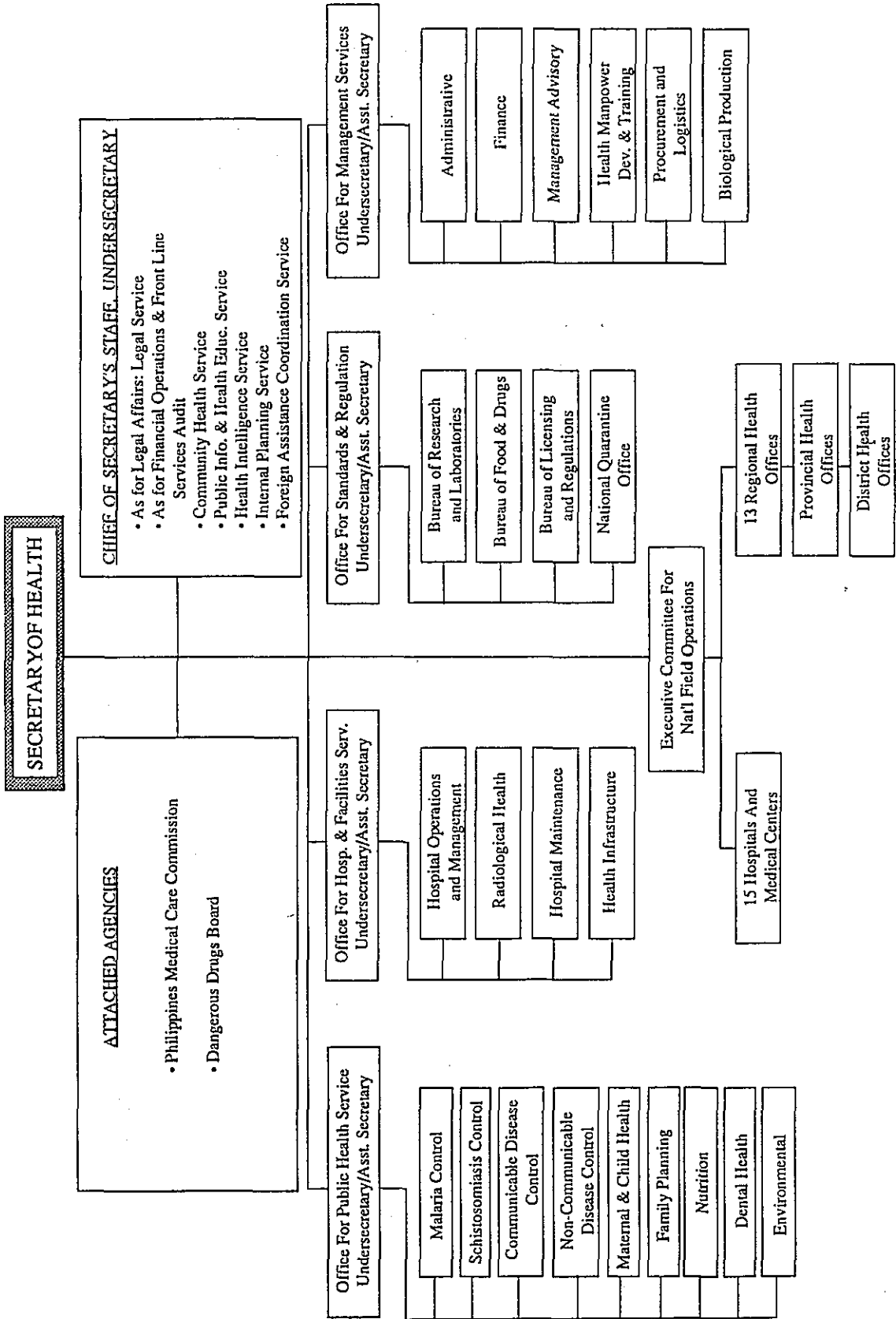
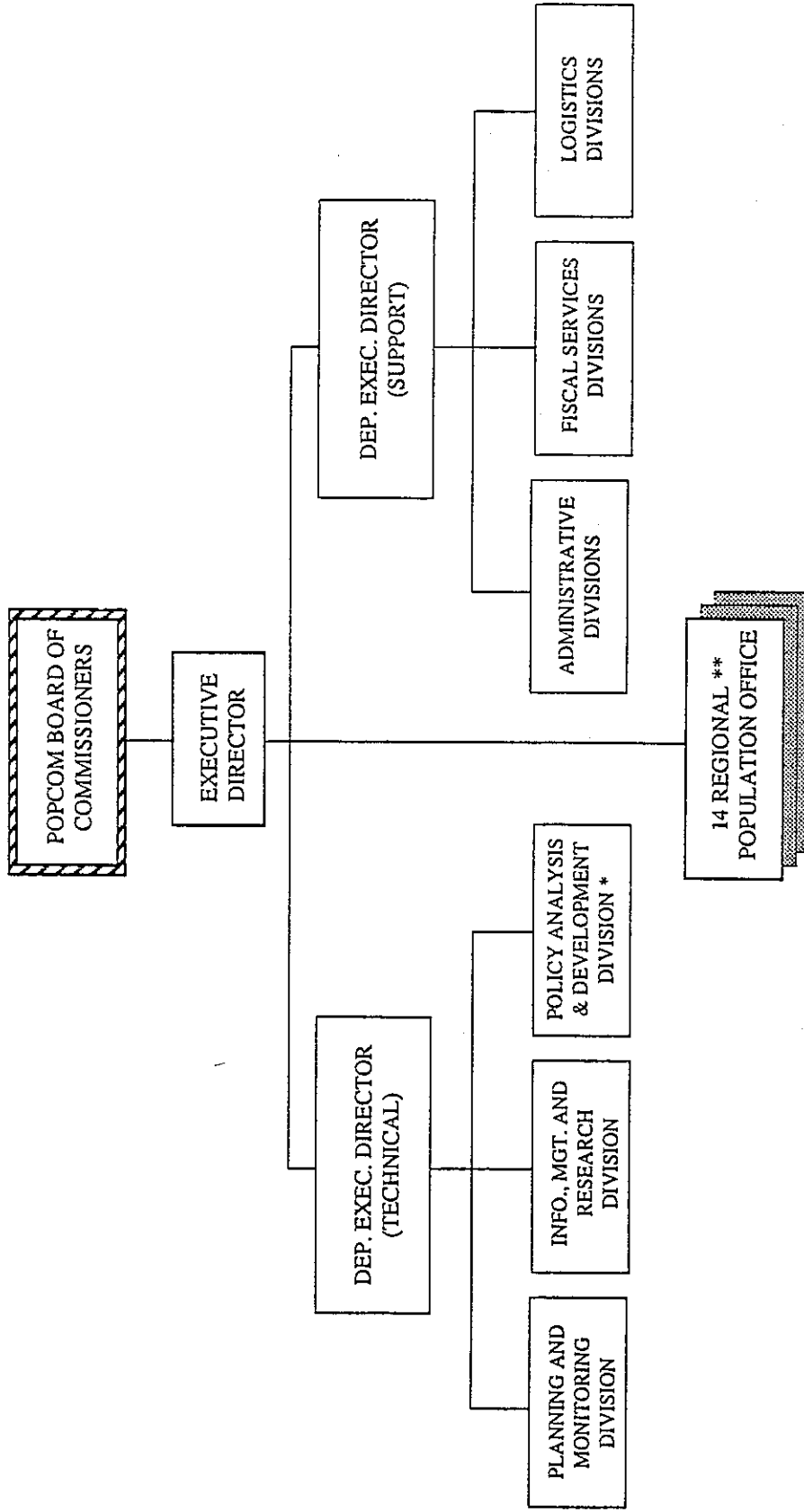


CHART 6

COMMISSION ON POPULATION

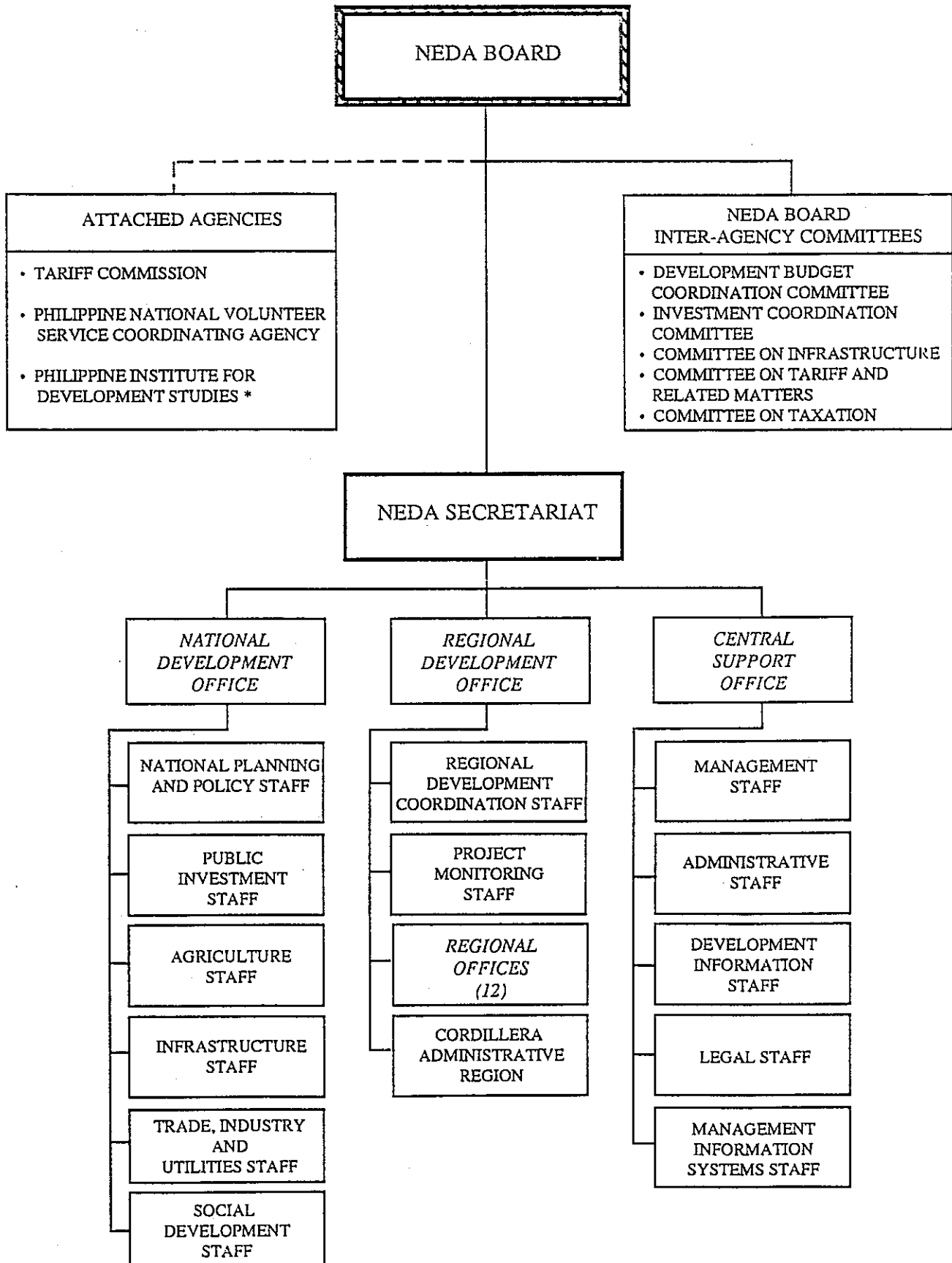
ORGANIZATIONAL CHART



\* FORMERLY STANDARDS AND ACCREDITATION DIVISION (SAAD)  
\*\* INCLUDING NCR AND CORDILLERA ADMINISTRATIVE REGION (CAR)

# CHART 7

## NEDA ORGANIZATIONAL CHART



\* Functionally attached.



