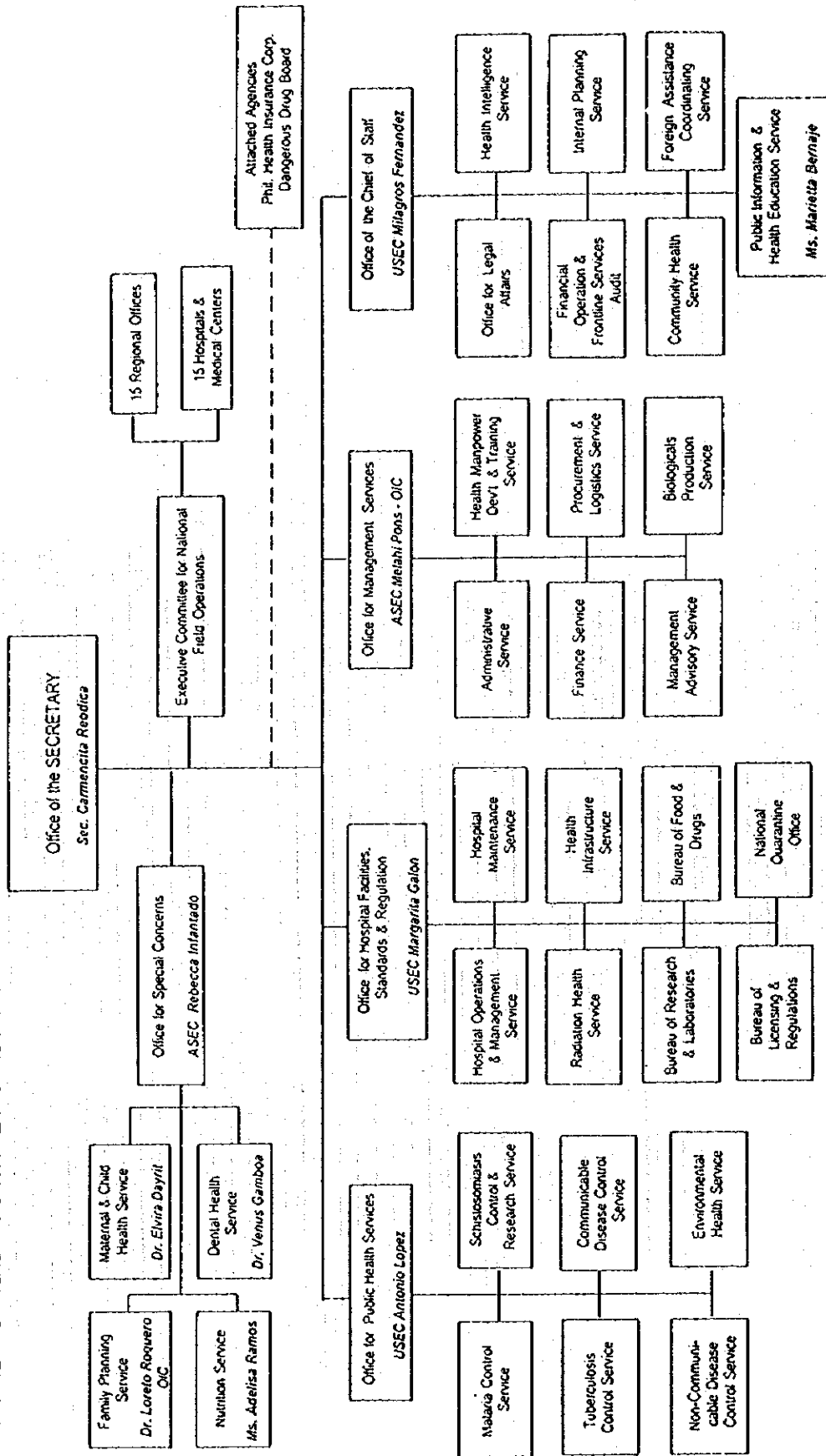
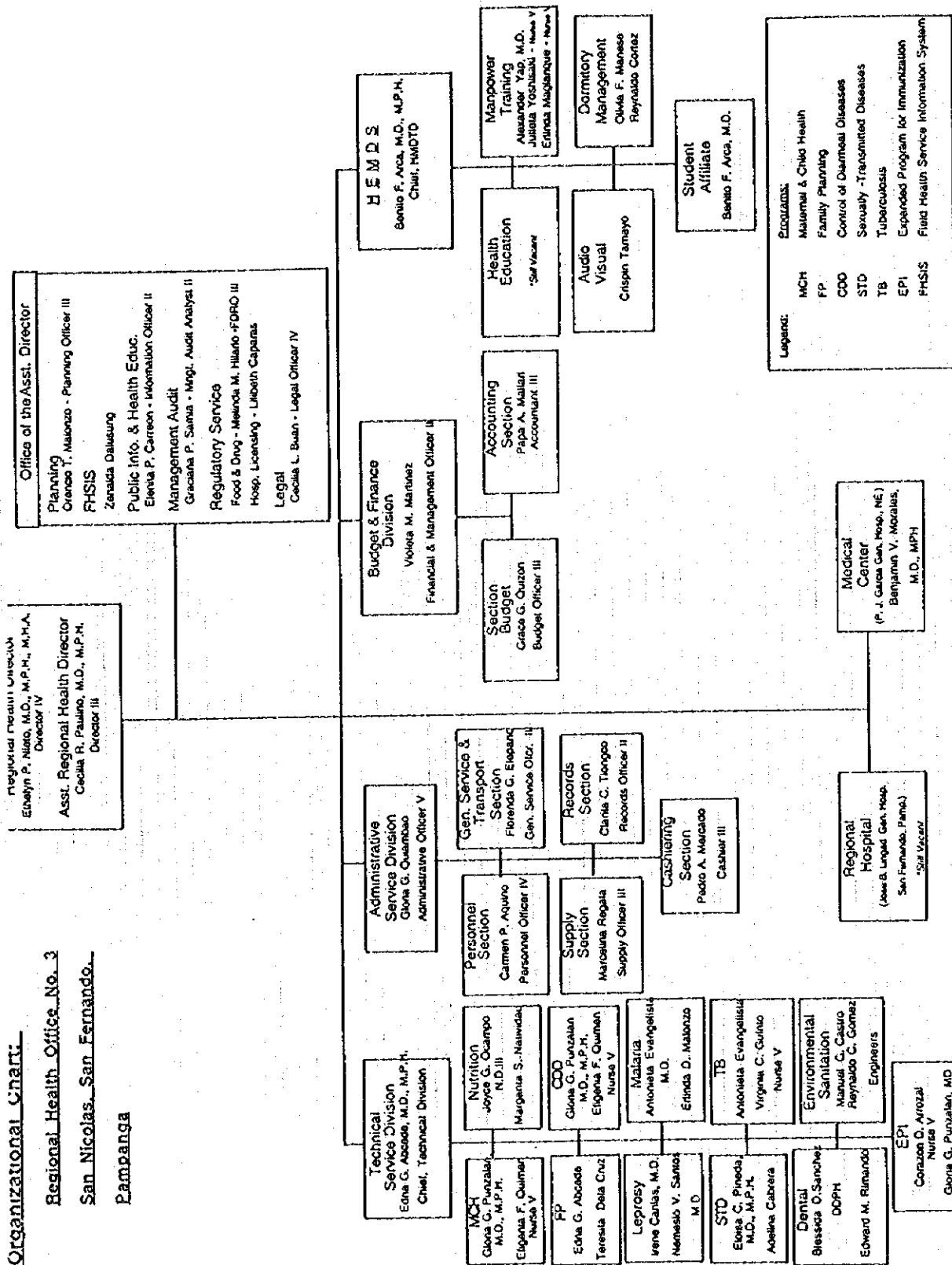


DEPARTMENT OF HEALTH'S ORGANIZATIONAL CHART





⑨ 協議の場での先方プレゼンテーション資料

JICA CONSULTATION TEAM  
for the  
DOH-JICA FP/MCH Project - Phase II

OVERVIEW OF REGION III  
Presentaion by: Dr. Ethelyn Nieto  
September 16, 1997

I. Health Situation in the Region

Total Population	7.4M
Crude Birth Rate	22.3/000 pop
Crude Death Rate	3.92/000 pop
Infant Mortality Rate	10.58/000 LB
Maternal Mortality Rate	0.27/000 LB

Leading Causes of Morbidity:

ARI  
Diarrheas  
Skin Diseases  
Bronchitis  
Influenza  
Pneumonia  
Tuberculosis

Leading Causes of Maternal Mortality:

Postpartum Hemorrhage  
Eclampsia

## **II. Role of the Regional Health Office**

1. Policy Formulation
2. Setting of Standards
3. Regulatory
4. Human Resource Development (retained/devolved personnel)

## **III. Functions of the Department of Health (Post-Devolution)**

1. Policy Making/Planning
2. Assistance to LGUs
3. Advocacy and Social Mobilization
4. Standards, Licensing and Regulation
5. Research and Development
6. Resource Management
7. Disaster and Epidemic Management
8. Health Information and Exchange
9. Monitoring and Evaluation

#### **IV. Expectations from the JICA Project**

1. Health workers trained on FP/MCH/IEC and rendering improved services
2. Functional and active multi-sectoral networking systems established and maintained
3. Reduced IMR and MMR
4. Reduced incidence of preventable/immunizable diseases
5. Reduced or no incidence of disease outbreaks
6. Improved capabilities of LGUs in health service delivery
7. Community members empowered on health concerns

Towards a Healthy Philippines by Year 2000 and  
Health in the Hands of the People by the Year 2020

## **Dr. Ben Arca's Proposal for Regionalization of Perinatal Care**

1. Research on perinatal risk factors to establish Filipino standards
2. Inventory of existing MCH services in the region - facilities, manpower, activities and referral system
3. Identify basic equipment needed to establish perinatal center and provide perinatal care in the primary, secondary and tertiary levels
4. Conduct training needs assessment for health personnel
5. Identification of support services for perinatal care
6. Formulation of risk scoring tools
7. Pilot testing of risk approach to MCH
8. Strengthen perinatal care system
  - Institutional strengthening
  - Human resource development (capability building)

043021

# OVERVIEW OF THE DOHI IN REGION III

043017

# REGION III

Land Area : 18,278 sq.km.

Provinces Covered : Bataan, Bulacan  
Nueva Ecija,  
Pampanga,  
Tarlac, Zambales



Cities Covered : Angeles,  
Cabanatuan,  
Olongapo,  
Palayan, San Jose

1997 Population  
(Est.) : 7,396,110

043114

# Population by Age

Age Group	
<1	2.62
1 - 4	10.29
5 - 6	4.96
7 - 14	18.82
15 - 49	52.51
50 - 64	7.37
65 above	<u>3.43</u>
	100%

## Health Indices

CBR : 22.31/1,000 Population

CDR : 3.92/1,000 Population

IMR : 10.58/1,000 Livebirth

MMR : 0.27/1,000 Livebirth

# Leading Causes of Morbidity (1996)

043023

Causes	Number	Rate/100,000 Pop.
1. ARI	430,000	6,063.02
2. Diarrhea	107,904	1,612.94
3. Skin Diseases	38,156	570.35
4. Bronchitis	24,390	364.58
5. Influenza	23,501	351.29
6. Pneumonia	11,227	167.82
7. Disease of the Heart	3,775	56.43
8. TB (Respiratory)	2,540	35.56
9. Hypertension	2,130	31.84
10. Parasitism	1,986	29.67

# Leading Causes of Mortality (1996)

043022

Causes	Number	Rate/100,000 Pop.
1. Cancer	2,538	35.53
2. Cardiovascular Dis.	2,525	35.35
3. Pneumonia	2,331	32.63
4. Heart Disease	1,471	20.59
5. Myocardial Infarction	1,363	19.10
6. Cerebrovascular Dis.	970	13.58
7. Hypertension	892	12.49
8. Accidents	735	10.29
9. Kidney Disease	248	3.47
10. Diabetes Melitus	220	3.08

# Leading Causes of Infant Mortality (1996)

043024

Cause	Number	Rate/1,000 Livebirths
1. Pneumonia	335	2.10
2. Congenital Anomalies	247	1.50
3. Birth Injury	193	1.21
4. Prematurity	94	0.59
5. Dis. of the Nervous System	92	0.58
6. Septicemia	55	0.35
7. Diarrhea	47	0.30
8. Asphyxia	39	0.24
9. Still Birth	36	0.23
10. Sepsis	31	0.20

# Leading Causes of Maternal Mortality (1996)

043025

Causes	Num ber	Rate/1,000 Pop.
1. Postpartum Hemorrhage	8	0.05
2. Eclampsia	7	0.44
3. Preg. w/Abortion Outcome	2	0.01
4. Retained Placenta	2	0.01
5. Hemorrhage related to Preg.	1	0.01
6. Hypertension w/Complicated Preg.	1	0.01
7. Abruptio Placenta	1	0.01
8. Placenta Previa	1	0.01
9. Ruptured Ectopic	1	0.01
10. Uterine Atony	1	0.01

# Roles of the RHO3

1. Policy Formulation
2. Setting of Standards
3. Regulatory
4. Human Resource Development



## DOH Functions (Post-Devolution)

1. Policy-making/Planning
2. Assistance to LGUs
3. Advocacy & Social Mobilization
4. Standards, Licensing and Regulations
5. Research and Development
6. Resource Management
7. Disaster and Epidemic Management
8. Health Information and Exchange
9. Monitoring and Evaluation

## Expectations from JICA Project :

At the end of the project, we expect :

- Health workers trained on FP/MCH & IEC, and rendering improved services
- Functional and active multisectoral networking systems established and maintained
- Reduced IMR and MMR
- Reduced incidence of preventable/immunizable diseases
- Reduced or no incidence of disease outbreaks
- Improved capabilities of LGUs in health service delivery
- Community members empowered on health concerns

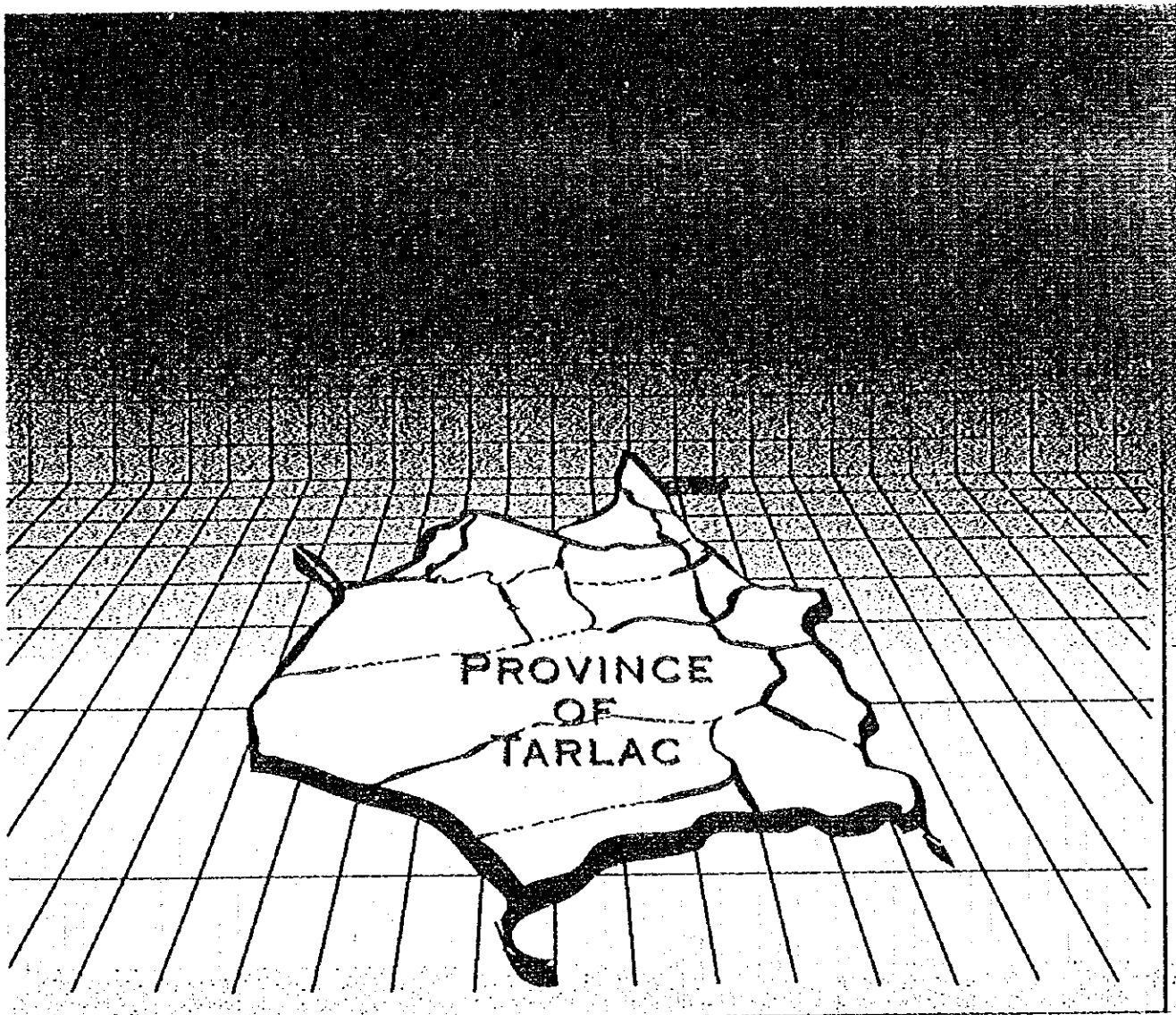
**PROVINCIAL PROFILE**  
(SUMMARY)

	Bataan	Bulacan	N.Ecija	Pampanga	Tarlac	Zambales	Region 3
Classification (as of May 25, 1995)	2nd	1st	2nd	1st	2nd	3rd	
Population 1995	491,459	1,784,441	1,505,827	1,635,767	945,810	569,266	6,932,570
No. of Municipalities	12	24	29	22	18	13	118
No. of Cities	-	-	3	1	-	1	5
No. of Barangays	236	567	848	536	510	247	2,944
Land area (km. sq.)	1,373	2,625	5,284.30	2,180.70	3,053.40	3,714.40	18,230.80
Population Density 1990 pax/km. sq.	310.1	573.4	248.4	702.8	281.6	151.6	340
Annual Growth Rate 1980-1990	2.79%	3.22%	2.07%	2.64%	2.25%	2.40%	2.58%
Crude Birth Rate 1995	30.2	26.6	28.4	28.5	27.3	23.6	22.31*
Death Rate 1995	6.5	5.5	6.6	5.6	6.5	5	3.92*
No. of Hospital*	4	9	14	13	4	5	49
No. of RHUs 1994	18	55	67	46	31	35	252
No. of BHS 1994	94	318	228	338	146	79	1,203
TV station 1995	-	-	-	-	-	4	4
Radio station 1995	-	-	6	2	3	5	16
Newspaper 1995	-	-	1	2	-	2	5
Schools (SY 1993-94)	225	856	925	1,249	57	627	3,939
Water supply 1990					1986		
deep wells	-	10%	15%	2%	15%	5%	
shallow well	-	75.00%	75%	85%	50%	25%	
surface water	-	15%	10%	-	-	-	
Lighting 1990					1980		
electricity	76.05%	81.10%	67.36%	88.60%	39.96%	73.40%	
kerosene	23.20%	17.90%	31.71%	10.10%	58.95%	24.50%	
liquified petroleum gas	0.75%	0.60%	0.52%	1.30%	1.08%	1.70%	
oil and other lighting facilities	-	0.40%	0.40%	-	-	0.30%	

\*1996

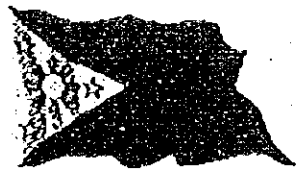
RHUs - Rural Health Stations

BHS - Barangay Health Stations



**THE DOH-JICA  
FP/MCH PROJECT  
IN THE PHILIPPINES**

**1992-1997**





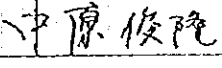
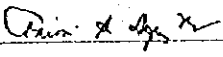
## I. Background of the Project

On March 11, 1992 an agreement was reached between the Government of Japan, through the Implementation Survey Team of the Japan International Cooperation Agency (JICA) and the Philippine Government, as represented by the Department of Health (DOH) to jointly implement the Family Planning/Maternal and Child Health Project in the Philippines.



The duration of this project was five (5) years (1992-1997), with the province of Tarlac as the pilot area. Tarlac, about a two-hour drive from Metro Manila, is one of the six provinces of Central Luzon (Region III). The predominantly rural setting of Tarlac, despite its proximity to the business center of the Philippines, makes it an ideal pilot area.

In August 1996, the Japanese Evaluation Team organized by JICA, and officials of the DOH jointly reviewed the past achievements and future prospects of the Project. Both sides agreed that the Project has satisfactorily achieved its targets and recommended that the Philippine government replicate the positive achievements of the FP/MCH Project in Tarlac to other provinces. This paved the way for the implementation of the Phase II Project.

<p>JOINT EVALUATION REPORT ON THE JAPANESE TECHNICAL COOPERATION FOR THE FAMILY PLANNING/MATERNAL &amp; CHILD HEALTH PROJECT IN THE PHILIPPINES</p>	
	
<p>TOSHITAKA NAKAMURA, MD, MPH, Ph.D. Leader Japanese Evaluation Team Japan International Cooperation Agency JAPAN</p>	<p>ANTONIO S. LOPEZ, MD, MPH Assistant Secretary and Officer-in-Charge Office for Public Health Services Department of Health REPUBLIC OF THE PHILIPPINES</p>

## II. Nature of the Project & its Objectives

The general objective of the project is to improve family planning practice and maternal and child health care in the province of Tarlac.

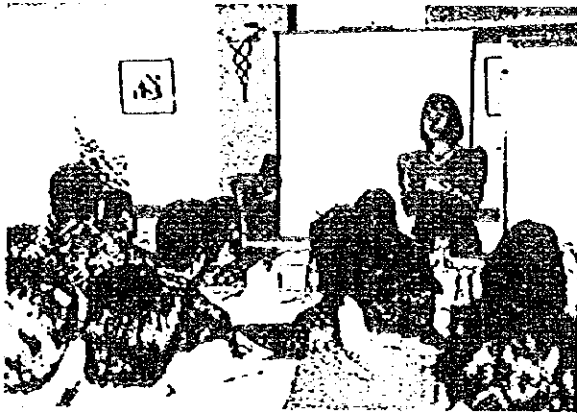
Its specific objectives are:

1. To improve the service delivery system of FP/MCH in the pilot area;
2. To reinforce community health activities through enhanced community participation;
3. To improve the capability of health and other community workers involved in FP/MCH services.

For this type of project which is aimed at improving the health of the community, a multi-disciplinary approach is very necessary. Hence, the project needed the combined efforts of experts in various fields - Public Health, Medical Sciences, Information, Education and Communication (IEC), Statistics, Sociology, Education, Demography, etc. Following this multi-disciplinary approach, JICA dispatched long-term and short-term experts of various specialties to the project.



Long-term experts, comprising the project's core group, include experts in Public Health, the Medical field, IEC and Coordination. Short-term experts from the fields of Statistics, Architecture, and Health policy have likewise been dispatched at various points to complement the project's core group of experts.



Aside from utilizing the skills and know-how of Japanese experts, the project had also collaborated with local experts from cooperating agencies, like the University of the Philippines Population Institute (UPPI), the Commission

on Population (POPCOM), and the Department of the Interior and Local Government (DILG) in accomplishing its objectives.

The project recognizes its limitations in carrying out all the necessary activities in support of its three-fold objectives. Thus, in deciding the scope of the project, due emphasis was given to tackling problems related mainly to the major bottlenecks and weaknesses of the existing system. The project's activity plan was drawn up based on consultations with officials of the Department of Health (DOH), as well as with the Provincial Health Officer and various health workers in Tarlac.





### III. Plan of Action and Strategies

The Project's Master Plan which is contained in the official Record of Discussions enumerates the following strategies which were pursued to accomplish the specific objectives mentioned above:

#### Strategy 1

Delivery of improved FP/MCH services - by means of upgrading the facilities and equipment and strengthening the service delivery network in hospitals, RHUs and BHSs to adequately provide and promote FP/MCH services.



#### Strategy 2

Measures for community participation - Utilization of innovative approaches such as the establishment of mechanisms for regular assemblies and consultations between the field health workers and the community members; promotion of equal participation of men and women; testing of mecha-

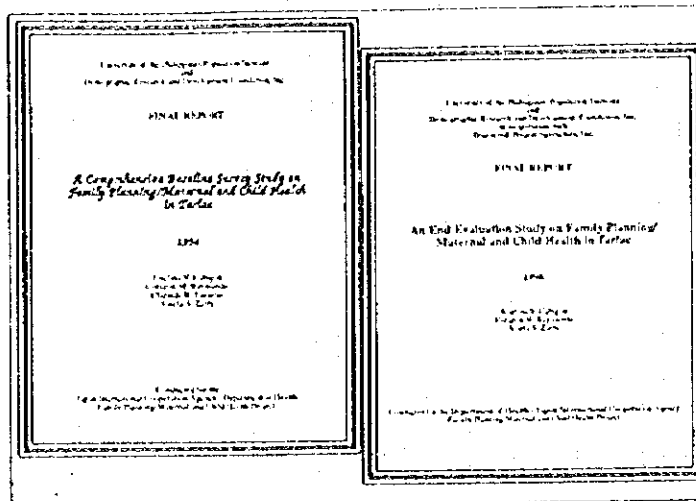
nisms to maintain existing community organizations such as mothers' groups for family health and welfare.

#### Strategy 3

Training - to strengthen the capabilities of field workers and service providers through appropriate local training (under the middle-level trainees training program). The local training programs include:

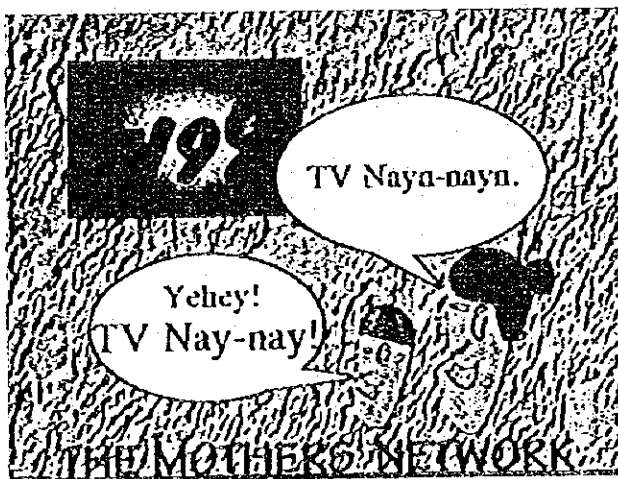


- a. Interpersonal Communication Skills (ICS) training for community leaders and health workers;
- b. Maternal and Child Health (MCH) Refresher training for midwives;
- c. Orientation workshop on population and development for local political leaders and public administrators.



**Strategy 4**

**Monitoring and Evaluation system** - Utilization of the results of a baseline survey to assess needs and secure reliable information for planning project activities. The establishment of a project monitoring system is crucial to the conduct of the final impact assessment of the project. Forging tie-ups with research institutions is considered necessary for this strategy.



**Strategy 5**

**Information, Education and Communication** - The activities for IEC include:

- a. Production of materials for training activities;
- b. Production of standard operational procedure manuals for health workers and management staff;
- c. Development and production of audiovisual materials for advocacy and raising public awareness of FP/MCH and improvement of skills in utilizing them; and
- d. Cooperation with the Commission on Population.

#### *IV. Factors that Affected Project Implementation*

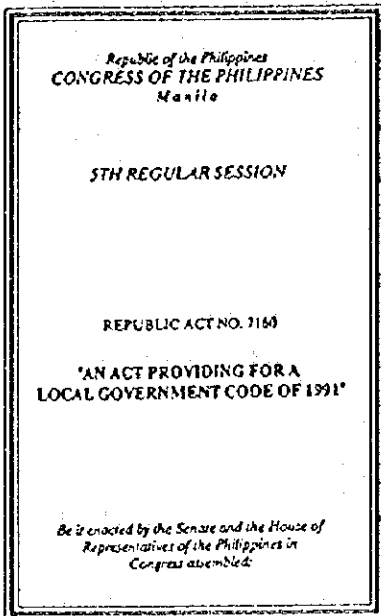
Together with local counterparts, the project was being managed by a core group of Japanese experts who were dispatched to the Philippines at various points during the course of project implementation. During the first two years of the project (1992-93), only two experts (Coordination and IEC) were dispatched. On the project's third year (1994), three additional experts arrived, two of whom were medical doctors and one was a public health nurse. The Team Leader joined the project core group only on the project's fourth year (1995). Thus, the project team was completed only on its fourth year of implementation. Such a situation necessarily caused some delays in the establishment of concrete systems or mechanisms for action.



Every year, the project was visited by a Japanese Mission to assess its progress and advise the project on certain issues. Each Mission Team reports on the current status of project implementation which is recorded in the minutes of discussion. The minutes of discussion on October 1995, for example, reflected the increasing activities

of the project which were accomplished according to the planned schedule of implementation discussed during the previous years' meetings.

Other developments in the Philippines' political and administrative areas also affected the implementation of the project to a certain degree. When the project started in April 1992, health service delivery at all levels from national down to the



community level was the responsibility of the Department of Health. In other words, health service delivery at that time was centralized. However, on October of the same year, a Local Government Code seeking to decentralize the delivery of basic services, was formulated. This Local Government Code was actually implemented in 1994. As a result of the implementation of this Code, health service delivery, starting at the provincial level down to the municipal and barangay (village) levels, was devolved to the respective local government units (LGUs). The Department of Health remains as the policy-making body on health and it continues to provide technical assistance to local government units now managing health service delivery at their own level. This development caused a

major change in the health mechanism and organization. Although this Project was not adversely affected by this change, there was a need, nonetheless, for some adjustments particularly in coordination activities. Coordination tasks expanded considerably because of the need to deal individually with various local officials.

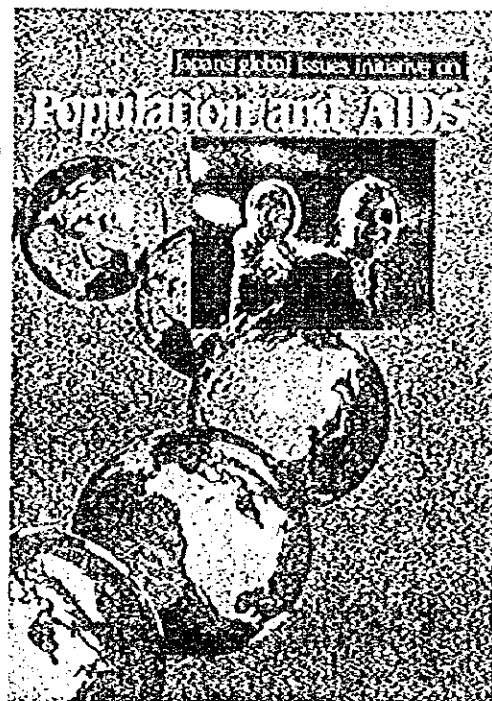
The devolution of health services resulted in widely disparate levels of commitment and support for health activities from the 18 Municipal Mayors of Tarlac province. As a result, there is now a more pressing need for orientation workshops designed specifically for local government officials to encourage them to prioritize health, population and development in their agenda.

It should be noted that at the time the Department of Health was exploring new collaborating mechanisms with local government units (LGUs), this Project was cited as one of the models for DOH-LGU collaboration because its activities were implemented based on the support from both DOH and LGU.

Elsewhere, there were also events that affected the implementation of the project. Based on agreements reached at the Japan-US summit meeting on February 1994, the Japa-



nese Government, represented by then Prime Minister Hosokawa, and the American Government, as represented by President Bill Clinton, agreed to collaborate on a Global Issues Initiative which includes population and HIV/AIDS, child survival, the environment, and several other issues of global concern. Both governments formulated a common agenda to jointly cooperate in carrying out measures to overcome barriers that hinder social and economic development. The Japanese Government announced its allocation of approximately US\$3 billion within its Official Development Assistance (ODA) programs during the period from FY1994 to FY2000. For its part, the United States Government announced its intention to allocate approximately US\$9 billion. Fortunately, the Philippines is one of the priority countries for the Japan-US common agenda for population.



With respect to the Frontline Initiative on Population and Health Program of the Japan Overseas Cooperation Volunteers (JOCV), Tarlac is one of the places where young Japanese volunteers were dispatched to assist in development activities for population and health. Their presence in our project area boosted the project's community-based activities.

As an outcome of two major international conferences, namely, the Cairo Population Conference and the Beijing Women's Conference, there was also a worldwide move to look into the other concerns of women - particularly Women in Development, Gender and Development, Women's participation in development activities. Such conferences also brought to fore the important role of non-governmental organizations (NGOs) and the need for community participation in the development and implementation of programs.

Our project has already made a headstart in terms of collaborative activities with other agencies, particularly other donor agencies and NGOs. Moreover, JOCV volunteers sent to Tarlac through our project's coordination, were in place and closely working with the staff of the Tarlac Provincial Hospital and the Provincial Health Office. The project did not just confine itself to the JICA technical cooperation activities. The project staff also actively supported and coordinated with both the JICA Philippine Office and the Japanese Embassy in undertakings such as the In-Country Training Program, the Grant-Aid Project, and the Grant Assistance for Grassroots Projects, since the content of these programs are strongly related to the project's concerns.

## V. *Project Activities & Accomplishments*

All activities piloted in Tarlac province were geared towards the development of human resources particularly among field health personnel. The project had the following major activities that were all designed to improve the capability of counterparts in delivering quality FP/MCH service.

### 5.1 Baseline Survey

The baseline survey for the project was conducted in 1993 in collaboration with the University of the Philippines Population Institute (UPPI). This research collaboration is in keeping with Strategy #4 - which is ... "the establishment of tie-ups with research institutions." This survey assessed the needs and status of the people of Tarlac province in terms of family planning practice and maternal and child health. A sample survey was conducted on community people and focus group discussions were held among health workers. The project's implementation plan was based on the results of this survey.

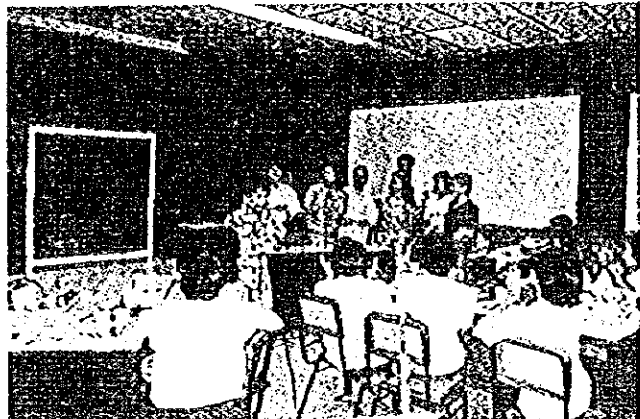
During the last year of project implementation, another survey was conducted to provide an appropriate evaluation instrument for the project. The results of this End Evaluation Survey were compared with that of the baseline survey to determine the effect of project activities on the pilot area. Knowledge and skills attained in the Project were documented and disseminated and the necessary recommendations forwarded to concerned authorities.



## 5.2 Midwives' Health Service Improvement Program (MSIP)

Midwives play a very pivotal role in the structure of health service delivery in the Philippines. At the village or barangay level, the midwife runs the barangay health station (BHS) single-handedly. Such a situation makes it imperative for the midwife to be well-informed and well-trained to be able to respond to the various demands of the community for health services and information.

The Project, through the MSIP Committee composed of JICA experts and the counterparts in the Tarlac Provincial Health Office, designed the MSIP to respond to the need to update the knowledge and skills of midwives. MSIP consisted of three (3) phases: The first phase provided a subjective-objective evaluation of current midwives' performance and an assessment of their training needs. Phase two represented the intervention stage. During this



phase a training/re-training program was implemented based on the results of the assessment survey. The evaluation component of the program was, in turn, the main focus of Phase three.

The survey findings which had implications for training were as follows:

1. Insufficient health dissemination to clients and the community due to lack of skills for conducting counseling and health education - This is the reason why MSIP included a training on Interpersonal Communication Skills (ICS) in its program.
2. Inadequate knowledge about Natural Family Planning (NFP) Methods - The Project responded to this need by including re-education or re-training on NFP as part of MSIP, in cooperation with experts in that field.

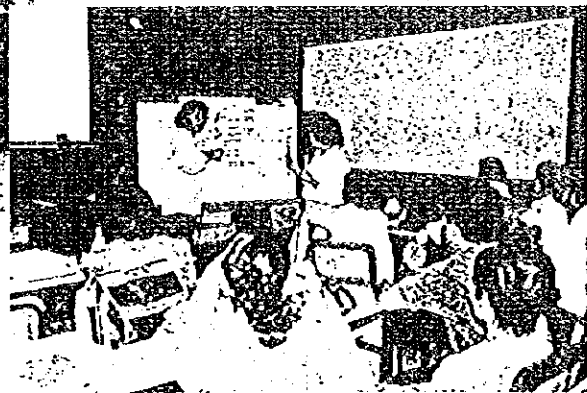
3. Need to be updated on various DOH programs - A one-day re-orientation session on DOH programs was likewise included in the training package. This was facilitated by technical staff of the Tarlac Provincial Health Office and personnel from the Provincial Hospital.

All the details about the training program — the content, schedule, curriculum, selection of lecturers, etc. were decided upon by the MSIP committee in regular meetings held for the purpose.

Between January to March 1995, a total of 202 Rural Health Midwives (RHM) participated in the training. All in all, there were twenty-four (24) training days.

An ICS Training for Supervisors was conceived as a follow-through of the ICS training for midwives. The training was conducted in May 1995. Seven Public Health Nurses (PHNs) from different Rural Health Units (RHUs) were selected as participants.

These PHNs were trained as supervisors to monitor the ICS activities of 42 RHMs selected at random from among the participants in the Basic ICS Training Course.



After the departure of the JICA Expert who was actively involved in MSIP, the counterparts continued to monitor the program by themselves.

This indicates that, as far as this activity

is concerned, the technical transfer between a JICA Expert and local counterparts have already been completed.

The Project is looking forward to the assistance of the USAID's LGU Performance Program for the next five years (starting 1996) in continuing the training support to the Tarlac Provincial government. Such support is necessary since most local government units, including Tarlac, still lack the necessary budget to continue implementing full-scale training programs for their health workers.



### 3. Maternal & Child Health Handbook Introduction Program (CHIP)

The Maternal & Child Health (MCH) Handbook that the Project introduced in the pilot area is based on the MCH Handbook being utilized in Japan. The Japanese Organization for International Cooperation in Family Planning (JOICFP) and the JICA FP/MCH Project in Indonesia have also implemented similar programs in their areas of operation and the results are encouraging.

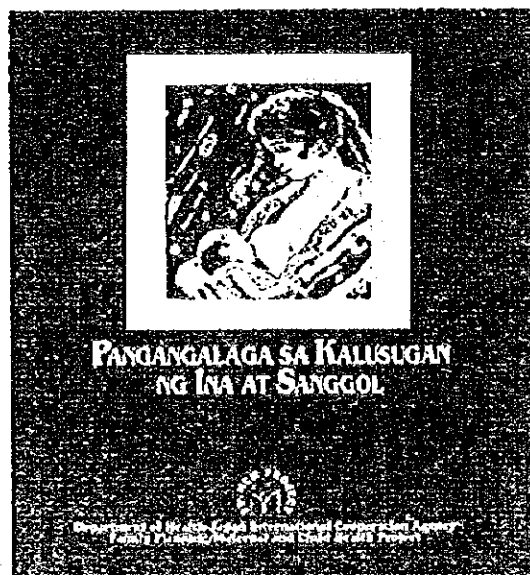
In March 1994, a committee composed of JICA experts and technical staff from the Provincial Health Office, was formed in order to oversee the adaptation of the Japanese Handbook to the Philippine situation and its subsequent introduction to Filipino mothers. The committee decided to adopt an improved but simplified version of the Japanese Handbook using more illustrations and less tables. The Handbook was then translated into the Filipino language for greater ease of understanding among pregnant women in the pilot area.

1,000 copies of the MCH Handbook were first printed on November 9, 1994. CHIP was initiated to determine the applicability and usefulness of the newly developed MCH Handbook to the community along with other materials. Introduction of the Handbook was done through mothers' classes in two experimental areas, San Jose and Ramos.

On October 1994, training was conducted by the CHIP committee to orient public health nurses, midwives and barangay health workers (BHWs) on the MCH Handbook Introduction Program, as well as other activities/programs like the Department of Health's Home-Based Mother's Record (HBMR) and Growth Monitoring Chart, Thermometer Utilization Program and conduct of mothers' classes.

Actual distribution of the CHIP package (containing: MCH Handbook, HBMR, a thermometer, a thermometer utilization sticker and a plastic bag) started on November 15, 1994. The CHIP committee encouraged the conduct of a mothers' class in every barangay within the two pilot areas. Every month, health personnel from the Rural Health Units of San Jose and Ramos submit individual registration slips of pregnant women and a mothers' class monthly report.

By July 1995, more than 700 pregnant women were registered and over 3,000 women have participated in the mothers' classes in the areas.



To monitor this program, members of the CHIP committee visited the pilot areas regularly and conducted monthly meetings with health personnel to discuss the quality of mothers' class activities as well as problems encountered in carrying out the program.



An evaluation of CHIP was undertaken in June 1995. A small survey of mothers was conducted together with two types of focus group discussions — one, with mothers and another, with health personnel. Results showed that mothers considered the

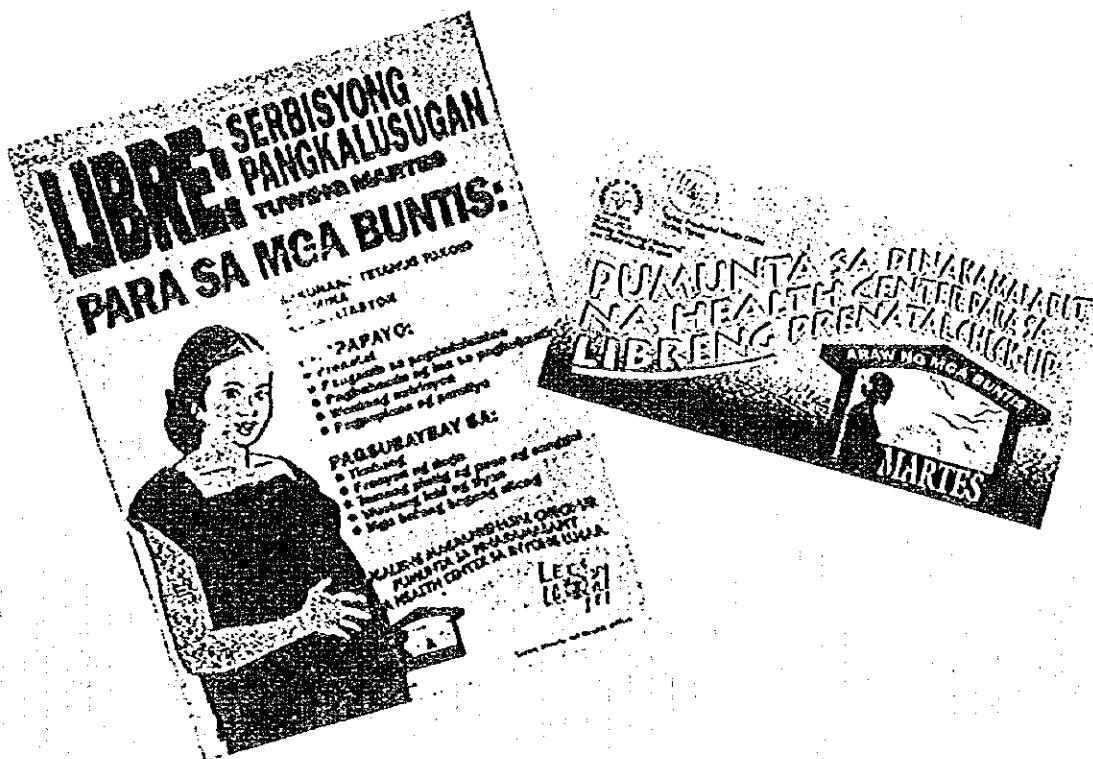
MCH handbook useful. They also found time to read the Handbook not only during mothers' classes but also at home at least once a week. Results also showed that 98.7% of women who were given thermometers and thermometer stickers were able to utilize these materials during their child's fever episodes. Health personnel found the Handbook to be a useful guide to pregnancy and pre-natal care but they also expressed the need for additional information on family planning, herbal medicine and nutrition.



In March 1996, copies of the Handbook were donated to the Association of Philippine Schools of Midwifery (APSOM) through the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) project entitled, "Strengthening Reproductive Health Education in Schools of Midwifery." This arrangement was made possible through the Grassroots Support Budget of the project. Feedback on the usefulness of the Handbook as provided by APSOM, reflected the same positive response demonstrated by Tarlac mothers.

4. Maternal and Child Health Campaign

Results of the baseline survey indicated that the pre-natal check-up rate in Tarlac, particularly during the first trimester of pregnancy, is quite low as compared to the Department of Health's recommended standards. The Project designed a program to develop a strong relationship between health workers and the community so that it would be easier to motivate pregnant women to go to the health clinics for early and regular pre-natal check-up. The MCH campaign was realized through the linkage of the barangay health stations, rural health units, the Tarlac Provincial Health Office and the Public Information and Health Education Service (PIHES) of the Department of Health. The campaign was conducted for three weeks last November 1994.



The MCH campaign involved the following activities:

- (1) materials distribution - posters, brochures, T-shirts, comics promoting the campaign theme;
- (2) advertising activity - radio advertisements, streamers and cinema plugs; and
- (3) medicine distribution - the Department of Health distributed iron tablets and vitamins to the field health units for distribution to pregnant women.



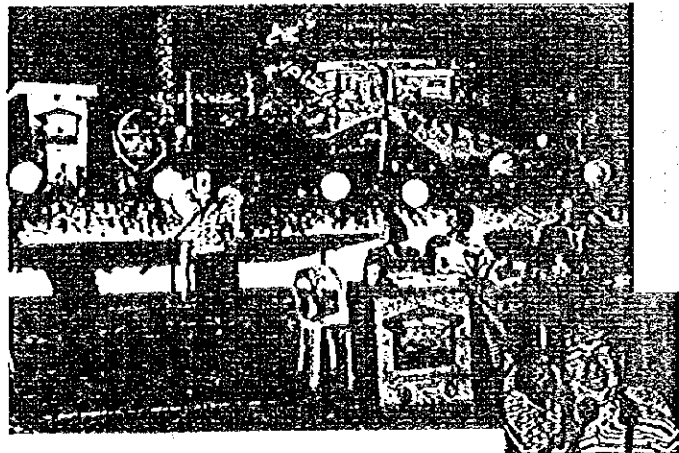
The effectiveness of the campaign was manifested by both health workers and mothers. For mothers, pre- and post-surveys revealed that 25% of women sampled received the correct campaign message. For health workers, the campaign was effective in promoting Tuesday as the pre-natal consultation day throughout Tarlac. As a result of this, all midwives

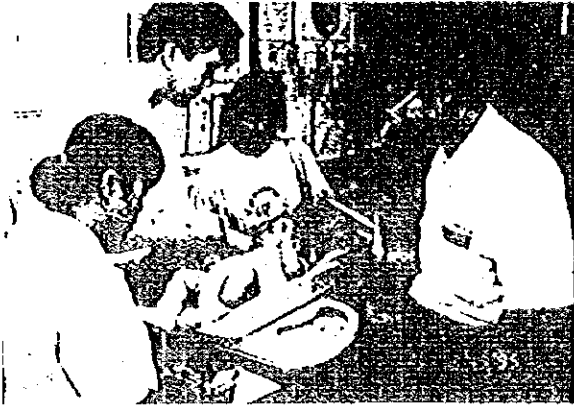
now stay in the barangay health stations every Tuesday to accommodate all pregnant women who come for check-up. They also find it easier to seek the assistance of barangay health workers since the BHWs know Tuesday to be the designated day for pregnant women. Midwives have also utilized the Tuesday gathering of pregnant women as an opportunity for mothers to exchange ideas with one another. Moreover, the health workers have utilized the mother's waiting time in the clinic to conduct health education sessions specific to the needs of pregnant women. Such activity reinforced the important role of BHWs in health service delivery.

As a follow-up to the MCH campaign, the Project conducted more information dissemination activities in 1995. Pre-natal information was also part of the video materials collection being shown in various barangays.

The smooth implementation of the campaign is partly due to the good rapport between the health workers and JICA experts which were forged during the implementation of MSIP activities. This relationship strengthened the linkage between the JICA Project and midwives who played a major role in the campaign.

For the Tarlac campaign, technical inputs were provided by the project's long-term and short-term JICA experts. The Project is willing to provide some technical support to the design of a similar campaign which the PIHES-DOH is now planning, in cooperation with the Maternal and Child Health Service of DOH. The project, however, recommends that the DOH activity explore a wider range of activities and audience than that targeted by the small pilot study.





5. Nutritional Assessment Survey (NAS)

In the Philippines, children less than 5 years old undergo a weight check-up annually. However, this annual check-up consists only of weight measurement. In Tarlac, the Project conducted an anthropometric survey (measurement of height, weight and mid-arm circumference) of children in order to detect

more accurately the level of malnutrition. The Provincial Health Office of Tarlac provides food supplementation to children with secondary and tertiary degrees of malnutrition for a maximum period of 18 months as part of its Nutrition/Food Supplementation Program. In addition, once a year, through a DOH campaign, Vitamin A and Iodine are given to pregnant women and children.

In 1995, the Project selected six (6) typical barangays and targeted 600 boys and girls for a Nutritional Assessment Survey. Included in the survey are boys up to eleven-and-a-half years old and females up to 10 years of age.

The project has the figures and results of the survey. What remains is the development of a monitoring and information system that midwives can utilize at the barangay health station level. The Project envisions that, in the future, midwives can conduct such survey and



analyze the resultant data by themselves. What we need to produce are manuals and training materials to guide them effectively in this undertaking.

A related nutrition activity was conducted in 1996. This was a nutrition training course that was aimed at teaching mothers the proper way of cooking low-budget but nutritious meals.

6. Establishment of a Family Planning Committee

Based on the baseline survey, data show that the average desired number of children in Tarlac is 3.5. However, the actual total fertility rate is 4.6. Clearly, the gap indicates an unmet need for family planning.



After the devolution of health service delivery to local government units, the DOH maintained its role in FP policy-making and continued to handle important aspects of the program, such as IEC and logistics. However, training of health personnel became the responsibility of local governments. Because of this set-up, some trainings have been discontinued due to lack of funds.

In the Philippines, family planning is a sensitive issue because of religion and culture. Thus, most donor agencies approach the Philippine Family Planning Program (PFPP) carefully. For this Project, the Provincial Health Office, the Provincial Population Office and JICA experts formed a committee to decide what activities to undertake for family planning. Based on the recommendations of this committee, the project designed its FP training package and its information dissemination activities for the community people.

From 1994 to 1996, the Project conducted a middle-level health worker training program. Among the topics covered were: Interpersonal Communication Skills, FP Mid-Level Management Course, Training of Trainors on Pre-Marriage Counseling, Refresher Course on Basic FP, Basic Comprehensive Course on FP, Natural Family Planning, and Training of Trainors on HIV/AIDS (for Core Trainors). Through this training program for Middle-level Trainees, more than 200 midwives and population workers have been trained on FP and STD/AIDS programs.





Family Planning IEC activities were conducted in coordination with the Provincial Health Office. Among the IEC activities were: the installation of billboards about the Philippine Family Planning Program along major roads, distribution of leaflets on various FP methods to rural health units and barangay health stations, and the airing of a radio program on FP during the 1995 National FPWeek.

The Provincial Health Office and the Provincial Population Office requested this Project to produce an informational material on HIV/AIDS for health workers. In response, the Project developed a flip chart in cooperation with the AIDS Unit of the Department of Health and some NGOs. This activity was undertaken as part of the AIDS prevention education which is integrated in the implementation of the FP program.

The flip chart is one of the most outstanding and understandable materials on AIDS utilized in the community. This material is also being utilized in barangay health stations and schools. At present, the DOH is planning to utilize the flip chart for its nationwide AIDS program.

A review of the implementation of FP activities revealed that it is closely linked with MSIP and IEC activities based on the Project activity plan.

The sensitivity of the FP issue in the Philippines was once again demonstrated prior to the Cairo Conference when the Catholic Church strongly reacted to the position of the Philippine government. Apart from the DOH, the other major agency that defended the Philippine Population and Family Planning Programs in the Philippines was the Commission on Population (POPCOM). POPCOM is the government agency in charge of the Population and Development Program. The Project has also maintained a strong tie-up with this agency



Although there is no strong religious reaction to the FP Program at the community level, in 1995, the implementation of the FP Program at the barangay level did not proceed so smoothly. For this reason, it is important to continuously support this kind of program.



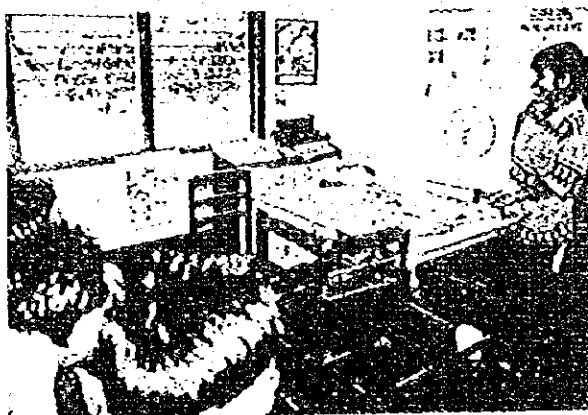
### 7. Natural Family Planning (NFP)

The Philippine Family Planning Program (PFPP) supports freedom of choice of family planning methods. As such, the Department of Health is mandated to promote all methods of family planning - not only artificial contraceptives but also natural family planning or NFP. NFP is the only method accepted by the Catholic Church. It includes both the thermometer and mucus methods and experts believe that its usage may be an important entry point to the introduction of the more effective methods. However, health workers still lack knowledge about NFP to be able to promote it as well as the other methods.

This is the reason the Provincial Health Office requested the Project to conduct training on natural family planning.

NFP training was started in March 1995, in coordination with the Philippine Federation for Natural Family Planning (PFNFP). Training was conducted for 23 population workers and community-level implementation was supported. Barangay health workers were encouraged to develop good relationship with the community people to facilitate implementation and follow-up of cases. This was done in seven (7) pilot barangays with about 200 persons introduced to NFP.

The project found out that there is much interest in NFP among the community people. In the future, the project believes that NFP will be successful provided there is a strong linkage with NGOs and a continuing support for community volunteers.





8. Community Drug Insurance Program (CDIP)

One of the findings uncovered by the baseline survey is the strong concern of rural health physicians that, after devolution, the lack of essential drugs in health clinics might hamper the efficient delivery of health services. Such a scenario would clearly imperil the health of mothers and children.

This is the reason the Tarlac Provincial Health Office discussed with JICA experts the possibility of adopting a community-based drug insurance program. The Project readily agreed to the proposal and developed a scheme in coordination with a non-governmental organization (NGO). The program, which is known as the Community Drug Insurance Program (CDIP) was implemented as part of the project's activity plan of developing a strong relationship between the health workers and community people.

Using the participatory approach to solving the drug supply problem, the Project was able to motivate the community people in the pilot barangays to actively participate in putting up drugstores called "botika binhi." Now, most essential drugs continue to be available to the community at affordable prices. As a result of this program, there is now a high level of awareness for community health activities in each barangay.



The merits of this program lie in the following factors:

- (1) *Availability of drugs at low prices* - The CDIP made available essential drugs at low prices because the NGO coordinating the program bought generic drugs and purchased them in bulk. Thus, they can re-sell these drugs to participating barangays at prices much lower than those in commercial outlets. Moreover, the CDIP developed a scheme to transport the medicines ordered from the NGO office in Manila to Tarlac at minimal costs.
- (2) *Insurance function* - Members were not only assured of the availability of cheap drugs but other benefits also accrue to them upon participation in the program.

- (3) *Strong involvement of the community* - The whole community was involved in the program, not just as drugstore clients but as partners.

The Samahang Manggagawa ng Binhing Kalusugan (SMBK), the NGO coordinating the CDIP activities in Tarlac, actually started this program in the depressed communities in Manila. In Tarlac, the CDIP was first piloted in 12 barangays.



Training for CDIP participants started in July 1994. At present, there are more than 30 barangays that are already operating their own drugstores. The Project also provided technical support to the monitoring and evaluation activities of the program.

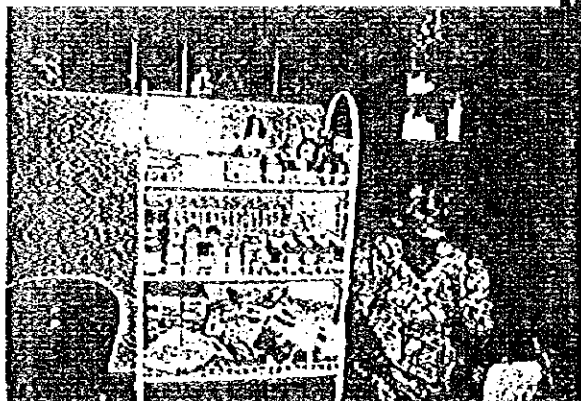
To monitor the progress of each of the participating barangays, the project conducts a quarterly workshop in coordination with SMBK. During these workshops, participants exchanged ideas on how to improve their accounting system, how to develop administrative knowledge and skills and how to further promote community participation.

This Project produced a pamphlet about the "botika binhi" program and distributed these to CDIP participants.

Based on the Project's experience with the pilot areas, it was discovered that it takes quite a long time to develop and improve skills in stock management and administration. For this reason, the project used the cluster system (not individual barangays system) to take care of this aspect. The presence of good leadership and the character of the barangay pose important influences on the program.

In the future, the sustainability of CDIP rests on the following:

- (1) Improvement of management skills - supervised by cluster association;
- (2) Legislation - The Provincial Health Board approved an ordinance regarding the "botika binhi" operations initially proposed at the end of January 1996;
- (3) Support of the local government - The mayors have to be given adequate orientation about the "botika binhi" program as well as other related programs. Workshops can be conducted to introduce various project activities utilizing the video materials already produced by the project. Familiarity with other project activities is essential to the smooth implementation of all project activities.



9. Development and production of IEC materials

Prior to 1995, IEC activities and materials production at the health department were handled individually by each division handling particular programs. In 1995, the DOH decided to establish the Integrated Media Production Center (IMPC) to centralize the production of all IEC materials in one division - the Public Information and Health Education Service (PIHES).

For this reason, the DOH asked the JICA Project's assistance in staff development and provision of equipment for PIHES to enable it to cope with its expanded role.

In response, the Project accepted the nomination of some PIHES staff for training in Japan in the field of IEC and

Audio-Visual production. The project also accepted the request for equipment from the DOH for its Audio-Visual Unit and Printing Section.



Now, the DOH produces materials for its target programs for nationwide distribution. The project, in turn, produced educational videos, radio spots, posters, etc. for pilot testing in Tarlac prior to nationwide dissemination by the DOH.



For the Project's video productions, dissemination was by means of a regular video showing in various barangays in Tarlac. The Project conducted this activity in about 200 (out of a total of 500) barangays throughout Tarlac Province. Through this activity, the project

was able to disseminate health information and education to the people in various

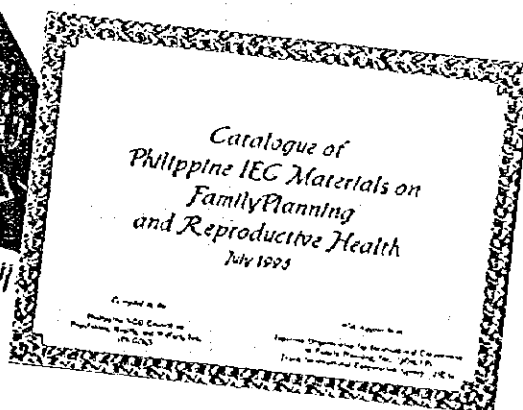
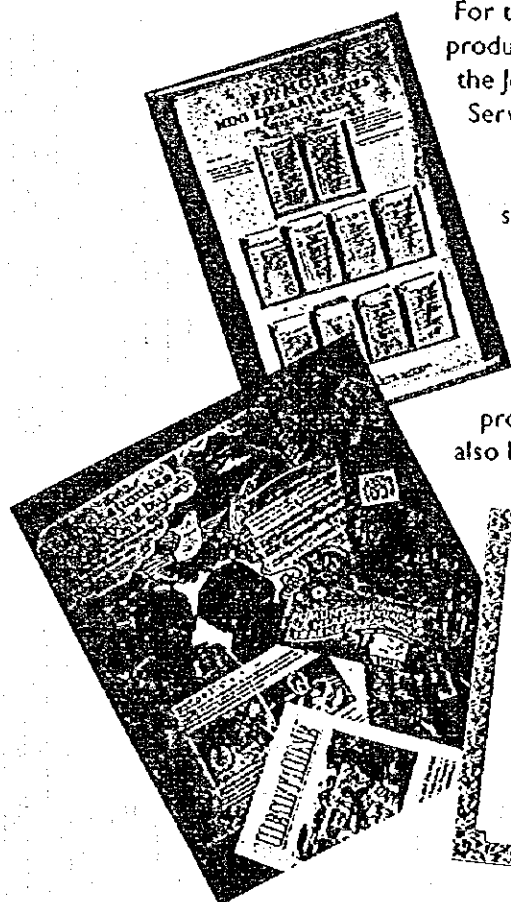
communities. Towards the latter part of the Project, video productions, particularly the "TV 99" series (health education videos with a television show format) were also shown to clients in selected RHUs and among mothers in the waiting area of the Center for Mother and Child during check-up days.

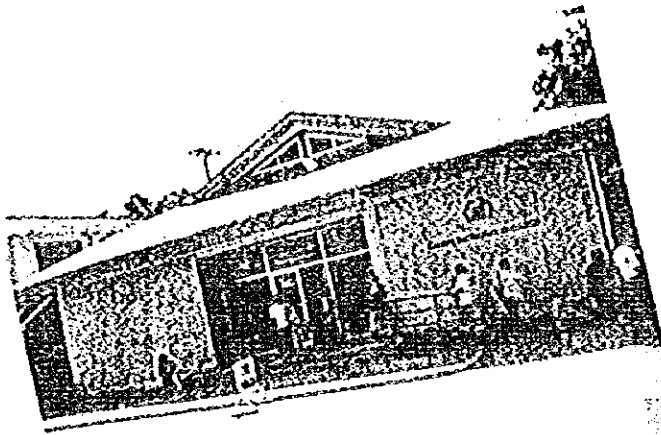


As part of the IEC activities, the Project participated in the National IEC Workshop conducted by the Philippine NGO Council (PNGOC) and the DOH in November 1995. The Project also produced the FP/Reproductive Health IEC materials inventory in coordination with PNGOC. The second workshop was conducted in March 1996. The National IEC Workshop became a regular joint activity of PNGOC, UNFPA, DOH, and JICA.

For the FP Program's advocacy activities, the Project also produced two video materials in 1995 in collaboration with the Johns Hopkins University/Population Communication Services and the Family Planning Service.

In the future, the project intends to continue supporting the development and production of more effective, quality materials which have potential for nationwide distribution. This is possible through a tie-up with the DOH's Media Production Center as well as with other donor agencies working for the common agenda of reproductive health. Co-production ventures with other donor agencies would also be explored whenever applicable.





10. Establishment of Center for Mother and Child

This Project had provided support to hospitals, rural health units and barangay health stations. However, the Provincial Health Office further requested for a supplementary provision of infrastructure support. The request stemmed from a felt

need to provide a more holistic approach to health service delivery. The Center was designed to address the curative, preventive and promotive functions of the health service system.



The Center was established beside the Tarlac Provincial Hospital to facilitate the movement of staff to and from the hospital. This center is meant as a venue for official trainings on MCH, preventive action planning and patient counseling as well as a consultation and referral center for mothers and children.

Construction of the Center was completed in December 1995. It utilizes the hospital staff for its curative functions; and the technical staff of the Provincial Health Office for its preventive and promotive functions. The Center was designed this way so as not to unduly burden the local government with personnel costs.



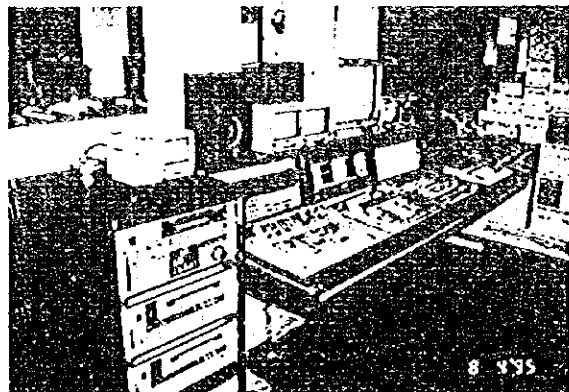
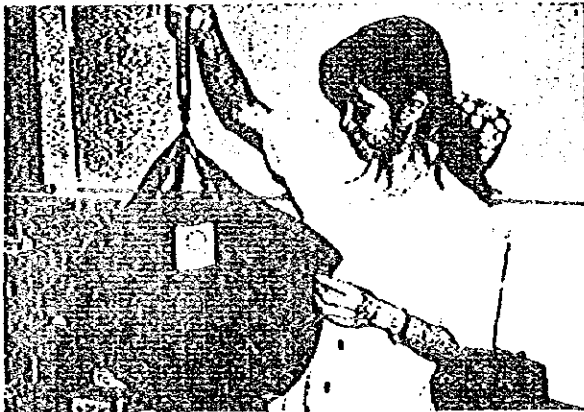
The Project felt that one of the key factors that would improve FP/MCH status is the institutionalization of a strong and effective linkage between the curative and preventive aspects of the health delivery system. The establishment of the Center for Mother and Child was clearly an important step in this direction.

## 11. Provision of Equipment

The Project believed in the crucial partnership among the medical, public health and education components of the health system to achieve lasting improvements in the health status of mothers and children. It will be easier for health workers who have access to good quality equipment and facilities to carry out their functions more effectively and efficiently.

The devolution of health service delivery to local government units brought with it a lot of uncertainties particularly in terms of fund allocation to the health sector. In the light of this development, there is a need to provide strong support to the local health units (hospitals, RHUs, BHSs). This Project strived to help alleviate this problem by providing basic and essential medical instruments and equipment to rural health units, barangay health stations, the provincial as well as district and community hospitals and the Tarlac Center for Mother and Child. Local governments can then use their meager funds for other health needs of their community. Provision of equipment to local health units in Tarlac was also an integral strategy of the Project to accomplish its main objective of improving service delivery for family planning and maternal and child health in Tarlac.

Although the main thrust of the Project in Tarlac is health service delivery, the Project believed that an effective health service delivery system must also have a strong support mechanism in terms of relevant IEC activities, efficient reporting and recording system and continuous training program to develop the skills and technical competence of its staff. Hence, in addition to medical equipment and instruments, the Project also provided equipment for IEC, training and monitoring activities to its counterparts.



## 12. Technical Exchange Training Program

This activity was intended as a forum for exchanging ideas and experiences among those involved in similar projects in the fields of Family Planning (FP) and Maternal and Child Health (MCH) in other parts of the Philippines as well as in other neighboring countries.

A trip to Indonesia was organized in 1993 to enable project counterparts to observe the successful implementation of the FP Program in that country and to learn from an exchange of experiences with the Indonesians running the JICA FP/MCH Project there.

In turn, a delegation from the JICA Project in Indonesia visited the Philippines in September 1994. The team, composed of two Japanese experts and four Indonesian officials, observed the project activities in Tarlac and discussed common issues regarding project implementation with Filipino counterparts.



As the Philippine Project was about to enter its third year of implementation or its Intensification Phase, the Project was on the look out for new activities

that could complement its initial efforts. So during the first quarter of 1995, a second observation trip was organized and the destination this time was in Thailand. It was believed that the experiences of the JICA project in Thailand would greatly help the Philippine Project to be more successful and effective in the future. Likewise, it was hoped that the experiences of the Philippine project can be of benefit

to the FP/MCH initiatives then being implemented in Thailand. Among the areas of interest tackled in the observation trip were:





- A. Central Level:
  - Policies on women and IEC
  - Management Information System (MIS) on FP/MCH
  - MCH/FP national policies
  
- B. Project or Field Level:
  - MCH Handbook
  - Referral Network
  - Community Surveillance System, Community-based Management Information System
  - Training courses for nurses and midwives
  - Observation of MCH/FP activities (interviewing clients, examination of patients, IUD insertion, health education).



At the local level, a technical exchange program was also carried out. In February 1995, a fifteen-member team composed of community health volunteers from the DOH/JOICFP/UNFPA Philippine Project conducted an observation trip to the JICA Project site in Tarlac. In return, in September of the same year, a JICA Project Team was dispatched to Batangas Province to visit the site of the DOH/JOICFP/UNFPA Philippine Project. The team first visited the municipality of Balayan to observe the ongoing activities in the area. While in Balayan, the team also discussed with local government and health officials the possibility of bringing to Batangas a group of Tarlac health workers sometime in 1996 for a study tour to exchange ideas and experiences with their Batangas counterparts. They also made a short visit to the municipality of Malvar, Batangas, which is the second project site of the DOH/JOICFP/UNFPA Project.

The study tour to Batangas Province by a group of 18 community health workers took place on May 29-31, 1996. The group was accompanied by JICA experts and technical staff of the Provincial Health Office.

Last November 1996, a Project Team was sent to Laos under JICA's Technical Exchange Training Program. The Team visited Khammouane, one of Laos's sixteen provinces, and the site of the JICA Project there. Overall, the Philippine Team was impressed with the activities being undertaken in Laos (e.g., Malaria Control Program, IEC materials production and setting up of a mobile clinic) and hopes that the in the future a unified National Policy for health promotion and disease prevention will be implemented in Laos.

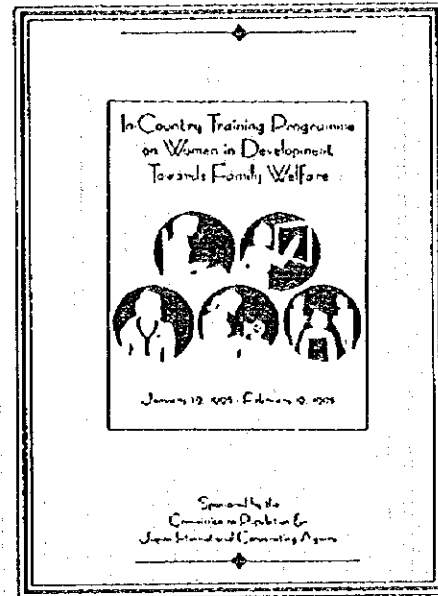


**13. Coordination for other ODA schemes**

The Project had on many occasions acted as coordinator for other Official Development Assistance (ODA) schemes such as the Grant Aid Program, the Grant Assistance for Grassroots Projects, and the In-Country Training Program. Project experts provided technical advice and assistance to Government agencies, like:

- a. Department of Health - in availing of Grant-Aid for the *Upgrade of Facilities and Equipment in Selected Field Health Units in Region III* from the Government of Japan; and
- b. Commission on Population - in conducting the *In-Country Training Program on Gender and Development Towards Women's Health and Family Welfare*.

The Project had also assisted Non-Governmental Organizations (NGOs) in availing of Grant Assistance for Grassroots Projects for their respective organizations and outreach clinics.



**14. Coordination for Visits to Project Site**

During the five-year period covering Phase I, the Project coordinated visits to the Tarlac project site by a number of people, notably, members of the Japanese Parliament, Japanese government officials, researchers from Japanese institutions, Japanese journalists, Japanese university professors and students, delegations from the United States Agency for International Development (USAID) - both Philippine-based and US-based, the United Nations Population Fund (UNFPA) Philippine office delegation, and representatives from NGOs from both Japan and the Philippines.

**ANNEX I:**  
**INFORMATION, EDUCATION & COMMUNICATION MATERIALS**

<u>TITLE</u>	<u>TYPE OF MATERIAL</u>	<u>DATE PRODUCED</u>	<u>MESSAGE/CONTENT</u>
A. <b>AUDIO-VISUAL:</b>			
1. Tarlac FPMCH Project: A New Initiative	Video	March 1993	General information about Tarlac and the project
2. "Isang Bakuna, Isang Buhay" (An Immunization to save a life)	Video	April 1993	Importance of Immunization
3. "Bawa't Pintig, Buhay" (With each heartbeat... life)	Video	January 1994	The role of the midwife in health service delivery
4. "Balik Patak Center" (Return to Immunization Centers)	Radio Spot	February 1994	Promotion of National Immunization Day (NID)
5. Tisay and Bosyang	Comedy Radio Spot	February 1994	Promotion of immunization & NID
6. "Kalinga sa Magiging Ina" (Care for Expectant Mothers)	Video	October 1994	Promotion of early & regular prenatal consultation
7. Petra	Video	April 1995	Promotion of breastfeeding
8. TV99: Prevention of Cholera & Other Diarrheal Diseases	Video	April 1995	Prevention & treatment of cholera
9. "Health Worker: Bayani ng Bayan" (Health Worker: Heroes of our Nation)	Video	December 1995	Inspirational video for FP Service & Information Providers (SIPs)
10. Binhi goes to Tarlac	Video	December 1995	Documentary on the implementation of the Community Drug Insurance Program (CDIP) in Tarlac
11. TV99: Control of Acute Respiratory Illnesses	Video	February 1996	Prevention & treatment of pneumonia & other acute respiratory illnesses
12. PFPP: For the Family	Video	March 1996	Overview of the Philippine Family Planning Program (PFPP)
13. Ilaw ng Tahanan	Video	March 1996	Documentary on the community health activities in Tarlac
14. TV99: Nutrition	Video	December 1996	Promotion of good and healthy eating habits
15. TV99: General Hygiene	Video	February 1997	Promotion of basic hygiene and cleanliness habits
16. TV99: Safe Pregnancy	Video	March 1997	Promotion of safe motherhood practices

<u>TITLE</u>	<u>TYPE OF MATERIAL</u>	<u>DATE PRODUCED</u>	<u>MESSAGE/CONTENT</u>
<i>B. PRINT</i>			
1. DOH-JICA FP/MCH Project	Brochure	March 1993	General information about the project
2. "Libreng Bakuna Laban sa Polio" ("Free Vaccine Against Polio")	Poster	March 1993	Promotion of immunization against polio
3. Children's height chart	Height Chart	June 1993	Child's health & welfare are the key to a good future
4. "Walang Katumbas ang Kulay ng Buhay" ("There's no substitute for the color of life")	Poster	August 1993	Promotion of intake of Vitamin A and prevention of blindness
5. 1994 Calendar	Calendar	December 1993	Promotion of FP and MCH
6. FP/MCH Mini-Library Series for Health Workers	Hanging banner with FP/MCH reference information	January 1994	General reference material for health workers on FP & MCH
7. "Sa Isang Nagdadalantao..." (For a Pregnant Woman...)	Comics	September 1994	Promotion of early & regular pre-natal consultation
8. "Libre: Serbisyong Pangkalusugan Tuwing Martes Para sa mga Buntis" (Free Health Services Every Tuesday for Pregnant Women)	Poster	September 1994	Promotion of early & regular pre-natal consultation
9. "Pumunta sa pinakamalapit na health center para sa libreng prenatal check-up" (Go to the nearest health center for free prenatal check-up)	Sticker	September 1994	Promotion of early & regular pre-natal consultation
10. 1995 Calendar	Calendar	November 1994	Promotion of prenatal care
11. "Pangangataga sa Kalusugan ng Ina at Sanggol" (Caring for the health of mother and child)	Handbook	March 1995	Promotion of maternal & child health care
12. TV99 Poster	Poster	March 1995	Promotion of the project's film showing activity
13. "Alamin ang Temperatura ng Inyong Pamilya" (Learn about your family's body temperature)	Sticker	July 1995	Instruction on how to read the correct temperature from thermometers
14. 1996 Calendar	Calendar	October 1995	Promotion of health & welfare of mothers & children
15. HIV/AIDS Flip Chart (for health workers)	Flipchart	1995	What is HIV/AIDS, its mode of transmission, detection, treatment & prevention
16. HealthLine (Issues 1 & 2)	Magazine	March 1996	Public health information & issues

**ANNEX II**  
**LIST OF TRAINEES - COUNTERPART TRAINING IN JAPAN**

	NAME/POSITION AT TIME OF TRAINING	DATE OF TRAINING	CURRENT POSITION
<b>FP/MCH:</b>			
1.	<b>DR. ANTONIO LOPEZ</b> PROVINCIAL HEALTH OFFICER Tarlac Provincial Health Office	Nov 9 to Dec 17, 1992	UNDERSECRETARY OF HEALTH Office for Public Health Services, DOH
2.	<b>DR. MA. VIRGINIA ALA</b> MEDICAL SPECIALIST III Office for Special Concerns, DOH	Nov 9 to Dec 17, 1992	PROJECT MANAGER Women's Health & Safe Motherhood Project, DOH
3.	<b>DR. RICARDO RAMOS</b> MEDICAL SPECIALIST II Tarlac Provincial Hospital	Nov 11 to Dec 12, 1993	PROVINCIAL HEALTH OFFICER Tarlac Integrated Provincial Health Office
4.	<b>DR. CESAR PADLAN</b> MUNICIPAL HEALTH OFFICER Rural Health Unit IV- San Isidro Municipality of Tarlac	Nov 11 to Dec 12, 1993	MUNICIPAL HEALTH OFFICER Rural Health Unit IV- San Isidro Municipality of Tarlac
5.	<b>MS. ERLINDA LAGONILLA</b> NURSE III OUT-PATIENT DEPT. Tarlac Provincial Hospital	Oct 25 to Nov 23 1994	NURSE III CENTER FOR MOTHER & CHILD Tarlac Provincial Hospital
6.	<b>MS. ANDREA DELA FUENTE</b> PROVINCIAL MIDWIFE SUPERVISOR Tarlac Provincial Health Office	Oct 25 to Nov 23 1994	MCH COORDINATOR Tarlac Provincial Health Office
7.	<b>DR. HIGINIO SANTIAGO</b> MEDICAL SPECIALIST IV & DOH REPRESENTATIVE Tarlac Provincial Health Office	Nov 6 to Dec 4, 1995	MEDICAL SPECIALIST IV & DOH REPRESENTATIVE Tarlac Provincial Health Office
8.	<b>DR. RAYMUND VALDEZ</b> MUNICIPAL HEALTH OFFICER Rural Health Unit No. I Municipality of Concepcion	Nov 6 to Dec 4, 1995	MUNICIPAL HEALTH OFFICER Rural Health Unit No. I Municipality of Concepcion
9.	<b>DR. JEANETTE LAZATIN</b> MEDICAL SPECIALIST II Regional Health Office No. III, DOH	Oct. 21 to Nov. 18, 1996	DOH REPRESENTATIVE Tarlac Province
10.	<b>MS. DEVELYN FLORENDO</b> NURSE IV Tarlac Provincial Health Office	Oct. 21 to Nov. 18, 1996	FP COORDINATOR Tarlac Provincial Health Office
11.	<b>MS. CECILLE LOPEZ</b> SENTINEL NURSE, Tarlac Provincial Health Office	Mar. 24 to Apr. 21, 1997	SENTINEL NURSE Tarlac Provincial Health Office
<b>IEC (AUDIO-VISUAL):</b>			
1.	<b>MS. ELLEN FRANCISCO</b> MEDIA PRODUCTION SPECIALIST III PIHES, DOH	Mar 25 to Apr 15, 1994	MEDIA PRODUCTION SPECIALIST III & HEAD, DOH PRINTING PRESS PIHES, DOH
2.	<b>MR. ANTHONY RODA</b> INFORMATION OFFICER-III PIHES, DOH	Jan 12 to May 5, 1995	INFORMATION OFFICER-III & HEAD, AUDIO-VISUAL UNIT PIHES, DOH
3.	<b>MR. ARJEL GULA</b> AUDIO-VISUAL TECHNICIAN III PIHES, DOH	Feb 27 to Mar 31, 1995	AUDIO-VISUAL TECHNICIAN III PIHES, DOH
4.	<b>MR. EDUARDO CAGUIOA</b> UTILITY WORKER I (Acting AV Staff) PIHES, DOH	Jan 16 to Feb 27, 1996	BOOKBINDER I (Acting AV Staff) PIHES, DOH
5.	<b>MS. EVELYN PEREZ</b> STATISTICIAN II (Acting AV Staff) PIHES, DOH	Jan 11 to May 3, 1996	INFORMATION OFFICER II PIHES, DOH
6.	<b>MS. EVELYN DIOSO</b> AUDIO-VISUAL EQUIPMENT OPERATOR II PIHES, DOH	Jan. 7 to Feb. 18, 1997	AUDIO-VISUAL EQUIPMENT OPERATOR II PIHES, DOH
7.	<b>MS. ALMA MARIE CENZON</b> HEALTH EDUCATION & PROMOTION OFFICER III Regional Health Office No. III, DOH	Jan. 9 to May 18, 1997	HEALTH EDUC. & PROMOTION OFFICER III Regional Health Office No. III, DOH

**ANNEX III**  
**LIST OF LONG-TERM AND SHORT-TERM EXPERTS**

**1. LONG-TERM EXPERTS**

	<u>NAME</u>	<u>EXPERTISE</u>	<u>SCHEDULE</u>
1.	Dr. Kyo HANADA	Chief Adviser	May 15, 1995 to March 31, 1997
2.	Mr. Kenji IKARI	Project Coordination	July 1, 1992 - March 31, 1997
3.	Mr. Akio TAGUCHI	IEC	November 25, 1992 - March 31, 1997
4.	Ms. Chieri YAMADA	Public Health	March 1, 1994 - July 31, 1995
5.	Dr. Hajime INOUE	FP/MCH	April 15, 1994 - March 31, 1996
6.	Dr. Masahiro TANAKA	FP/MCH	April 1, 1994 - March 31, 1996
7.	Dr. Suketaka IWANAGA	FP/MCH	March 1996 - March 1997
8.	Dr. Kenji TSUMAGARI	FP/MCH	March 18, 1996 - March 31, 1997
9.	Ms. Ayako NAKAMORI	IEC	April 1, 1996 - March 31, 1997

**2. SHORT-TERM EXPERTS**

	<u>NAME</u>	<u>EXPERTISE</u>	<u>SCHEDULE</u>
1	Dr. Nobuyoshi WATAHIKI	Health Statistics & Demography	June 21 - July 31, 1993
2	Mr. Takujiro ITO	IEC	August 7 - Sept. 5, 1993
3.	Dr. Toshihiro ISHII	Public Health	Oct. 4-31, 1993
4.	Dr. Kazuaki MIYAGISHIMA	Public Health	Dec. 21-28, 1993
5.	Mr. Tasuke IWATA	IEC	Jan. 23-29, 1994
6.	Mr. Shuji NISHIMURA	IEC	July 20 - Aug. 6, 1994
7	Mr. Takujiro ITO	IEC	July 20 - Aug. 27, 1994
8	Dr. Toshihiro ISHII	Public Health	July 21 - Aug. 4, 1994
9	Ms. Ikuko MORIGUCHI	Public Health	July 26 - Aug. 12, 1994
10	Dr. Nobuyoshi WATAHIKI	Health Statistics & Demography	Nov. 7-19, 1994
11	Ms. Yukari OKA	Maternal & Child Health	Jan. 5-18, 1995
12	Mr. Mitsuo NARUI	IEC	July 23 - Aug. 5, 1995
13	Dr. Nobuyoshi WATAHIKI	Health Statistics & Demography	July 25 - Aug. 8, 1995
14	Dr. Yasuhide NAKAMURA	Public Health	July 18 - 27, 1995
15	Mr. Mutsumi MIYAGI	IEC	Nov. 8-28, 1995
16	Ms. Yoshiko SATO	Public Health	June 12 - Aug. 10, 1996
17	Dr. Nobuyoshi WATAHIKI	Health Statistics & Demography	July 1-19, 1996
18	Mr. Yoshinori YAMASHIRO	IEC	Aug. 21 - Sept. 14, 1996
19.	Mr. Yoshimasa MATSUURA	IEC Equipment Installation	Sept. 26 - Oct. 9, 1996
20.	Ms. Nobuko MANABE	Public Health	Oct. 10 - Oct. 19, 1996

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