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MANAGEMENT EVALUATION OF THE
FAMILY PLANNING INTERNATIONAL ASSISTANCE
PROJECT: PHILIPPINES - 26

A Report Prepared By:

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**MANAGEMENT EVALUATION OF THE
FAMILY PLANNING INTERNATIONAL ASSISTANCE
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SUMMARY

A management evaluation of FPIA Project "Iglesia Ni Cristo Integrated Family Planning Program" was conducted in July 1978. The framework of the evaluation was designed to permit the evaluation team to: (1) Identify the documents/forms/definitions used by the Project's central office; (2) Observe the Project's field activities, in order to identify which activities are/are not recorded per the documents/forms/definitions; (3) Assess the quality and consistency of the field reporting; (4) Assess the type and quality of the management of the system.

The evaluation was conducted in the central office and static and mobile service delivery sites of the grantee; i.e. the Gabriel Medical Assistance Group (GMAG). Project operations were reviewed at the following sites: Tondo, Quezon City, Pasay City, Nueva Ecija, Naga, Balatan, Babak and Davao City. In addition, meetings were held with the major agencies which influence the Project activities (FPIA, USAID, POPCOM) both before and after working in the Project.

Section II gives an objective description of Project activities, objectives, procedures and terminology as used. This information was obtained from the Grantee and served as the basis for the Evaluation Team to judge both the quality of INC-GMAG's management system and the quality and consistency of their field reporting and operations.

The results of the evaluation appear in Section III. A total of 55 forms and reports are used by the Project. The record system is designed as a decentralized one but is managed as a centralized one. For reporting to FPIA, the Project sums the "continuing acceptor" figures from month to month. Sterilization activities and records are more straightforward and thereby less susceptible to error. All personnel observed generally functioned consistently from one site to another in their treatment of clients and in their use of Project forms to report their activities. Performance is generally measured by quantity of work, and provincial outreach workers appear to have a larger role than that exhibited in Project documents and definitions.

Financial records and documents were reviewed. All expenditures examined were found to be proper charges against FPIA funds authorized in the budgets. The storage of contraceptive commodities is a problem in terms of the self-life of the commodities, the method of storage, the lack of Project markings on cartons, and the lack of air-conditioning in a tropical climate.

Recommendations pertain to seven areas: the overall Project record system; Project index card system; financial controls, commodity management and vehicles; future maintenance of the Project; FPIA Regional Office, POPCOM statistics; and areas for further study and evaluation. Specifically they include the following: (1) That client service records be maintained at the point of service to facilitate a decentralized management system; (2) To improve commodity management, that FPIA authorize the disposal of damaged contraceptives; give instructions on the use or disposition of contraceptives beyond the shelf-life; stock cartons be more clearly identified in terms of contents and manufacturing dates; and, that the possibilities for air-conditioned storage space be explored; (3) That FPIA Regional Office design a Project work plan for monitoring and technical assistance, which is negotiated with the Project; that Project field visits be scheduled on a regular basis; that performance standards and definitions be supplied to the Project; (4) That the Project request from POPCOM the exact reporting requirements and formulas to be used in reporting, as well as POPCOM's formulas for programming and manipulating the data submitted.

The implementation of service statistics and financial management Recommendations has begun. This includes (1) Eliminating double counting etc. of clients in summarizing data on "continuing acceptors"; (2) To improve financial controls, payroll and petty cash checks will be made payable to a specific individual; the liquidation of travel and expense advances and the reconciliation of bank statements will occur earlier; and equipment procured from FPIA funds will be marked.

Although FPIA funding for Philippines-26 may end as of 28 February 1969, the majority of the Project's family planning activities appear to be with INC members and as part of the Church's general health care service. Because of this, the end of funding to INC-GMAG may not end the services provided by the Project. In addition, selected components, e.g. sterilization, may be funded by other donor agencies.

I. INTRODUCTION

This management evaluation of the FPIA Project "Iglesia Ni Cristo Integrated Family Planning Program" (INC-GMAG) was conducted during the period July 10-21, 1978, in the office, facilities and selected service delivery sites of the Grantee; i.e. the Gabriel Medical Assistance Group (GMAG). It focused on project management and reporting systems that facilitate/hinder project operations; financial management, commodities and vehicles; and the need for Project continuation in either its present form or through an alternative mechanism.

A. BACKGROUND OF THE EVALUATION

The family planning activities of INC-GMAG have been funded since 1973, initially known as FPIA Philippines-08 during the project development stage and later as Philippines-12. The sterilization component has been funded since 1975, and formerly was referred to as Philippines-17. Beginning March 1, 1978 the two projects, -12 and -17, were formally joined and funded as one, Philippines-26. Since 1973 INC-GMAG has received \$1,803,930 plus. (This figure excludes pilot program costs and Phil-17, SP-06 for certain medical supplies.)

The evaluation was proposed because of: (1) FPIA's desire to identify successful components of project management and problematic areas; (2) FPIA's goal of establishing project self-sufficiency after a maximum of five years' funding; and (3) The growth of the Philippines national family planning program being coordinated by the Commission on Population (POPCOM). Thus the evaluation included an assessment of the potential for Project self-sufficiency and/or replacement of the INC-GMAG structure of service provision by POPCOM-coordinated local authorities.

B. EVALUATION PLAN

In planning the evaluation, our resources included discussions with FPIA New York staff and INC-GMAG funding documents and progress reports. As the evaluation protocol developed, it was shared with FPIA's East Asia Regional Office and indirectly with the Grantee.

The objectives of the evaluation were to: (1) identify those management practices of the Gabriel Medical Assistance Group that facilitate, and those that hinder, project operations; and (2) examine the need for continuation of the Project itself, either in its present form, or through an alternative mechanism.

We used the following approach to meet Objective 1:

- a. A review of the record-keeping and paper flow processes, related definitions and use of terminology;

- b. The identification (and interviewing) of personnel by organizational position;
- c. A review of financial management procedures including receipt of funds, cash flow, processing accounts payable, financial reporting/vouchering, and the adequacy of records and controls;
- d. A review of the adequacy and timeliness of commodity support, ordering, storage, distribution and inventory control;
- e. Personal interviews with program administrators and staff in relation to a. and b. above, staff selection and training, duties and responsibilities per position, performance standards and supervision, elements that have facilitated the success of INC, any existing problems and INC's proposed solutions;
- f. Observation of various staff and record-keeping processes in each type of INC facility and selected service delivery sites.

Meeting Objective 2, the need for continuation of the Project, was a product of three sources:

- a. Digesting the information and observations in meeting Objective 1;
- b. Discussion with Dr. Melanio Gabriel, Dra. Caroline T. Gabriel and senior INC-GMAG staff; and
- c. Discussions with non-INC agencies of their activities, funding priorities and projections as related to INC-GMAG.

These discussions included the following items: INC's phase-out plan, the need for continuation of selected INC sites; the source, availability and level of competitive services; potential donors; and, alternatives to a planned phase-out or continuation through an alternative mechanism.

To facilitate our planning, additional information was requested from the FPIA East Asia and INC staffs. INC was asked to provide us with organization charts and copies of every form used in relation to financial management, commodity receipts, storage and distribution, IEC activities, client scheduling, patient intake forms, contraceptive distribution, and sterilizations. In order to select sites for field visits, we requested that FPIA East Asia Staff and/or INC provide the following information per site: site accessibility from INC-GMAG Central Office, user volume, service mix, type of site (hospital, CBD). In relation to mobile team sites: number of visits per month by a team, staff per user ratio, presence of competitive family planning and/or sterilization services, and the identification of the most and least effectively run sites.

C. TEAM ACTIVITIES AND AGENCY STAFF CONTACTED

In conducting the evaluation, team activities included observations and review of record-keeping procedures at two of three static clinic operations; two of three mobile teams; The Ronn-Carmel Hospital sterilization activities; saturation team activities; and a session given by an outreach worker (five other outreach workers of 68 in the Project were observed during the other activities mentioned here).

Four of these activities were in Metro-Manila, three were in relatively remote areas (from two hours to eight hours from Manila dependent on the mode(s) of transportation necessary to reach a site).

The actual sites visited were:

| <u>Location</u> | <u>Type of Site</u> | <u>Service Mix</u> |
|---|---|--|
| Tondo, Malabon, Metro Manila (MM) | Slum Area -House-to- House visits by Saturation Team Members | Family Planning (FP): Information and Education (IEC), Supplies Scheduling for Sterili- zation, Follow-up on Recent Sterilization Patients |
| Quezon City, MM | Stationary: INC Satellite Clinic | Medical and Family Planning |
| Pasay City, MM | Mobile: Porch of INC Chapel | FP and Medical |
| Nueva Ecija Central Luzon | Stationary: INC Satellite Clinic | FP and Medical |
| Naga, Camarines Sur, Southern Luzon | Mobile: Conference Room of Philippine National Red Cross Center and Porch of INC Chapel | Sterilization Operations, FP and Medical |
| Balatan, Camarines Sur | Mobile: Rural Health Center | Sterilization Operations, Medical and FP |
| Babak, Mindanao | Visit of Provincial Outreach Worker to INC Chapel | FP and Medical |
| Davao City, Mindanao | Visit of Provincial Outreach Worker to INC Chapel | FP and Medical |

The evaluation team met separately with AID, FPIA and POPCOM staff. The purpose of these meetings was twofold: (1) To brief and de-brief these agencies on the evaluation; and (2) to gain relevant information on Governmental and private family planning activities both presently and as projected for the immediate future. All meetings (staff contacted listed below) contributed valuable input for consideration in conducting the evaluation and arriving at recommendations.

USAID STAFF

| | |
|----------------------------|--|
| Dr. James Turman | Acting Director, Population Division |
| Dr. Theresa Van Der Vlugat | Population Advisor |
| Dr. Herb Dodge | Chief, Office of Human Resources Development (OHRD) |
| Bill Goldman | Technical Staff, Population Division |
| Fred Shaver | Auditor General for East Asia |
| Charles Kapar | Auditor |

FPIA EAST ASIA REGIONAL STAFF

| | |
|------------------------|-----------------------------------|
| Carrie Lorenzana | Regional Director |
| Margaret Powell | Program Assistant |
| Judy Goldman | Program Assistant |
| Loy Jimenez | Program Assistant |
| Grace Agana | Administrative Assistant |
| Dr. Angelica Infantado | Project Consultant (Phil-19 & 26) |

COMMISSION ON POPULATION STAFF

| | |
|---------------------------|--|
| Primitivo de Guzman | Executive Director |
| Benjamin D. deLeon | Deputy Executive Director |
| Dr. Ester B. Sy-Quimiam | Director - Statistics and Planning |
| Jose Miguel R. de la Rose | Officer-in-charge/Population Project Officer, Regional Program Monitoring Division |
| Josefina Gabot | Officer-in-charge, Clinic Data Processing Division |
| Lilia Chavez | Research Assistant, Service Delivery Division |

INC-GMAG Central Office and location staff were of invaluable assistance.

| | |
|--------------------------|--------------------------------|
| Dr. Melanio Gabriel, Jr. | Program Administrator |
| Dr. Carolina J. Gabriel | Sterilization Program Director |
| Dr. Melanio Gabriel, Sr. | Acting Administrative Officer |

INC-GMAG CENTRAL OFFICE STAFF*

Marie Antonio and Rick Gabriel
Roger Gabriel
Orly Liwanag
Mely Tantengoo & Bella Gabriel
Irene Asistio
Flora Gallardo & Nora Macaraeg
Estrelita Alfonso
Carmen Bacani (Merg)

Consultants
Records Officer-in-Charge
Supervising Clerks
General Clerks
Statistic Clerks
Clinic Reports Clerks
Master List
Secretary

*List does not include two typists, 3 Return Visit Clerks and
4 Index Clerks.

II. AGENCY AND PROJECT DESCRIPTIONS

The purpose of this Section is to provide an objective description of agency and Project activities, objectives, procedures and terminology as used. This information was obtained from the Grantee and agencies involved. It was the basis upon which the Evaluation Team could judge both the quality of INC-GMAG's management system and the quality and consistency of their field reporting and operations.

A. DESCRIPTION OF AGENCIES

The Gabriel Medical Assistance Group (GMAG) is the Grantee agency. A private organization responsible for the organization and administration of the INC/general health and Family Planning program.

The Iglesia Ni Cristo (INC) is an evangelical church advocating family planning through biblical scripture. Founded in the Philippines in 1914. Future project activities are announced as part of the local worship services, supplies for medical nonfamily planning needs are provided by the church. Locally the INC minister maintains family planning supplies and local volunteer discipline in coordination with the outreach worker.

The Commission on Population (POPCOM) of the Philippines is a Government agency responsible for the coordination of all funded family planning activities in the Country. POPCOM delegates the responsibility for family planning services in two ways: On a national level from the national office, to usually, other government agencies; and on the Regional level through 13 regional offices.

B. PROJECT'S DESCRIPTION OF ITS FPIA SPONSORED OBJECTIVES (Obtained from Project Director)

1. Recruit an expected total of 50,000 new acceptors of conventional nonpermanent contraceptive methods (45% pills, 50% condoms, 5% others).
2. Reach an expected total of 150,000 people with an IEC campaign on permanent and nonpermanent methods of contraception.
3. Provide contraceptive services to an expected 200,000 continuing acceptors.
4. Provide voluntary sterilization services to an expected total of 8,000 men and women (2,000 at Ronn-Carmel Hospital, 6,000 on an outreach basis).

5. Provide Comprehensive Health Care to 250,000 church and nonchurch members through Mobile Clinics and medical missions.
6. Conduct 12 Homemakers' Courses with an expected total of 600 participants.

C. PROJECT'S DESCRIPTION OF ITS ACTIVITIES
(Obtained from Project Director)

1. The door-to-door delivery of conventional contraceptive supplies to eligible couples.
2. An emphatic thrust on surgical sterilization on an outreach and static clinic basis.
3. The incorporation of a total community development approach on a small scale through the Homemaker's Classes which are complemented by continuing follow-ups.
4. The multi-faceted IEC Campaigns conducted on different levels by different workers (paid staff and volunteers).
5. The delivery of comprehensive Health Care Services to INC members, relatives and friends through the Mobile Clinics and Medical Missions.
6. The establishment of an effective maintenance program for the resupply system and the development of a system in dealing with contraceptive side effects utilizing the Provincial Outreach Workers, the volunteers and also the local chapels as re-supply points.

D. PROJECT'S DESCRIPTION OF FACILITIES AND SELECTED SERVICE DELIVERY PERSONNEL (Obtained from Project Director)

1. Provincial Outreach Workers - These are highly trained paramedics who are assigned definite territories to cover and whose task consists of conducting IEC recruiting volunteers and new acceptors, conducting return visits, providing after-care to sterilized patients or referring them to competent physicians or hospitals.
2. Mobile Clinic Teams - These teams deliver health care services such as: medical consultations and treatment, mass deworming, mass immunizations and family planning services in chapel compounds. The visits of a Mobile Clinic team to a certain locale or parish is pre-scheduled and the scheduled visit is announced during Worship Services about one or two weeks before the arrival of the team.

3. Sterilization Teams - There are three teams which are rotated to perform outreach sterilizations in scheduled places especially in hard-to-reach areas. A follow-up team of nurses and midwives stay behind for about 48 hours in order to take care of complications.
4. Ronn-Carmel Hospital - This is the static clinic where family planning services are provided to clients (surgical and conventional). One of the three teams mentioned above is left behind to take care of clients coming to this center.
5. Motivators with special orientations (pill counsellors, sterilization motivators, Machismo Wreckers) - There are motivators whose orientation and training and also the direction of motivation vary. The Pill Counsellors place more emphasis on the safety and efficacy of the pills; the sterilization motivators focus their motivation more on tubal ligation, while the Machismo Wreckers direct their motivation on the male population for vasectomy.
6. Volunteers - These are usually deacons and deaconesses, officers and members of the Youth (Kadiwa) and the married couples (Buklod) organizations in the Church who conduct IEC, return visits and re-supplies.

NOTE: The following definitions were initially derived via team observations, and were confirmed with INC-GMAG senior staff.

7. Static Clinic - Usually nonsterilization family planning service offered at a fixed location as part of the INC General Health Care service (three sites).
8. Saturation Team - A group of field workers in Metro Manila who work in teams of usually four pairs, canvassing households in an entire barrio or neighborhood, generating new acceptors of sterilization and nonsterilization services, supplying continuing acceptors and remotivating drop-outs. In addition, a team must be given permission by local officials to saturate an area. Saturation occurs once every three months. Generally INC-GMAG saturation teams are not FPIA funded; the team in Metro Manila is an exception. A saturation team does make referrals to FPIA-sponsored activities.
9. New Acceptor - First user of the Project's nonsterilization, family planning service. Counted from the number of family planning service records received in the central office.

10. Continuing Acceptor - Same as a "Return Visit". Generally any user who is not new in the month being counted.
11. Return Visit - Every contact made with a nonsterilization family planning service acceptor, except for the first (new acceptor) contact.
12. Dropout - Any user who does not continue with INC-GMAG service. INC-GMAG re-motivated dropouts, who continue to be served by INC-GMAG are counted as "return visit" and thereby as continuing users.
13. Clinic Change - A contraceptive user who changes from one agency to another, not from one INC-GMAG site to another.

E. RECORD SYSTEM (See Appendix A for copies of family planning and sterilization record formats.)

Figures 2.1 and 2.2 present INC-GMAG's nonsterilization and sterilization records' system respectively. The system described was confirmed with the Project's Senior Staff. The circled numeral on each form corresponds to the example of that form in Appendix A. Although the charts appear relatively simple, they were not simple to derive, particularly the nonsterilization. Each went through a series of revisions and rather lengthy consultations with INC-GMAG's Senior Staff, including our review of each form, its purpose and uses. Four INC-GMAG forms are used for monitoring or patient identification. Although identified below, they were excluded from Figures 2.1 and 2.2 because they are peripheral to the record-keeping system.

- (1a) Saturation Team Member's Report - Maintained on a daily basis; used as a record of activities and performance check; stored in Central office.
- (1b) Mobile Clinic Weekly Report - Performance check; stored in Central.
- (1c) Patient Identification (ID) Card - Self-explanatory; next service date is entered.
- (1d) Nurse Supervisors' Weekly Report - Take data from (1), (11), (9) and (12); Field Coordinator or Nurse-Supervisor checks against (9); stored in Central.

(1a) and (b) are feeder documents for (1), (2), (3) and (4) in Figure 2.1.

Figure 2.1 INC-GMAG's NON-STERILIZATION PATIENT RECORDS' SYSTEM

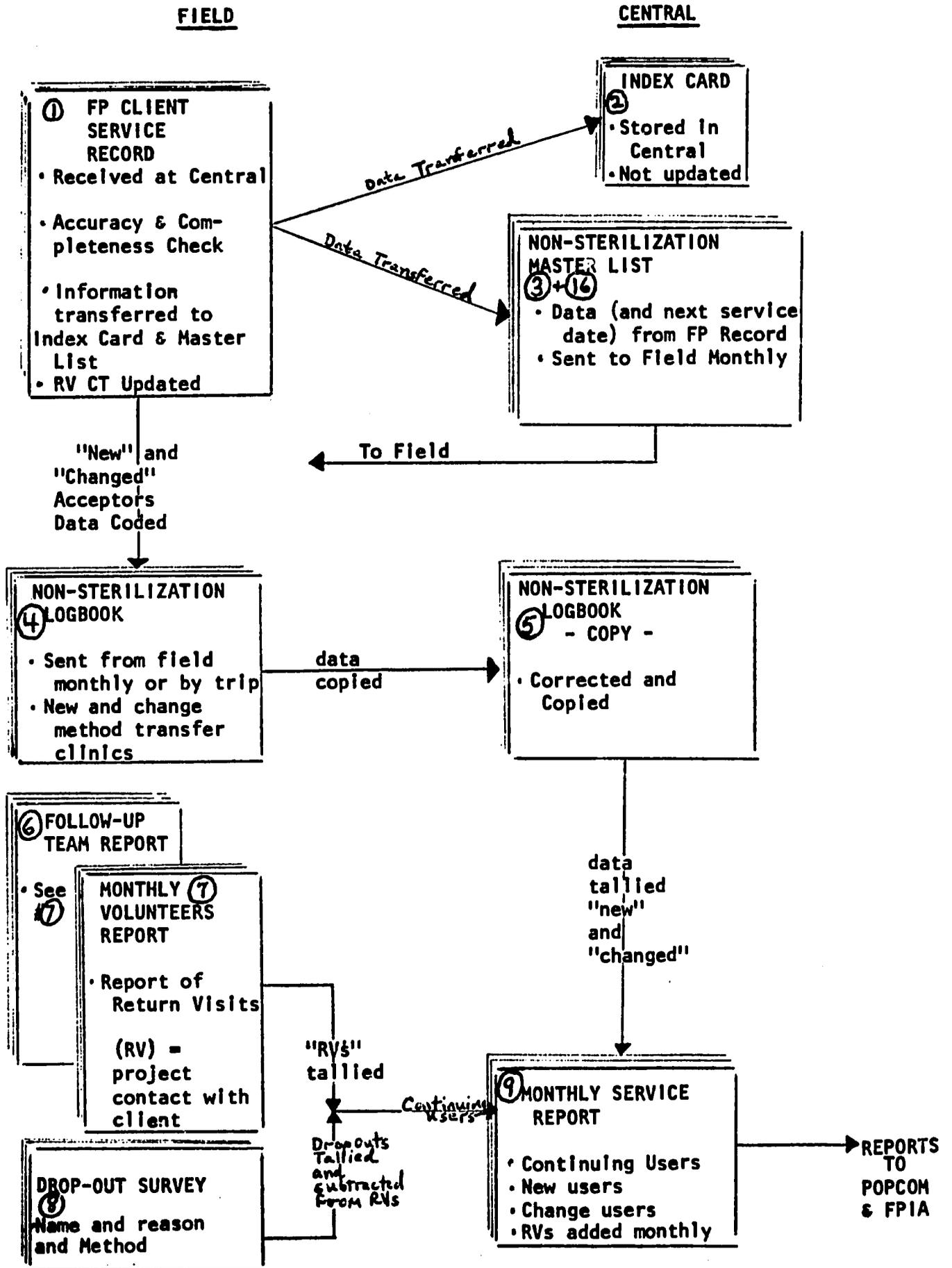
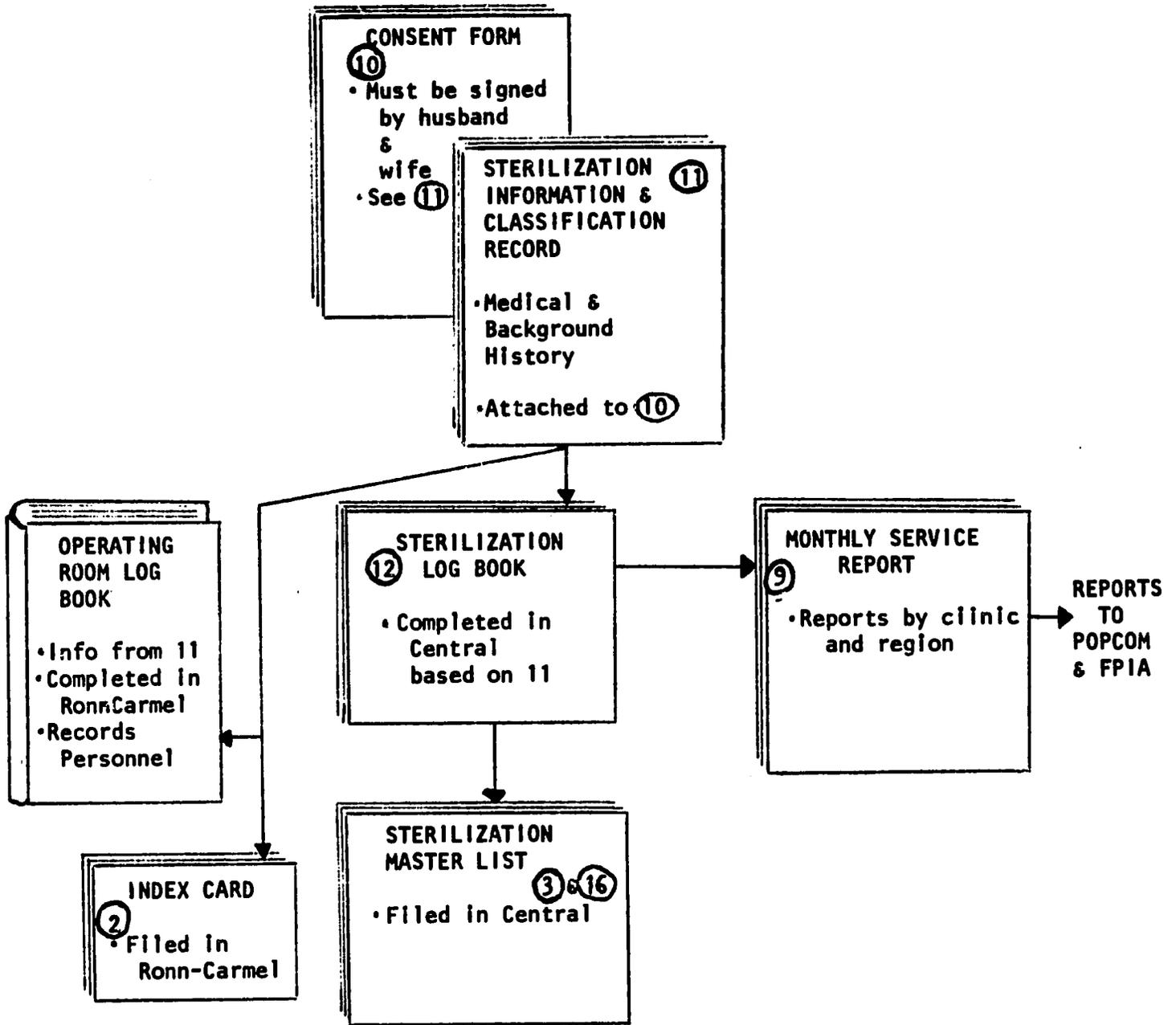


FIGURE 2.2 INC-GMAG STERILIZATION PATIENT RECORDS' SYSTEM



F. PHASE-OUT PLAN FOR THE INC FAMILY PLANNING PROGRAM
 (Copy of Plan obtained from Dr. Melanio Gabriel, Project Director, 10 July 1978.)

The phase-out plan of the Integrated Family Planning Program for the INC (FPI, Project Phils.26) was conceived out of necessity - because of FPI's policy of discontinuing its assistance to a program or project once it reaches five years of operations or existence, no matter how successful the program may be, or how great the contribution the program provides to the total national effort of curbing population explosion. Two alternative plans were conceived, one of which will be implemented next year:

Plan A:

Total turn-over of program participants to the Commission on Population. In this plan the program leaders will perform the following key tasks:

1. Confer with top level POPCOM national officials and Regional officers, Provincial Population Officers, and down the line, to endorse the program participants of the INC Program to be phased-out; and develop a tactical plan for implementing a smooth endorsement.
2. Convince the program participants to utilize the facilities which are accessible and available to them via the POPCOM. This will involve the holding of a series of motivational mass meeting with the program clients, provincial ministers, lay leaders and volunteers.

Details of this plan will include schedules of conferences and mass meetings.

Plan B:

To accept grants or assistance offered by other agencies. This plan is based on the assumption that there may be other funding agencies which may get concerned with the effects of the phase-out of the INC Program.

In the final decision of the adoption of a phase-out plan, the following facts must be carefully taken into consideration:

1. That as of February, 1978 the Philippine National Program has maintained only a total of 797,859 continuing acceptors.

2. The INC Family Planning Program has accumulated a total of more than 310,000 New Acceptors with an approximate continuing rate of 85%; out of the supposed-to-be 15% drop-outs, 38% are remotivated and re-enrolled in the program - thus giving the program a much higher continuation rate.
3. Taking for granted that the INC Program has a high rate of 30% drop-outs, still the program stands to contribute 28% of the total continuing acceptors in the national program.
4. In the aspect of sterilization component, in the three years and five months that the INC Sterilization Project has operated it has to its credit more than 19,660 Sterilization procedures performed, more than 50% of which are non-members, with the percentage of non-INC's going up each year. The Sterilization Project has, to our knowledge, the highest performance in Male Sterilization having done 8,584 voluntary vasectomies in three years five months time (or 43% of Sterilization done).
5. The Program leaders possess a high degree of mixed skepticism and pessimism on the success of the phase-out plan because much of the success of the current program depended on the cooperation support of the Church leaders and volunteers.
6. It is highly doubted whether the program participants who are INC members will patronize the services of non-INC agencies or projects.

III. FINDINGS

INC-GMAG offers the following FPIA-sponsored services: a family planning component in three Iglesia Ni Cristo stationary clinics; two mobile teams provide general health care and family planning services in Luzon and Mindanao; Ronn-Carmel Hospital provides sterilization services in Metro Manila; there are two mobile teams providing sterilization, family planning and general health care; and 68 provincial outreach workers provide family planning and general health care (among other duties) largely on a house-to-house basis.

A. THE SERVICE RECORD SYSTEM

1. General Characteristics.

- a. The record system is designed as a decentralized one but is managed in fact as a centralized one. The Family Planning service records are not kept in the field. Each month, the field workers send all records to the central office, where they are stored but not updated.
- b. Because a single Service record is large and thick (designed to have all relevant patient information maintained on the single sheet), they are difficult to handle in bulk. As a result, the Central office utilizes smaller index cards, to which they transfer basic patient information from the service records. The index cards are designed to have return visits recorded on the back but this updating is two years behind.
- c. Each month, a master list of new patients is made up from the Family Planning service records. Each worker from the field who has sent in a set of Service records receives a master list of those records. The next service date, patient name and method appears on the list, and is the only patient information on hand in the field.
- d. In all, there are 18 full time people employed in the Central office to handle the record system. A total of 55 forms or reports are utilized by the Project (this number includes forms required by FPIA and POPCOM for reporting).

2. Culling and Reporting INC-GMAG Continuing Acceptor Data

The number of continuing acceptors (also referred to as "continuing users" by POPCOM and some INC-GMAG personnel) is equated to the number of return visits reported from the field. The reporting is

done on one of two sheets (Volunteer's weekly reports and the Follow-up team reports.) The Evaluation team's check of one month (March, 1978) showed the following:

Total number of all names entered by the Field Staff on all reporting forms for the month. 10,235

Total of all Return Visits fitting the Project's definition of "continuing acceptors." 8,711

Total number reported to POPCOM and FPIA as continuing users for the month. 10,349

3. INC Reports to POPCOM

POPCOM has assigned 10 reporting codes (identifying "reporting clinics" or areas) to INC-GMAG; thus ten separate sheets of the POPCOM form FP-3 are submitted monthly (see page 9 in Appendix A). These sheets summarize New, Continuing and Change Clinic acceptor data. Eight represent 64 geographical areas; one represents sterilization activities; and one represents saturation team activities.

The number of continuing users for the month of March, 1978, were traced from the Project to POPCOM computer print-outs with the following results:

| CATEGORY | INC-GMAG CENTRAL Records, copies of FP-3 | POPCOM Summary Print-out of Project Data |
|---|--|--|
| Number of Clinics reporting | 9 of 10 | 31 of 61 |
| Number of all Continuing users reported | 10,349 | 32,467 |

A back-up print-out from POPCOM indicates that the 32,467 number is an estimate, but this note does not appear on the summary sheet. No explanation of the discrepancy between the number reported and the number printed could be obtained within the time available. The number 10,349 does not appear anywhere on the back-up print-outs.

In addition, the Project sums the "continuing acceptor" figures from month to month for reporting to FPIA; i.e. the March-June four months' report of the number of "continuing acceptors" = the

number of continuing acceptors for March + April + May + June. The major source of error here is the counting of one continuing acceptor more than once.

4. Sterilization Activities and Records.

The Ronn-Carmel Hospital and one Mobile team's sterilization activities were observed. (Although referred to as a sterilization team by many and in written reports, general health and nonsterilization family planning services are provided.) Procedures did not vary from location to location. Records in the form of the index cards and an Operating Room (OR) log are kept at the Ronn-Carmel Hospital. Consent forms and Patient information and Histories are sent from Ronn-Carmel to the GMAG Central office after the patient's operation. In relation to Mobile team sterilizations, these forms are sent to Ronn-Carmel Hospital, where information is transferred to the OR log and patient index card, and then the forms are sent to GMAG's Central office. The POPCOM log book reports are completed in the Central office.

The evaluation and mobile team processes cannot support any substantive statement on medical complications resulting from sterilization procedures. The Evaluation Team was advised that a nurse-midwife is left behind in an area for 24-48 hours in the event complications arise. If a hospital is in the area, the patient may go to the hospital and INC will pay for treatment. However, when a mobile sterilization team visits an area, its clients may live in the surrounding area, "distant" areas of 1-3 hours of transportation and/or walking time, or on nearby islands. Rural physicians and health centers are scarce or may not be equipped to handle complications.

B. FIELD PERSONNEL PERFORMANCE

1. The field personnel observed by the evaluation team had been assigned to their work prior to the project's awareness of the evaluation protocol and schedule. The sites visited were selected at random and on short notice.
2. All the personnel observed generally functioned consistently from one site to another in their treatment of the client (which ranged from good to excellent) and in their use of the project forms to report their activities. The infrequent service errors observed do not have a significant effect on the data (i.e. greater than 5-8%), and may have been due to the presence of the evaluation team. However, the variations found in applied terminology are given for two reasons: (a) although the confusion may be minimal, still it remains an area for emphasis in staff training and relating to other agencies; and (b) considering other "counting" problems, its effect is additive and therefore of greater importance. The following definitions of "new acceptor" were used occasionally. A "new acceptor" may be a client from another agency who got pregnant and desires INC-GMAG family planning services after the pregnancy; or, a client from another agency who has stopped using a method for five months or more and desires to use contraception again; or, a client new to INC-GMAG.
3. The "Provincial Outreach Workers" appear to have a larger role in the Project than is exhibited in the documents and definitions. They are the saturation teams, the special motivators (e.g., vigilance), and simply "outreach workers," and are usually nurses or nurse-midwives by training. In the clinics, they are the primary providers of the family planning service rather than the doctors (including IUD insertion). An outreach worker/motivator/saturation team member may be responsible also for house-to-house activities (IEC, supplies, scheduling sterilizations) in an assigned geographic area, the size of which is dependent upon population distribution. For example:
 - (a) In Metro Manila saturation team members tend to be used for outreach activities;
 - (b) a provincial outreach worker may be responsible for IEC activities and supplies on a house-to-house visits, or with scheduled one-day "office hours" at an INC chapel (a "mobile worker" visit in lieu of a mobile team);

- (c) a provincial outreach worker may be responsible for all house-to-house activities, coordination of same with local volunteers, and coordination with scheduled Mobile team visits in one or more provinces.

Observations also indicates that the "Volunteers' Weekly Follow-Up" sheet is normally completed by the Outreach Workers because they do the bulk of the follow-up. Provincial outreach workers generally are responsible for the completion of all forms and forwarding them to INC-GMAG Central office.

4. Volunteers were observed only while assisting in mobile team and provincial outreach worker activities. Observation indicate that the "Volunteers' Weekly Follow-Up" sheet is normally completed by the Outreach workers.
5. Performance is generally measured by quantity of work (numbers of new acceptors gotten, return visits made). The duties performed have little to do with the staff position listed. Any staff position is described best by the Project's description of its service delivery personnel; e.g., provincial outreach worker, motivator, etc. Any particular staff member fulfills duties akin to 2-4 different staff positions listed. Example:
- (a) a nurse-midwife may assist in vasectomies, or mini-lap operations, provide family planning IEC and/or supplies, sterilize instruments, and provide general health care as a member of a mobile team; or provide IEC family planning supplies and general health care as a "mobile worker."
- (b) a driver is also a mechanic, and/or orderly, sterilizes instruments, et al.

The listing of staff positions is simplistic and perhaps problematic when project activities are related to staff budget allocations.

6. The quantity of contraceptives given to a client may vary according to her accessibility to family planning services.

For example: A new acceptor of pills in Metro Manila may receive a one-month supply, so that she will return to be checked for side-effects before continuing use. In rural areas, an initial three-month supply of pills is given. Similarly continuing users in an urban area may receive a three or six month supply; those in rural area tend to receive six month supplies. The supply of condoms given

tend to vary likewise. Further, most condom users are women accepting supplies for their husbands; yet it is widely known that most husbands are reluctant to use condoms or to use them regularly. Indirectly these factors affect the quality and validity of service program statistics and objectives.

C. FINANCIAL MANAGEMENT, COMMODITIES AND VEHICLES

1. Financial Management

Upon completion of examining financial records and documents, the draft audit reports of PHIL-12 and PHIL-17 were reviewed and discussed with Ms. Loy Jimenez (FPIA Regional Office) and with the CPA firm, Joaquin Cunanan & Company, Price Waterhouse Company of the Philippines.

Those audits included examination of vouchers and supporting documents for each of the Grant budget line items. The percentage of vouchers and supporting documents examined for each category of expense ranged from 60% to 100%. All expenditures examined by an evaluation team member and earlier by the CPA firm, were found to be proper charges against FPIA funds authorized in the budgets.

Problematic areas of financial management were checks payable to "Cash" rather than an authorized person; time lag allowed between cash advances for travel expenses and accounting for same; delayed reconciliation of bank statements; and the lack of identification of property procured from FPIA funds. It is found generally that:

- a. Checks made payable to "Cash" could be cashed by an unauthorized person or if lost could be cashed without endorsement. This may deprive the Grantee of its legal remedy against a bank.
- b. Cash advances for travel expenses or related purchases while in travel status are more difficult to account for as the period between advance and accounting lengthens. By requiring the recipient of an advance to submit accounting more frequently, the margin for error is reduced and also affords the approving officer an opportunity to reduce the number of expenditures which in his opinion may appear to be unreasonable or excessive.
- c. Prompt and regular bank reconciliation statements afford immediate disclosure of reconciling items requiring management attention.

- d. The marking of property acquired from Government funds is a standard requirement contained in the general provisions of documents that authorize the expenditure of funds providing for property required in a project.

The most serious financial management problem in the history of PHIL-12 and 17 involved delay in fund transfers from FPIA to GMAG. This problem is not expected to plague PHIL-26 based on its four month history. The Project Director stated that under PHIL-26 they felt more secure and they agreed with FPIA's new system.

2. Project Warehousing and Commodity Control

The storage of contraceptive commodities in one of the two Project warehouses indicates that there is no first-in-first-out system. Cartons are stored against the farthest wall from the door without space between rows. No cartons have Project markings. Some cartons of condoms were opened and the earliest manufacturing date found was March, 1975, the latest, October, 1976 (both from the same carton). No FPIA shipments of contraceptives have been received by the Project since November 1976.

PHIL-26 assumed from PHIL-12 on March 1, 1978, the balance of 34,761 gross of condoms on hand, and 79 cartons of pills. From March 1 to June 30, 1978 INC-GMAG issued 2,996 gross condoms and 103 cartons of pills after receiving 100 cartons from POPCOM in May 1978. Two lots of pills received in May 1978 were dated April 1975 and May 1975, manufacturer's dates three years prior to receipt by GMAG.

In addition, INC-GMAG warehouse space is not air-conditioned. FPIA guidelines indicate a shelf life of three and five years from manufacturer's date for condoms and pills respectively, based on storage at temperatures not over 24°C or 75°F. Air-conditioned warehouse space reportedly is available on a 5-year minimum lease or in some areas a 2-year minimum lease with option for renewal.

The FPIA Regional Office has done some study on this after being notified by GMAG in February 1977, that pregnancy test kits had been received after the expiration date and that warehousing was a problem. This, however, was before FPIA could provide funds for warehousing.

3. Vehicles

Driver instructions and completed vehicle record forms are completely adequate in providing information for analysis of driver performance and replacement vehicle requirements. The areas in which vehicles are used vary a great deal with respect to road conditions. Both paving and road widths of two lanes are atypical.

D. IGLESIA NI CRISTO'S ROLE IN THE PROJECT

1. The FPIA funded activities are only part of Iglesia Ni Cristo's (INC) Health Care system for its members. The bulk of Project services are performed in areas of INC activities. Family planning is supported from the pulpit. Announcements are made from the pulpit about future mobile team visits. Outreach workers are supported, disciplined and supplied by local ministers and are usually INC members. Volunteers also serve as deacon or deaconess in the local community and do family planning with their local "household" quota as a normal part of their church work.
2. The INC system is a "tight" organization. District ministers are supervised by the central, administrative office of the Church; they, in turn, supervise the local ministers. The PHIL-26 Project Director was recently installed as a Bishop in the central offices of the Church.
3. The distinction between non-INC acceptors and INC acceptors of non-sterilization family planning methods is not made at any point on the records of the Project. Sterilization records do indicate religion. The number of non-Iglesia Ni Cristo sterilization clients may appear large when compared with the total number of Project sterilizations; it is less significant when compared with the number of non-Iglesia Ni Cristo persons in the general population.

E. FPIA REGIONAL OFFICE (RO)

The FPIA Regional Office (RO) does not carry out monitoring and technical assistance activities with the Project, as would be expected of a funding agency. The office was not knowledgeable of the Project's systems or performance in the field. It relies solely on the data from monthly reports, which the Project submits to the RO, a four-months' report to RO and Central FPIA and, brief personal contacts by the RO's Director.

F. PHIL-26 VS. PHIL-17 PHIL-12

Generally no benefits of the combination of PHIL-17 and PHIL-12 into one project, PHIL-26, could be observed. A minor benefit is the elimination of separate financial reports as required by PHIL-17 and PHIL-12.

G. NON-INC FAMILY PLANNING SERVICES

There had been several comments concerning competition between Government and private agencies for acceptors of family planning and sterilization services. During several site visits, the Evaluation Team was advised that residents might also receive services from Government or non-INC agencies present. (Family Planning Organization of the Philippines and International Planned Parenthood Federation were mentioned specifically). This did not seem to affect the number of clients requesting medical and family planning services from INC-GMAG. INC-GMAG staff were usually fully occupied. An additional consideration is that in many geographic areas, a site may be visited by a mobile only once every three months and clients may be loyal to a particular agency. The extent to which non-INC agencies offer general health care is not known by the Evaluation Team. If INC-GMAG is unique in its health care component, this may be a factor in its appeal.

IV. RECOMMENDATIONS

Our recommendations must be qualified by several factors: some language barrier, assigned time limit for the evaluation, insufficient preparation, travel time within the Philippines, and no observation of POPCOM's indirectly contracted, family planning delivery system. The evaluation team believes that these factors (elaborated below) affected significantly a more efficient and productive use of the time, and weakened our data and observational bases.

Two resources were extremely helpful in the preparation and conduct of the evaluation: (1) FPIA New York provided us with all of the Project's funding, progress reports and related documents since its inception. It was also extremely helpful to have those familiar with the Project readily available, and (2) INC-GMAG provided charts of the organization's operations and sets of the forms used in Project management. The evaluation protocol had requested these forms and they had been prepared in more than adequate detail. It would have been beneficial to have some comparative data on the functioning of the Project and its future. This could have been provided through observations of service delivery systems as implemented by Provincial Population officers, and coordinated by POPCOM. Time did not allow this.

Several factors hindered the conduct of the evaluation.

1. No one on the Evaluation Team spoke the Philippine national language. This skill would have been helpful at times in asking and clarifying questions and responses, and in interviewing the Project's clients in order to obtain information on the family planning service as viewed from the point-of-view of a consumer.
2. The two weeks' time limit did not allow the Evaluation Team to sufficiently observe personnel performance. Most conclusions are based on a single observation of several clinics, outreach workers or other people and processes.
3. Feedback was given to the Project staff whenever time permitted. This process caused the Project to start a self-observation process and, in at least one case, to begin self-correction based on the feedback and their own analysis of the problem.
4. Travel to remote areas of the country cost two days for a few hours of observation. Only two such areas were visited and even those were not the most remote areas of Project activities.

5. The Evaluation Team was not adequately prepared with background data on the nature of the Project's operations and areas of work to allow for the best division of labor among the team members. For example, the Evaluation protocol called for the Manila-based, FPIA Regional Office to prepare background information on Project sites. This was not done. It was hoped that a mix of project activities could be selected for evaluation from that preparation.

A. MANAGEMENT RECOMMENDATIONS

Management recommendations pertain to four areas: Project record system, Project index card system, financial controls, and commodity management and vehicles. A fifth area considered is future maintenance of the Project.

1. Project Record System.

- a. Client Service Records should be maintained at the point of service. This would facilitate a decentralized management system and make data more available (and more accessible if supervision is maintained). The most logical is the following (with the qualification that the Evaluation team did not have ample opportunity to accurately assess the extent of the problem, and the exact way in which the volunteers function):

- (1) Since volunteers are responsible for no more than 35 continuing acceptors each, they could easily maintain service records on their client load. The Family Planning records could be stored and maintained in a hard cover, three-ring loose-leaf note book.
- (2) At the first stage of decentralization, the only internal reporting form used could be generalized "problem report".
- (3) The volunteers would be responsible for reporting to the outreach workers who report to the field coordinators.

- b. The Project was informed of this idea, which is similar to the current POPCO system. They are concerned that if decentralization of the record system is carried out, and the typhoon season of several years ago repeats itself, they will lose most of their records and have to reconstruct them again.

- c. If this suggested system is not utilized, a more feasible one should be designed.

2. Project Index Card System.

- a. After receiving the FPIA definition of "Continuing Acceptors" (those acceptors with the Project on 28 February 1978 and who are still with the Project), the Project staff began utilizing their index card system to facilitate the counting of continuing users. This procedure will include the following:

- (1) All index cards produced during the PHIL-26 year will be kept in a separate file box.
- (2) As all acceptors return for resupply, their cards will be updated and placed in a "Return Visit file."

At the end of the program year, the project should have accurate indexing on the total number of continuing acceptors (without double counting) for the following year.

- b. The Project should continue this system and accept reasonable monitoring and assistance from the Regional Office.
- c. This method, however, can only be a temporary one. The underlying problem is the method of overall record management.

3. Financial Controls.

Recommendations for improved financial controls were discussed with, accepted and implemented by INC-GMAG staff as a result of talks between Dr. Gabriel and the CPA firm of Joaquin Cunanan & Company on July 3, 1978. These actions were confirmed on July 18-19, 1978.

The recommendations were:

- a. Making checks for payroll and petty cash payable to a specific individual rather than to "Cash";
- b. Earlier liquidation of travel and expense advances;
- c. Earlier reconciliation of bank statements;
- d. Deposit of contribution;

- e. Marking of property and equipment procured from FPIA funds.

4. Commodity Management and Vehicles.

The following actions were recommended to improve commodity management and vehicle purchase and maintenance.

- a. That FPIA authorize GMAG to dispose of five cartons of condoms damaged a year ago. This recommendation was made to the Regional FPIA office.
- b. That FPIA give instructions to GMAG with respect to use of or disposition of condoms now beyond the suggested three-year shelf-life. A test should be made of the condoms in stock in order to determine their reliability (the majority are apparently more than three years old). The question of whether or not the condoms are usable beyond the established three-year period is answered in the affirmative by some medical doctors saying the manufacturer protects himself by the limited period.
- c. That air-conditioning be obtained to minimize losses due to spoilage from age. FPIA guidelines state that contraceptives should be stored in a dry location where the temperature does not exceed 24°C. or 75°F. Neither of two storage areas is air-conditioned.
- d. That POPCOM or delivering brokerage supply GMAG with delivery notice, shipping ticket or document identifying contents and quantities of deliveries.
- e. That contraceptive stock cartons (condoms, particularly) be examined to determine the exact contents and manufacturing dates; this information should be written on the exterior of the cartons so that future inventories can be made and to facilitate storage and issue controls.
- f. That stock cartons be restocked with a usable space between every two rows to allow the establishment of a first-in first-out system of warehousing and to facilitate inventories.
- g. That the possibilities for air-conditioned storage space be explored, including POPCOM as principal control point of all contraceptives.

- h. The areas in which vehicles are used vary a great deal with respect to road conditions. If INC-GMAG is continued beyond March 1979, it is recommended that sources of funding be explored now for vehicles required in future project operations. In the event U.S. Government funds are found available for Project continuance, it is suggested that waivers be obtained to provide for purchase of vehicles in the Philippines.

5. Future Maintenance of the Project.

The three central perspectives gained by the Evaluation Team on the future maintenance of the "INC Integrated Family Planning Program" are that:

- a. The majority of the Project's Family Planning activities appear to be with INC members as part of the Church's general health care service. Because of this, the end of funding to GMAG may not end the services provided by the Project. In addition, selected Project components, e.g. sterilization, may be funded by other donor agencies.
- b. The Project's current method of identifying and counting acceptors cannot provide information of the kind called for by POPCOM and FPIA. This single statistic is important to estimate the management needs and evaluate management performance. In addition, because of the centralized record system, it is difficult to assess exactly how extensive and inclusive the Project is, which affects also its quantitative objectives and achievements.
- c. Any decision about the Project should be based on a clear understanding of its patient load. This understanding cannot be gained with the time and data available to the team.

B. RECOMMENDATIONS: FPIA REGIONAL OFFICE AND POPCOM STATISTICS

1. FPIA Regional Office (RO)

- a. A work plan should be designed by the RO and negotiated with the Project for monitoring and technical assistance. This work plan should at least include: assistance to the Project in warehouse reorganization, commodity effectiveness testing and decentralization of the record system.

- b. Field visits should be scheduled on a regular basis. To facilitate planning such visits, copies of mobile team and provincial outreach worker schedules could be obtained monthly (or every third month) from INC-GMAG.
- c. Performance standards and definitions should be supplied to the Project by the RO in the areas mentioned in this report: e.g., Continuing Acceptors, commodity control.
- d. It is suggested that the Project's current staffing pattern be reviewed to determine if a modification of the Project document is needed.
- e. Make a further study concerning INC-GMAG being denied use of DDH clinics for sterilizations, specifically to ascertain if such denial is because of a hospital not being eligible for subsidy payment when GMAG performs the sterilization or because of the alleged lack of adequate advance notification from GMAG of the need for facilities.

2. POPCOM Statistics.

It is not the purpose or responsibility of the evaluation team to make recommendations on the POPCOM statistical system. The following comments are restricted to specific things that the Project could do in order to benefit from the computer print-outs.

- a. Request, in writing, the exact reporting requirements and the formulas to be used in reporting to POPCOM.
- b. Request the exact formulas used for programming and manipulating the data submitted by POPCOM.

If these two sets of formulas and requirements are obtained, the Project could be assured of feeding-in accurate data and receiving back potentially useful management data.

C. AREAS FOR FURTHER STUDY AND EVALUATION

- 1. Determine the degree of correspondence between INC-GMAG and POPCOM's geographic - functional levels of family planning responsibilities.
- 2. If a new record-keeping system is installed, with the results suggested in the above recommendations, an evaluation of the effectiveness of the system should be made.

3. Reconciliation of staff positions vs. staff functions in a position, floating staff, and related budget allocations. The incongruities in this area are enormous and hinder program management or financial evaluation. To add to the complexity, INC is a multi-donor agency.
4. Of minor importance considering the "continuing acceptor" problem, is a study of how drop-outs are identified and followed up and, why they drop out, by method.

APPENDIX A

**Copies of family planning
and sterilization record
formats including those
required by POPCOM**

**IGLESIA NI CRISTO MOBILE CLINIC
SATURATION TEAM MEMBER'S REPORT**

NAME OF TEAM MEMBER: _____

DATE: _____

AREAS COVERED: 1. _____
2. _____

3. _____
4. _____

| House No. | Street. | Barric. | Town/ City | Name of Person Motivated | Result of Motivation |
|-----------|---------|---------|------------|--------------------------|----------------------|
| 1. | | | | | |
| 2. | | | | | |
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| 24. | | | | | |
| 25. | | | | | |

SUMMARY:

No. of houses for the day _____
 No. of families covered. _____
 No. of persons motivated _____
 No. of new acceptors . . . _____
 No. of persons covered who are already acceptors . . . _____

Pills _____
 Condoms _____
 I U D _____
 Rhythm _____
 Others _____

Pills _____
 Condoms _____
 I U D _____
 Rhythm _____
 Others _____

Best Available Document

IGLESIA NI CRISTO MOBILE CLINIC

MOBILE CLINIC WEEKLY REPORT

NAME OF PERSONNEL: _____ DATE: FROM _____ TO _____

I. NEW ACCEPTORS:

| DATE | BARRIO/TOWN/PROV. | IUD | PILLS | CONDOM | RHYTHM | FOAM | OTHERS | STERILIZATION PERFORMED | | TOTAL |
|-------|-------------------|-----|-------|--------|--------|------|--------|-------------------------|----------|-------|
| | | | | | | | | VAS. | MINI-LAP | |
| | | | | | | | | | | |
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| TOTAL | | | | | | | | | | |

II. RETURN VISITS:

| DATE | BARRIO/TOWN/PROV. | IUD | PILLS | CONDOM | RHYTHM | FOAM | OTHERS | STERILIZATION PERFORMED | | TOTAL |
|-------|-------------------|-----|-------|--------|--------|------|--------|-------------------------|----------|-------|
| | | | | | | | | VAS. | MINI-LAP | |
| | | | | | | | | | | |
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| TOTAL | | | | | | | | | | |

III. IEC CAMPAIGNS:

| DATE | BARRIO/TOWN/PROV. -BARRIO/TOWN/PROV. | NUMBER OF AUDIENCE | NO. OF IEC MATERIALS DISTRIBUTED | NO. OF IEC MATERIALS DISTRIBUTED FOR HOUSE TO HOUSE CAMPAIGN |
|------|---|--------------------|----------------------------------|--|
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See Back

FAMILY PLANNING CLINIC

FAMILY PLANNING CLIENT
IDENTIFICATION CARD

I.D. No. _____

Name:

Date Registered:

Registered by:

....., 19.....

.....

Signature

IC

PART II: OBSERVATION OF TEAMS AND PERSONNELS

| DATE | NAME OF MOTIVATOR OBSERVED | REMARKS/EVALUATION |
|------|----------------------------|--------------------|
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PART III: LIASON - COORDINATOR

| DATE | PERSON APPROACHED | DESIGNATION | REMARKS |
|------|-------------------|-------------|---------|
| | | | |
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PART IV: PROBLEMS AND OTHER MATTERS ENCOUNTERED:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE

DESIGNATION

IGLESIA NI CRISTO MOBILE CLINIC
 DROP-OUTS SURVEY FORM

AREAS COVERED: 1. _____
 2. _____ 3, _____

DATE: _____

| NO. | NAME | ADDRESS | METHOD | STATUS | REASON |
|-----|------|---------|--------|--------|--------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

I hereby certify that the above information
 are correct and true to the best of my
 knowledge and belief.

Printed Name & Signature of Motivator

8

Best Available Document

**FAMILY PLANNING CLINIC
MONTHLY SERVICE REPORT**

POPCOM
FORM FP-3
JULY 1, 1977

REPORT FOR
MONTH OF

MONTH YEAR

CLINIC
ID. NO

AGENCY CLINIC NO.

CLINIC
NAME:

CLINIC
ADDRESS:

| METHODS AVAILABLE (CROSS OUT ANY NOT AVAILABLE AT THIS CLINIC) | FEMALE STER. | MALE STER. | IUD | PILL | CONDOM | RHYTHM | INJECT. | OTHER | TOTAL |
|--|---|---------------|-----|------|--------|--------|---------|-------|-------|
| | 1. CLIENTS STARTING A METHOD AT THIS CLINIC DURING THE MONTH | | | | | | | | |
| 2. CLIENTS TRANSFERRED TO OTHER SERVICE POINTS DURING THE MONTH | | | | | | | | | |
| 3. CONTINUING USERS RECEIVING REGULAR SERVICES THROUGH THIS CLINIC | | | | | | | | | |

INSTRUCTIONS

GENERAL

- o FILL IN ALL BOXES DO NOT LEAVE BLANKS. WRITE ZERO (0) WHERE APPROPRIATE.
- o PREPARE THE MONTHLY SERVICE REPORT IMMEDIATELY AFTER THE END OF THE MONTH (BUT NOT BEFORE).
- o MAKE THREE COPIES
 - o SEND ORIGINAL DIRECTLY TO POPCOM CENTRAL OFFICE TOGETHER WITH THE ORIGINAL LOGBOOK SHEETS FOR THE MONTH.
 - o ONE COPY FOR YOUR OWN AGENCY.
 - o FILE THE OTHER AT YOUR CLINIC.
- o SUB-CLINICS, IF ANY, SHOULD BE CONSOLIDATED INTO THE MONTHLY SERVICE REPORT OF THE MAIN CLINIC.

"METHODS AVAILABLE"

- o CROSS OUT ANY METHODS NOT AVAILABLE FROM THE CLINIC'S OWN STAFF.
- "1. CLIENTS STARTING A METHOD AT THIS CLINIC DURING THE MONTH."
 - o COUNT ALL ACCEPTORS SHOWN ON THIS MONTH'S LOGBOOK SHEETS (INCLUDING THOSE WHO ARE "CHANGING METHOD ONLY")
- "2. CLIENTS TRANSFERRED TO OTHER SERVICE POINTS DURING THE MONTH."
 - o CLIENTS MAY ONLY BE COUNTED AS "TRANSFERRED" IF THE CLINIC STAFF HAS DEFINITELY CONFIRMED THAT THEIR FAMILY PLANNING NEEDS ARE BEING MET AT ANOTHER "APPROVED" SERVICE POINT (CLINIC OR BSP)
 - o THE FULL-TIME OUTREACH WORKER (FTOW) IS EXPECTED TO BE IN CONTACT WITH ALL SERVICE POINTS IN HIS TERRITORY AND TO ASSIST WITH THE IDENTIFICATION OF TRANSFERREES.
 - o AS SOON AS THE CLINIC KNOWS THAT ONE OF THEIR CLIENTS HAS DEFINITELY TRANSFERRED, THEIR "FAMILY PLANNING SERVICE RECORD" (FORM FP-1) MUST BE UPDATED ACCORDINGLY, AND REMOVED FROM THE "ACTIVE" FILE OF USERS RECEIVING SERVICES THROUGH THIS CLINIC
- "3. CONTINUING USERS RECEIVING REGULAR SERVICES THROUGH THIS CLINIC."
 - o AT THE END OF THE MONTH, THE CLINIC MUST CAREFULLY GO THROUGH ITS FILE OF FAMILY PLANNING SERVICE RECORDS (FORM FP-1), AND PULL OUT THOSE WHICH ARE OVERDUE FOR SERVICE. (THAT IS, THEIR "NEXT SERVICE DATE" HAS ALREADY PASSED BY, BUT THE CLIENT HAS NOT YET BEEN SERVED).
 - o THE REMAINING CLIENTS (THOSE WHOSE "NEXT SERVICE DATE IS STILL IN THE FUTURE") ARE THE "CONTINUING USERS RECEIVING REGULAR SERVICES THROUGH THIS CLINIC" THEY SHOULD BE COUNTED, BY METHOD, AND THE RESULTS PLACED IN LINE 3 ABOVE.
 - o NEW ACCEPTORS DURING THE MONTH SHOULD BE COUNTED AS "CONTINUING USERS" AS OF THE END OF THE MONTH (UNLESS THEY HAVE ALREADY "DROPPED OUT").

STERILIZATION PROJECT
FOR THE IGLESIA NI CRISTO

PAGBIBIGAY PAHINTULOT UPANG STERILAHIN

_____, 19____

N.J.
N.H.
N.G.

AKO, SI _____ PASYENTE NA NASA _____

HOSPITAL, AY KUSANG LOOB NA NAGBIBIGAY PAHINTULOT
KAY DR. _____ (AT SA SINUMAN KANIYANG KAKATULUNGIN) NA AKO'Y
GAWAN NG ANO MANG MGA KAKAILANGANIN UPANG MAGING MATAGUMPAY ANG OPERASYON SA
AKIN. MASUSING IPINALIWANAG SA AETIN NA DAHILAN SA OPERASYON ITO, MALAMANG NA
HINDI NA AKO MAGKAANAK PA, SUBALIT ITO AY HINDI NAMAN LUBUSANG TINITIYAK O
GINAGARANTIYAHAN SA AKIN. AKING NAUNAWAAN NA ANG SALITANG "ESTERILISA" AY
NANGANGAHULUGAN NA MALAMANG NA HINDI NA AKO MAGKAANAK AT SA AKING PAGBIBIGAY
PAHINTULOT SA OPERASYON ITO AY BATID KO ANG MAAARING MAGING RESULTA NITO,

AKING IPILALABAS ANG NATURANG DOKTOR, ANG KANIYANG MGA KATULONG AT ANG
HOSPITAL SA LAHAT NG PANANAGUTAN NA MAY PINALAMAN SA OPERASYON NA GAGAWIN SA
AKIN.

SAKSI: _____

SAKSI: _____

PASYENTE

AKO AY NAKIKIISA SA AKING ASAWA SA PAGBIBIGAY PAHINTULOT SA OPERASYON
NA NABANGGIT. LUBUSANG IPINALIWANAG SA AKIN NA DAHILAN SA OPERASYON NA ITO,
ANG AKING ASAWA AY MALAMANG NA HINDI NA MAGKAANAK NA MULI.

SAKSI: _____

SAKSI: _____

ASAWA

INFORMATION & CLASSIFICATION RECORD

DATE: _____

PATIENT _____ HUSBAND OR WIFE _____

ADDRESS: (NO., ST., BARANGAY, MUNICIPALITY, PROV.) _____ TEL. NO. _____

AGE _____

RELIGION _____

EDUCATIONAL ATTAINMENT _____

OCCUPATION _____

EMPLOYER _____

REGULAR INCOME _____

MEDICARE MEMBER DEPENDENT NON-MEDICARE

TYPE OF CLIENT: NEW TO PROGRAM CHANGING CLINIC CHANGING METHOD ONLY

NO. OF LIVING CHILDREN _____ DATE LAST PREGNANCY ENDED (MO. & YR.) _____

PREVIOUS CONTRACEPTIVE METHOD USED _____

TYPE OF STERILIZATION: VAS: MINI-LAP CASSESIAN LIGATION OTHER (SPECIFY) _____

CATEGORY OF OPERATION: POST PARTUM POST ABORTION INTERVAL

PAYMENT FOR STERILIZATION: NO CHARGE POPCOM SUBSIDY SOME OTHER CHARGE MADE

REFERRED BY: _____ (DESIGNATION) _____

REASONS FOR STERILIZATION: (CHECK)

- A) HOUSING _____
- B) MEDICAL _____
- C) FINANCIAL _____
- D) ENOUGH _____
- E) OTHERS _____

SURGEON'S NAME: _____

INFORMATION TAKEN BY: _____

PATIENT'S SIGNATURE



