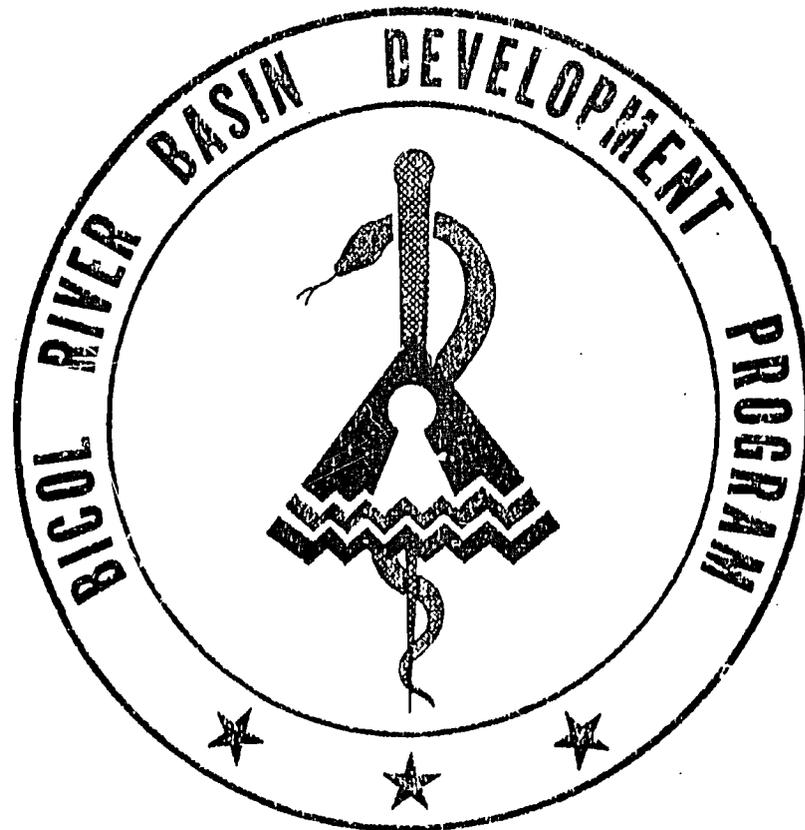


**REPORT
OF A
PROCESS EVALUATION**



**BICOL INTEGRATED HEALTH, NUTRITION
AND POPULATION PROJECT**

492-0319

OFFICE OF POPULATION, HEALTH AND NUTRITION
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
MANILA, PHILIPPINES

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REPORT OF THE PROCESS EVALUATION OF THE
BICOL INTEGRATED HEALTH, NUTRITION AND POPULATION PROJECT (492-0319)

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TABLE OF CONTENTS

	<u>Page</u>
TABLE OF CONTENTS	
ABBREVIATIONS USED	
I. EXECUTIVE SUMMARY	1
A. OVERVIEW	1
B. PROJECT STATUS	2
C. KEY FINDINGS	2
D. KEY RECOMMENDATIONS	5
II. INTRODUCTION	7
A. BACKGROUND OF PROJECT	7
B. OBJECTIVES AND SCOPE OF THE EVALUATION	8
C. METHODOLOGY	9
III. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS	12
A. BARANGAY HEALTH AIDE FUNCTIONS	12
B. ENVIRONMENTAL SANITATION INFRASTRUCTURE COMPONENT	14
C. LOCAL GOVERNMENT SUPPORT	17
D. COMMUNITY PARTICIPATION	18
E. OTHER LINE AGENCY PARTICIPATION	19
F. PROJECT MANAGEMENT OFFICE	21
G. FINANCIAL MANAGEMENT	23
IV. DETAILED FINDINGS ANALYSIS AND RECOMMENDATIONS	25
A. BARANGAY HEALTH AIDE FUNCTIONS	25
B. ENVIRONMENTAL SANITATION INFRASTRUCTURE COMPONENT	38

11

C.	LOCAL GOVERNMENT SUPPORT	49
D.	COMMUNITY PARTICIPATION	53
E.	OTHER LINE AGENCY PARTICIPATION	56
F.	PROJECT MANAGEMENT OFFICE	62
G.	FINANCIAL MANAGEMENT	68
Annex A.	MEMBERS OF THE EVALUATION TEAM	
Annex B.	EVALUATION LIMITATIONS AND CONSTRAINTS	

11

ABBREVIATIONS USED

BHA	Barangay Health Aide
BHNPT	Barangay Health Nutrition Population Team
BIHNPP	Bicol Integrated Health Nutrition and Population Project
BRBCC	Bicol River Basin Coordinating Committee
BRBDP	Bicol River Basin Development Program
CDC	Cash Disbursement Ceiling
CEO	City Engineers Office
CO	Community Organization
COA	Commission on Audit
CRS/SAC	Catholic Relief Services/Social Action Center
ESI	Environmental Sanitation Infrastructure
GOP	Government of the Philippines
HMT	Home Management Technician
IECM	Information, Education, Communication, and Motivation Campaign
MA	Ministry of Agriculture
MCH	Maternal and Child Health
MECS	Ministry of Education, Culture and Sports
MLG	Ministry of Local Government
MOF	Ministry of Finance
MOH	Ministry of Health
MPWH	Ministry of Public Works and Highways
MSC	Municipal Screening Committee
MSSD	Ministry of Social Services Development
NEDA	National Economic and Development Authority
NMYC	National Manpower and Youth Council
NNC	National Nutrition Council
OBM	Office of Budget Management
OMA	Office of Media Affairs
OPT	Operation Timbang
PACD	Project Assistance Completion Date
PEO	Provincial Engineer's Office
PGO	Provincial Governors Office
PHO	Provincial Health Office
PHN	Public Health Nurse
PMCC	Project Management Coordinating Committee
PMO	Project Management Office
PMS	Presidential Management Staff
POPCOM	Commission on Population
PSC	Provincial Screening Committee
PST	Provincial Supervisory Team

RHO-V	Regional Health Office - Region V
RHM	Rural Health Midwife
RHTC	Regional Health Training Center
RHU	Rural Health Unit
RSI	Rural Sanitary Inspector (MOH)
RTF	Regional Task Force
RYDO	Rural Youth Development Officer
USAID	U. S. Agency for International Development

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I. EXECUTIVE SUMMARY

A. OVERVIEW

Between 1951 and 1981, the U.S. Government, through A.I.D., has obligated approximately \$132.7 million towards helping the Government of the Philippines (GOP) increase agricultural production and incomes of rural poor through a wide variety of programs (e.g., Rural Electrification, Provincial Development Assistance and Rural Roads). Since 1974, a major emphasis among those programs has been support for a GOP integrated area development (IAD) program in the Bicol River Basin in Southern Luzon, an area characterized by extensive rural poverty despite abundant resources. To date, USAID has obligated \$28.4 million for five separate loan projects and two grant technical assistance projects in the Bicol River Basin. Obligations totalling \$46.8 million have followed from the Asian Development Bank and European Economic Community.

The subject of this evaluation report, the Bicol Integrated Health, Nutrition, and Population Project (BIHNPP), is one of the two major non-agricultural projects being undertaken with USAID support. The total estimated project cost is \$7.8 million, with \$2.5 million being financed under an A.I.D. loan.

The four stated objectives of this project are (1) an economical and sustainable delivery system for providing rural barangays with effective health, nutrition and population services; (2) improved sanitary environment and household water supplies for rural barangays; (3) increased local government financial support of health, nutrition, and population programs; and (4) increased participation of barangay workers and residents in health, nutrition and population programs. Major project activities include: (1) the recruitment, training, and deployment of 400 Barangay Health Aides (BHAs) who are to perform a wide range of health/nutrition/population activities ranging from community organization to limited cooperative functions; (2) assistance for the installation of water-sealed toilets for individual homes and barangay schools; and (3) assistance to improve barangay water supplies. The project is being implemented by a Project Management Office established by Regional Health Office-V.

The purpose of this first process evaluation was to (1) measure project outputs against planned targets, (2) identify major constraints and problems affecting planned project implementation, and (3) recommend solutions. The scope of the evaluation was limited to the following seven areas:

- Barangay Health Aide Functions
- Environmental Sanitation Infrastructure Component
- Local Government Support
- Community Participation
- Other Line Agency Coordination
- Project Management Office
- Financial Management

The basic evaluation approach was longitudinal in nature, reaching up from the barangay level to the central offices in Manila. The evaluation was carried out through personal interviews based on pre-designed questionnaires, site visitations, and records review. Fourteen barangays were randomly selected for close examination and interviews -- ten in Camarines Sur province and four in Albay province. This constituted a 10% sample of the barangays with BHAs from the first three groups fielded. The evaluators were composed of representatives from NEDA (2), BRBDP (2), OMA (1), RHO-V (1), MOH-Central (2), and USAID (2).

B. PROJECT STATUS (12/31/82)

<u>Selected Indicators</u>	<u>Planned</u>	<u>Actual</u>
1. BHA's Trained and fielded	400	400
2. Households with improved watersealed toilets	32,000	10,200
3. Construction of school toilets	400	-0-
4. Construction and repair of community water facilities	Approx. 1,200 Facilities (Average 3/barangay)	6 Facilities (one barangay)
5. Upgrading of household water facilities	200	-0-

C. KEY FINDINGS

1. The overall performance of the BHAs meets the objectives for which they were trained. Empirical evidence indicates they are performing most, if not all, of their assigned duties. Indicators of their performance level and community acceptance include:

- a. Responses by Rural Health Unit Staff that barangays with BHAs have fewer patients seeking medical assistance at the RHU.
- b. Requests from the barangays for immediate replacements when a BHA resigns or is promoted upward into a rural health midwife position.
- c. Requests from local officials to expand the program to other barangays.

However, it was determined that there is a perceptual difference among project documents and respondents as to the major role of the BHA -- whether the BHA approach is that of a health service provider or a health facilitator/educator.

2. The overall training of the BHAs was satisfactory, but there is a need to strengthen feedback systems to ensure that retraining programs are properly focused. Areas of the training program that need strengthening include community organization, communications skills and communicable disease control. To a lesser degree, training/retraining programs need to strengthen their curriculum on family planning, nutrition and environmental sanitation.
3. The supervision of BHAs ranges from good to adequate. A key factor in the successful supervisory efforts appears to be the weekly meeting held at most RHUs with the BHAs on Saturday morning.
4. There appears to be good local support for the BHAs at all levels of local government, in spite of the fact that most local officials claimed to be unaware of their financial obligation to absorb the cost of BHA stipends when project support is phased out. (In reality, all of the local government units had previously signed memoranda of agreement to pay their share of the stipend upon project support phase out.) However, they now state their willingness to comply, but have not made adequate budgetary provisions to date.
5. The majority of local government officials claim they will have difficulty in absorbing their share of the cost of BHA stipends. Nevertheless, they indicated their willingness to try. In fact, most local officials recommended the expansion of the program, citing that BHAs are a basic link between the government and the people.

6. The PMO unilaterally reduced its support for BHA monthly stipends to fifty (50) percent beginning January 1983. Local government units were not prepared for this action. Upon investigation, the evaluation team discovered that the project documents are contradictory in terms of when this action should have been taken. Some state 3 years after deployment of BHAs while others 3 years after project implementation. Unfortunately, local government units have not been able to cover the shortfall. Since the PMO's action took place just before the evaluation, it was impossible for the evaluation team to fully assess the impact of this action. The evaluation team suspects that it could lead to the resignation of a large number of BHAs. This problem was pointed out to the PMO by the evaluation team and they are attempting to take corrective action. However, it is unclear at this time as to whether they will be able to obtain the additional budget needed for this purpose in FY 1983.
7. It was the observation of the evaluation team, as well as analysis of the responses gathered, that the BHA is accepted by the community as an effective agent for the improvement of barangay health conditions.
8. There is little evidence that other line agencies are participating in this "integrated" project. Regional directors of some of the agencies that were supposed to be involved are only vaguely familiar with the project. Most of the provincial level officers are even less knowledgeable. The only existing coordinating mechanism (the PMCC) is at the regional level and has not met regularly.
9. The environmental sanitation component of the project is seriously behind schedule. The two primary reasons for this delay are the lack of personnel at the PMO to direct the ESI program and the slow release of funds from OBM.
10. The PMO does not appear to be complying with the AID loan provisions that funding for barangay water systems shall be carried out under a lending arrangement. According to project documentation, barangay cooperative associations were to be formed to own, operate, and maintain the water facilities. In addition, a revolving fund was to be established to repay the loan for materials. This is not being done. Instead, the PMO appears to be supplying materials strictly on a grant basis.

11. The PMO does not have sufficient staff to properly implement the project. In fact, one can reasonably question whether a PMO really exists in any sense of the normal definition. All of the key technical and administrative staff are regular MOH employees who have been designated to fill positions within the PMO in addition to their normal work requirements.
12. Project Expenditures are lagging against previous expenditure projections. This stems primarily from lack of progress in the ESI component of the project and it will probably be necessary to extend the PACD by one year to accomplish the original planned outputs under ESI. However, this extension should be considered only if there are provisions for adequate PMO staff to supervise the ESI program.

D. KEY RECOMMENDATIONS

1. Overall project implementation should conform to the concepts and provisions of the Project Paper, Loan Agreement, and Project Implementation Plan. If conditions change or if there are apparent contradictions in these documents, these issues should be referred to the PMCC and/or USAID for clarification.
2. Extend the project assistance completion date (PACD) by one year in order to capitalize on past expenditures and to assure the attainment of the project purpose only if a project manager and an assistant project manager for ESI are either hired or detailed to the project on a full-time basis.
3. The project should make every effort to continue the payment of full BHA stipends for three years after deployment, and 50% until the PACD.
4. Improve and expand project communication and feedback systems to:
 - a. Serve as an effective tool to identify which subject areas require priority when retraining BHAs.
 - b. Ensure that governors, mayors and other key local government personnel are kept informed of project activities.
 - c. Ensure that communications on ESI matters are clear and understood at all levels.
 - d. Ensure that project targets are accomplished within a reasonable time frame and that problems are referred to the appropriate agency or operating unit for action.

5. To be effective, the PMCC should meet on a regularly scheduled basis and Regional Offices should send only permanent representatives/alternates if the Regional Director cannot attend. These representatives should carry authority to speak and make commitments for Regional Directors.
6. Comply with or request formal amendment of the Loan Agreement with respect to financing of community water systems.
7. Secure the services of a full-time Project Manager and a full-time Assistant Project Manager for ESI, either by hiring new personnel or detailing existing RHO-V personnel on a full-time basis.
8. Revise the project budget to match the current project situation and the impact of inflation. No further AID funds should be disbursed until this has been done.
9. Activate and/or re-activate (a) the originally planned interagency task force at the regional level and, (b) other coordinating committees that were called for in the original project documents at the provincial, municipal, and barangay levels.
10. Review the effect of prior residency on BHA effectiveness and adjust requirements accordingly. Also, attempt to clarify the apparent conflict in BHA functions.
11. Determine why the intended laboratories are unable to undertake proper water analysis and institute corrective action.
12. USAID, PMO, and GBM should meet as soon as possible and regularly thereafter to analyze and discuss financial management of the project in order to facilitate timely releases of funds.

II. INTRODUCTION

A. BACKGROUND OF THE PROJECT

The Bicol Integrated Health, Nutrition and Population Project (BIHNPP) attempts to demonstrate an effective approach to the delivery of health and related services to depressed barangays. It was designed to be an integrated, comprehensive, and multi-sectoral project to achieve the following purposes:

- Improve efficiency of health, nutrition, and population services reaching the barangays through an economical delivery system.
- Improve water and sanitation facilities
- Increase financial support from local government for health, nutrition, and population programs.
- Increase participation of barangay workers and residents alike in health, nutrition, and population programs.

The Barangay Health Aide (BHA) is the focal point in this project. The BHA serves as a coordinator, facilitator and educator in helping the barangay residents recognize and solve their health-related problems. The major functions of the BHA include a myriad of activities involving community organization, environmental sanitation, nutrition, family planning, control of communicable diseases, vital statistics and curative functions.

In addition, there is an environmental sanitation infrastructure (ESI) component to provide potable water and human waste sanitation an information, education and communication motivation (IECM) campaign for health education of the beneficiaries, and a construction and renovation component for selected health facilities and laboratories.

Project implementation is coordinated by the Ministry of Health, Region-V (MOH-V) whose director and assistant director are designated as project director and project manager, respectively, of the BIHNPP. This responsibility is in addition to their normal range of responsibilities with RHO-V. The Project Management Office (PMO) follows the same organization structure of MOH-V; there is no separate PMO. This project comes under the general auspices of the Bicol River Basin Development Program (BRBDP). In addition, sixteen other line agencies and government units participate with the MOH-V in implementation of the project.

The project aims to cover a total of 400 barangays in the provinces of Camarines Sur and Albay over a five year period. Funding support comes from the United States Agency for International Development (USAID) loan of \$2.5 million, the Government of the Philippines (GOP) counterpart contribution of \$4.537 million, plus \$750,000 equivalent of PL 480 peso generations. The loan agreement was signed on August 24, 1979. The expected Project Assistance Completion Date (PACD) is December 31, 1984.

B. OBJECTIVES AND SCOPE OF EVALUATION

The Loan Agreement between the GOP and USAID states that a process evaluation will be undertaken as a part of the project; and the Implementation Plan calls for a joint GOP/USAID process evaluation. This evaluation serves as that process evaluation and takes place approximately midway through implementation.

The purpose of the BIHNPP mid-project process evaluation is two fold: to determine key implementation problems and to recommend solutions that should be implemented during the remaining two years of the project. In order to satisfy the stated purposes, the following overall objectives were agreed upon:

- to measure the project outputs against planned targets
- to identify factors that may be responsible for failure to meet pre-established targets
- to recommend realistic solutions to identified problems.

Because the project is complex, it was agreed to limit the scope of the evaluation to seven aspects of the project, namely;

- Barangay Health Aide Functions
- Environmental Sanitation Infrastructure Component
- Local Government Support
- Community Participation
- Other Line Agency Participation
- Project Management Office Organization
- Financial Management

C. METHODOLOGY

The evaluation took place at the national, regional, provincial, municipal and barangay levels. Fourteen barangays were randomly selected for close examination and interviews. Ten of the barangays were in Camarines Sur with the remaining four in Albay. (There are roughly twice as many targeted barangays in Camarines Sur as in Albay.) This constituted a 10% sample of the barangays with BHAs from the first three groups fielded. These BHAs had been providing field service for over one year. Personal interviews, site visitations, and records review were the principal methods for the evaluation.

1. Personal Interviews based on pre-designed questionnaire forms were conducted with the following people:

Barangay Level

BHAs
Barangay Captains
Barangay Residents (2 per sample barangay)

Municipal Level

Rural Health Unit Staffs: Municipal Health Officer,
Public Health Nurse, Rural Health Midwife, Rural
Sanitary Inspector
Mayors
Municipal Development Officers (MDO)

Provincial Level

Governors
Chief, Albay Provincial Hospital
Provincial Development Officers (PDO)
Chief, Camarines Sur Provincial Laboratory
Ministry of Local Government (MLG)
Ministry of Social Services and Development (MSSD)
Commission on Population (POPCOM)
Provincial Health Office Staffs (PHO): Provincial Health
Officer, Supervising Public Health Nurses, Chief Rural
Sanitary Inspector, Assistant Rural Sanitary Inspector
Provincial Project Coordinators
Ministry of Agriculture (MA)
City Health Officer
City Mayor

Regional Level

Project Management Office: Project Director,
Project Manager, Chief, Regional Health Training
Center, Training Coordinators, Supply Officer, Finance
Officer, Engineering Aide,
Regional Lab Chief
Ministry of Social Services and Development (MSSD)
Ministry of Public Works and Highways (MPWH)
Commission on Population (POPCOM)
National Nutrition Council (NNC)
Ministry of Local Government (MLG)
Ministry of Agriculture (MA)
National Manpower and Youth Council (NMYC)
Office of Media Affairs (OMA)
Bicol River Basin Development Program - Program Director,
Sr. Deputy Director, PMD Deputy Director

National Level

Ministry of Health (MOH)
Office of Budget Management (OBM)
United States Agency for International Development (USAID)
National Economic and Development Authority (NEDA)

2. Evaluators

The evaluation team consisted of representatives of several of the agencies involved in the operation of the project. These agencies included NEDA, BRBDP, RHO-V, MOH Central, USAID, and OMA (see Annex A). The teams divided into three sub-groups for the purpose of field interviews. One team interviewed appropriate agencies at the national level. A second team handled the selected barangays and municipalities of Albay plus all regional and provincial respondents, and the third team covered the ten barangays and municipalities in Camarines Sur. The second and third team each had a non-team member from RHO-V and BRBDP respectively, to coordinate logistics.

3. Time Frame

Two pre-evaluation conferences of all team members were held to finalize the methodology and questionnaires. These meetings were held in January, 1983.

The field work phase (interviews) began February 7 and ended on February 18, 1983. Consolidation of findings for preparation of the final document was conducted individually by team members with occasional group sessions through mid May.

4. Documents

The following official documents served as sources of information for the evaluation:

- Project Paper
- Project Loan Agreement
- Implementation Plan
- Evaluation Plan
- Fixed Amount Reimbursement Agreements
- Project Implementation Letters
- Manual of Operations for the PMO
- BHA Manual
- BHA Training Manual

III. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

A. BARANGAY HEALTH AIDE FUNCTIONS

Conclusions

The overall performance of the BHAs generally meets the objectives for which they were trained. There was adequate evidence that they were performing most, if not all, of their assigned duties. The positive impact which their performance has had to date is evidenced by the following findings:

- Responses by RHU staff that barangays with BHAs had fewer patients coming to the RHU for medical services;
- Requests by barangays for replacements immediately upon the departure of BHAs (usually due to upward mobility in MOH),
- Requests from local officials for the expansion of the program to other barangays.

1. Functions

There appears to be, however, conflicting perceptions about what the major functions of the BHA are. Some see the BHAs as a facilitator enabling barangay residents to identify and solve their own health related problems. Others see the BHA more as a provider of health services at the barangay level; the base of the MOH service delivery program. This confusion may stem from conflicting conceptual descriptions of the role of the BHAs in the project documents. Because the perceptions concerning the role of the BHAs varies, it is difficult to make a firm conclusion as to the effectiveness of the BHA performance. All observations revealed, however, that at all levels there is satisfaction with the BHA program. Barangay residents are very happy to have BHAs in their community.

It appears that most of the orientation, training, supervision and reporting is geared towards the perception that the BHA is a provider of health services. If the project expects the BHA to help barangay residents determine health related problems and solutions in a bottom up fashion, then the BHAs are not adequately trained. The major issues then become a clarification not only of the BHAs major functions, but also the approach they should use to carry these functions out. Once this has been determined, it needs to be effectively communicated to all concerned parties. Retraining sessions which are planned for the future should address this topic.

2. Recruitment Process

There was genuine effort by the PMO and PHO to adhere to the criteria of the recruitment process of BHAs. However, in barangays where there were no midwives, local officials gave preference to non-resident midwives rather than resident high school graduates.

3. Residency of BHA in the barangay

Many of the BHAs interviewed were non-residents, residing only during the week. However, there did not necessarily appear to be a direct relationship between full-time residency and BHA effectiveness.

4. Training & Improvements

Based on the responses of the BHAs, supervisors, mayors and residents, most think that the BHAs have been equipped with the necessary knowledge and skills to perform their basic functions. The major areas they cited needing strengthening, however, include community organization, communication skills, control of communicable diseases and teaching methodology for health and nutrition.

5. Supervision

The BHAs are under the administrative and technical supervision of the PHO/RHU. Generally, there is adequate supervision as manifested by the frequency of visits and the nature of supervision provided. However, the BHAs are treated like any other health personnel. They are expected to perform the functions of a health worker. Apparently, good performance is correlated with being a good midwife. The concept of BHAs as coordinators and facilitators in the barangay is not fully appreciated.

In summary, inspite of the fact that there is confusion over the functions of the BHAs, all respondents were satisfied with their presence and the work they were doing to provide health services and improve conditons in the barangays.

Recommendations

1. Clarify or redefine the role of the BHA and resultant functions and effectively communicate this to all involved. (PMO, PMCC, USAID, OMA).

2. Provide supportive, relevant and consistent supervision for BHA based on these functions. (RHU, PHO, PMO)
3. Establish feedback mechanism on training needs of BHAs and regularly analyze BHA monthly reports to determine training needs. (RHU, PHO, PMO)
4. Establish relevant communication network for all involved in the project. (PMO, IECM)
5. Review the effect of the residency requirement on BHA effectiveness and adjust requirements accordingly. At a minimum BHAs should reside in their assigned barangays full-time Monday thru Friday. Those failing to meet this requirement should be replaced. (PMO, PHO, RHU, Mayors)
6. Provide adequate training and follow-up for BHAs in community development with particular emphasis on techniques for involving residents in determination of needs, planning, implementation and evaluation of health related activities. (PMO, Provincial Training Team, Regional Training Unit)

B. ENVIRONMENTAL SANITATION INFRASTRUCTURE COMPONENT

Conclusions

A major portion of project funds are planned for ESI. With the exception of household toilet construction, all outputs of ESI are seriously behind schedule. There are two major reasons for the delay in implementation -- lack of personnel at PMO to manage ESI and to a lesser degree, slow release of funds from OBM. The most salient problems include the following:

1. There is no overall plan of action for implementation of ESI being followed by PMO.
2. Directors and technical personnel from line agencies that should be involved are minimally aware, at best, of their responsibilities. Too little technical expertise in the determination of the type of barangay facility needed, the design of the plan for the facility, and the supervision of the construction could result in inappropriate facilities or improperly constructed facilities.
3. Cooperatives were to be formed to own, operate, maintain, and repay the project for the cost of materials. This was to be a prerequisite to procurement of materials. However, no

cooperatives have been formed and no efforts have been taken to form them. Because of reorganization, the responsibility for this activity may have shifted from MLG to another agency. However, there has been no follow up on this by PMO.

4. An inefficient system is being used for dissemination of information on ESI. Communication has been verbal and informal; thus, inconsistent and haphazard. As a result, there is confusion at all levels concerning this component of BIHNPP.
5. The information requested from the barangay in the resolution for water facilities is insufficient to process the requests accurately and efficiently. This has resulted in a great deal of extra site visits in order to obtain the necessary information.
6. A USAID funded consultant, who is not part of the PMO and bears no direct responsibility for the implementation of ESI, has been used to coordinate some phases of ESI.
7. No planning has occurred with regards to the upgrading of individual household water facilities. The documents reviewed conflict in terms of funding for this activity. However, the pertinent documents do agree that 2,000 individual facilities are targeted to be upgraded.
8. No planning has been done for chlorination of water. Chlorination was targeted to begin once water facilities were constructed and continue for a one year period. Six facilities were completed by December 31, 1982, however, there are apparently no plans for chlorination.
9. Laboratories were upgraded in both provinces so that water analysis and other bacteriological analysis could be conducted. To date, water analysis cannot be done in Camarines Sur and are only being done on a limited basis in Albay. The reasons for this situation are unclear.
10. The installation of household toilets is almost 60% completed in the barangays interviewed and about 33% completed for the overall project. Progress is slow in some barangays because residents lack the money to purchase construction materials such as cement. Most toilets are constructed with indigenous materials as a temporary measure. Some are not properly sealed and thus unsanitary.

Recommendations

1. Hire full-time Assistant Project Manager for ESI and laboratory technicians. Make sustained and extensive efforts to recruit candidates including radio and newspaper announcements. Prepare job description and qualifications. (PMCC, PMO)

2. Involve all appropriate line agencies in coordinating the implementation of ESI from this point on and assign specific responsibilities. PMO must follow up on line agencies to insure the involvement of technical expertise at all stages of ESI implementation. (PMCC, MPWH, BRBDP, PEO, CEO, RHO-V, CHIEF RSI, RSI, MA, MLG)
3. Comply with, or request formal amendment of Loan Agreement provisions for financing community water systems. Review reports from the Barangay Water Project and other relevant projects in making the above determination. (PMO, PMCC)
4. Establish a system for information dissemination and feedback with built-in cross-checks to ensure that communication on ESI matters are clear, consistent, thorough, and understood at all levels. (PMO)
5. To compensate for the inadequacy of the resolution form for water facilities, make site inspections to barangays where there is a question on the appropriateness of the request. (PMO, MPWH, BRBDP, PEO CEO, RHO-V, Chief RSI, RSI)
6. Consider repair of existing water facilities rather than new construction where appropriate. (PMO, MPWH, PEO, CEO, BRBDP, RHO-V, Chief RSI)
7. Agree on the financial scheme for improvement of individual household water facilities and make plans should be made for implementation. (PMO, USAID)
8. Restudy chlorination component of project. Give attention to adjusting the timetable and the financing of the chlorination since it is doubtful that the target can be reached by the end of the project. (PMO, USAID)
9. Investigate reasons why laboratories are unable to do water analysis from targeted barangays and take appropriate action. Consider alternative methods of water testing especially for very remote barangays, e.g. portable water testing kits. (PMO, USAID)
10. Make a decision on the use of cement versus indigenous materials for construction of household toilets. Clear and thorough communication should be made to PHO, RHU, BHA on this matter. (PMO, MPWH, PEO, CEO, Chief RSI, RSI)

C. LOCAL GOVERNMENT SUPPORT

Conclusions

According to the project plan, the stipends of the BHA would be paid by the project for the first three years. After three years the province, municipality and the barangay would begin paying half and later they would pay the entire stipend. Almost all barangay, municipal and provincial officials indicated their willingness to pay their portion of BHA stipends according to this procedure. However, no local government units had made provisions for support in their 1983 budgets. There appeared to be insufficient communication between the local government units and the PMO regarding this. The majority of local government officials claimed that they will have difficulty in absorbing their share of the cost of BHA stipends. (These barangays and municipalities were selected for inclusions in the project for the very fact that they are depressed). Despite this, however, almost all the respondents felt that there was a need for more BHAs, especially in the remote barangays where health facilities are limited.

The local government units have been supportive of BHA activities like the construction and renovation of the barangay development centers, water-sealed toilet construction, food production projects and beautification drives. The local government units have also provided some material support to the BHAs in the form of supplies and medicines upon the request of BHA.

Local government officials perceive the BHAs as the link between the government and the community; BHA bring the government closer to the people. particularly in the most depressed barangays seldom reached by other government agencies.

Recommendations

1. Project should make every effort to continue payment of the full BHA stipend for 3 years after deployment and 50% of stipend for two years thereafter. (PMO, OBM, RHO, USAID).
2. PMO should request Ministry of Local Government to allocate funds for BHA stipends out of PD 144 funds starting January 1, 1984. The Provincial government is enjoined to assist 4th and 5th class municipalities in instances where they find it difficult to absorb the cost of stipends. (MLG, Local Government Executives, PMO, MOF, OBM)
3. Reorient barangay and municipal officials with regards to their commitments to the project. (PMO)

4. Ensure that the mayors are furnished a copy of the accomplishment reports of the BHAs to keep them informed of the status of implementation of the project in their respective municipalities. (PMO, BHA, RHU)
5. Mayors' offices should establish and maintain active Municipal Health, Nutrition and Population Committees to coordinate inter-agency integration of the project and to keep abreast of the project. (Mayors' Offices, PMO)
6. Establish an effective communication system to keep municipal government informed. (PMO)

D. COMMUNITY PARTICIPATION

Conclusions

Observations in the barangays visited, as well as analysis of the responses gathered, indicated that the BHA is accepted by the community as an effective agent for the improvement of the health conditions of the people.

According to Project Paper and Loan Agreement the BHA should project the image of a coordinator and facilitator of health services rather than the provider of services. The BHA is presently filling more the role of a provider of services who solicits the assistance of the residents in implementation, rather than guiding the people to identify and solve their own health related problems.

Recommendations

1. Clarify or redefine the role of the BHA and resultant functions and effectively communicate this to all involved. (PMO, RHU, BHA)
2. Adequately train BHAs in community development with particular emphasis on techniques for involving residents in determination of needs, planning, implementation and evaluation of health related activities. (PMO, RHTC, Provincial Training Unit)
3. Strengthen/intensify the Information, Education, Communication, and Motivation Campaign (IECM) component of the program (OMA, Line Agencies).
4. Where income-generating projects are identified as needs by residents, BHAs should take the initiative to involve the appropriate agency to respond to the need. (BHA, Line Agencies)

5. Provide assistance to BHAs who are having difficulties in eliciting community participation. (PMO, Mayors)

E. OTHER LINE AGENCY PARTICIPATION

Conclusions

Interagency coordination and integration from the regional level down to the barangay levels is a key factor to the successful implementation of this project. Sixteen regional government agencies and government entities were committed to active involvement in this project. Their participation was to be coordinated through committees at all levels.

This evaluation determined that these agencies have not participated fully in project implementation.

Regional Directors of some of the agencies are only vaguely aware of the project. Most of the provincial level officers are even less knowledgeable. There are three reasons for this: first, several agencies had major reorganizations after the BIHNPP began implementation; second, there seems to be a communications problem within many of the agencies; and third, there is weak communication between PMO and the agencies and little follow-up by PMO to insure that the work is being carried out.

The only coordinating committee is at the regional level. It is the policy making body, the Project Management Coordinating Committee (PMCC) and it has not met regularly. Few agencies send regular permanent representatives to this committee so an inordinate amount of time is spent at each meeting updating the new representatives; the result being that some policy issues are not resolved immediately. The planned interagency task force at the regional level, which was to serve as the technical arm of the project manager, has not met since 1981. This task force was intended to coordinate actual implementation. There is considerable interest among respondents to reactivate this committee. PMCC establishes policy yet no interagency group has taken that policy and put it into realistic operational terms. Reactivation of the task force could strengthen the program and lessen the load on the already inadequately staffed PMO.

Aside from interagency coordination, there is not much evidence of individual agency participation in the project with the partial exception of POPCOM and MSSD.

At the municipal and barangay levels, there is little evidence to suggest that there is any planned interagency coordination or integration. However, there are encouraging instances where resourceful barangay level workers (including BHAs) are making conscious efforts to coordinate their activities.

In summary there seems to be a question as to whether the project is really an integrated project in any sense of the word. There is a need to strengthen coordination and promote integration of all agencies involved in the project.

In addition to the above, there are two less important issues which should be dealt with. The first concerns a nutrition component of the project which was to be implemented by CRS/SAC and financed with PL 480 generated pesos. To date CRS has not signed the memorandum of agreement to implement this component, therefore, no implementation has occurred on this component. If immediate action is not taken on this, the project participants will not benefit from this component. The second issue concerns the fact that MA has not been provided with the following incentives and equipment as stated in the Loan Agreement:

- Incentive allowance for HMT, RYDO's and their respective provincial and regional supervisors for extra effort in targeted barangays.
- Scales and grinders where needed.
- Two vehicles, one for each province. (Only one has been provided)

However, since the evaluation found little evidence of any extra effort in targeted barangays by MA, this should be examined prior to the release of the incentives. Likewise, the implication of this on other agencies' active participation in the project should be considered.

Recommendations:

1. PMCC should meet on a regularly scheduled basis. The Chairman should follow-up with Regional Directors to get their assurance that they will send only permanent representatives or permanent alternates in their absence. (PMO, PMCC Chairman, BRBCC)
2. Form new committees and reactivate existing committees to serve as interagency coordinating bodies at all levels. Meetings should be held regularly with specific agenda. (Project Manager, PMCC Chairman, all participating agencies, Governors, Mayors, PHO, BHA)

3. Establish an effective and functional communication mechanism for information dissemination and for feedback throughout the project at all levels, including governors and mayors. (PMO)
4. Take appropriate efforts to redefine the roles of participating agencies and to ensure that there is a clear understanding of their respective responsibility and their working relationship with PMO and coordinating committees. (Project Manager, MLG, MA, MPWH, OMA, NNC, MSSD, MECS, POPCOM, and NMYC)
5. Reactivate interagency task force and request line agencies to assign permanent representatives to it. (PMO, BRBDP, Line Agencies)
6. Make one more attempt to have CRS/SAC participate in the project. If they decline, another appropriate agency such as MSSD should be approached to take responsibility for the nutrition component. (Project Manager, CRS/SAC)
7. Examine MA's role in the project and reasons why incentives agreed to in the Loan Agreement have not been provided. Restudy the policy of providing incentives only to MA technicians participating in project and its implications on other agencies' active involvement in the project. (PMO, MA, PMCC)

F. PROJECT MANAGEMENT OFFICE

Conclusions

BIHNPP is being implemented through the organizational structure of MOH. The FMO is not a free standing entity since most of the project's technical and administrative staff are designated from MOH-V to perform project functions in addition to their other responsibilities.

The efforts of these designated personnel at all levels should be recognized, but in spite of the attempt of most of the staff to do two jobs at once, the fact remains that there is insufficient staff at the PMO to effectively implement the project. For this reason, a USAID funded consultant has been assisting in managing the ESI component. The project manager and one assistant manager are designated RHO employees, in spite of the fact that OBM has approved the hiring of additional full-time personnel for these positions. No written qualifications or job descriptions accompany these positions and very limited efforts have been made to fill the positions. OBM

indicated that PMO did not supply adequate supporting documentation and justification for many of the positions requested. This could be the reason why only two management positions were approved when three were requested.

In addition, the planned technical arm of the PMO, the interagency task force, is inactive. This group was to assist the project manager in coordinating the implementation of this project. The importance of this assistance cannot be emphasized enough. Many designated MOH personnel at the provincial and municipal levels do not adequately understand their role in this project. This is indicative of a communication problem which exists within PMO at all levels, and also with other coordinating agencies and government units. There exists a need for an improved communication system in addition to a functional monitoring and evaluation system. The national level should not be overlooked. Respondents at national levels requested more regular status reports from PMO.

Recommendations

1. Secure a full-time Project Manager, Assistant Project Manager for ESI and laboratory technicians. This can be done by hiring new personnel or by detailing existing RHO personnel on a full-time basis. Conduct extensive and continuous publicity of job vacancies until the positions are filled including radio and newspaper announcements. Prepare job qualifications and the descriptions. (PMOC, PMO)
2. Take appropriate and effective action to insure that all designated personnel of MOH understand the project and their individual role in the implementation of the project. (PMO)
3. Establish and operationalize an effective communication network with all operating units in this project. (PMO)
4. Operationalize the monitoring mechanism to ensure that project targets are accomplished within a reasonable time frame and that problems are referred to the appropriate agencies or operating units for action. Identify responsible staff to undertake this task. (PMO)
5. Reactivate the interagency task force to serve as technical arm of PMO. (PMO, Line Agencies)
6. Submit regular reports of financial and physical status of project to BRBDP, NEDA, MOH-Central, O&M, and USAID. (PMO)

G. FINANCIAL MANAGEMENT

Conclusions

Disbursement for both foreign exchange costs and local currency costs have been slow when compared to the planned expenditures. Although 62% of the project life had passed by December 31, 1982, only 17% of the obligated loan funds had been disbursed. It should be noted, however, that certain commitments had been made for which disbursements are still pending, for example, approximately P2 million of water sealed toilet bowls and water supply materials has been purchased by the GOP and reimbursement has not yet been claimed. When it is claimed it would boost the expenditure rate to 30%.

It is obvious that if the rate of disbursement is not increased, the project will not achieve the desired outputs by the current PACD (December 31, 1984). There are at least three major reasons for the slow rate of disbursement: the slow rate of project implementation; inadequate or inappropriate mechanisms for the flow of funds; and the lack of full-time personnel in the PMO to attend to the financial management of the project.

Requirements for financial management of the project are stringent. Compliance with the requirements of the various agencies are exacting. Currently the financial manager of the project is also the full-time finance officer for the RHO-V. Although she should continue to be involved with the project, she does not have the time to give sufficient attention to it.

The budget under which the project is operating was prepared at the time of the writing of the project paper (1979). Since then there have been several changes in project expenses and inflation has outrated estimated project costs. The budget should be updated to reflect current project situation and present costs.

There is considerable confusion over how long BHAs are to be paid from the loan funds. This came to light when it was learned that beginning January, 1983, the PMO prepared stipend checks from loan funds for only half the stipend. The PMO had interpreted the project documents to read that local government units would begin to pay half the stipend in January, 1983. As a result, BHAs are only getting half of their stipends and local governments are confused over their responsibilities and the next steps that need to be taken.

Recommendations:

1. Extend the project assistance completion date (PACD) by one year in order to capitalize on past expenditures and to assure the attainment of the project purpose only if a project manager and

an assistant project manager (ESI) are either hired or detailed to the project on a full-time basis. (USAID, PMO)

2. Revise the project budget to reflect the current project situation and the impact of inflation. No further AID funds should be disbursed until this has been done. (PMO, USAID)
3. Project should make every effort to continue the payment of full BHA stipends for three years after deployment and 50% until the PACD. (USAID, PMO)
4. USAID, PMO, and OBM should meet as soon as possible and regularly thereafter to analyze and discuss the financial management of the project to facilitate timely releases of funds. They should explore innovative methods of financial management and consider direct payment by AID for certain project elements. (PMO, USAID, OBM)
5. Provide regular status reports of project performance to appropriate offices. (PMO)
6. Assign an assistant financial analyst to assist the designated finance officer. (PMO)
7. Instead of AID and GOP drawing up and signing a separate Reimbursement Agreement for each activity to be financed during a given year (i.e., BHA stipends, ESI materials), the project should submit a proposed annual budget for all AID financed (and GOP financed) activities. The budget, if within the limits of the loan agreement, would be approved by a Joint Project Implementation Letter (JPIL) and would be the basis for the reimbursement of funds. (PMO, USAID)

IV. DETAILED FINDINGS, ANALYSIS, AND RECOMMENDATIONS

A. BARANGAY HEALTH AIDE FUNCTIONS

BACKGROUND

The Barangay Health Aides (BHAs) are the core to the success of implementation of this project. All 400 BHAs (240 in Camarines Sur and 160 in Albay) were fielded as of January, 1983.

According to project documents, prior to the selection of BHAs, targeted barangays were to be identified based on a pre-established set of criteria and the results of the Environmental Sanitation Survey. The BHA qualifications included among others, residency in the respective targeted barangay, and graduation from high school, with preference given to midwifery graduate.

Each respective barangay captain was to make three nominations. These nominations were to be screened at the municipal level by the Municipal Screening Committees. Two nominees were then to be forwarded to the Provincial Screening Committees. The most qualified applicants were to be selected by the PSCs for endorsement to the training group to undergo training. After successful completion of training, the BHAs were to be recommended to the governor for appointment and to sign a one-year contract.

Training for BHAs was to include both theoretical and practical phases. The practical phase was to be conducted at barangay sites. Post evaluations were to be undertaken to determine the extent of assimilation of skills and knowledge for each batch of BHAs trained. Training of BHAs was to be conducted in 10 batches of forty (40) trainees each.

Upon initial assumption of duties, the BHAs were expected to organize their Barangay Health, Nutrition and Population Team (BHNPT), make a spot map of the community, and assist the barangay captains and residents in identifying the barangays' health and sanitation needs.

According to the Loan Agreement and Project Paper, BHAs are to serve as facilitators and coordinators, not as directors, in helping the barangays to identify and solve their health and health-related problems. Their responsibilities as health coordinators are to focus on the following functions: community organization, environmental sanitation infrastructure (ESI), nutrition, family planning, control of communicable diseases, vital statistics and curative functions.

The Implementation Plan and Manual of Operations, however, indicated that the BHAs should also perform the following functions:

coordinate/complement in the dissemination of IECM materials, and to attend to and/or assist with maternal and child health (MCH) services and dental services. Community organization work was not cited in these documents as a BHA function.

Because the BHAs are considered semi-volunteer workers, their incentive is a monthly stipend of P306.75. Their performance is to be monitored via BHA monthly reports submitted at the municipal and provincial level and then forwarded to the PMO. Direct supervision is to be carried out by the RHM with additional support from RHU staff, PHO staff and PMO.

FINDINGS

1. Recruitment Process

Prior to the recruitment of BHAs, barangays were selected via the findings of a BREDP survey for the first batch and the Environmental Sanitation Survey for the remaining batches. Once barangays were identified, the PMO and PHOs made genuine efforts to adhere to the criteria of the recruitment process of BHAs, particularly on the residency issue.

In many cases there were not three nominations per barangay. In addition, local officials showed preference to nominating midwives, whom they felt could provide better health services for the community than non-midwives. The dilemma then became whether to select a non-resident midwife or a resident non-midwife. The former was given priority. In actual performance, however, some high school graduate BHAs have performed better than midwife graduate BHAs.

Few municipal screening committees were organized to screen BHA applicants at the municipal levels. These few committees were not fully aware initially of the criteria on residency. Once the committees were informed, however, they tried to adhere to the criteria.

There were instances when only two nominees appeared during screening at the municipal level rather than the required three because of a lack of qualified applicants. Those applicants who passed at the municipal level, either through the MSCs or the individual mayors, were then screened by the provincial screening committee.

After the final selection and training of BHAs, most mayors required non-resident BHAs to reside. However, neither the mayors nor the PMO have made efforts to monitor the residency status of BHAs.

2. Residency

Many of the BHAs interviewed are non-residents. However, there was a tendency among most of the non-resident BHAs to claim residency when asked. The barangay residents, on the other hand, stated that the non-resident BHAs are residents because they reside at their stations during weekdays. A majority of the residents and barangay captains and officials, did not know of the requirement for residency.

Some non-resident BHAs report to work during the daytime from 8:00 A.M. to 5:00 P.M.. Some others, who were residents at the time of selection, moved to other barangays after deployment and now reside only during weekdays in their assigned barangays. A few others report to their stations only once or twice a week. The excuses used for their absences were attendance at seminars/conferences.

Residents and officials of one barangay, with a part-time resident BHA and irregular worker, remarked that if the BHA had been in her station on a particular afternoon, she may have been able to prevent the death of a baby who was suffering from fits of convulsions. However, in another case, the community requested the RHU to appoint their BHA as an RHM to be assigned to their barangay. This BHA is also a part-time resident, but a dependable and regular worker.

3. Training

A review of the training curriculum for the BHAs revealed that the design for the eight weeks basic training course was developed around the functions of the BHAs as cited in the Implementation Plan rather than the Loan Agreement and Project Paper. In addition, community organization was included as a topic to a limited degree.

The roles of the participating agencies (MLG, MA, MPWH, NNC, NMYC, MSSD, MECS, POPCOM, BRBDP, and Local Governments) were incorporated to provide the BHAs with knowledge on the various programs being provided by these agencies since the BHAs are expected to be the contact persons at the barangay level for other agencies.

The training modules were prepared by interagency task force composed of staff of the Regional Health Training Center (RHTC) and training officers of six participating agencies, namely: MLG, BRBDP, NNC, POPCOM, MPH and MA prepared the training modules. NMYC failed to assist with the preparation of training modules and the actual training of BHAs as stated in the Project Paper and the Implementation Plan.

Trainers from RHO-V and other participating agencies handled the actual training of BHAs. However, some resource persons were not available at scheduled times and dates and this disrupted the sequence of topics. Further, some resource persons did not have the necessary briefing on what focus their presentations on. Some representatives from line agencies failed to relate their agency's programs to BIHNPP. Findings showed that the trainers who attended the trainers' training and participated in the preparation of the training design and modules were not the same resource persons sent by respective agencies during the actual training.

The overall impression of the curriculum was that it was designed to train health care providers rather than health "facilitators." There was heavy emphasis on the technical aspects of health care and little on how to involve people meaningfully and actively in solving their own health problems.

Training strategies utilized during the basic training included both theoretical aspect and field practicum. Teaching methodologies covered the range from didactic through participatory approaches. Basic training and re-trainings were conducted in Bicol, English, and Tagalog. The BHA Manual, although printed in English, was apparently understandable to the BHAs.

To measure the effectiveness of training through the application of knowledge and skills gained during actual training, evaluations were to be conducted six months after deployment of each batch of BHAs. However, only the 1st batch was evaluated and that was after nine months. Results of that evaluation revealed some curriculum and implementation deficiencies such as:

- a. amount of time devoted to field practicum was generally too little;
- b. immediate supervisors (RHU) were not involved in the training of BHAs; and
- c. time allotment to subject areas on community organization and communication skills was too limited.

Deficiencies noted in No.1 and No.3 were minimally corrected in future trainings, however, to date, supervisors have not participated in any BHA training. The schedules for re-training as outlined in project documents have been followed through Batch 5.

Other than the one evaluation, there exists no system or mechanism to gather feedback on training deficiencies/needs from either the BHAs or their supervisors. The regional training staff presumed that the PHOs gleaned, analyzed and consolidated training feedback from BHA monthly reports before submitting these reports to PMO. Albay PHO is using this approach; Camarines Sur is not. Regardless, PMO has not analyzed these reports and thus no feedback has been given to the training staff.

There were eight batches of basic training rather than ten. Therefore, the limit of 40 participants per batch was not adhered to. One training had only thirty one participants (first batch) while another had as many as sixty eight in attendance. RHTC and PMO explained that the number of trainees depended on the number of nominees recommended by the municipal screening committees.

Although pre and post tests were given to each BHA, there were no standards established for successful completion of training. There was at least one instance when a trainee with an extremely poor post-training score was assigned to her station at the completion of training. When questioned, RHTC staff commented that since BHAs were appointed prior to training, every participant was passed and deployed. However, according to the Implementation Plan, and in reality, the governors only appointed nominees after they passed the basic training.

Based on the responses of the BHAs, supervisors, mayors, and residents, most think the BHAs have been equipped with the necessary knowledge and skills to be able to perform most of their basic functions. However, they cited some areas which need strengthening. These include community organization, communication skills, control of communicable diseases and in particular handling people's fears, curative aspects, and teaching methodology for health and nutrition. Other areas identified but to a lesser degree, were family planning, nutrition, and environmental sanitation.

4. Functions

There is a dissimilarity in the description of the functions of BHAs in the project documents. The Implementation Plan and Manual of Operations are identical with regards to the functions stated in the Feasibility Study, the precursor study to the project. The more recent and updated documents derived from the Feasibility Study namely, the Project Paper and Loan Agreement, have a somewhat different set of functions. These latter documents view the BHA less as a provider of health services and more as a facilitator in enabling barangay residents to identify and solve

their own health problems. Whereas, the former documents portray the BHA as the "doer" or "director" of health care and less as the catalyst for community concern and involvement in improved health. The BHA training was based on the concept and functions in the Implementation Plan.

The perceptions of the major functions of BHAs varied among the groups of respondents as shown in the chart below:

	FUNCTIONS					
	Curative	MCH	ESI	CO	Nutrition	Communicable Disease Control
1. Residents	X	X				
2. Barangay Captains	X		X			
3. RHM			X	X		
4. PHN	X	X				
5. RSI	X		X			
6. MHO			X		X	
7. BHA			X			X

Note that the majority of respondents perceive that the major functions of BHAs are curative and ESI. This is indicative of the general perception of the BHA as a "provider" of services. The actual involvement of BHAs in providing curative measures has considerably decreased the number of cases sent to the RHU. However, BHAs are not primarily responsible for prescribing and dispensing medicines and thus, an inconsistency exists between their perceived role and their lack of supplies to carry out that role.

Most of the ESI activities, as of the time of this evaluation, centered around campaigns for water sealed toilet (WST) construction and sanitation drives. These activities have required the involvement of residents during implementation.

The RHU and PHU staffs perceive the BHAs as regular health workers of MOH and expect them to perform in a similar manner to the RHMs. Because of this, some midwife BHAs have been required to give immunizations not only in their respective barangays, but in nearby barangays as well. The BHA role in this function

should be to assist the RHM and PHN by motivating residents and facilitating control of communicable disease efforts in her respective barangay, not to be primarily responsible for giving immunizations.

MCH is not a function cited in the Loan Agreement or Project Paper but is cited in the Implementation Plan. Many BHAs are midwives and spend a large amount of time attending to deliveries.

Meanwhile, nutrition activities focus on education, conduct of Operation Timbang (OPT), and assistance in the maintenance of community gardens and feeding programs. Family planning activities (not perceived as a major function) include motivation, referral of acceptors and distribution of condoms. In some barangays, these activities on nutrition and family planning functions are undertaken in coordination with the barangay level POPCOM & MSSD workers as envisioned in the project design.

Community organization is not perceived by many as one of the major function of BHAs. However, some BHAs are taking efforts in this area. The BHAs of Albay have succeeded in organizing and training family heads in the Primary Health Care (PHC) concept patterned after the "Ilaw ng Buhay" scheme of Project Compassion.* The functionality and viability of this effort has yet to be proven. Camarines Sur BHAs have not engaged in such efforts.

BHNPTs, which were supposed to be organized by BHAs upon deployment were non-existent in the barangays evaluated with the exception of one barangay. PHC committees have been used to serve the purpose of BHNPTs. However, the membership of the PHCs does not represent line agencies involved at the barangay level, as envisioned with the BHNPTs.

*Project Compassion is a UNICEF-assisted experiment on social development integrating health and nutrition, family planning, backyard food production and environmental concern in a program which is both child focused and people based.

Ilaw ng Buhay - a movement launched by Project Compassion features a framework for analyzing local problems affecting children and other target groups in the community; recruitment, training and deployment of barangay development workers and synchronization of community based planning at all levels.

5. Improvements

Respondents cited several functional areas of the BHAs which need strengthening. Community organization/development was the area most often mentioned. Some BHAs have difficulty in motivating, gathering, involving, and gaining support from barangay residents. Reasons cited for this weakness included the passive nature of some residents and in many cases, BHAs not having adequate skills in communication or community development.

Some BHAs are having difficulty in the performance of ESI functions. There are some WST bowls that are not installed due to lack of construction materials and, in some cases, the BHAs inability to motivate people. There is also confusion concerning the procedures for requesting and constructing community water supply facilities and school toilets. In some areas, awareness of the water facilities and school toilet components of the project is limited.

Some BHAs are having difficulty in motivating residents to use family planning methods and to become immunized. There are many misconceptions and fears regarding side effects of both contraceptives and vaccines.

Respondents are satisfied and grateful for BHAs' efforts in the organization of day-care services. However, there is a need for a more adequate supply of food commodities for these services.

Most BHAs need help in accurately completing their required reports and the recording of vital statistics.

Residents, supervisors and mayors cited two other areas needing strengthening. These included development of income-generating projects and planting of herbal gardens. Neither of these are cited as major functions of the BHAs, however, they are job expectations of RHMs. In addition, an insufficient supply of medicine was identified as a major problem by all respondents. This identification may be indicative of the perception of the role of the BHA as a provider of health services.

To summarize, in spite of the fact that there is confusion over BHA functions, all respondents are satisfied with their presence and the help they are providing in improving health services and conditions in their respective barangays. The only exceptions are in those barangays where the BHAs are not available frequently.

6. Supervision

a. PMO

Results of the interviews showed that frequent supervisory visits are made to BHAs in Albay and to a lesser degree in Camarines Sur from the provincial level. In addition, almost all MHOs require BHAs to attend regular weekly conferences at the RHU. The exception to this is in Camarines Sur where some MHOs interviewed take no part in the direct supervision of their respective BHAs, and in one instance where the MHO was not even aware of BIHNPP.

At the municipal levels, records show that in Camarines Sur the PHJs made most of the supervisory visits instead of the RHMs, who are to be the immediate supervisors of the BHAs. However, in Albay the RHMs made the most frequent visits to the BHAs.

During supervisory visits in Albay, the RHMs and BHAs discussed problems encountered and possible solutions, and the activities to be undertaken in the succeeding weeks. However, in Camarines Sur matters pertaining to WST construction, as well as, records and reporting of vital statistics were the major topics of discussion.

The BHAs are under the administrative and technical supervision of the RHUs and they are treated like any other health personnel. They are expected to perform the functions of a health worker. Apparently, good performance is correlated with being a midwife. Many supervisors commented that midwife BHAs are far better than those who are non-midwives. Being so, the supervisors gauged good performance based on the criteria of what RHMs are tasked to do. The real concept of BHAs as coordinators and facilitators in the barangay for health and health related activities is vague among supervisors. Interviews disclosed that new RHMs and some original supervising RHMs have not been oriented or trained with regards to this project. Because the Special Order for training of RHMs in 1980 with regards to BIHNPP did not specify which RHMs were to attend, some non-supervising RHMs attended in lieu of supervising RHMs.

Most BHAs interviewed were not aware of PMO or PMCC when asked. However, upon clarification, most associated PMO with their recruitment and training. A few BHAs interviewed had been visited by a member of regional PMO.

Based on the organizational structure of PMO the regional staff are not responsible for direct supervision of the BHAs. However, they are responsible for direct supervision and monitoring of the project through the PHO and indirect supervision of BHAs. There was no evidence of a functioning system between regional level and the provincial level to allow supervision and monitoring of project or of BHAs to occur.

b. Municipal Government

Municipal mayors are not assuming a role in direct supervision of BHAs. Mayors' visits to targeted barangays have been to discuss problems of on-going projects and activities of the barangay with barangay officials, workers and residents. No visits were made for the prime purpose of BIHNPP.

The only time mayors saw BHAs outside of their stations was at the Municipal Halls when BHAs made their courtesy calls and requested mayors' signatures for the ESI resolutions, or during CIVACS (Civic Action), an activity of the Civil Relations Division of the Armed Forces of the Philippines.

During these visits, most of the mayors learned that BHAs did not have a sufficient supply of medicine and requested the Philippine Constabulary to provide MARCOS kits (government medicine kits) to the BHAs. However, one of the mayors, who is a doctor by profession, lamented the choice of medicines found inside these kits and also supplies given to BHAs. At the very least he felt that the BHAs should have anti-venom serum for snake bites, a serious problem in this particular municipality.

The mayors have an effective means to pass communications to BHAs. Communications in letter form can be sent to the BHAs in care of the barangay captains through reliable messengers within the day. However, mayors noted that they are not kept informed on the status of the project from the BHAs, PHO, PHOs or PMO. Because of this, they remarked that they don't have problems with communication to BHAs because there is little or no communication. They are being bypassed in the communication line.

Mayors believe that the project is very worthwhile and a great help to the residents of targeted barangays. However, they feel that their role in the project is significant, since they will take over partial stipend payment and thus PMO and RHU personnel should keep them posted of the project status.

ANALYSIS

In general, there does not necessarily appear to be a relationship between full-time residency of BHAs and their performance. What seems to effect performance and community acceptance are BHA attitudes, the work actually performed, amount of time spent in the barangay, and effectiveness of supervision.

Non-resident BHAs, who only worked occasionally in the barangay, are ineffective, as are resident BHAs with lack of initiative and motivation to get involved with barangay residents. Many non-resident BHAs who lived in the barangay only during the week, however, seem to be doing very well.

From the recruitment stage on through deployment, it seemed that the issue of residency was not clearly understood. This was evident from the fact that many barangay captains are not aware of the requirement even though they were the first link on the chain of nominations. The second weak link came at the municipal level where few municipal screening committees were formed and those that were organized did not know of the residency requirement. The third weakness was at the provincial level where there was no clear standard of what held priority, residency or midwifery graduate, when no applicant had both qualifications. There appeared to be ineffective communication on this issue.

Once deployed by the mayors, BHAs were told to reside in their respective barangays. However, this has not been enforced and some are not residing. Some BHAs have even moved from the barangay after deployment. The question as to who is responsible for verifying and requiring residency needs to be examined.

In terms of educational background, the evaluation found that a midwifery background has little effect on overall performance of the BHA and even of community acceptance. Individual initiative, resourcefulness, and the ability to gain the confidence of the people and to have a meaningful working relationship with them is more indicative of good performance than academic training.

The initial training of BHAs was built on the role of the BHA as outlined in the Implementation Plan, which from a conceptual standpoint, differs from the Loan Agreement and Project Paper. Thus

BHAs lacked orientation and training on approaches to working as a facilitator, coordinator, and advisor to barangays in carrying out their functions. This may be why community organization skills and communication skills have emerged as areas needing further emphasis.

In the area of training it was learned that there should be a feedback mechanism to elicit training needs from the BHAs and their supervisors. Moreover, retraining of BHAs every six months is imperative. The importance of continually upgrading the skills and capabilities of BHAs must be given emphasis. Likewise, follow-up/impact evaluations six months after each retraining should be conducted for subsequent batches. The value of involving BHA supervisors in appropriate retrainings also should be considered.

Although other line agencies were involved in the training, their involvement did not deal with the importance of inter-agency participation or their respective role in the project. This could be the reason why little or no inter-agency work is being done.

Presently, the BHAs are the barangay level workers of MOH-V carrying out midwifery functions. Their orientation, training, supervision, and reporting reflects this. They are implementing most of the functions in a top-down manner or rather than from the bottom-up. In addition, based on the varied perceptions of their job functions, some are expected to perform additional activities such as income generating projects, dispensing of medicines and giving immunizations in the catchment area of the RHMs.

Because the perceptions concerning the role of the BHAs varies among all individuals and groups involved or affected by this project, it is difficult to make a firm conclusion as to the effectiveness of the BHA performance. Observations revealed, however, that at all levels there is satisfaction with this additional attempt to improve health status. With the exception of a few BHAs, barangay residents are happy to have them in their community.

However, if the expectation of the BHAs and the project is that barangay residents become involved in determining their health-related problems and finding solutions to them, the BHAs are neither adequately oriented nor trained to approach their functions in this manner. Generally, residents have been involved in a very limited, if not perfunctory, manner in the identification, planning, and implementation stages of all functional areas, with the partial exception of ESI.

The major issue then becomes a clarification not only of the major functions of the BHA, but the approach they should use to carry these functions out. Once there is conceptual agreement on this, then it needs to be effectively communicated to all concerned parties and in particular, the BHAs, their supervisors and the mayors. This overriding issue is key to the continuing success of a Barangay Health Aide concept once the PACD is reached. Unless there is a clear understanding and agreement as to their role, future role (if different from the present) and how they will relate to each other, there is doubt that this project will continue at the barangay level with the necessary support. The answer to the following questions could be the key to the real functions of the BHAs. Who is the BHA accountable to -- the RHU and MOH or the barangay residents and the local governments? And who will she be accountable to once PACD is reached?

It is essential, therefore, that all parties concerned begin to openly and effectively communicate about this project. The mayors' involvement has been too limited. And the supervisory line has been inadequately oriented and trained about both this project and the relevant support and supervision needed by the BHAs.

RECOMMENDATIONS:

1. Clarify or redefine the role of the BHA and resultant functions and effectively communicate this to all involved. (PMO, PMCC, USAID, CMA).
2. Provide supportive, relevant, and consistent supervision for BHA based on her functions as clarified in #1. (RHU, PHO, PMO).
3. Establish feedback mechanism on training needs of BHAs and analyze BHA monthly reports as measure of training needs. (RHU, PHO, PMO).
4. Establish relevant communication network for all involved in the project. (PMO, IECM)
5. Review the effect of the residency requirement on BHA effectiveness and adjust requirements accordingly. At a minimum BHAs should reside in their assigned barangays full time Monday thru Friday. Those failing to meet this requirement should be replaced. (FMO, PHO, RHU, Mayors)
6. Provide adequate training and follow-up for BHAs in community development with particular emphasis on techniques for involving residents in determination of needs, planning, implementation and evaluation of health related activities. (PMO, Provincial Training Team, Regional Training Unit)

B. ENVIRONMENT SANITATION INFRASTRUCTURE COMPONENT (ESI)

BACKGROUND

The ESI component of BIHNPP encompasses both an infrastructure phase and an institutional development phase. The infrastructure improvements include the following:

- Upgrading of regional and provincial labs to allow for more adequate bacteriological and chemical analyses of water sources.
- Construction of household toilets (32,000 WST)
- Construction of school toilets (400)
- Construction or repair of community water facilities (400 barangays)*
- Upgrading of individual household water facilities (2,000)**
- Chlorination of drinking water (one year period after completion of community water facility construction).

The Loan Agreement states that labor for construction will come from the beneficiaries. The project will in turn fund the materials. One exception to this is funding for water sealed toilets (WST). According to the Loan Agreement, the project will subsidize each toilet installation up to a maximum of P60.00. The Implementation Plan, however, states that the project will provide only the bowl; and that the beneficiaries counterpart would be labor and other construction costs.

According to all pertinent documents, the beneficiaries will amortize the cost of the community water facilities over a five-year period. Cooperative associations should be formed to own, operate and maintain the facilities.

* An average of 3 facilities per barangay of 1,000 people will be constructed according to the Implementation Plan.

**The Loan Agreement states this is an offshoot of the amortization of the community water facilities. The Implementation Plan, however, states that the project will loan out funds for materials to upgrade or improve 2,000 private hand pumps.

The rural institutional development component includes the fielding of BHAs. The BHA is responsible for initiating and coordinating the infrastructure development at the barangay level, and for motivating residents to have proper blind drainage, disposal of refuse, and control measures for insects and rodent pests.

The Implementation Plan specifies how the ESI component is to be carried out. The most salient points are:

1. An Assistant Project Manager for Physical Infrastructure and Environmental Sanitation would be hired by PMO to oversee plans, preparations and to monitor and check for quality control.
2. An Environmental Sanitation Survey would be undertaken within the first six months of the project in which the type of facility to be constructed in each of the 400 barangays would be identified.
3. MLGCD (now MLG) would conduct Cooperative Training in barangays, be involved in preparation of the necessary requirements for registration of the cooperatives, and assist in the review and approval of the program of work for the facilities.
4. A Memo-Agreement would be drawn up between the Cooperatives and PMO prior to requisition of materials for the water facilities.
5. MPWH (formerly MPW) would have responsibility for technical assistance at all stages in construction of water supply facilities, toilets, and drainage, including topographical and geological surveys for the proposed site for water supply facilities.

This stated responsibility concurs with the Memo-Agreement with MPW. The documents state that technical assistance for ESI would be provided by MPWH, Provincial/City Engineers Office, RHO-V Engineering Staff, and RSIs and BRBDP.

The Organization and Administrative Policies for Implementation of Project cites MPW as the agency providing technical assistance for construction of school toilets in addition to issuing the certificate of project completion prior to PMO releasing full payment of the facilities.

The Manual of Operations spells out very specifically the responsibilities of the Provincial/City Engineers Office, MPWH, and the MDC's.

Below is a Table listing the targets and status of the ESI infrastructure accomplishments as of December 31, 1982.

	Project Target	Accomplishments 12/31/82
Labs	Microscopes and other supplies for water analysis. Upgrading of labs.	Some equipment received. Water analyses on limited basis in Regional Lab only
Household toilets	32,000	10,200
School toilets	400	0
Community Water Facilities	400 barangays (Avg. 3/barangay)	one barangay (6 pumps)
Ind. HH Facilities	2,000	0
Chlorination	Households in Barangay	0

FINDINGS

1. General

Except for the occasional mention of community beautification, all other responses concerning ESI related to water-sealed toilets (WST), improved water supply facilities and community school toilets. The level of knowledge and understanding of each of the above three are respective to the order listed. All respondents are aware of WST and many non-BHA respondents mentioned only the toilets when asked about ESI. However, most are either not aware or not well-informed on barangay water supply facilities or community school toilets.

The majority of respondents indicated that the community residents and officials have been involved through community assemblies in the identification of ESI projects. The community, as envisioned in the project plans, is to be a part of the identification process.

It was noted in Camarines Sur, that the majority of the RSIs indicated their involvement in project identification, yet the BHA responses did not bear this out. Because the BHAs and the residents may not have the technical expertise to properly identify ESI projects, i.e., community water facilities, it is important that RSIs be involved in the process. Based on these findings, however, it is questionable as to how much they have been involved.

2. Personnel

The position for Assistant Project Manager for Physical Infrastructure and Environmental Sanitation was not approved by OBM. However, the position, Assistant Project Manager for Technical Services, was approved and designated to an RHO Physician. Little or no work related to ESI has been handled by this person because of his already full workload at the RHO. It should be noted that no scope of work has been prepared for this position and only minimal attempts were made to fill this position on a full-time basis. Therefore, no one has the overall responsibility for managing this phase of the project from the PMO. The designated Assistant Project Manager for Administrative Services took the initiative to get the WST activity underway and has continued to assist a USAID funded Implementation Consultant in the coordination of ESI. Some logistical and administrative matters have also been handled by the designated Supply Officer.

The technical assistance for ESI, which was to be provided by MPWH, Provincial/City Engineers Office, RHO Engineering Staff, BRBDP and RSIs has been minimal. The majority of the assistance was to be provided by MPWH. However, there was no evidence of their involvement in ESI as of December, 1982. At the beginning of project implementation, MPW was merged to become MPWH and the current Director had little awareness of this project or the role MPW has to the project.

The Provincial Engineers Office has provided no assistance. The RHO Engineering Staff has designated one Civil Engineer to assist with ESI and other project infrastructure as an addition to his other responsibilities at RHO.

BRBDP has provided assistance when requested by individual BHAs. The RSIs have helped with community beautification and installation of water sealed toilets. Some are helping with the drafting of the resolutions. (See Section on School Toilets/Water Facilities).

3. Upgrading of Regional and Provincial Labs

In several barangays, it was mentioned that water samples were being taken. However, to date, they are not being analyzed at Camarines Sur Provincial Laboratory, and only at the Regional Laboratory in Legaspi on a limited basis. Findings revealed that the facilities in Albay Provincial Hospital were improved and renovated by the project however, they have not been occupied. Hospital officials said that there is an agreement that the Regional laboratory will occupy the area. It seems, however, that the space is not large enough to accommodate the regional staff. The Albay Provincial Laboratory has not been a recipient of equipment as per original plan. In Camarines Sur, the lab has been upgraded and has received some of the required equipment and supplies. No additional technicians have been hired, although positions are approved. Even if the labs were fully operational, the transportation time alone to either of the labs is too long to get valid samples from remote barangays.

4. Construction of Household Toilets (WST)

Each BHA was provided with 80 toilet bowls shortly after deployment. The majority of the barangays surveyed had installed more than 60% of the toilet bowls, with the exception of one barangay which had installed only four.

Two major problems were identified as the causes for the slow rate of construction: lack of funds and/or materials for construction and lack of available time of the residents. The project is only supplying the bowls at present. As a result, some toilets are improperly constructed and not properly sealed and some residents are not motivated to accept and install the toilets.

Two barangay captains in Camarines Sur mentioned that people without cement were not even given WST. In many barangays, the barangay council collects fees ranging from P2.00 to P20.00 from the residents who obtain a bowl. The fees in turn help with BHA activities including the construction of BHA health stations.

Other concerns mentioned are the use of indigenous materials rather than cement, transportation problems, and "peace and order" problems. One respondent mentioned that the toilets should be constructed at a higher elevation so there would be no problem with flooding. In Albay, upland barangays were quick to cite the lack of water as a major constraint to toilet project completion. Indeed to have functioning water sealed toilets, the provision of adequate water supply is essential.

Another finding was that in some barangays, toilets intended for household use were given to schools or constructed at barangay health stations. Some BHAs are unaware that there is a separate item for school toilets. In one case, a mayor approved the transfer of excess WSTs to a neighboring non-targeted barangay.

A very positive finding was that residents in a barangay with "peace and order" problems handcarried their WST to their new barangay when they were forced to move.

5. Construction of School Toilets and Improved Water Supply Facilities

There were several major problems identified with respect to the implementation of community water facilities and school toilets. One problem results primarily from either a lack of awareness or lack of knowledge on the proper approval process for this phase of the project.

In Camarines Sur, only three BHAs and one MHO interviewed had a full understanding about the procedure for this aspect. Two MHOs mentioned that they knew nothing about this part of the project and an additional two agreed that information on this has not been communicated clearly, if at all, to them from the PMO or PHO. One third of the RSI responses in Camarines Sur concerning ESI pertained only to WST and/or water samples--no mention of school toilets or community water facilities. Another RSI mentioned that he only became aware of the procedures for this aspect one week prior to his evaluation interview. And still another RSI (appointed September 1982) although aware, was not well-informed and has requested training so he can handle his responsibility. No training has been provided yet.

The present procedure for initiating the construction of community water facilities and school toilets is the preparation of a resolution by the BHA and the community. The barangay captain's and PTA president's signatures, respectively, are required for the resolutions. The resolutions are then to be signed by the mayor and governor before being passed to the PMO. The instructions for completing the resolutions and the procedures for routing the resolutions are not in written form. They have been communicated by word of mouth to the PHO, RHU Staff, and BHAs. There have been no crosschecks as to who has been privy to this information and who has not. As a result, a great deal of confusion, misinformation and information voids have occurred. In addition, a large number of resolutions coming from the municipalities are being sent directly to MPWH or BRBOP. In the absence of any identification as to the source of funding, these requests are included in the proposed projects of the respective agency for appropriate funding if found to be among its top priorities.

More than half of the BHAs cited these procedures as a problem. Many BHAs interviewed did not even have the forms and others had just received the forms in January 1983. One BHA said that no information on the requirements for ESI were given during the basic training course. A review of both the BHA Training Manual and The BHA Manual confirmed this. Information covered on ESI in both of these documents is technical in nature. No guidelines or procedures for ESI or responsibilities of BHAs and other agencies are cited. Some BHAs also mentioned no traveling expenses as a handicap.

A second problem concerns the barangay cooperative associations. According to the documents these were to be formed to own, operate, and maintain the water facilities. In addition, a revolving fund was to be established to repay the loan for materials. According to the Implementation Plan, MDOs were to conduct cooperative training in the barangays and be involved in the implementation of this phase of ESI. No training for cooperatives has occurred and no cooperatives have been formed. It follows then that no Memo-Ag has been drawn up between the Cooperatives and the PMO. This was to have occurred before materials were even requisitioned. Materials have been and are continuing to be requisitioned and delivered to barangays.

Interviews found that in Camarines Sur, most of the MDOs know nothing about the ESI component of the project. At the beginning of the project, MLGCD was responsible for the cooperatives. Due to reorganization, the cooperatives responsibility is no longer with MLG. This then raises the question as to what agency is responsible for the training and formation of the cooperatives.

A third problem discovered concerns the Environmental Sanitation Survey undertaken by DAP. It was not completed until June, 1982, yet, it was to have been completed within the first six months of implementation. The survey was to determine the type (s) of facilities which should be constructed per respective barangay. Instead, it reported only the existing types of facilities. The survey is useless for the purpose intended.

One positive finding was that the majority of the barangay captains and residents are aware that they have a responsibility for maintenance of facilities. However, there is no mention of this in the resolution forms. It was also noted by the evaluation team that three of the barangays have existing water supply facilities which do not work. Yet the resolution form does not ask the barangay to supply any information other than their request for type of water facility needed. Two barangays visited

must buy drinking water at ₱1.00 per can (17 liters) because their present water source is salty. Again, the resolution form requests no information regarding current water problems in the barangay.

A fifth problem revealed confusion and communication voids over which agency or personnel should provide technical assistance on the identification and supervision of construction. As a result, little if any technical assistance is being provided. There is the serious potential that inappropriate water facilities could result. It is sad to note that one BHA thought that the barangay is required to hire a technical advisor to supervise construction of water facilities.

Confusion also prevails over community school toilets. Several BHAs have already given WST intended for households to schools because they did not know there was a special project item for schools. Few BHAs and barangay captains are aware that the shelter would also be provided. Some barangays without schools requested that the toilets go to the schools in the barangays where their children attend school.

A final problem noted was that there was a delayed receipt of funds for water facilities and school toilets. Funds for 1982 were released December, 1982. These funds, therefore, must be allocated by March 31, 1983.

6. Construction of Individual Household Water Facilities

There is no awareness of this aspect of ESI and nothing has been planned. The Loan Agreement and Implementation Plan do not state the same thing regarding the construction/upgrading of the private hand pumps for individual household. The former states that the repayment of the loan for community water supply will fund the improvement of 2,000 private pumps for remote households. However, the Implementation Plan states that the project will loan out funds for the materials for this aspect. The Project Paper does show a budgetary item for this.

7. Chlorination of Drinking Water

According to the Implementation Plan, the chemicals for chlorination of drinking water will be supplied to households in each targeted barangay for one-year period after the construction of the water facilities has been completed.

No plans have been made for this to date. However, as of December 31, 1982, six water facilities had been constructed in one barangay.

ANALYSIS

There are several major problems in the ESI component. However, the single overriding problem is that no one from the PMO has been assigned to manage this complex and vital aspect of the BIHNPP. Had there been someone with this responsibility, the problems identified may not have existed or may have been less grave.

1. Upgrading of Laboratories

The delay in delivery of equipping the laboratories makes water sample analyses a dream for many BHAs. The questions need to be asked as to why the delay and why water samples are only analyzed on a limited basis at the regional laboratory. In addition, it would be impossible for some remote barangays to have water samples analyzed because of the lengthy travel time to laboratories.

2. Household Toilets

The household toilet construction has progressed fairly well. Many bowls are installed, many with indigenous materials, and some incorrectly. However, the use of indigenous materials rather than cement, and the proper installation guidelines for indigenous materials have not been effectively communicated. BHAs believe that the bowls must be installed with cement and that the use of indigenous materials is only temporary. RSIs and BHAs should be adequately updated on this.

The complaint of too little money and/or materials for installation of WST may be eliminated by proper use of indigenous materials. If not, the project has been authorized up to P60.00 per installation. To date, no money has been provided for construction materials. The improved sanitary conditions of barangays should be weighed against the holding back of this aid so that the people will become more self-reliant.

3. Community Water Facilities and School Toilets

The construction of school toilets and community water facilities phase has serious difficulties. First of all, even though the Environmental Sanitation Survey was very delayed and the funds were not released till late 1982, ground work needed to be laid. The appropriate line agencies should have been doing their preliminary work to the construction phase, training should have been completed for cooperatives and the cooperatives formed.

Then when the survey was completed and money released, essential groundwork and planning would have been done. However, the reality is that the line agencies were not well-informed or updated on their responsibilities. Little or no groundwork was laid, money was released, and it is now being spent hurriedly to meet the March 31, 1983 deadline.

Secondly, most of the MDOs who were to coordinate the formation of cooperatives, are not even aware of this project. Materials are being released to barangays for construction with little or no technical assistance to supervise, and no agreements from the barangay to repay the loan and maintain the facilities exist.

Thirdly, since there is no one from the PMO managing this component, there has been no follow-up of line agencies to clarify their role and thus there has been little technical expertise involved in any aspect of ESI. Because of this, there is a great potential that "white elephants" could result in many barangays.

Unclear directions or procedures on how this aspect was to be carried out at all levels was found to be a major constraint to implementation. Communication has been verbal, inconsistent, and haphazard.

In addition to the above concerns, the question must be raised as to why it seems, based on the review of BHA manuals, BHAs were not provided with training on the administrative aspects of the ESI component.

And finally, the resolution form itself is seriously lacking in information needed for proper determination of the type of water facility needed, and responsibility by the residents to repay for materials and maintain the facilities. Is it realistic or fair to inform residents that they must set up a cooperative and repay the loan after the fact?

It seems apparent, that if it was not for the efforts of the USAID funded consultant, who bears no management responsibility for ESI implementation, and the Assistant Project Manager for Administrative Services designated to the PMO, little, if anything would be accomplished to date with the construction of water facilities and school toilets.

4. Household Water Facilities and Chlorination

Little, if any, knowledge or even awareness, seems to exist with regards to the construction of individual household water facilities and chlorination. No planning is underway for either of these two elements. Again, this seems to result from the fact that no one from the PMO is coordinating ESI.

RECOMMENDATIONS

1. Hire or detail a full-time Assistant Project Manager immediately to manage ESI and laboratory technicians. Continuous and extensive efforts should be taken to fill these positions including radio announcements. Specific job descriptions and qualifications must be prepared. (PMO, PMCC)
2. Involve all appropriate line agencies in planning the implementation of ESI from this point on and assign specific responsibilities. PMO must follow up on line agencies to insure the involvement of technical expertise at all stages of ESI implementation. (PMO, MPWH, BRBDP, PEO, CEO, MOH V, Chief RSI, MA, MLG)
3. Either comply with the Loan Agreement or make a formal request to amend the Loan Agreement with regards to the provisions for financing the community water systems. Review reports from Barangay Water Project and other pertinent projects in making the above determination (PMO, PMCC).
4. Establish a system for information dissemination and feedback with built-in cross-checks to ensure that communication on ESI matters are clear, consistent, thorough, and understood at all levels. Mayors and MDOs must not be overlooked (PMO).
5. To compensate for the inadequacy of the resolution form for water facilities, make site inspections to barangays where there is a question on the appropriateness of the request. (PMO, MPWH, BRBDP, PEO, CEO, RHO-V, Chief RSI, RSI).
6. Repair existing water facilities where appropriate rather than construct new facilities. (PMO, MPWH, PEO, BRBDP, RHO-V, Chief RSI, RSI).
7. Agree on the financial scheme for improvement of individual household water facilities and make plans for implementation (PMO, USAID).

8. Take immediate action on chlorination of water. Give attention to adjusting the time table and/or financing of the chlorination since it is doubtful that target can be reached by PACD (PMO, USAID).
9. Investigate reasons why laboratories are unable to do water samples analysis from targeted barangays and take appropriate action. Consider alternative methods for water analysis for remote barangays (PMO, USAID).
10. Make decisions on use of cement versus indigenous materials for construction of household toilets. Communicate this clearly and thoroughly to PHO, RHU, BHA, with acceptable construction plans and instructions (PMO, MPWH, PEO, Chief or RSI, RSI).

C. LOCAL GOVERNMENT SUPPORT

BACKGROUND

One of the key purposes of BIHNPP is to increase local government financial support of health, nutrition, and population programs. In order to fulfill this purpose, a cost sharing arrangement of BHA stipends was agreed to in project documents. However, the documents vary in wording as to when the cost sharing would be initiated.

The Project Paper stipulates that "The project will initially fund the BHA stipends and training costs. Barangay, Municipal and Provincial government will agree in writing, as a condition of the participation in the project, to fund BHA stipends beyond the first three years. The cost sharing by the province, municipality and barangay will be in the same proportion that they share property tax revenues; 47.5 percent, 47.5 percent and five percent respectively. Project support will be phased out gradually after a BHA has been completely funded for three years." (p. 37)

However, the Financial Cost Estimates Tables (Table B5) in the Project Paper, states that "80 BHAs would be paid P300.75 per month each in year 1, 240 BHAs in year 2, and 400 thereafter. Project share is 100% of stipends for the first three years of project and 50% of the stipends for the next two years. The other 50% shall be contributed by the local government units. After five years from the date of the start of the project, BHA stipends shall come from the local government units entirely . . ." (p. 25)

The Implementation Plan states that "the project will pay the BHA stipend for 3 years upon deployment. Thereafter, the project will shoulder 50% of the stipend and the local government the remaining 50%. During the phasing out of the project, the local government will shoulder the cost of the stipend based on the following sharing for the province, municipality/city and barangay: 47.5%, 47.% and 5%, respectively." (p 31)

The Memorandum of Agreement with local government units; e.g. city mayors and provincial governors dated December 21, 1979, states that the provincial governors office (PGO) shall "share 50% of BHA stipend after three years of project implementation and 100% after five years." The city mayor's office shall ". . . ensure counterpart funding upon phase out of project support."

As indicated above, some documents state that local governments will begin to share the cost three years after BHA deployment; others state three years after the project begins.

FINDINGS

1. Acceptability

There seems to be favorable local support for the BHAs at all levels. Most municipal and provincial officials indicated that they will do their utmost to find the resources necessary to retain the BHAs when project support is terminated.

Another indication of local government support to the BHA is the assistance provided in the construction or renovation of the barangay development centers, water-sealed toilet construction in the centers, food production projects, and beautification drives. These projects are usually done in "bayanihan" or "rabus" style. The local governments have also provided some material and financial support to the BHAs in the form of supplies and medicines.

Local government officials perceive the BHAs as a primary link between the government and the community. They also act as the farthest extension of the national government bringing the government closer to the people particularly in the most depressed barangays seldom reached or served by other government agencies.

2. Extent of Commitment

Results of the interviews showed that most of the municipal mayors and barangay captains were not aware of the absorption of the BHA stipend after the third year of implementation and upon phase out of the project. Nevertheless, almost all municipal and provincial officials indicated their willingness to absorb their portion of the BHA stipend at 47.5 percent each for provincial and municipal government and five percent for the barangay at the end of the project.

PMO did take measures to inform officials of their obligations. These measures included a conference in 1981 at Penafancia Resort, Naga City; Memo-Ag between and among MOH-PMO, BRBDP and local government units, a series of communications sent in 1982 regarding their commitments, and a reminder notice in November, 1982.

The fourth year of the project began January, 1983, and PMO reduced BHA stipend to 50%. However, no government unit at any level had made budgetary provisions for the other 50% in their 1983 budget.

The majority of local government officials claimed that they will have difficulty in absorbing the cost of their share of BHA stipend because most of these barangays/municipalities are depressed. Should the barangay, however, be required to share 5% of BHA stipends, the possible sources could be thru contributions and from income-generating projects of the barangay. Barangay respondents are willing to absorb the cost of BHA stipends as long as the BHAs reside in the barangay and performs her jobs well. The question is whether they are able to absorb the cost.

Another significant finding was that despite the difficulty of the local government to subsidize BHA stipends, almost all of the respondents felt that there was a need to increase the number of BHAs in their areas.

ANALYSIS:

Many of the respondents from the barangays and municipalities expressed their apprehension about their inability to come up with the required share of BHA stipends. Likewise, it was the impression of some, that the 4th and 5th class municipalities may not be able to incorporate in their budget their support of the project until their financial capabilities improve. This could result in an extremely negative impact on project implementation since the PMO has already reduced the level of project support for the BHA stipend by 50%.

The PMO presumed that the local officials were aware of the cost sharing and their financial obligations starting January, 1983, because of the many inter-actions they had with local officials concerning this. However, it seems that written communications and conferences were inadequate. It is important to get their formal commitment through another dialogue with them.

Considering the present situation, it now appears that there are two interpretations as to when exactly local funding is to commence. The PMO interprets the three year period for 100% government support from the time the project started while the local government tends to interpret the three-year period from the time the BHA was deployed. The Project Paper (p. 37), Implementation Plan, and financial plan of the Loan Agreement tend to support the position being taken by the local government. PMO, however, based their decisions on the Note on Table B5, page B25 of the Project Paper which states: "Project share is 100% of the stipend for the first three years and 50% of the stipends for the next two years. The other 50% shall be contributed by the local government units. . . "

At this stage, there is an urgent need for the PMO to make arrangements with the Office of Budget and Management (OBM) for the release of the full amount of BHA stipends, and with the provincial governors, municipal mayors for their absorption of BHA stipends. Unless the full payment of BHA stipend is restored, there is a possibility of a real hiatus developing in the very near future.

It is also felt that the capability of the local government to absorb BHA stipends will be affected by other commitments of the provincial government, especially to other agencies of the government like POPCOM and NNC. It would be worth mentioning that the salaries of the FTOWs (field workers of POPCOM) will soon be absorbed by the province.

RECOMMENDATIONS:

1. Project should make every effort to continue payment of the full BHA stipend for three years after deployment and 50% of stipend for two years thereafter. (PMO, USAID, OBM, RHO-V).
2. PMO should request Ministry of Local Government to allocate funds for BHA stipends out of PD 144 funds starting January 1, 1984. The provincial government is enjoined to assist 4th and 5th class municipalities in instances where they find it difficult to absorb the cost of stipends. (MLG, Local Government Executives, PMO, MOF, OBM)

3. Reorient barangay and municipal officials with regards to their commitments to the project. (PMO)
4. Ensure that the mayors are furnished a copy of the accomplishment reports of the BHAs to keep them informed of the status of implementation of the project in their respective municipalities. (BHA, PMO, RHU)
5. Mayor's office should establish and maintain an active Municipal Health, Nutrition and Population Committee to coordinate inter-agency integration of the project and to keep abreast of the project. (Mayor's Office, PMO)
6. Establish an effective communication system/procedures from PMO to keep municipal government informed. (PMO)

D. COMMUNITY PARTICIPATION

BACKGROUND

Local participation and support is vital to insuring the success of any development effort in the community. This should be apparent in the actual functioning of the BHA in the barangay.

According to the project intent, the BHA would utilize group process, communication techniques, and consultation in assisting barangay residents to identify and find solutions to their health related problems. The participation and integration of all available resources and personnel would be sought to best solve the problems the barangay has identified.

This increased participation of barangay workers and residents alike in health, nutrition, and population programs is cited as one of the four major purposes of the BIHNPP.

FINDINGS

General findings revealed that there is weak community participation in the identification of health related problems and solutions and in the planning of activities. However, there is adequate community support and participation in the implementation itself of activities.

This participation is evidenced through a myriad of activities. Most frequently mentioned were voluntary services through rabus, provision of indigenous materials in the construction and renovation of barangay health centers, planting of herbal and vegetable gardens, beautification and cleanliness drives, and fund raising campaigns. In addition, in some barangays, residents provided BHAs with

temporary health centers. The degree of attendance and participation at community assemblies and meetings varies among the barangays. However, in most barangays these meetings are being conducted for the purpose of informing the residents of upcoming activities rather than involving the residents in the determination of activities based on their defined needs.

Several hindrances to participation in the BIHNPP project were cited. These included people's ignorance of the project, passive nature of residents resulting in a poor attendance at assemblies and meetings, poverty, and political climate. Some BHAs cited difficulty in motivating residents to become involved.

One specific project activity mentioned as having problems with participation was the construction of water sealed toilets due mainly to lack of materials for construction.

Recommendations made by respondents to strengthen community participation included the following: to have continuous dialogue with the people, to intensify information, education and communication component of the program, to improve coordination/collaboration with line agencies, and to undertake more income generating projects.

ANALYSIS

Observations in the barangays visited, as well as analysis of the responses gathered, indicate community acceptance of the BHA as an effective agent for the improvement of the health conditions of the people. Community participation was attributed to the fact that the BHA had established rapport with the community. Likewise the live-in-the community arrangement easily facilitates the acceptance and integration of the BHA in the community.

Although the program has already elicited favorable response and support from some sectors of the community, the BHA still has to contend with some factors which hinder community participation. The dire poverty of some residents which results in total consumption of their time for basic survival needs, inhibits their involvement in activities for total community welfare. As in some instances, this lack of involvement further results in a lack of awareness of programs and a reluctance to attend meetings and training sessions.

Although quite insignificant, political factions were draw backs to community participation. The apathy of some barangay officials and opinion leaders in some community activities has eroded public support to such undertakings. Barangay leadership is essential to an effective community-BHA partnership.

Despite some constraints, the evaluation results indicates that the program had made a meaningful impact on the barangay residents.

RECOMMENDATIONS

1. Clarify or redefine concept of the BHA and resultant functions and effectively communicate this to all involved. (PMO, PMCC, USAID, IECM)
2. Adequately train the BHAs on community development with particular emphasis on techniques for involving residents in determination of needs, planning, implementation, and evaluation of health related activities. (PMO, Provincial Training Team, Regional Training Unit)
3. Strengthen/intensify the IECM component of the program. (OMA, Line Agencies)
4. Where income-generating projects are identified as needs by residents, BHAs should take the initiative to involve the appropriate agency to respond to the need. (BHA, Line Agencies)
5. Provide assistance to BHAs who are having difficulties in eliciting community participation. (PMO, Mayors)

E. OTHER LINE AGENCY PARTICIPATION

BACKGROUND

BIHNPP is an integrated comprehensive and multi-sectoral project. This implies the participation of several agencies and organizations with varying degrees of inputs to the project. Inter-agency coordination from the regional down to the barangay levels, therefore, is a key factor to the successful implementation of the project. To operationalize this integration, interagency committees were to be established at all levels according to project documents. These committees included the following:

- Project Mangement Coordinating Committee (PMCC) sub-committee of the Bicol River Basin Coordinating Committee (BRBCC) at the regional level.
- Provincial Health, Nutrition, Population Committee (PHNPC) to be chaired by the provincial governor and coordinated by the provincial coordinator. (PHO)
- Municipal Health Nutrition Population Committee (MHNPC) to be chaired by the mayors, and coordinated by the MHO/CHO's.
- Barangay Health, Nutrition, Population Team (BHNPT) with the barangay captain as chairman and BHAs a coordinators.

The membership of these committees were to be composed of representatives of all agencies engaged in health, nutrition, population and related services namely, MOH, OMA, MPWH, NNC, POPCOM, NMYC, MECS, MLG, and MSSD.

In addition to the above committees, an interagency task force was to be formed as a technical staff of the PMO to assist the project manager in overseeing and coordinating the activities of the project. All participating agencies were to have permanent representative to this group. The project manager was to call meetings twice a month and the Sr. and/or Jr. Development Coordinator of BRBDP was to coordinate the activities of the task force.

The roles and responsibilities of each participating agency were defined in project documents. In addition, responsibilities toward BIHNPP were stated on each respective Memorandum Agreement.

FINDINGS

The PMCC has been organized to provide advisory support in the formulation of management guidelines and organization policies. It is composed of the MOH regional director as chairman and the regional

directors of the involved agencies (MA, OMA, MPWH, NNC, MLG, MSSD, MECS, POPCOM, and NMYC), the provincial governors of Albay and Camarines Sur, the city mayors of Naga, Iriga and Legaspi and the program director and senior deputy director of BRBDP. It meets on an irregular and infrequent basis. From June 29, 1981, to March 3, 1982, no meeting was held. Many of the regional directors and other key members do not attend. One reason cited for poor attendance by the regional directors was that meetings are not held on a regular basis and that meeting notices often arrive only one day before meetings. Also, there appears to be a problem resulting from directors not appointing permanent representatives to the PMCC, as required. An inordinate amount of time at each meeting therefore, has been spent in educating the new representatives about the project and giving background of prior meetings. In addition, most representatives sent are not authorized to commit their agencies. Thus, some policy issues have not been resolved immediately.

The inter-agency task force which was supposed to meet twice a month, has not met since late 1981. At least two respondents at the regional level strongly recommended that this group be reactivated.

None of the committees namely, PHNPC, MHNPC, OR BHNPT exist, nor did those responsible for initiating the formation and coordination of the committees seem to have any awareness of their responsibility on this matter. The exception to this was with some BHAs who stated that they used the Primary Health Care Committee (PHC) to assist them in their work. These PHCs, however, are composed of community residents, not representatives of line agencies serving the respective barangay.

There seems to be little evidence of program participation by other line agencies, and even less evidence of program integration. Most regional directors of participating agencies appear to be reasonably informed about the project. But this knowledge is not translated into meaningful participation in the integration of program activities. In two cases, the regional directors, whose agencies were to have major supporting roles in the project, were only vaguely familiar with the project. However, it should be noted that these two regional directors seldom attend the PMCC meetings and usually send representatives in their place.

Many agencies failed to perform their specific functions as reflected in the project documents. Below is a general summary of the status of agency involvement:

RHO-V has appointed a PMO staff, mainly on part-time designation, and has directed provincial and municipal level health officers to provide necessary support for the project. However, RHO-V has not regularly submitted periodic reports to the PMO regarding project accomplishment by the respective PHO's and RHU's.

MLGCD, now MLG, has not provided any tangible project inputs. Most MDOs are not even aware of their roles/functions in project implementation and some don't know of the project. MA also, has not fulfilled its responsibilities to the project, with the exception that it has assisted in the nutrition program through improved farming practices and intensified crop production activities in some of the targetted barangay by coincidence. It should be noted that MA has not received the incentive allowances and the supplies stated in the Loan Agreement. (With the exception of one vehicle).

OMA, as lead agency of the IECM component, has developed a campaign plan, has organized the task force of information composed of public information officers, and has made tri-media releases. However, OMA seldom submits periodic reports to the PMO regarding IECM project implementation. Hence, PMO is not updated on activities undertaken by this agency.

NMYC has been a consistent participant in all project conferences and workshops. However, they failed to assist in the training of the BHAs or in providing assistance in the preparation of the training modules. Furthermore, NMYC has not provided appropriation for partial provision of incentive allowance for lectures in the training program.

MSSD is responsible for the procurement and distribution of PL 480 food commodities. However, because of a delay in the approval of PL 480, this activity has not been started. The PL 480 was not approved and funds released until December 29, 1982, to finance nutrition components. MSSD has been coordinating with BHAs regarding the day-care program.

As per Project Paper, the PMO was supposed to transfer selected project funds to the provincial government but this has not been done due to some policy and administrative constraints. In addition, the provincial government and municipal governments were responsible for incorporating into their annual budgets funding for BHA stipends upon phase out of project support. This has not been done for 1983 budget. PMO did send reminder notices of this responsibility to government units in November 1982. In addition, the provincial government have not prepared the annual provincial implementation plans or quarterly performance reports.

The Catholic Relief Services/Social Action Center (CRS/SAC) has not signed the Memorandum of Agreement which specifies its responsibility for training and providing supervision for the project hired additional diocesan nutritionists, food-for-work coordinators and community organizers. Because CRS/SAC has not committed itself to the project and PL 480 funds have been delayed, the implementation of the nutrition component of the project is behind schedule.

MECS is piloting Project HEPS, which is a project venture, to strengthen the curriculum on health, nutrition and population in selected secondary level schools. MECS has not, however, adequately informed division and district offices to assist in the IECM campaign.

MPWH has been assisting the PMO in the preparation of design, specifications and cost estimates of physical infrastructure. As of this evaluation period, however, MPWH has not provided any assistance in water facilities and community school toilet construction or conducted topographic or geologic surveys.

POPCOM was the only agency which displays awareness of the project and seems to be fulfilling its responsibilities at all levels.

Interviews with provincial level line agency officers, reinforced the above findings. One provincial officer of a major agency had absolutely no knowledge about the project. Many other provincial officers remembered when the project was being developed but have received little or no information about the project once it began implementation. The only exceptions are again POPCOM representatives and to a lesser extent MSSD workers. There is also little evidence at the municipal or barangay level to suggest any planned inter-agency coordination and integration. However, there were instances where resourceful barangay level workers (including the BHAs) made conscious efforts to coordinate their activities.

Although it is clearly stipulated in the project documents as to who would coordinate with whom, understanding of the coordination mechanism still poses a problem for some agencies at the different operational levels. In Camarines Sur, there seems to be confusion as to who the provincial coordinator really is. Likewise, there seems to be inadequate information regarding the roles and responsibilities of some of the involved agencies and operating units, in particular MLG and the Regional Health Laboratory.

To summarize, the involvement of other agencies in the implementation of BIHNPP is very limited and weak. Most agencies have not fulfilled their responsibilities and PMO has not followed through in eliciting the participation of these agencies.

ANALYSIS

Although inter-agency linkages have been established through membership in the PMCC, these linkages need to be strengthened at all levels.

The evaluation indicated that the PMCC has not been a particularly effective body for policy and implementation coordination. Many of the problems encountered in the project could have been resolved if

the PMCC had met on a regularly scheduled basis and agencies had assigned permanent representatives as was set forth in the project documents. One can also reasonably question the usefulness of any group that can go eight months without meeting, particularly when this lengthy break occurred at a time when the project was in an intensive period of implementation build-up.

Information on policy seems to stop at the PMCC and thus the provincial level on down remain in an information void. Even at the regional level some key agency workers are not kept up-to-date on the project.

If the inter-agency task force had been active, perhaps some of these problems with inter-agency coordination and integration could have been eased. Since PMCC is a policy body, it only seems logical that the task force be used to put the policy into inter-agency operational terms and fulfill their role as the technical staff of the PMO. The involvement of such a key group could lessen the load of an already overworked PMO.

Moreover, if the different committees at all levels, i.e. PHNPC, MHNPC, and BHNPT, are functional, the inter-agency linkages would improve. The strengthening of organizational linkages among participating agencies cannot occur if there is no mechanism set up for them to regularly meet to discuss and plan their coordinated efforts in this project. Programs/projects/activities should be coordinated by an inter-agency group like the PHNPC, MHNPC and BHNPT that can fully handle the interests and inputs of all involved agencies.

Communication between the PMO and the various agencies needs to be strengthened as well. Because there exists a situation where many agencies are either unaware or poorly informed of their responsibilities toward the project, their commitment needs to be restated and a clear understanding reached as to their role. The PMO should go one step further to clarify how each agency is to fulfill its role in coordination with PMO. Because of major reorganizations within several agencies since project inception, namely MLG, MA, and MPWH, this situation becomes even more important if the project is to be successfully completed by PACD.

Several other items should be carefully examined and acted upon. They include the decision of CRS-SAC not to execute the Memo of Agreement and the failure to release funds under PL-480. These factors have inhibited the implementation of the nutrition component. If possible, this could be taken over by another agency actively involved in nutrition like MA or MSSD.

Other factors needing clarification include the lack of supplies and incentives given to MA technicians and supervisors agreed to in the Loan Agreement. However, it is suggested that the involvement and participation of these technicians in the project be evaluated before any release of incentives be made and the implication of this on other agencies' active participation to the project be considered.

In summary, there seems to be a question as to whether the project is really an integrated project in any sense of the word. On the other hand, the project and the BHAs appear to be making a significant impact on barangay health with minimal support or participation from other agencies. Nevertheless, a modicum of coordination and information sharing at all levels should have a very positive impact on the program.

RECOMMENDATIONS

1. PMCC should meet on a regularly scheduled basis. The chairman should follow-up with regional directors to get their assurance that will send only regular permanent representatives and/or permanent alternate in their absence. These representatives should carry authority to speak and make commitments for regional directors. (PMO, PMCC Chairman, BRBCC).
2. Form new committees and reactivate existing committees to serve as BIHNPP inter-agency coordinating committees at all levels. Meetings should be held regularly with specific agenda. (Project Manager, PMCC Chairman, all participating agencies, Governors, Mayors, PHO, BHA).
3. Establish an effective and functional communication mechanism between the PMO and other participating agencies and operating units at all levels, including governors and mayors. (PMO)
4. Take appropriate efforts to redefine the roles of participating agencies and to ensure that there is a clear understanding of their respective responsibilities and their working relationship with PMO and coordinating committees. (Project Manager, MLG, MA, MPWH, OMA, NHC, MSSD, MECS, POPCOM, and NMYC)
5. Reactivate the interagency task force and request line agencies to assign permanent representatives to it. (PMO, BRBDF, Line Agencies).
6. Make one more attempt to enable CRS/SAC participate in the project. If they refuse, another appropriate agency such as MSSD should be approached to take responsibility for nutrition component. (Project Manager, CRS/SAC).

7. Examine MA's role in the project and the reasons why incentives agreed to in Loan Agreement for MA are not being provided. Restudy the policy of providing incentives only to MA technicians participating in project, and its implication on other agencies' active involvement in the project. (PMO, MA, PMCC).

F. PROJECT MANAGEMENT OFFICE

BACKGROUND

A Project Management Office (PMO) has been created within the Regional Health Office V (RHO-V). It is responsible for the overall planning, coordination and implementation of the BIHNPP and is primarily responsible for receiving and allocating project funds. In addition, the PMO is responsible for the following:

1. Preparation of a detailed operation manual and organization of an appropriate support staff;
2. Approval of the list of target barangays in coordination with the representatives of local government units;
3. Assistance in the establishment of organizational linkages among the different participating agencies;
4. Development and installation of a fiscal management system for the project to serve as the funding channel to implementing groups;
5. Development and installation of a project monitoring and evaluation system;
6. Supervision of project to ensure project targets are reached within reasonable time periods; and
7. Preparation of periodic reports on project accomplishments.

FINDINGS

MOH-V is utilizing its existing organizational structure from the regional to barangay level to carry out the responsibilities of the PMO. To facilitate the management and operation of PMO and the project, MOH has either directly hired or designated MOH personnel to the PMO. Only some administrative personnel, namely, an accountant, cashier, accounting clerk, clerks (3) and drivers (4) were directly hired. MOH designated the management personnel and remaining administrative personnel to perform functions for the PMO in addition to their regular duties at RHO-V. Not all requested PMO positions were approved by OBM. It should be noted that three separate offices at OBM

mentioned that PMO requests for positions lacked adequate supporting documentation and justification.

At the regional level, the designated personnel include the Project Manager, Assistant Project Manager for Technical Services, Assistant Project Manager for Administrative Services, Finance Officer, Supply Officer, and Engineering Aide. All of these designations include accompanying honoraria for the added workload.

The position of Project Manager, Assistant Project Manager for Technical Services and Supply Officer were approved and funded items in the plantilla of the PMO as of March, 1982. It should be noted that only one of three requested assistant project manager positions was approved by OBM. Prior to March, 1982, several interested persons were interviewed for the yet unapproved positions. However, due to a variety of reasons, namely, short-term nature of appointment, annually renewable appointments, lack of tenure, and salary scale, no one sustained a sincere interest. Since the time of position approvals, no one has applied for the positions.

Limited attempts were taken to advertise the positions. The written announcements were posted at RHO-V Office and announcements were made at some health meetings. Efforts have not been continuous to find suitable applicants. It must be noted, as well, that no job description, scope of work or qualifications were available at the time of this evaluation or for the past year for these positions, even though RHO personnel are designated to these positions.

The project manager strongly believes that the minimum qualification requirement for the project manager should be either a physician or an engineer with knowledge or certificate in public health. The approved salary scale of only P27,274 per annum for project manager is too low for such qualifications. However, the salary of P24,696 for assistant project manager is adequate.

Since the PMO is using the MOH organizational structure to implement the BIHNPP, the Provincial Health Officers (PHO) are designated as the provincial coordinators directly responsible for coordinating project activities at the provincial level. They are supported by both the supervisory and administrative staff of PHO. Confusion exists in Camarines Sur as to who the project coordinator is - the PHO or the health advisor to the governor. However, the PHO staff are overseeing the project rather than the health advisor.

The MHOs are designated to perform the same functions at the municipal level, as the PHO at the provincial level, while the catchment area RHMs have the responsibility for immediate technical supervision of the BHAs. In some areas, the PHNs rather than the RHMs are the direct supervisor of the BHAs. Generally, overall supervision and support is satisfactory.

The PMO organized, a Regional Task Force (RTF) and two Provincial Supervisory Teams (PST) (one for each province) to aid in the discharge of project functions. Involvement of the RTF, however, has been on a very limited scale considering that the members of the RTF have other primary responsibilities. The project manager instructed each PST member to schedule 10 visits a month to BHA sites to supervise and monitor their activities. However, due to the already full workload that the members have as part of their regular MOH functions, they have not been able to visit BHAs at that frequency. Each PST member visited an average of two BHAs per month in 1982.

It appears that the functions of most of the personnel designated to PMO at all levels are not clearly defined. It was presumed that these individual functions, e.g. the project manager, assistant project manager, provincial coordinator, etc. had been defined in the Manual of Operations, of which concerned personnel are supposed to be aware. However, no job functions are included in the manual. Thus, it is quite difficult to determine what functions or activities are undertaken specifically as part of PMO or as regular part of MOH. There exist some confusion and misunderstanding about the uniqueness of the BIHNPP as a special project being implemented by MOH-V versus a regular MOH operation. The confusion exists at all levels not only about the project, but also about the role and functions of individual designated personnel and expectations of them with regards to BIHNPP. It must be noted that the perception at the provincial and municipal levels by the MOH personnel is that the BHAs are similar to RHM positions within the MOH.

No annual workplan of the PMO identifying responsible units or personnel to carry out specific activities exists. Thus, the PMO at the regional level seems to be absorbing some of the roles and stated responsibilities of the PHO and other participating agencies. In addition, the inter-agency task force, designed as the technical arm of PMO, is not active. This task force was to meet twice a month to give assistance to project implementation.

PMO has to rely on its existing manpower to facilitate the procurement of present supplies and materials for ESI projects (water supply) within the first quarter of 1983 to avoid reversion of funds. Yet, the PHOs were to take on the responsibility of procurement and delivery of commodities for ESI according to project plans. Likewise, Regional PMO has disbursed all funds for BIHNPP projects since the PHOs do not yet have the capability to handle financial management.

In addition, the PMO provides technical and administrative support to implementing units of the project including training and retraining for BHAs. PMO is responsible for providing supplies, stipends, and other materials and resources to the BHA so that project activities are implemented per time schedule. However, the release of BHAs'

stipends has been delayed, material support is inadequate, and communications are commonly late. Delayed release of stipends resulted from a delay in the release of project funds. This delay in the release of funds also affected other project components like IECM activities.

As the overall coordinator of the project, the PMO has developed a project monitoring and evaluation system to see to it that project targets are accomplished within reasonable time periods. However, this monitoring mechanism has not been functional. Reports submitted to PMO have not been analyzed regularly, in particular, BHA monthly reports. Thus, measurement of progress towards project targets is inconsistent and report findings are not referred to appropriate units for action. This problem swings the other direction to the national level as well. Respondents from NEDA, OBM, and MOH-Central also cited that they are not kept informed of the project and requested more frequent reports.

In addition, few efforts have been taken to establish organizational linkage among different participating agencies. Other than the PMCC, which meets irregularly to handle policy issues, no other coordinating bodies are functional at any level in the project.

During the initial year of implementation, the personnel of the PMO at regional level met regularly, as often as once a month or more as the need required. However, during the second year, the meetings were held every six months or as needed. Some of the problems discussed during these meetings were recruitment, training, implementation of projects, and delays in the release of funds. Most of these problems were resolved during the PMO meetings except cases needing action of other agencies.

ANALYSIS

Based on the above findings, several important organizational issues should be addressed. The first issue is to verify the functionality of the PMO as an operational entity. Most of the key technical and administrative staff are designated and perform their functions within the PMO in addition to their other assigned responsibilities at all levels. The question that really needs to be examined is what the PMO can do to enhance the project that cannot be provided by the MOH-V, particularly when the key people doing the work now will still be there if the PMO were abolished. The exception to this is ESI. Management and coordination of this project component thus far has come from a USAID funded implementation consultant with support from designated PMO administrative staff. Management of any project phase was not the intent of USAID's involvement in the project through a consultant.

Related to this first issue is a second issue concerning the weaknesses observed in the staffing of the PMO. Although repeatedly requested by RHO to OBM, not all positions planned for in the project Implementation Plan were approved. One reason for this may have been inadequate supporting documentation and justifications. Thus, designations were made to handle the responsibilities of some of the unapproved positions.

For the approved positions some were filled; others were not. The two critical positions of project manager and assistant project manager were not filled. Lack of qualified and interested applicants were the reasons given for the vacancies. Yet, it was determined that only perfunctory efforts were taken to find applicants and only for a limited time period. Neither written qualifications nor specific job responsibilities exist for these positions. Yet some applicants for the anticipated positions were deemed unqualified. The question needs to be examined as to who determines the job qualifications in a project such as this for project positions and why there are no stated job responsibilities.

Because these positions were not filled, designations were made. However, the designation for assistant project manager for technical services has no accompanying scope of work. Thus, it is unclear what responsibilities this position holds, other than to fill in for the project manager in his absence.

A common finding at the regional and provincial levels was that most designated personnel are too busy with their normal workload to give adequate time and attention to this project. This finding coupled with the fact that three USAID funded consultants^{1/} have been detailed to the project since its inception, led the evaluation team to conclude that the present work force is not adequate in terms of available time to do the job. If the key personnel at the regional level were working on a full-time basis, then the present staff may be sufficient to manage the project and give adequate support to the part-time provincial staff. However, the involvement of technical expertise would still be inadequate. This assistance has not been provided through an active interagency task force as originally planned. The reactivation of this technical group could provide both needed expertise and relief to an overworked PMO staff.

In addition to insufficiency of person-hours devoted to the project, it was determined that many designated personnel at all MOH levels, do not adequately understand their function in the project. This problem is an inhibiting factor to implementation.

^{1/} The services of USAID funded consultants will terminate on or before 9/30/83.

A third problem is ineffective and sporadic communication and feedback on the project. PMO may not have given the priority and attention needed for the unique implementation requirements of the project, perhaps, because it is being handled through the existing organizational structure of MOH. Many of the key MOH designated personnel in the project are not well-informed of many project components and some do not even understand the project as a whole. This becomes a serious problem with the project and the BHA when the immediate supervisor and provincial supervisor have a set of BHA job expectations which differs from the actual BHA functions. BHA support and supervision, and thus project support, then becomes somewhat ineffective.

This communication problem exists not only within and between each level of the PMO but also between PMO and national level and with other line agencies. Several agencies have specific responsibilities for this project which are not being carried out, including membership on the interagency task force. The PMO has not set up an effective system of communication and feedback to monitor and support its own personnel, as well as, that of other line agencies.

The BIHNPP is being managed by the PMO in a very informal manner. As a result, there exists communication voids, misinformation, and misunderstandings about the project among all concerned parties.

A final conclusion is that the monitoring and evaluation system of the project, is not functional. Because this system is not operationalized, no one has a good grasp on the actual detailed progress of the project and its impediments to success. In a project with specific time restrictions, careful monitoring and evaluation should be conducted continuously to assure timely implementation.

RECOMMENDATIONS

1. Secure a full time project manager, assistant project manager for ESI, and laboratory technicians. This can be done by either hiring new personnel or by detailing existing RHO personnel on a full time basis. Conduct extensive and continuous publicity of job vacancies until the positions are filled including radio and newspaper announcements. Prepare job descriptions and qualifications. (PMCC, PMO)
2. Take appropriate and effective action to insure that all designated personnel of MOH at all levels understand the project and their individual role and function in the implementation of the project. (PMO).

3. Establish and operationalize an effective communication network with all operating units involved in this project. (PMO).
4. Operationalize the monitoring mechanism to ensure that project targets are accomplished within reasonable time and that problems/feedbacks are referred to concerned agencies or operating units for appropriate action. Identify responsible staff to undertake this function. (PMO).
5. Reactivate interagency task force to serve as technical arm of PMO. (PMO, Line Agencies).
6. Submit regular reports of financial and physical status of project to NEDA, MOH-Central, OBM, BRBDP, and USAID. (PMO).

G. FINANCIAL MANAGEMENT

BACKGROUND

Funds to finance the activities of the project come primarily from two sources; namely, the Government of the Philippines (GOP) and the United States Agency for International Development (USAID). The GOP funds are referred to as host country counterpart funds and the USAID funds are referred to as loan proceeds.

There are other financial and in-kind inputs to the project such as PL 480 food commodities, local currency generated by the sale of PL 480 commodities in the Philippines, local government's contribution to BHA stipends and the value of the beneficiaries' labor and funds contributed to the project.

Project funds for Peso Requirement, Loan Proceeds and PL 480 Title I proceeds are being released through the allotment system. Before the start of the year, the PMO prepares the required Work and Financial Plan for the project which will be the basis for advance releases included in the Comprehensive Allotment Advice and Notice of Cash Disbursement Ceiling for the whole region. However, as required under Section 40 of P.D. 1177, a special budget for the year has to be submitted with details of activities and funding requirements and other supporting documents. Upon approval of the special budget, additional releases shall then be made through the issuance of Allotment Advices and Cash Disbursement Ceilings in the name of the project through the Central Office of the Ministry of Health to support programmed activities of the project for the year.

Based on existing regulations, Cash Disbursement Ceiling for Loan Proceeds are released on a Cash Advance basis depending on liquidation of the prior year's cash advances. Project funds are managed by project hired personnel with assistance from RHO-V personnel.

FINDINGS

1. Disbursement for both foreign exchange costs and local currency costs have been slow when compared to the planned expenditures. The following table shows by project year both the planned expenditures (according to Annex I, Attachment I of the Loan Agreement) and the actual expenditures as of December 31, 1982.

Table I

Planned and Actual Project Expenditures
from Loan Proceeds (FX and LC) by Year
(U.S. \$000)

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		TOTAL	
	Pl	Ac	Pl	Ac	Pl	Ac	Pl	Ac	Pl	Ac	Pl	Ac
Foreign Currency ^{1/}	447	0	133	0	210	172	56		49		1895	
Local Currency ^{2/}	130	0	315	100	486	128	476		198		1605	
TOTAL AID LOAN	577	0	448	100	696	300	532		247		2500	

- NOTE:
- a) Actual expenditures through year 3 are rounded off. Total actual expenditures as of December 31, 1982 was approximately \$400,000.
 - b) 15% contingency and cost escalation have been included.

Although 62% of the project life had passed by December 31, 1982, only 17% of the obligated loan proceeds had been disbursed. It is evident that if the rate of disbursement is not increased, the project will not achieve the desired outputs by the current PACD (December 31, 1984).

^{1/} AID dollars used to purchase commodities from overseas.

^{2/} AID dollars converted to pesos to meet local expenses.

2. Although minimal delays in fund releases were experienced in prior years resulting in corresponding delays in implementation, the project had its financial crisis in 1982. Although the required Work and Financial Plan and a special budget were submitted on time according to PMO, the project subsisted mainly on the advance release for Peso Counterpart amounting to ₱1,911,000 and another release of ₱262,570 representing reimbursement made by USAID. It must be noted that according to OBM, budget proposals have been submitted late.

Approval of the CY 1982 special budget was made during the last week of December 1982, and the corresponding Allotment Advice and CDC for additional releases were actually received first week of January, 1983. As a result, BHA retraining had to be suspended and other activities delayed. Disbursements were prioritized and were limited to essential items like stipends and training allowances. Water facilities could not be started and completion of targeted barangay health station construction and renovation could not be accomplished on time.

3. There was a high turnover rate of OBM analysts assigned to the project. There have been three different analysts in each of three OBM offices for this project since the start of the project.
4. PL 480 funds have not been released. These funds were to be used for some project construction, equipment, and certain nutrition activities.
5. A great deal of confusion and uncertainty is doubtless due to the fact that the project budget as outlined in the Loan Agreement was prepared in early 1979. Inflation has changed the prices of many AID and GOP inputs since then, and also there have been several changes in project design which should be reflected in a revised budget. In April 1980, USAID requested a revised budget by PMO (PIL No. 4). To date, this has not been received by USAID.

Certainly not to be overlooked in this litany of probable causes for delays is the current world wide recession which has caused severe budget constraints on the GOP. In 1982, a 25% reserve was put on the amount requested from loan proceeds. The budgetary problem is also the probable reason that the one release for 1982 (CDC) was not made until the last few days of the year.

6. It has recently been learned that there is considerable confusion over how long the BHAs trained and deployed under the project are

to be paid using loan proceeds. This came to light when it was learned that the PMO has recently prepared stipend checks for only half the full stipend beginning January, 1983. Project documents are inconsistent with regards to the payment scheme of BHA stipends. Internally, the Project Paper even contradicts itself as to when local governments should begin cost sharing. (See Local Government Support section for details.)

ANALYSIS

1. Loan Proceeds

With the signing of the Loan Agreement in August 1979, the U.S. Government committed its life-of-project contribution to the project (\$2.5 million). This amount is programmed to use either to finance foreign exchange or local currency project costs.

There are at least three reasons for the slow disbursements: 1) the slow implementation of the project; 2) inadequate or inappropriate mechanisms for the flow of funds, and 3) lack of personnel in the PMO to attend to the financial management of the project. This section of the evaluation report will address the latter two and make recommendations for modifying the methods of disbursement and hiring additional financial managers. We will necessarily address the foreign exchange costs and the local currency costs separately.

a. Foreign Exchange

Disbursement for foreign exchange costs may be obtained by the project by the following methods:

- i) Requesting reimbursement from AID for disbursement for goods or services purchased by the project. Lack of foreign exchange in the Philippine Government has made this method difficult and it has not been used in this project.
- ii) Requesting that USAID procure goods or services for the project. This method has been used to procure vehicles, PMO equipment and data equipment from abroad worth approximately \$200,000.
- iii) Requesting that USAID pay the supplier or contractor directly for procurement actions taken by the PMO.

- iv) Requesting that USAID issue Letters of Commitment to a U.S. Bank(s) or supplier(s) for goods or services procured by USAID or the PMO. This method has not been used during the life of the project and is not likely to be used due to the nature of the project.

At this point it does not appear that there will be any further need for foreign exchange to finance project inputs.

b. Local Currency

Discussion will therefore focus on the more relevant area, AID financed local currency expenses. The loan agreement states that the project may obtain reimbursement of funds under the loan for local currency costs by submitting to AID requests to reimburse such costs. The local currency needed for the disbursement is normally made available initially by the Government of the Philippines through its normal budgeting process. This money used by the GOP to support the project is sometimes referred to as seed money. Thereafter, AID reimburses the GOP in accordance with a Reimbursement Agreement which is issued by AID and signed by both AID and the GOP.

The GOP budget system operates relatively smoothly on a reimbursement basis for foreign assisted projects. The system provides for: (1) the GOP to appropriate funds necessary to implement the project; (2) the submission to USAID of periodic reimbursement requests (as frequent as quarterly if desired); and (3) USAID releasing dollars to the GOP treasury. GOP ministries are authorized to obligate and disburse only GOP appropriated funds. USAID can not advance directly to GOP ministries; only to the GOP treasury. Since appropriations are not linked to USAID advancing project funds, advances are used only rarely in the Philippines and are generally problematic.

So far in the project, AID has only been requested three times to finance local costs agreed upon in the loan agreement. Details of these three requests and actual reimbursements are summarized in the following table:

Table 2

Summary Data of Total Amount of AID Reimbursement
Amount Requested for Reimbursement and Amount Reimbursed by AID
According to Purpose and Year

RA No.	Purposes	Project Year	Total Amt. Elig. for AID Reimbursement	Amount Requested for Reimbursement	Amount Reimbursed by AID (12/31/82)
01	Survey & other services of the DAP	1 (1981)	\$66,207	\$60,966)	\$71,310
	Impr. & Constr. at the PMO		10,344	10,344)	
02	BHA Stipends	1 (1981)	38,727	38,381	38,381
	BHA Retraining		3,055	3,039	3,039
03	BHA Stipends	2 (1982)	131,459	46,819	46,689
	BHA Retraining		28,313	-	-
TOTAL			\$278,105	\$159,594	\$159,419

The table points out that only \$159,419 was availed of whereas \$1,025,000 was planned for the first two operational years. The reason for the slow rate of project disbursement is not clear but it is obvious that the rate of disbursement correlates to the rate of project implementation.

Other reasons might include the following:

- a) Lack of effective communication among the PMO, USAID and OBM staff.
- b) Confusion caused by the practice of having a separate reimbursement agreement for every activity to be financed by loan proceeds in a given year (e.g. one for BHAs, another for construction of the Project Management Office and another one for environmental sanitation).

The loan agreement also provides that reimbursements of the loan may be made by other means agreed to in writing by AID and the GOP. In several cases, AID has, under this provision and upon the request of the project, made direct payment to suppliers of project goods (for example, BHA kits, audio visual equipment for the IECM component, etc.) The total amount disbursed under this method is equivalent to P534,534.80 and the disbursement has been timely once the bill has been received by the USAID controller.

The following points are relevant when considering whether this method of payment is appropriate.

- 1) The GOP does not object to USAID making direct to suppliers payment in either dollars or pesos as long as the payments comply with GOP policies and regulations, i.e., the transaction must be covered by an appropriate advice of allotment (A/A). Since USAID would be making a direct payment, no Cash Disbursement Ceiling (CDC) is necessary, but the GOP may require a Non-Cash Availment of Authority (NCAA). The NCAA provides the GOP treasury a mechanism to control availments which, in turn, allows the GOP an accurate control of its external debt.
- 2) Requests for loan funded direct payment by USAID to suppliers must be within the levels established by the comprehensive AA.
- 3) This does not intend to imply that direct payment is the sole or even preferred method of payment. A major constraint would be the workload placed on the USAID Controller's Office. For this reason, the Controller's Office will consider large payments involving minimum paperflow on a case by case basis.

2. Peso Requirement/GOP Counterpart Funds

Every January OBM requires submission of budgetary requirements of Foreign-Assisted Projects for the following year. Cost estimates of activities funded from the following sources are included:

- a. Loan Proceeds
- b. Peso Requirement/GOP Counterpart
- c. PL-480 Proceeds

These budget estimates, together with project problems and other important issues are discussed in a consultation meeting

with officials of the Budget Technical Service, Budget Operations Office I, Management Office and OCPC all of OBM and heads of implementing agencies prior to evaluation and recommendation of the IOCC-OBM group. Recommended levels are then made part of the annual General Appropriations Bill submitted to Batasang Pambansa which when passed and approved by the President becomes the General Appropriations Act for the succeeding year. Immediately after, agencies are informed of the amount of appropriations approved for them.

Every November, two months before the start of the calendar year, a Work and Financial Plan is submitted indicating the details of targeted activities and schedule of fund releases within the limits of the appropriation for the project.

Funds for the project are released at the start of the year by allotment system based on the previously submitted Work and Financial Plan. Under this system, an agency is issued an advice of allotment as a basis for incurring obligations and Cash Disbursement Ceiling which serves as an authority for the agency to withdraw cash from the National Treasury or liquidate obligations.

As required under Section 40 of P.D. 1177, however, a special budget supported with justifications has still to be submitted and evaluated by the same group of OBM officials. Upon approval of the budget, additional releases shall then be made to the project.

Issuance of CDC for Loan Proceeds is made on a cash advance basis, the amount thereof dependent on the liquidation of prior year's cash advances.

For CY 1982 the project had an appropriation of P2,519,620 for Peso Counterpart. The amount of P1,911,000 was initially released and towards the end of the year an additional CDC for P608,620 was received. Availability of project funds would not have been a problem had releases been made more timely.

RECOMMENDATIONS

1. Extend the project assistance completion date (PACD) by one year in order to capitalize on past expenditures and to assure the attainment of the project purpose only if a Project Manager and an Assistant Project Manager for ESI are either hired or detailed to the project on a full-time basis. (USAID, PMO)

2. Submit a revised budget in accordance with PIL No. 4 (April 25, 1980). No further AID funds should be disbursed either as direct payment or as reimbursement until this covenant has been met. (PMO, USAID)

3. Project make every effort to fund 100% of BHA stipends for three years after deployment and 50% until PACD, if extended. Cost breakdown would be as follows:

100% of stipend for 3 years after deployment for all batches:	₱ 4,417,200.00
Then 50% of stipend until 12/31/85:	<u>645,200.40</u>

T O T A L	₱ 5,062,400.40
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This would require an amendment to the loan agreement budget and a decision to use funds from some other component of the project, for example, the environmental sanitation component. (Given the previous performance on the ESI component, this might be a good idea.)

4. USAID, PMO, and OBM should meet as soon as possible and regularly thereafter to analyze and discuss the financial management of the project in order to facilitate timely releases of funds. Project and USAID officers should explore the possibility of direct payment for selected project elements. (PMO, USAID, OBM)

5. Provide regular status reports of project performance to the various agencies like BRBDP, NEDA, COA, OBM, USAID, PMS-Malacanang, and the related offices within the MOH. Prepare and follow up budget proposals supporting different project components at appropriate period. (PMO)

6. Assign an assistant financial analyst to assist the designated finance officer. (PMO)

7. Instead of AID and GOP drawing up and signing a separate Reimbursement Agreement for each activity to be financed during a given year, (i.e. BHA stipends ESI materials) the project should submit a proposed annual budget for all AID financed (and GOP financed) activities. The budget, if within the limits of the loan agreement, would be approved by a Joint Project Implementation Letter (JPIL) from AID and would be the basis for the reimbursement of funds. (USAID, OBM, PMO)

MEMBERS OF THE EVALUATION TEAM

CO-CHAIRMEN:

Lorenzo B. Ballecer, Program Director, Bicol River Basin Development Program.

Restituto C. Daguinsin, M.D., Director, Ministry of Health, Region V and Project Director

COORDINATORS:

Albay Province:

Juan M. Dialogo, M.D., Deputy Director, Ministry of Health, Region V and Project Manager

Camarines Sur Province:

Carmelo Villacorta, Senior Deputy Director, Bicol River Basin Development Program

TEAM MEMBERS:

National Level:

Teresa C. Nano, M.D., M.P.H., Planning and Evaluation Unit,
Ministry of Health
Rosario Famaran, M.D., M.P.H., Planning and Evaluation Unit,
Ministry of Health

Albay Team:

Eloisa Momponbanua, Team Leader, National Economic and
Development Authority, Region V
Domingo Monasterio, Bicol River Basin Development Program
James Dawson, United States Agency for International Development,
Manila

Camarines Sur Team:

Aida Naz, Team Leader, Office of Media Affairs, Region V
Lea Bootan-Paz, M.D., Ministry of Health, Region V
Salve Tongco, Bicol River Basin Development Program

Elena Espinas, National Economic and Development Authority
Region V
Susan Novick, United States Agency for International Development,
Project Implementation Consultant, Camarines Sur

ADVISOR

Santiago Casin, M.D., United States Agency for International
Development, Project Implementation Consultant, BIHNPP.

EVALUATION LIMITATIONS AND CONSTRAINTS

In retrospect, the evaluation team came to realize that there were certain limitations and constraints which impinged on the content of the evaluation report and the manner in which it was prepared. So that others may benefit from the teams' experience, these are listed below:

1. Because the sampling size was limited to 14 barangays out of a total of 400, the findings may not be completely reflective of the total project situation.
2. Simple random sampling was used rather than stratified sampling and thus an inadequate cross section of barangays resulted, i.e. none of the barangays were located in remote coastal areas, along railroads, or in administrative boundaries of the three chartered cities.
3. The two residents per barangays interviewed may have been too few to learn sufficient information. Because of time constraints, only residents living within the periphery of the Barangay Health Stations were interviewed. Perhaps other insights may have been gained by interviewing residents living a farther distance from the stations.
4. More time initially should have been spent designing the questionnaires and testing them. Some of the questions were irrelevant to the purpose and scope of the evaluation and some important questions were omitted. Also, there was not a clear, prior understanding of just how the answers to the questionnaire were to be tabulated and analyzed. Some team members tended to use the questionnaires as guides and others tended to look at them as a "Bible", with each question requiring a definitive answer. This caused some delays in the final preparation of the report.
5. It was unclear who was technically in charge of the evaluation and thus there was confusion over who the team members should consult to resolve differences in the preparation of the report.
6. Also several team members were unable to fulfill their commitment to this evaluation creating a work overload for other members. As a result, it was not possible to interview several individuals and some agencies.