

PD-7718-085  
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# Intrah

## Trip Report

# 0-165

**Travelers:** Ms. Carol Brancich, IHP Associate Director

**Country Visited:** PHILIPPINES

**Date of Trip:** August 2 - 17, 1987

**Purpose:** To conduct a Core Trainers' Update workshop on Team-Building and Evaluation Instrument Design for ten IMCCSDI staff, August 9 - 15, 1987.

Program for International Training in Health  
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\* On file with INTRAH Program Office.

\*\* On file with INTRAH Data Management Services.

LIST OF ABBREVIATIONS

IMCCSDI	Integrated Maternal Child Care Services and Development, Inc.
IMCH	Institute of Maternal Child Health
POPCOM	Commission on Population

**EXECUTIVE SUMMARY**

Ms. Carol D. Brancich, Associate Director, International Health Programs (IHP), conducted a Core Trainers' Update Workshop for ten staff members of Integrated Maternal Child Care Services and Development, Inc. (IMCCSDI) in order to strengthen the integration of team-building training into the current IMCCSDI family planning (FP) clinical skills training curriculum.

Workshop accomplishments included reinforcing IMCCSDI training team efforts in conducting FP clinical skills training, selecting curriculum topics for the subject area of team building, developing team building training designs for selected topics and training evaluation tools, and practice sessions conducted by training officers. Briefing sessions were held with the USAID Population Officer, Mr. Ed Muniak, and with the Acting Executive Director of the Philippine Commission on Population (POPCOM), Dr. Carmen Garcia.

Recommendations are:

1. That INTRAH closely monitor the recognition status of IMCCSDI by POPCOM for international donor and national population funding.
2. That IMCCSDI ensure the availability of incumbent training officers for upcoming INTRAH-sponsored training activities.
3. That technical assistance by INTRAH be provided to IMCCSDI for the first implementation of the newly designed team-building training activities.

SCHEDULE OF ACTIVITIES

- August 1 Ms. Brancich delayed in San Francisco after flight cancellation and unavailability of passenger space to Manila.
- August 2 Departed from San Francisco 3:00 p.m.
- August 3 Arrived in Manila 9:30 p.m. via Osaka.
- August 4 Briefed at USAID/Philippines with Mr. Ed Muniak, Population Officer, and Ms. Arlyne de los Santos, Program Specialist.
- Met at POPCOM with Dr. Carmen Garcia, Acting Executive Director.
- Met at IMCCSDI with Mr. Ramon Eduarte, Acting Executive Director; Mrs. Miriam Grafilo, Deputy Director for Administration and Finance; Dr. Chita Quitevis, Deputy Director for Field Operations; and Training Officers, Dr. Adelaida Segarra, Ms. Feliciano Eraldo and Mrs. Antoinette Tejano.
- August 5 Met at IMCCSDI with Mrs. Asuncion Eduarte, Deputy Director and Vice-President for Human Resource Development.
- Conducted needs assessment and established workshop goals, objectives and preliminary agenda in conjunction with IMCCSDI staff.
- August 6 - 8 Prepared for workshop with IMCCSDI staff.
- August 9 Traveled to Antipolo, Metro Manila and IMCCSDI Seminar Haus.
- Workshop began.
- August 10 - 15 Conducted Core Trainers' Update workshop.
- August 15 Workshop concluded 1:30 p.m. Returned to Manila 5:00 p.m.
- August 17 Departed from Manila 9:00 a.m. via Tokyo.

## I. PURPOSE OF TRIP

The purpose of the trip was to conduct a Core Trainers' Update Workshop on team-building training and evaluation instrument design for ten members of the Integrated Maternal Child Care Services and Development, Inc. (IMCCSDI) staff in order to strengthen the integration of team-building into the current IMCCSDI family planning (FP) clinical skills training curriculum (Appendix I).

## II. ACCOMPLISHMENTS

- A. A briefing session was held with USAID/Philippines Population Officer, Mr. Ed Muniak, and Program Specialist, Ms. Arlyne de los Santos. Time did not allow for a formal debriefing session; therefore, a written summary of activities was provided to Mr. Muniak in the form of a letter.
- B. IMCCSDI participants delineated their individual and divisional tasks in the implementation of FP clinical skills training, thus reinforcing IMCCSDI's training team efforts.
- C. Curriculum topics for the subject area of team-building were selected and training designs were developed for each topic.
- D. The four members of the Human Resources Division of IMCCSDI practiced presentations and group facilitation techniques considered central to the selected team-building content, e.g., feedback.
- E. Team-building training evaluation materials were developed for integration into IMCCSDI's current training evaluation tools. An additional evaluation instrument for the use of feedback between participant team members was originated (Appendix J).

- F. Revision needs for the clinical sections of IMCCSDI's training evaluation instruments were identified for future completion.
- G. A meeting with Dr. Carmen Garcia, Acting Executive Director of the Commission on Population (POPCOM) provided an opportunity to discuss the current official population policy of the Filipino government (Appendix L).
- H. Scheduling of joint meetings among divisions was agreed upon by the Division Deputies with concurrence from the Acting Executive Secretary.

### III. BACKGROUND

In January 1987, a number of training, field operations and administrative personnel formerly employed by the Institute for Maternal and Child Health (IMCH) joined the staff of IMCCSDI. IMCH had been receiving technical and financial assistance from INTRAH since January 1985 until April 1987. During a March/April 1987 visit by Ms. Lynn Knauff, INTRAH Deputy Director, and Mr. Ray Baker, INTRAH Associate Director for Administration, a project between IMCCSDI and INTRAH was developed (see Trip Report #0-359). This activity, Core Trainers' Update, is the first in a series of activities agreed upon under the IMCCSDI/INTRAH contract. All participants for this activity had been previous IMCH personnel and had in-depth experience with the previous IMCH/INTRAH contract.

**IV. DESCRIPTION OF ACTIVITIES**

- A. A needs assessment/expectation session was held with key IMCCSDI staff who were also workshop participants, including Mr. Ramon Eduarte, Acting Executive Director, who attended the first two days of the workshop as a participant-observer.
- B. The workshop goals and objectives and daily agenda were also developed in conjunction with the IMCCSDI Training Officers. This team approach to decision-making was the model used throughout the workshop.
- C. Participatory activities were used throughout the workshop with emphasis placed upon the importance of team communication. Repeated practice opportunities were provided. The interrelationships and interdependence of the three major IMCCSDI divisions - i.e., Human Resource Development, Field Operations and Administration - as related to the conducting of FP clinical skills training were thoroughly explored.
- D. Divisional team assignments and later inter-divisional activities were utilized. Training designs were developed by divisional teams with training evaluation materials developed by inter-divisional groups. Team-building was practiced as team-building curriculum materials were developed. Participant presentations and facilitation of consensus decision-making discussions provided practice training sessions for the Training Officers, seen by IMCCSDI as having primary responsibility for such training (Appendix K).

V. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. Finding(s)/Conclusion(s)

The transition of essential staff from IMCH to IMCCSDI seems to have been successfully accomplished. This includes the designation of an Acting Executive Director who has developed a comprehensive organization structure with written policies and job descriptions. However, POPCOM's recognition of IMCCSDI for international donor and national population funding has yet to be accomplished.

Recommendation(s)

IMCCSDI's status with POPCOM should be closely monitored since the viability of FP clinical skills training is dependent upon IMCCSDI's access to FP clinical facilities which in turn is closely tied to their recognition for population funding by POPCOM.

2. Finding(s)/Conclusion(s)

The Human Resource Development Division has four full-time Training Officer positions currently allocated to it. One position is vacant and one of the three incumbents will be on maternity leave starting in September. Additionally, the Division's Deputy Director is part-time although she maintains close telephone contact with the division when not in the office. Resource persons from other divisions, e.g., field operations, can be utilized in FP clinical skills content training. However, the primary responsibility for conducting such training is universally acknowledged by IMCCSDI staff to be that of the Training Officers. This is especially true of the process training involved in team-building.

Recommendation(s)

The weak training capacity within the Human Resource Development Division requires re-evaluation by the IMCCSDI administration, namely the Acting Executive Director and Deputy Director for Human Resource Development, in order to ensure that all aspects of training tasks are being attended to throughout workshops. First, it is important that IMCCSDI ensures the availability of all three incumbent training officers during the upcoming INTRAH-sponsored training activities. Second, since it is especially important that trainers who conduct small group and team

activities specific to team-building be both skilled and comfortable in their techniques, it is recommended that technical assistance from INTRAH be provided to IMCCSDI for the implementation of the newly-designed team-building training activities in the next clinical skills workshop.

3. Finding(s)/Conclusion(s)

Team-building training designs and training evaluation materials developed during this workshop require finalization. Staff commitments to do so were made with a commitment to forward the finished products to the IHP trainer.

Recommendation(s)

Follow-up on the finished products should be accomplished by mail between IMCCSDI and INTRAH/IHP. Additionally, the technical assistance recommended in #2 above should encompass follow-up on the application of both training designs and evaluation materials with allowance for revision and modification after their initial use.

**APPENDIX A**

**Persons Contacted/Met**

APPENDIX A

PERSONS CONTACTED/MET

USAID/Philippines

Ms. Arlyne DE LOS SANTOS, Program Specialist

Mr. Ed MUNIAK, Population Officer

Commission on Population

Dr. Carmen GARCIA, Acting Executive Director

Integrated Maternal Child Care Services and Development,  
Inc.

Dr. Perla SANCHEZ, Special Projects

**APPENDIX B**

**Participants**

APPENDIX B

PARTICIPANTS

1. Mrs. Yolanda R. BINCE  
Regional Supervisor
2. Ms. Ligaya E. DABATOS  
Regional Supervisor
3. Mrs. Asuncion G. EDUARTE  
Deputy Director and Vice-President for Human Resource Development
4. Mrs. Feliciano E. ERALDO  
Training Officer
5. Mrs. Miriam C. GRAFILO  
Deputy Director for Administration and Finance
6. Mrs. Elvira V. JAVIER  
Midwife-Preceptor
7. Ms. Rosalinda MENDOZA  
Regional Supervisor
8. Dr. Chita S. QUITEVIS  
Deputy Director for Field Operations
9. Dr. Adelaida R. SEGARRA  
Training Officer
10. Mrs. Antoinette S. TEJANO  
Training Officer

PARTICIPANT-OBSERVER (Two Days)

Mr. Ramon EDUARTE  
Acting Executive Director

APPENDIX C

Pre/Post-Test Scores



APPENDIX D

Summary of INTRAH Participant Reaction Responses

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

- |                                     |                                     |                          |                          |                          |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Very clear                       | b. Mostly clear                     | c. Somewhat clear        | d. Not very clear        | e. Not clear at all      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Workshop objectives seemed to be achieved:

- |                                     |                                     |                          |                          |                          |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Entirely                         | b. Mostly                           | c. Somewhat              | d. Hardly at all         | e. Not at all            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

- a. All material was useful
- b. Most materials were useful
- c. Some material was useful
- d. Little material was useful
- e. No material was useful

4. Workshop material presented was clear and easy to follow:

- |                                     |                                     |                          |                            |                          |
|-------------------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|
| a. All the time                     | b. More than half the time          | c. About half the time   | d. Less than half the time | e. None of the time      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

5. The amount of material covered during the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

        9     7   

6. The amount of time devoted to the workshop was:

- a. Too much    b. Somewhat too much    c. Just about right    d. Somewhat too little    e. Too little

        4     4     2

7. For the work I do or am going to do, this workshop was:

- a. Very useful    b. Mostly useful    c. Somewhat useful    d. Not very useful    e. Not useful at all

9     7           

8. Possible solutions to real work problems were dealt with:

- a. All the time    b. More than half the time    c. About half the time    d. Less than half the time    e. None of the time

3     4     3       

9. In this workshop I learned:

- 10 a. many important and useful concepts,  
 b. several important and useful concepts,  
 c. some important and useful concepts,  
 d. a few important and useful concepts,  
 e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

- 4 a. many important and useful skills,  
 4 b. several important and useful skills,  
 2 c. some important and useful skills,  
 d. a few important and useful skills,  
 e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
7	3			

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
8	2			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
6	4			

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
7	3			

15. 9 a. I would recommend this workshop without hesitation,

\_\_\_\_\_ b. I would probably recommend this workshop

\_\_\_\_\_ c. I might recommend this workshop to some people

\_\_\_\_\_ d. I might not recommend this workshop

\_\_\_\_\_ e. I would not recommend this workshop.

16. Please check any of the following that you feel could have improved the workshop.

- 9 a. Additional time for the workshop
- b. More limited time for the workshop
- 2 c. Use of more realistic examples and applications
- 7 d. More time to practice skills and techniques
- e. More time to become familiar with theory and concepts
- f. More effective trainers
- 1 g. More effective group interaction
- h. Different training site or location
- 1 i. More preparation time outside the training sessions
- 1 j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- l. Consideration of a broader and more comprehensive topic
- m. Other (specify) \_\_\_\_\_

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful					hardly useful
	1	2	3	4	5	
a. <u>FEEDBACK (#610)</u>	10					
b. <u>SMALL GROUP DYNAMICS (#612)</u>	9	1				
c. <u>CONTENT IDENTIFICATION (#702)</u>	7	3				
d. <u>CURRICULUM EVALUATION TECHNIQUES (#706)</u>	7	3				
e. _____						
f. _____						
g. _____						
h. _____						
i. _____						
j. _____						

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful		hardly useful			does not apply
	1	2	3	4	5	6
a. lectures	6	2	1			1
b. group discussions	9	1				
c. individual exercises	6	1				1
d. group exercises	9	1				
e. clinical sessions						5
f. field trips						5
g. handouts/readings	7	2				
h. books	1	1	2	1		1
i. audio-visuals	2	2			2	1

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- a. Counselling and/or client education
- b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 4 e. Supervision of Family Planning Services
- 7 f. Management of Family Planning Service System
- 8 g. Planning/Evaluation of Family Planning Services
- 2 h. Policy Making/Direction of Family Planning Services
- 2 i. Community Based Distribution of Contraceptives
- j. Community Based Outreach, Education or Information
- 1 k. In-Service Training in Family Planning
- l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) INFERT - 2  STD (AIDS & CHLAMYDIA)  EVALUATION OF TRAINING PROGRAM  UPDATE ON IEC

20. Additional Comments: ① FOLLOW-UP & MONITORING OF THIS WORKSHOP TRAINEES SHOULD BE SUSTAINED ② THANK YOU FOR SENDING A VERY SKILLFUL & EFFECTIVE TRAINER, SKILL OF TRAINER AND ABILITY OF TRAINEES CONTRIBUTED TO THE ACCOMPLISHMENTS OF OBJECTIVES IN SPITE OF TIME CONSTRAINTS. ③ THE WORKSHOP WAS VERY USEFUL FOR ME

Feel free to sign your name. (Optional)

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May, 1985

B

**APPENDIX F**

**Pre/Post-Instrument**

IMCCSDI TRAINERS' UPDATE WORKSHOP: TEAM BUILDING & EVALUATION INSTRUMENT DESIGN

P R E & P O S T T E S T

Name \_\_\_\_\_

Date \_\_\_\_\_

TRUE OR FALSE: Indicate whether the following statements are True or False by placing a T for True or F for False in the space provided. (Value: 1 point for each statement)

F Teams have leaders because they need someone to direct the work of the team.

F Each team member should concentrate on doing his or her job well and let the team leader worry about how teammates are doing their jobs.

F Feedback is directed toward personal behavior.

FILL-IN: Complete the following statements by filling-in the blank with the missing word. (Value: 1 point for each statement)

The key to success for any team is COOPERATION (COORDINATION).

The basic objective involved in team-building is to establish regular FEEDBACK mechanisms.

SHORT ANSWER: Answer the following questions in the space provided.

Why is a team used to deliver family planning services?  
IF SERVICES REQUIRE TOO MUCH WORK AND TOO MANY SKILLS FOR ONE PERSON

(Value: 2 points)

Define the term "team".  
A GROUP OF TWO OR MORE PERSONS WHO WORK TOGETHER FOR A COMMON OBJECTIVE

(Value: 2 points)

SHORT ANSWER: (CONT.)

Six criteria for a well-functioning team are:

- 1) GROUP HAS A CHARTER
- 2) GROUP MEMBERS ARE INTERDEPENDENT
- 3) MEMBERS ARE COMMITTED TO WORKING AS A UNIT
- 4) MEMBERS ARE ORGANIZED (DELINEATE TASKS & ASSIGN JOBS
- 5) GROUP IS ACCOUNTABLE AS A UNIT
- 6) GROUP HAS OBJECTIVES

(Total Value: 6 points)

List 5 ground rules for giving feedback.

SHARES  
IDEAS +  
INFORMATION  
CHECKED  
FOR  
CLARITY  
DOES NOT  
GIVE ADVICE  
JUDGMENTS

- 1) SPECIFIC (NOT GENERAL)
- 2) FOCUSED ON BEHAVIOR (TASK-ORIENTED) WHICH RECS CAN DO SOMETHING
- 3) WELL-TIMED
- 4) SOLICITED
- 5) CONCERNS "WHAT OR HOW" NOT "WHY"

(Total Value: 5 points)

The "best" team you ever worked with was \_\_\_\_\_

Briefly explain why you consider this team to be the "best".

OPEN  
RESPONSE  
GEARED TO  
CRITERIA  
LISTED  
ABOVE

(Total value: 5 points)

APPENDIX J

  
Draft Team-Building Training Evaluation Materials

Need ASSESSMENT

I. Team Building

Instruction: Please provide the appropriate answer(s) in the spaces provided:

- Do you belong to a Family Planning/Health Team? Yes - No —  
If Yes, what are the positions held by the members of your team?

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- Give 3 words which describe your Family Planning/Health Team with regards to your work?

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- Do you consider your Family Planning/Health Team to be effective or productive? Yes - No —  
If Yes, what makes you say so? If No, why?

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- Do you make decisions as a team? Yes - No —  
Please explain your answer.

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## PRE/POST TEST

### Suggestions:

1. Retain format of test items I to IV.
  2. Add Team building/Feedback as a separate group of test items.  
(Example: All questions on Team building/Feedback falling under roman numeral V.
  3. Present situation analysis type of question for Team building/Feedback
- 

### V. SITUATION ANALYSIS: CASE OF ANTIPOLO CLINIC TEAM

A. The Family Planning unit of Antipolo Health Center is managed by a doctor, nurse and midwife. Last month, the team failed to meet the number of new acceptors expected for clinic recruitment. The supervisor of the village family planning program have send them a letter a few days ago asking how the team can still work out for the accomplishment of the needed number of acceptors.

1. Please check which of the following will describe best the definition of a team?
  - a. A group of persons with identified leader.
  - b. A group of 2 or more persons working together for a common goal.
  - c. A group of person's with different tasks.
2. Please check at least 6 team characteristics which will help the Family Planning unit personnel to work effectively as a team.
  - a. Group has a charter.
  - b. Members are committed to work as a unit.
  - c. members of the group are interdependent.
  - d. Members organized themselves.
  - e. Group is accountable as a unit.
  - f. Group has objectives.
  - g. Group has a leader.
  - h. members have definite assignments.

B. Once a week, the Family Planning unit team get together to discuss plans and activities done in the clinic. The team finds practice of feedback rules helpful in their discussion. They easily understand and agree among each other on what to do for the following week's activity.

a. In your own words, please define feedback.

---

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b. Please enumerate at least 5 rules in giving feedback:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

c. Please enumerate at least 2 rules in receiving feedback:

1. \_\_\_\_\_

2. \_\_\_\_\_

/nea  
8-15-87

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RATING SCALE FOR TOB AND MOB

**Instruction:** Please rate your teammate by encircling the appropriate word that best describes his/her level of TOB and MOB.

<u>Task Oriented Behaviors</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>Remarks</u>
<b>1. Initiating</b> - States objectives and offers alternatives on how to work or solve the problem within the time limit.	Very effective	Effective	Somewhat Effective	Not very Effective	No opportunity to observe	
<b>2. Information/Opinion Seeking</b> - Seeks information/opinion by listening and asking clarifications without justifying/exercising.	Always	Often	Sometimes	Rarely		
<b>3. Information/Opinion Giving</b> - Shares clear information/opinion from whom requested without being judgemental or giving advice.	Always	Often	Sometimes	rarely		
<b>4. Clarifying</b> - restates a point or idea to help others understand.	Very clearly	mostly clearly	somewhat clearly	Not very clearly		
<b>5. Elaborating</b> - builds on a point or idea expressed by others.	Very clearly	mostly clearly	somewhat clearly	Not very clearly		

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cont. page 2

Task Oriented Behaviors	4	3	<u>SCALE</u> 2	1	0	Remarks
6. Summarization - Restates important points in the discussion, agreements, and puts ideas together.	Very Thoroughly	Thoroughly	Somewhat Thoroughly	Not very Thoroughly		
7. Consensus Testing - Checks to see if team is near a decision about achieving an objective within <del>some</del> time constraints.	All the time	most of the time	Sometimes	rarely		

Maintenance Oriented Behaviors	4	3	<u>SCALE</u> 2	1	0	Remarks
1. Gatekeeping - Ensures that everyone's opinions are heard.	Very Effective	Effective	Somewhat Effective	Not very Effective		
2. Encouraging - Motivates others to participate actively.	Very Effective	Effective	Somewhat Effective	Not very Effective		

/nes  
8-11-87

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PARTICIPANT SURVEY

For each set of statements below, based on your experiences in this workshop, please check the one answer that best describes your assessment of this workshop.

1. workshop objectives were:

- |                                     |                   |                          |                   |
|-------------------------------------|-------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | a. very clear     | <input type="checkbox"/> | f. not very clear |
| <input type="checkbox"/>            | b. mostly clear   | <input type="checkbox"/> | g. not at all     |
| <input type="checkbox"/>            | c. somewhat clear |                          |                   |

2. workshop objectives seemed to be achieved:

- |                                     |             |                          |               |
|-------------------------------------|-------------|--------------------------|---------------|
| <input checked="" type="checkbox"/> | a. entirely | <input type="checkbox"/> | f. rarely     |
| <input type="checkbox"/>            | b. mostly   | <input type="checkbox"/> | g. not at all |
| <input type="checkbox"/>            | c. somewhat |                          |               |

3. The knowledge/concepts acquired in this workshop were:

- |                                     |                    |                          |                      |
|-------------------------------------|--------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | a. very useful     | <input type="checkbox"/> | f. not very useful   |
| <input type="checkbox"/>            | b. mostly useful   | <input type="checkbox"/> | g. not useful at all |
| <input type="checkbox"/>            | c. somewhat useful |                          |                      |

4. The skills acquired in this workshop were:

- |                          |                       |                                     |                         |
|--------------------------|-----------------------|-------------------------------------|-------------------------|
| <input type="checkbox"/> | a. very adaptable     | <input checked="" type="checkbox"/> | d. not very adaptable   |
| <input type="checkbox"/> | b. mostly adaptable   | <input type="checkbox"/>            | e. not adaptable at all |
| <input type="checkbox"/> | c. somewhat adaptable |                                     |                         |

5. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topic to you in the scale at the right:

① Very useful   ② mostly useful   ③ somewhat useful   ④ not very useful   ⑤ Not useful at all

Team building

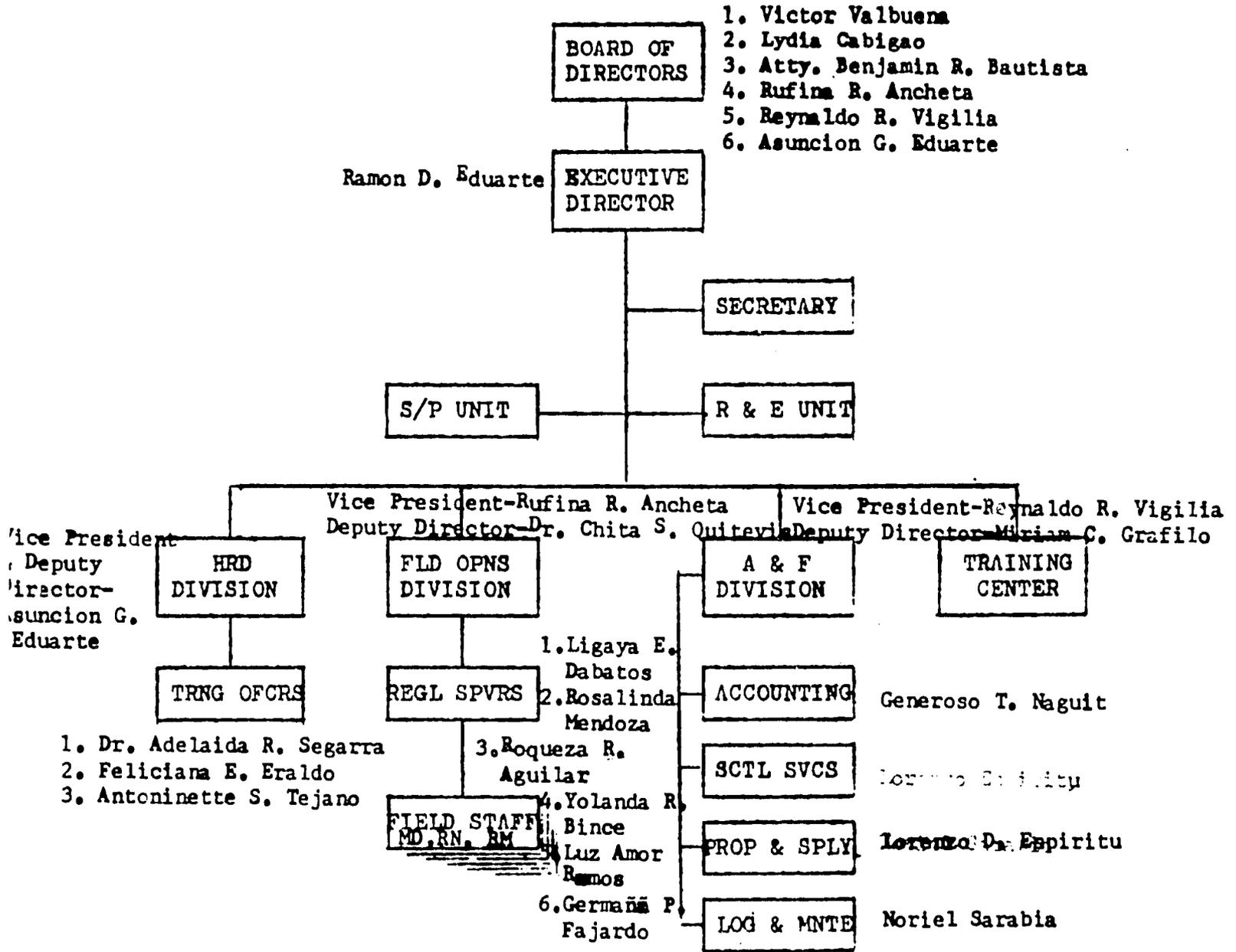
Feedback

etc.

**APPENDIX K.1**

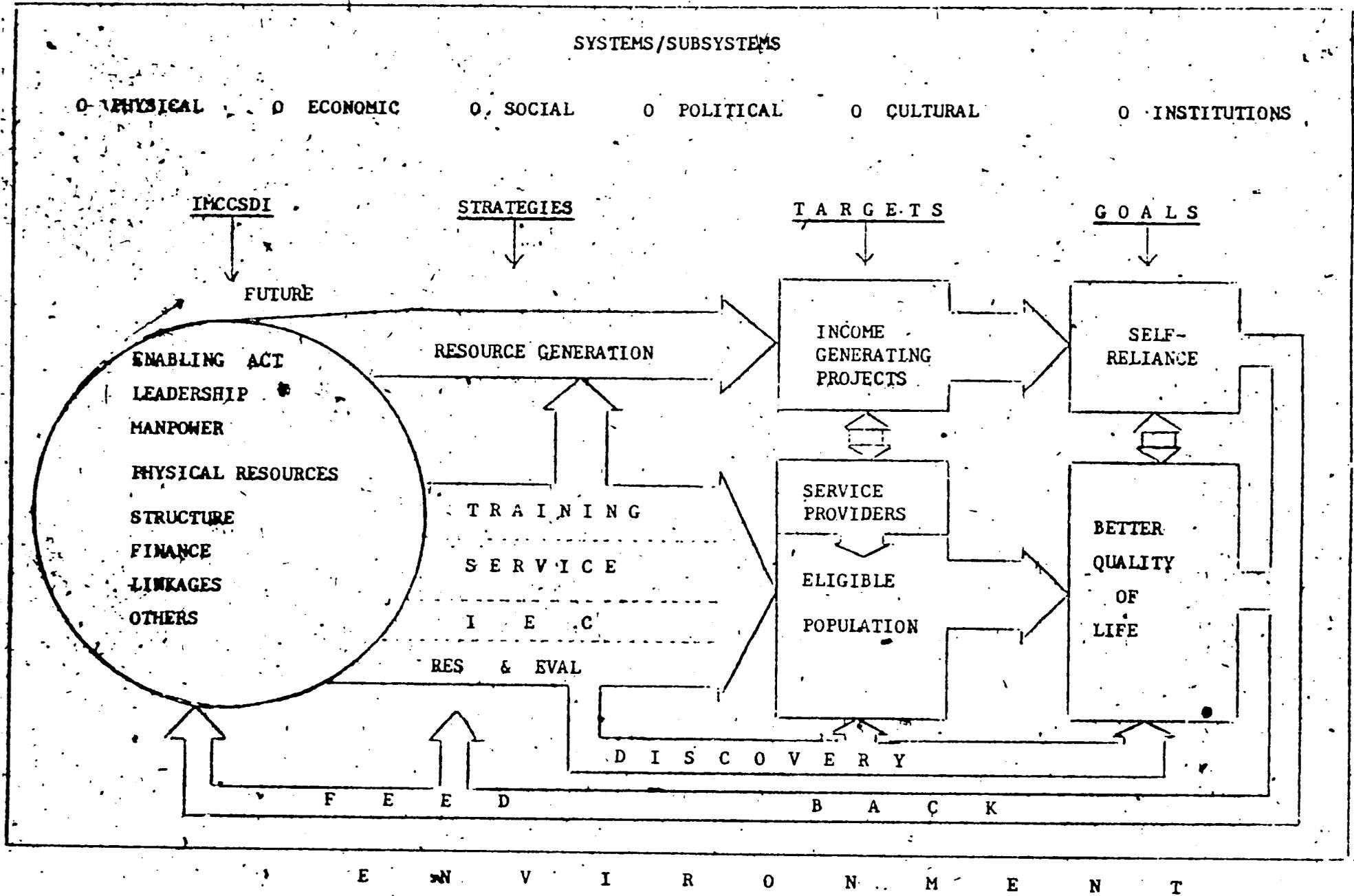
**IMCCSDI Organizational Structure, Conceptual Overview**

**ORGANIZATIONAL STRUCTURE**



S/P	= Special Projects	SCTL SVCS	= Secretarial Services
R & E	= Research and Evaluation	PROP & SPLY	= Property and Supply
HRD	= Human Resource Development	LOG & MNTE	= Logistics and Maintenance
FLD OPNS	= Field Operations		
A & F	= Administration and Finance		
TRNG OFCRS	= Training Officers		
REGL SPVRS	= Regional Supervisors		

CONCEPTUAL OVERVIEW OF THE IMCCSDI AND ITS CONCERNS



## THE IMCCSDI AND ITS CONCERNS: AN OVERVIEW\*

### THE CHALLENGE

The period following the decade of the 70's has unraveled a number of disquieting phenomenon that seems to have been exacerbated both by the controllable and uncontrollable events during the period. In the realm of population and family planning, health, and welfare the following have manifested their ugly heads in the midst of the economic crisis that gripped the country, and which added to the gloom that haunts the minds and hearts of every Filipino:

1. For various interrelated reasons the resources available for the population and family planning, health, and welfare programs have not only become inadequate but have started to decline;
2. The momentum of program implementation has decelerated and relational problems have prevailed over issues of greater concern;
3. The protected women of reproductive age has gone down from 37% at the close of the 70's to 33%, and the estimate was that the 56 million Filipinos will

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be doubled in only 20 years if the trend<sup>is not</sup> checked;

4. The rate of maternal and infant mortality, malnutrition, and deaths due to common diseases have at best remained static if it had not actually increased;
5. The level of living and quality of life of the people, with their increasing number, has rapidly deteriorated; and
6. The malaise of the National Population and Family Planning Program (NPFPP) has already reached the brink of paralysis.

It is because of and amidst the stark realities of the above conditions that the INTEGRATED MATERNAL CHILD CARE SERVICES AND DEVELOPMENT was born on June 26, 1984.

#### GUIDING FAITH

The conception and gestation of the IMCCSDI that preceded its birth has been nurtured by the abiding faith of the Founders on the intrinsic capacity of men to realize their dignity as human beings through their own efforts and proper use of resources and technology. The IMCCSDI is deeply convinced that the major cause of human suffering, ill-health and destitution of the less privileged population is their

lack of information and knowledge about the great possibilities and means of achieving a better quality of life. In this respect, the IMCCSDI believes that, men given the opportunity and access to these means are surely capable of improving their lives far and beyond. This is the credo that guides and will continue to guide the IMCCSDI in the pursuit of its concerns.

#### THE GOALS

Inspired by the abiding faith and its declaration of principles, the IMCCSDI is committed to achieving the twin goals of SELF-RELIANCE and BETTER QUALITY OF LIFE. The mechanisms and elements of attaining these goals can be gleaned from the schematic diagram presented elsewhere in this brief.

1. SELF-RELIANCE as one of the goals pertains to the IMCCSDI in its limited sense, and to the target population in its broad application. It is defined in practical terms by the following indicators:

- 1.1. Intense awareness of capability and drive to improve ones self;
- 1.2. Adequate resources for sustenance of self and obligations;
- 1.3. Minimal dependence on external support; and

1.4. Will to decide and pursue its own destiny.

2. BETTER QUALITY OF LIFE as the other goal of IMCCSDI refers primarily to the less privileged sector of society and, secondarily, to the rest of the population. It is defined by the following characteristics:

2.1. Adequate food (not just any food but nutritiously balanced food);

2.2. Adequate clothing and shelter (not just anything to drape the flesh and cover the head but to suit the climate and provide comfort);

2.3. Good health (not only physical but also mental and emotional);

2.4. Adequate education (not just able to read and write but to comprehend and understand the ramifications of issues that confront him); and

2.5. Adequate facilities and resources for the other amenities of life.

The above-cited goals are not mutually exclusive. Neither are their indicators exhaustive. But they do illustrate some of the specific major areas on which the efforts of the IMCCSDI is directed. However, in relation to the attainment of a better quality of life for the people, the IM-

CCSDI does not have the pretensions that it alone can do the job. It is an open market. It requires, as a matter of fact, the well-orchestrated and concerted efforts of all concerned.

THE TARGETS

The stated goals of the IMCCSDI ultimately refer in general to the Filipino people, and in particular to the less privileged population and the IMCCSDI itself. These targets are specified as follows vis-a-vis the goals:



A. SERVICE PROVIDERS

1. IMCCSDI
2. Other Agencies (Local)
3. Special Groups (Local)
4. International Groups

B. ELIGIBLE POPULATION

1. PPP Acceptors
2. Mothers and Children
3. Unmarried Men and Women
4. High Risk Families
5. Others with physical, physiological, and other related disorders/problems

A. DIRECT

1. Training Center
2. Consultancy
3. Marketing of Trng Materials
4. Sale of Homemakers Wares
5. Membership Dues
6. Mini-Pharmacy

B. INDIRECT

1. Service Fee
2. Project Contracting
3. Lying-in Clinic
4. Mini-Hospital
5. Others

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## OPERATIONAL OBJECTIVES

To achieve the twin goals of SELF-RELIANCE and BETTER QUALITY OF LIFE (for the people), the IMCCSDI has for its operational objectives the following:

1. To promote the concept and practice of responsible parenthood including maternal and child health, family planning, family health and welfare, and related aspects as a desirable way of life, especially among the less privileged sector of the society;
2. To undertake and establish educational and training programs and projects within the purview of responsible parenthood, maternal and child health, family planning, and family health and welfare, and provide medical services in support thereof;
3. To undertake and support interdisciplinary studies related to the training and education in responsible parenthood, maternal and child health, family planning, and family health and welfare in the Philippines, and publish the results thereof;
4. To establish working relationships and coordinate with local, national and international organizations, government and private agencies and individuals that also promote or otherwise support responsible parenthood, maternal and child health, family planning, and family health and welfare activities; and
5. To seek financial and material assistance or support and/or receive, take hold, and use the proceeds and income of stocks, bonds, and other securities of any organization, association, domestic or foreign, set aside for the purpose of the IMCCSDI, and to provide the same to others whenever necessary.

## STRATEGIES

While the operational objectives of the IMCCSDI im-

pliedly speak of information and communication, service, training and education, research, and resource generation, great emphasis is given to the utilization of Service, Training, and Resource Generation as means to achieve the goals. Service and Training are the two areas that the IMCCSDI has manifest competence. With the supportive role of IEC and research, it hopes to continuously improve the provision of service and training to the client population.

A. PROVISION OF SERVICE. This strategy applies to the eligible population as identified above, and relates to the following concerns or activities:

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|-------------------------------|---|
| 1. ROUTINE CHECK-UP:          | 3. LABORATORY PROCEDURES:                   |
| 1.1. Breast Examination*      | 3.1. Cytology Examination**                 |
| 1.2. BP Taking*               | 3.2. Urinalysis (sugar)***                  |
| 1.3. Weight Taking*           | 3.3. Stool Examination***                   |
| 1.4. Pelvic Examination*      | 3.4. Blood Typing***                        |
| 1.5. Pap Smear*               | 3.5. Hemoglobin Exam***                     |
| 2. PROVISION OF CONTRACEPTIVE | 3.6. Pregnancy Test**                       |
| 2.1. IUD Insertion/Removal*   | 3.7. Hematocrit Determination***            |
| 2.2. Pill Dispensing*         | 3.8. Gram Staining***                       |
| 2.3. Provide Condom*          | 3.9. Vaginal Spear***                       |
| 2.4. VSC**                    | 3.10. Cancer Detection (Biopsy)***          |
| 2.5. DMPA Injection**         | 3.11. Sperm Count***                        |
| 2.6. NFP**                    | 4. DOMICILIARY OBSTETRICAL SERVICES (DOS)** |

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- \* Currently rendered by all IMCCSDI HSDC.
  - \*\* Currently rendered by some IMCCSDI HSDC.
  - \*\*\* New types of services to be offered and/or referred.

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| 5. PRENATAL/POSTNATAL*                 | 14. SPECIALIZED SERVICES:                          |
| 6. IMMUNIZATION**                      | 14.1. Dental***                                    |
| 7. HEALTH EDUCATION:                   | 14.2. EENT***                                      |
| 7.1. Breastfeeding*                    | 14.3. Dermatology***                               |
| 7.2. Oral Rehydration Therapy*         | 15. MANAGEMENT OF METHOD RELATED COMPLICATIONS:    |
| 7.3. Environmental Sanitation*         | 15.1. BTL**  |
| 7.4. Nutrition*                        | 15.2. Vasectomy**                                  |
| 8. WELL-BABY**                         | 15.3. IUD**  |
| 9. LYING-IN CENTER**                   | 15.4. Pills**                                      |
| 10. DROP-IN CENTER**                   | 15.5. DMPA**                                       |
| 11. MINI-PHARMACY***                   | 16. MANAGEMENT OF SPECIAL CASES:                   |
| 12. MINOR SURGERIES:                   | 16.1. Delayed Menstruation**                       |
| 12.1. Removal of Cyst**                | 16.2. Hormonal Imbalance and Treatment**           |
| 12.2. Ear Holing**                     | 16.3. Menopausal Disorder**                        |
| 12.3. Circumcision**                   | 16.4. Minor gynecological Condition*               |
| 12.4. Perineorrhaphy**                 | 17. COUNSELLING:                                   |
| 12.5. Dressing of Wounds**             | 17.1. Pre-Marriage**                               |
| 12.6. Incision and Drainage**          | 17.2. Family Life***                               |
| 13. MEDICAL SERVICES AND CONSULTATION: | 17.3. Human Sexuality***                           |
| 13.1. Pediatrics**                     | 18. IDENTIFICATION/REFERRAL OF HIGH RISK FAMILIES: |
| 13.2. Obstetrics**                     | 18.1. Malnourish**                                 |
| 13.3. Gynecology**                     | 18.2. TB Cases**                                   |
|  | 18.3. Drug Addicts***                              |
|  | 18.4. Alcoholic***                                 |
|  | 18.5. Mental Cases***                              |

B. TRAINING. This applies to the Service Providers as specified above, and includes the following courses:

1. Basic Family Planning Course
2. Update on FP Technology
3. Skills Training on Clinical Contraception Including IUD Insertion

4. Skills Training for Field Preceptors
5. NFP Orientation Course
6. Training on Education and Motivation
7. FP Clinic Management
8. Identification/Referral of High Risk Families
9. Workshop on Counselling for VSC
10. Integrated Visual and Group Communication
11. Pre-Marriage Counselling
12. Prevention/Management of Simple Diarrheal Diseases
13. Maternal and Child Care Services Training
14. Food Processing
15. Training on FP for Pharmacists
16. Training of Self-Employed Midwives in IEC and Referral of FP and MCH Clients
17. Training on Community Organization/Development
18. Training of Trainers
19. Training on Evaluation
20. Staff Development Courses
21. Consultancy on Training Matters

C. INFORMATION/EDUCATION/COMMUNICATION

1. Distribution of Homemakers Wares with MCH/FP Messages
2. Person-to-person Dissemination of Messages
3. Distribution of IEC Materials

D. RESEARCH AND EVALUATION

1. Project Evaluation
2. In-house Studies

ORGANIZATIONAL CAPABILITY

Overall the set-up of the INCCSDI is considered attuned to the pursuit of its objectives and goals. However, it will not relax its efforts to continuously improve its capability in order to effectively deliver the best kind of training and

service among others to its clientele. In this regard, the following aspects will be made constantly responsive to the needs of the situation:

1. POLICY. The highest policy making body of the IMCCSDI is the Board of Directors composed of seven (7) members. The members of the Board are themselves the Officers of the Organization. This facilitates decision making and action at the central level. Moreover, as a rule, the Board and its officers adhere to the values of dynamic policies - that is, the promulgation of guidelines and standards that are straight forward but flexible, realistic, practical, forward-looking, and responsive to the demands of the ever-changing situations.

2. LEADERSHIP. The overall leadership of the IMCCSDI is lodged in the Board of Directors and Officers of the Organization and the Secretariat. The leadership in the Secretariat is represented by the Executive Director as chief executive officer, the Heads of the various divisions and units, the Regional Supervisors, and the team leaders of the field units. The IMCCSDI views leadership as the key factor in the efficient and effective functioning of the Organization in general, and of each division/unit at all levels in particular. As such, it is committed to continuously develop and build the quality of leadership and managerial expertise of the people who holds leadership positions.

3. MANPOWER. Other than the officers and members of the Board, the IMCCSDI has a set of competent, highly motivated and dedicated staff. The field staff composed of doctors, nurses, and midwives including the Regional Supervisors constitutes 90% of the manpower resource of the Organization. They are responsible for the implementation of the various activities and delivery of services through the 86 IMCCSDI Health Service and Development Centers (HSDCs) throughout the country. The rest comprises the managerial and support staff. As the most important resource of the Organization, the IMCCSDI is committed to keep on honing their respective skills and enlarging their individual spheres of expertise through various staff development schemes and incentives.

4. PHYSICAL RESOURCE. This is one of the aspects of the IMCCSDI's overall capability that much has still to be done. The HSDCs, while they are already equipped with the basic facilities, instruments, equipment, paraphernalia, and the like, are still wanting in some of the requirements to make them fully responsive to the demands of the clientele. It is the desire of the IMCCSDI in this respect to have all the needed physical resources in order to vigorously pursue its objectives and goals.

5. STRUCTURE. The organizational set-up of the IMCCS-

DI is considered appropriate and capable of meeting the normal exigencies of operations. (See Organizational Chart). Between the highest policy-making body (Board) and the implementor at the lowest level there are only three levels of authority, or only two from the chief executive officer. This short span of control allows faster referral and action. The structure is further characterized by the following features:

- 5.1. High degree of authority delegation;
- 5.2. Well-defined areas of responsibility and coordination;
- 5.3. Well-defined channels of authority;
- 5.4. Open communication;
- 5.5. Flexibility; and
- 5.6. Adequate control mechanisms.

6. LINKAGE. Other than the basic rationale for survival, the IMCCSDI has both formal and informal relationships with other agencies and institutions, especially with those who are also involved in similar or related concerns as the IMCCSDI. For mutual advantages, these links are necessary in the light of the complex and demanding processes required to facilitate the attainment by the people of a better quality of life. In this respect, the IMCCSDI is open to collaborate and coordinate with others. It will continue to build and

strengthen working relationships with every possible collaborator in the program.

7. FINANCE. This is the other aspect of the IMCCSDI that needs a great deal of efforts to stabilize. It is for this and its implications on the capacity and operations of the IMCCSDI that the income generating projects have to be relentlessly pursued with increasing vigor.

#### OPERATIONAL SCHEME

The attainment of the goals of the IMCCSDI dictates that its overall operations is focused on the (a) provision of services to its target population, and (b) generation of resources. It is to this two major concerns that the programs, projects, and activities as well as efforts and available resources of the IMCCSDI will be directed and channeled.

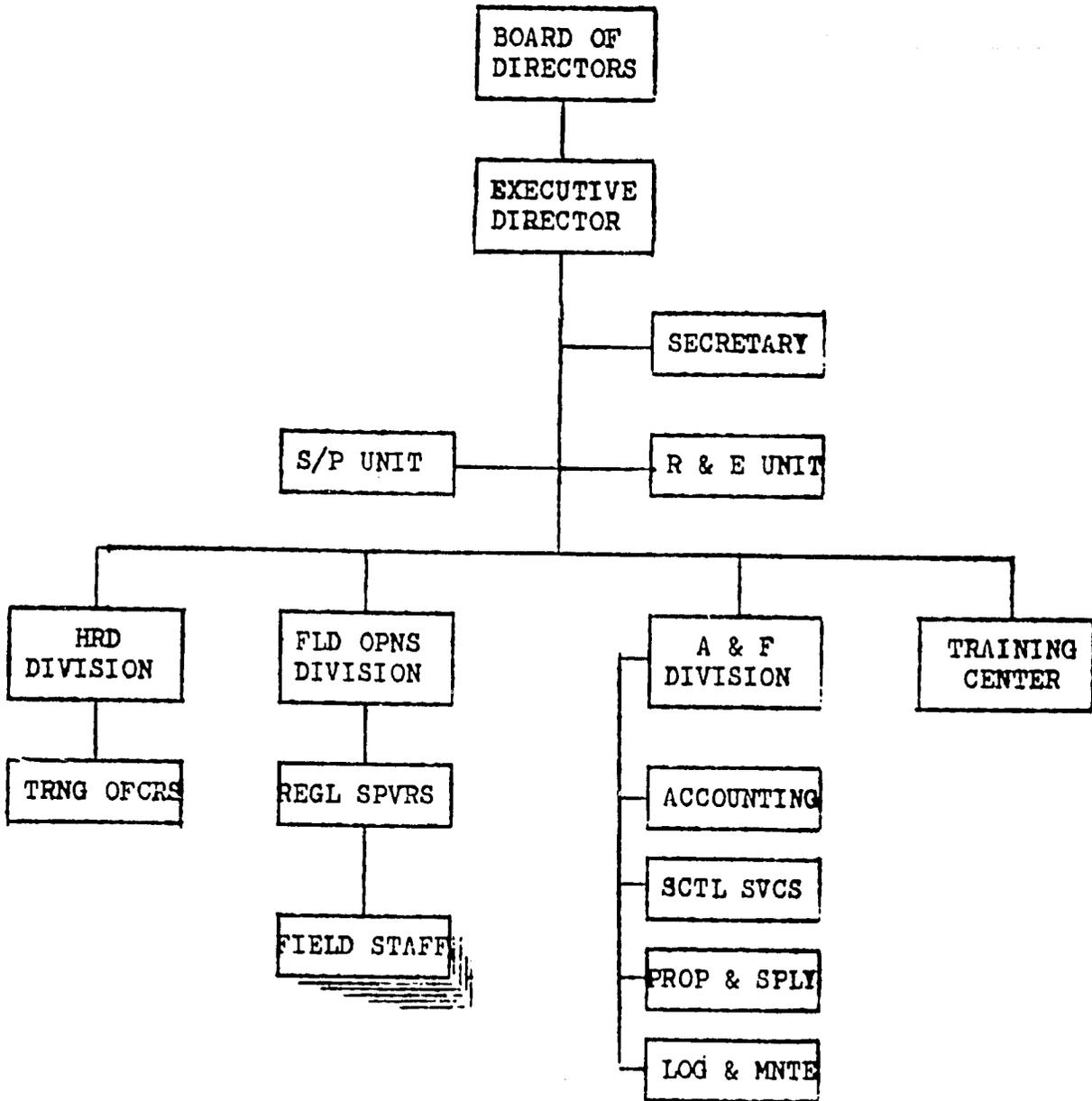
The following are the main features of this operational scheme with particular reference to the provision of services:

1. Improvement of the HSDC facilities and staff competence;
2. Expansion of the HSDC services including the establishment of Mini-Pharmacy and Lying-In services;

3. Saturation and expansion of territorial coverage;
4. Maximum utilization of volunteers in the old and new coverage;
5. Establishment of Mini-Hospital in strategic areas;
6. Partnership with private practitioners and other sources of expertise;
7. Close ties with local authorities and community leaders; and
8. Efficient monitoring of events.

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ORGANIZATIONAL STRUCTURE



- |            |                              |  |
|------------|------------------------------|--|
| S/P        | = Special Projects           | SCTL SVCS = Secretarial Services       |
| R & E      | = Research and Evaluation    | PROP & SPLY = Property and Supply      |
| HRD        | = Human Resource Development | LOG & MNTE = Logistics and Maintenance |
| FLD OPNS   | = Field Operations           |  |
| A & F      | = Administration and Finance |  |
| TRNG OFCRS | = Training Officers          |  |
| REGL SPVRS | = Regional Supervisors       |  |

APPENDIX L

Phillipine Population Policy Statement

## POPULATION POLICY STATEMENT

The ultimate goal of population policy is the improvement of the quality of human life in a just and humane society. More specifically, the 1987 Philippine Constitution provides that; "The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all". (Sec. 9, Article II.)

The achievement of this goal requires a recognition of the close interrelationship among population, resources and environmental factors. For population factors affect and are, in turn, affected by the availability of resources and environmental conditions. Recognition of these interrelationships involve a broadening of population concerns beyond fertility reduction to concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration, and population structure.

The Philippine population is characterized by continued rapid growth, a deceleration in fertility and mortality decline, and unbalanced distribution. Given these demographic trends; the deterioration in income and its distribution, employment and overall economic growth under the past administration; and serious resource constraints, the country faces a tremendous challenge in alleviating poverty and improving the quality of life of the Filipino people. If such trends continue, the pursuit of these objectives will become doubly difficult in the future, as rapid population growth exerts more and more pressure on scarce resources as well as on an environment that is already showing signs of strain.

Accordingly, part and parcel of the Government's population policy is the provision of support to the efforts directed towards achieving consistency between the country's population growth rate and the state of her resources, as well as a more balanced population distribution within the context of human and family welfare, as provided for in the 1987 Philippine Constitution and the Medium Term Philippine Development Plan, 1987-1992.

In particular, such efforts will be guided by the following provisions of the 1987 Philippine Constitution;

ARTICLE XV, Sec. 3.1: The State shall defend the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.

ARTICLE XV, Sec. 1: The State recognizes the family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.

ARTICLE XV, Sec. 3.4: The State shall defend the right of families or family associations to participate in the planning and implementation of policies and programs that affect them.

ARTICLE II, Sec. 13: The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the government.

They will be pursued in accordance with the following basic principles:

1. Orientation towards the overall improvement of family welfare, not just fertility reduction.
2. Respect for the rights of couples to determine the size of their family and choose voluntarily the means which conform with their moral convictions and religious beliefs.
3. Promotion of family solidarity and responsible parenthood.
4. Rejection of abortion as a means for controlling fertility.
5. Recognition of socio-cultural variations among regions and among localities within regions.
6. Promotion of self-reliance through community-based approaches.
7. Coordination and integration of development efforts at various levels of government.
8. Enhancement of public-private sector partnership through the complementary participation of non-government organizations (NGOs).
9. Maximum utilization of participative and consultative approaches.

Based on these basic principles, the program thrusts in the area of population growth and distribution will consist of the following:

1. Integrated approach to the delivery of health, nutrition and family planning services, a subset of which is the integration of value formation, responsible parenthood and family planning as a vital component of comprehensive maternal and child health.

3. Conduct of information, education and motivation in the promotion of responsible parenthood and family planning services in tandem with other development programs, taking personal beliefs and cultural values into consideration.
3. Provisions of full and sustained information on medically-approved and legally acceptable family planning services as the couple's basis for free choice.
4. Assurance of accessibility and availability of family planning services.
5. Support to programs enhancing the status and role of women.
6. Advocacy of policies and measures which can reduce the imbalances in population distribution as this relates to inequities in the social structure.

Since the goal of population welfare is, in fact, the concern of the whole government machinery, it is essential to define the role of POPCOM vis-a-vis the government departments, the Cabinet, Cabinet Committees and other government agencies in order to avoid overlapping and duplication of efforts.

POPCOM's uniqueness within the government bureaucracy lies in the population growth and distribution component of population policy. Thus, POPCOM will be primarily responsible for coordinating, monitoring and formulating policies on these aspects of population policy. Program implementation will be the sole responsibility of the appropriate government agencies and NGO's.

As coordinator, POPCOM will ensure that program strategies, projects and activities are consistent with the above mentioned basic principles and program thrusts, particularly the recognition of the family as the foundation of the nation and the strengthening of family solidarity through the promotion of its total development. Within this framework, POPCOM will promote initiative and flexibility among implementing government agencies and NGO's.