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492-0319

PROJECT ASSISTANCE COMPLETION REPORT

BICOL INTEGRATED HEALTH, NUTRITION AND POPULATION PROJECT (492-0319)
PACD: December 31, 1984 TDD: September 30, 1985

1. Project Status: The project was completed on schedule last December and the final expenditure records are currently being compiled. Dr. Daguinsin, the Regional Health Director, had requested a 12-month extension in the project because approximately half of the original amount obligated for the project had actually been spent. After a careful review of project accomplishments, USAID decided not to grant the extension because almost all of the project outputs had been accomplished and the only rationale for extending the project would have been to reprogram and spend the remaining money. Dr. Daguinsin was formally notified of the decision not to extend the project through a letter dated February 10, 1984.

2. Summary Financial Contributions:

	Planned ($000)	Actual ($000)
a. AID Loan		
Institutional Development	743	397
Construction	841	394
Equipment & Supplies	916	259
Total AID Loan	2.500	1,050
Planned Deobligations		1,450
b. GOP	4,537	1,086

3. Project Outputs:

Planned (per Logframe)

a. Institutional Development

400 trained Barangay Health Aides (BHAs) deployed	469
400 village drug stores set up and operating	12
400 barangays with organizations established which assist with community development work (e.g., PHC Committees, Rural Improvement Clubs, etc.)	400

b. Construction

Two provincial hospital laboratories and the Regional Public Health Lab upgraded	2

Water facilities constructed for all 400 barangays	320
32,000 rural household sanitary toilets constructed	29,578
Renovations/construction of nine Barangay Health Stations and 55 municipal Health Center Extensions	- 24 MHC extensions - 7 MHC renovated - 9 BHS constructed - 2 malwards constructed - 1 Project Management Office constructed
400 barangay schools with communal toilets	176

c. Equipment and Supplies

Microscopes and supplies distributed to 38 municipalities	- 19 microscopes and 440 slides to 19 barangays - IEC supplies and materials purchased
400 BHA kits procured and distributed	440
Chemicals for chlorination distributed to 64,000 households	none

4. Achievement of Project Purpose:

Planned	Actual
a) Health, nutrition and population (HNP) services effectively reaching targeted barangays	Mid project evaluation indicates that HNP services in the targeted barangays have improved through increased service coverage.
b) Improved sanitary environment and household water supplies in target barangays	Evidence of improved community sanitation and water supply comes from the knowledge that systems have been built and show evidence of use.
c) Increased local government financial support of health, nutrition and population programs	Currently local government, (provincial and municipal) are paying the BHA stipends which is a considerable outlay.

d) Increased participation of barangay workers and residents alike in HNP programs	Participation of barangay workers and residents in community public health programs has increased as a result of efforts made by this project as well as programs introduced by the MOH over the last several years.

5. Continuing AID monitoring responsibilities

OPHN will continue to monitor the project to some degree because we are interested in how long local governments will continue to pay the salaries of the BHAs and whether the Ministry of Health in the Region will provide the in-service training and other support functions necessary to sustain the enthusiasm and interest of the BHAs. We believe that, from a technical and administrative point of view, the BIHNP Project has been a successful experiment in delivering primary health care services. Its sustainability is still a major question and one that will not be resolved until local governments have had to bear the burden of supporting recurrent costs of the program over the next several years.

6. Review of Data Collection and Remaining Evaluations:

A final project evaluation is in progress, implemented by the Bicol River Basin Development Project staff and funded by the GOP. A comparative evaluation of the Bicol and Panay Unified Services for Health (PUSH) Projects is planned for later this calendar year to try to capture the lessons learned from these technically similar but administratively contrasting health projects. The comparative evaluation will be funded through the Primary Health Care (PHC) Financing Project.

7. Summary of Lessons Learned:

a. One of the most important lessons to emerge from the Bicol project is the realization of the need to plan better for the long-term recurrent cost financing for projects of this nature. During project design, assumptions were made about the local governments' ability to assume the responsibility for paying the salaries and continued training costs of the health workers fielded through the Project. While many of the local government officials (mayors and the two governors) would like to continue paying for salaries and even expand the program to other underserved areas, the budgetary constraints are severe. Future efforts of this kind will have to seek ways of including user fees for the more popular services or in some other manner recover some of the costs in order to assure the sustainability of the program.

b. For pilot projects of this nature, it is extremely important to have full time people assigned to implementation tasks. The project

suffered in its early years from having only part time attention from otherwise fully employed MOH staff. The situation improved a great deal when a full time project manager position was established.

c. Experience with the PUSH and Bicol projects and comparing their achievements with other primary health care efforts around the country, has reinforced the view, among USAID technical staff and MOH counterparts within the project areas, that it is important to give proper consideration to compensation for barangay level workers if they are expected to be accountable for their work. The answer is not necessarily to give those workers government salaries but to expect them to serve over long periods of time and perform substantive tasks, requires serious attention to some method of compensation. We hope the PHC Financing Project will provide some of these answers over the next three year period.

Clearances: PO:RRhoda RRhoda
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FINANCIAL WORKSHEET
As of August 30, 1985

Bicol Integrated Health, Nutrition and Population

Project No. 492-0319
PACD: 12/31/84

		($000)
1.	Total Project Obligations at PACD	2,500
2.	Less Total Commitments	1,050
3.	Total Uncommitted (1 - 2)	1,450
4.	Total Disbursement	981
5.	Add Total Accrued Expenses	69
6.	Total Disbursement and Accruals (4 + 5)	1,050
7.	Total Unaccrued Commitments (2-6)	0
8.	Total Projected Deobligations (3+7)	1,450