

REPORT ON THE FIRST EVALUATION OF

PANAY UNIFIED SERVICES FOR HEALTH (PUSH) PROJECT

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I. EXECUTIVE SUMMARY

A. OVERVIEW

The Panay Unified Services for Health (PUSH) Project, the subject of this evaluation report, is an attempt of the Philippine Government to demonstrate an effective delivery system for primary health care services, particularly aimed at depressed barangays as yet unreachable by conventional health care systems. The central figure in this village-based PHC delivery system is a full-time, paid Barangay Health Worker (BHW) who is chosen by the barangay, undergoes a six-week basic training course, and whose activities and responsibilities include environmental sanitation, family planning, nutrition, communicable disease control, medical care, community mobilization and recording of vital events. Project implementation is being coordinated by the Regional Development Council VI (RDC VI) whose Chairman is also the project's director. The provincial and municipal governments coordinate implementation activities at the subregional levels, with the Ministry of Health assuming responsibility over all the health technical aspects of the project through the regional office system. The project is, thus, viewed by certain quarters as an experiment in decentralized and integrated social development program administration.

The project site is the island of Panay in Central Philippines composed of four provinces and one subprovince with an aggregate population of 2.5 million people. Set over a timeframe of five years, the project aims to cover 600 villages on the island. Funding support comes from an AID loan of \$5.4 million and a grant of \$0.316 million. The Philippine Government counterpart amounts to \$3 million. Close to 60% of the financial inputs are intended to support the construction of household water, toilet and drainage facilities.

Although the project loan-grant agreement was signed in June 1978, delays in the release of start-up funds by the Budget Ministry caused the project to start implementation activities in January 1979, which then was marked as the first operational year of the project. This evaluation was conducted towards the end of the second operational year of the project, at a time when 100 BHWs had already been trained and deployed, and a modest number of environmental sanitation sub-projects had been completed.

B. EVALUATION PLAN

The evaluation was of the process type and limited itself to the measurement of inputs and outputs against planned targets and an assessment of the manner by which inputs were provided and outputs generated. As it was yet too early in the project's life, no attempt

was made to measure impact. In assessing the implementation process that had so far been followed, the evaluation tried to identify the conditions that affected the pace of project implementation with the end in view of determining whether or not implementation schedules were realistic and/or whether they need to be revised for future year activities. By checking on the validity of the assumptions that went into the design of the implementation strategy, the evaluation sought to identify important implementation defects in terms of effectiveness and efficiency. The findings are intended to serve as the bases for necessary changes in the implementation systems and procedures.

With this purpose in mind, a joint evaluation approach was deemed most practical, on the notion that with the participation of project implementors in the evaluation, the findings and resultant corrective measures would have a greater probability of being accepted and carried out. Of the eleven that composed the evaluation team, seven represented the project implementors, three from USAID and one from the central office of the Ministry of Health. Field data collection was undertaken in November through December 1980.

C. EVALUATION FINDINGS

The BHWs, whose ability to perform assigned functions is considered the most critical indicator of the effectiveness of the project implementation systems and procedures, were rated by the evaluation team as having performed satisfactorily on the whole. While the general findings do not warrant a drastic redesigning of the implementation strategy, certain weaknesses were noted, which, if corrected, can improve both the pace and quality of project implementation. The significant findings of the evaluation include the following: 1) the participation of the MOH in the project was not as strong as envisioned; 2) over-emphasis was given to the Environmental Sanitation Infrastructure (ESI) in both the BHW basic training and barangay activities; 3) municipal and provincial level support to BHW operations were identified to be weak; 4) coordination of inter-agency activities at the regional, provincial, and municipal levels needed to be strengthened; and 5) participation of barangay residents in the implementation of barangay projects was inadequate.

The weak participation of the Ministry of Health was conceivably due to a lack of proprietary interest in the project and resulted in such problems as poor participation in the BHW recruitment and selection process, weak supervision of BHW activities and non-conformity with the prescribed reporting system. There was, however, a general admission by the MOH that the BHWs had facilitated its job of extending basic health services to the barangays.

The BHWs were found to be concentrating most of their efforts in the implementation of the environmental sanitation component of the project, at the expense of the delivery of health, nutrition and family planning services. This occurred because the BHW basic training had concentrated on ESI, as evidenced by the finding that their knowledge and skills in health, nutrition, and family planning were found to be deficient. Although the project design called for the retraining of BHWs every six months, no such retraining had been initiated at the time of the evaluation.

BHW claims of poor administrative support were mainly in the form of delayed salaries and slow delivery of materials for ESI projects. The evaluation team found that this was due to the strict adherence by provincial and municipal treasurers to the GOP accounting and auditing procedures, and that the administration of PUSH project funds was considered an extra burden over and above their regular duties. Unlike other vertical programs, the project does not pay honoraria to treasurers and auditors. There was no evidence, however, that poor administrative support affected the morale of BHWs.

Involvement of participation agencies was also perceived as a problem area. While participation at the regional level was evident through regular attendance at executive committee meetings, such was not reflected at the field operations level.

Many BHWs claimed that community participation, a key to project success, was difficult to achieve. They admitted the lack of the necessary psychological and emotional priming to interact with the village people. Additionally, construction materials for ESI projects are usually delivered when the people are busy on their farms, thus, posing difficulty in enlisting participant labor and attendance at community assemblies.

D. MAJOR RECOMMENDATIONS FOR IMMEDIATE CONSIDERATION

1. A retraining course addressing the identified knowledge and skills deficiencies of BHWs ought to be immediately designed and implemented. The basic training should also be restructured to effect a balance between ESI and health, nutrition and family planning services.
2. The project staff ought to formulate a plan for further strengthening the understanding by provincial and municipal level implementors of the project concept and goals. This can be in the form of orientation sessions or participation in BHW training activities.
3. The project should initiate a dialogue with the Regional Treasurer to explore mechanisms that will facilitate payment of BHW salaries and the procurement and delivery of ESI construction commodities.

4. To enable the project to enlist more active participation of barangay residents in community projects, community mobilization capabilities of BHWs need to be reinforced. Likewise, the project must allow greater flexibility in the scheduling of ESI projects implementation, starting them when there is slack demand for farm labor.

5. A deeper involvement in project operations by MOH personnel, particularly among Rural Health Unit physicians and Provincial Health Officers, is needed. As these people are known to operate on the basis of higher office directives, it is believed that the designation of a PUSH project coordination at the Regional Health Office and of a MOH central office representative to the Project Executive Committee can produce positive results.

ABBREVIATIONS USED

BAEx	-	Bureau of Agricultural Extension
BHS	-	Barangay Health Station
BHW	-	Barangay Health Worker
BNS	-	Barangay Nutrition Scholar
BSPO	-	Barangay Supply Point Officer
CPC	-	Certificate of Project Completion
DCW	-	Day Care Worker
DPP	-	Detailed Project Proposal
DTR	-	Daily Time Record
EPI	-	Expanded Program of Immunization
ESI	-	Environmental Sanitation Infrastructure
FARA	-	Fixed Amount Reimbursement Agreement
FDA	-	Food and Drug Administration
FTOW	-	Full Time Outreach Worker
GOP	-	Government of the Philippines
GSIS	-	Government Service Insurance System
IEC	-	Information, Education, Communication
MA	-	Ministry of Agriculture
MCRA	-	Married Couples of Reproductive Age
MDC	-	Municipal Development Coordinator
MDO	-	Municipal Development Officer
MEC	-	Ministry of Education and Culture
MLGCD	-	Ministry of Local Government and Community Development

MOH - Ministry of Health
MPW - Ministry of Public Works
MSC - Municipal Screening Committee
MSSD - Ministry of Social Services and Development
NEDA - National Economic and Development Authority
NNC - National Nutrition Council
PBF - PUSH Barangay Fund
PE - Provincial Engineer
PEO - Provincial Engineer's Office
PDO - Provincial Development Office
PDS - Provincial Development Staff
PDS/PAO - Provincial Development Staff/Provincial Action Officer
PHN - Public Health Nurse
PHO - Provincial Health Office/Officer
PHO/PAO - Provincial Health Officer/Provincial Action Office
PNC - Provincial Nutrition Coordinator
POPCOM - Commission on Population
PPEC - PUSH Project Executive Committee
PPO - Provincial Population Officer
PSC - Provincial Screening Committee
PSS - Project Support Staff
PRTC - PUSH Regional Training Center
PT - Provincial Treasurer

PTO - Provincial Treasurer's Office
PUSH - Panay Unified Services for Health
RDC - Regional Development Council
RHM - Rural Health Midwife
RHN - Rural Health Nurse
RHO - Regional Health Office
RHP - Rural Health Physician
RHU - Rural Health Unit
RIV - Request and Issue Voucher
RSI - Rural Sanitary Inspector
USAID - United States Agency for International
Development

II. INTRODUCTION

The Panay Unified Services for Health (PUSH) Project, the subject of this evaluation report, is an attempt of the Philippine Government to demonstrate an effective delivery system for primary health care services, particularly aimed at depressed villages as yet unreachable by modern conventional health care systems. At the core of this village-based health service delivery system is the Barangay Health Worker (BHW) who is chosen by the barangay, undergoes a six-week basic training course, and whose activities and responsibilities include environmental sanitation, family planning, nutrition, communicable disease control, medical care, community mobilization and recording of vital events. Considered unique to the concept is the integration, not only of the service package, but also the delivery mechanisms itself. Project implementation is being coordinated by the Regional Development Council VI (RDC VI), whose chairman is also the project's director. The provincial and municipal governments coordinate implementation activities at the subregional levels, with the Ministry of Health assuming responsibility over all the health technical aspects of the project through its regional health office system. The project is, thus, viewed by certain quarters as an experiment in integrated/decentralized social program administration.

The project site is the island of Panay in central Philippines composed of four provinces and 100 municipalities with an aggregate population of 2.5 million people. Set over a time frame of five years, the project aims to cover 600 villages on the island. Funding support comes from an AID loan of \$5.4 and a grant of \$0.316M, while the Philippine Government counterpart amounts to \$3M. Close to 60% of the financial inputs are intended to support household water and toilet facilities.

Although the project loan-grant agreement was signed in June 1978, delays in the release of funds by the Budget Ministry caused the project to start implementation activities in 1979, which then is marked as the first operational year of the project. This evaluation was conducted towards the end of the second operational year, at a time when 100 BHWs have already been trained and deployed, and a modest number of environmental sanitation subprojects have been completed.

III. EVALUATION PLAN

A. PURPOSE

The first evaluation of the PUSH Project is of the process type and limited itself to the measurement of inputs and outputs against planned targets, and an assessment of the manner by which inputs were provided and outputs generated. As it is yet too early in the project's life, no attempt was made to measure the impact of the project on certain indicators of health of the population served.

In assessing the implementation process that had so far been followed, the evaluation tried to identify the conditions that affected the pace of project implementation in order to determine whether or not the implementation schedules were realistic and/or whether they need to be revised for future year activities.

By checking on the validity of the assumptions that went into the design of the implementation strategy, the evaluation sought to spot important implementation defects in terms of effectiveness and efficiency. The findings are intended to serve as bases for necessary changes in the implementation systems and procedures. The evaluation also strove to detect early manifestations of conceptual design defects in order to be able to address redesign issues in a timely manner.

B. COMPOSITION OF THE EVALUATION TEAM

Bearing in mind the purpose of the evaluation, a joint evaluation was deemed to be the most practical approach on the notion that the participation of project implementors will render the evaluation findings to be more readily acceptable and recommendations will have a greater probability of getting implemented. The PUSH Project Director who is also the Chairman of RDC VI and Governor of Iloilo province was designated leader of the evaluation team which had 10 members: six from the various regional offices involved in project implementation, three from USAID, and one from the Central Office of the Ministry of Health.

C. SCOPE

The geographic scope of the evaluation covered 50 barangays in 12 municipalities distributed among the provinces of Iloilo, Antique, Capiz, Aklan and the subprovince of Guimaras. These constitute the project area coverage during the first operational year of the

project. Subject of the evaluation was the project period July 1, 1978 to June 30, 1980. The specific issues that were investigated which constitute the scope of work are listed in Annex A.

D. METHODOLOGY

The following official documents served as the bases for the evaluation:

- Project Paper
- Project Loan Agreement
- Implementation Plan
- Evaluation Plan
- Fixed Amount Reimbursement Agreements

Personal interviews, site visitations and records review were the principal methods used. Interview questionnaires were developed by the evaluation team using a set of indicators based on the evaluation scope of work. Respondents to the interviews were the following:

Barangay Level

1. Barangay Health Worker
2. Barangay Captain
3. Three barangay residents/key informants

Municipal Level

1. Municipal Mayor/Municipal Development Coordinator
2. Municipal Treasurer
3. Municipal Development Officer
4. Full-time Outreach Worker of the Population Program
5. Rural Health Unit Physician
6. Rural Public Health Nurse
7. Rural Health Midwife
8. Sanitary Inspector

Provincial Level

1. Provincial Governor/Provincial Development Coordinator
2. PUSH Action Officer
3. Provincial Treasurer
4. Provincial Auditor
5. Provincial Engineer
6. Provincial Development Officer
7. Ministry of Public Works Officer
8. Provincial Health Officer
9. Provincial Population Officer
10. Provincial Nutrition Coordinator

Regional Level

1. PUSH Project Support Staff
2. PUSH Regional Training Staff
3. NEDA Region VI Administrative Staff
4. PUSH Project Executive Committee Members

Fifty percent of the barangays to be evaluated were visited, chosen through simple random sampling. The evaluation team was divided into four subteams, each covering a province. Data collection was done by levels starting at the barangay and upwards to the municipal, provincial and regional levels. The respondents were interviewed individually and the use of interpreters was minimized, if not avoided. Although the responses were subject to limitations of recall, efforts were made to cross-check the information obtained by the review of records and reports, and through the responses of other respondents. Provincial evaluation reports were prepared by each subteam which were then consolidated into the First PUSH Project Evaluation Report.

IV. FINDINGS, ANALYSES AND RECOMMENDATIONS

Summary of Findings and Recommendations

Selection of Target Barangays, Recruitment and Training of BHWs

Although deviations from the criteria for the selection of 1st and 2nd batches target municipalities and barangays have occurred, it appears that the municipalities and barangays selected were reasonable choices. However, the participation of the Provincial Health Offices (PHOs) and the Rural Health Units (RHUs) in the selection process needs to be strengthened.

Reminders to the provinces (by RDC VI/PSS) to follow the criteria for selection of target municipalities and barangays and the strengthening of the participation of PHOs and RHUs are recommended.

In the recruitment and selection process for the 1st and 2nd batches of Barangay Health Workers (BHWs), deviations from the criteria have also been observed. In spite of these, all of the BHWs selected conform to the stated requirements and the quality of those selected is uniformly high. Although in most instances, the community and the health personnel have been involved, there still is a need for strengthening their participation. The implementation of the recruitment and selection criteria at all levels, the strengthening of the involvement of health personnel, and the timely dissemination of information to generate more community participation and more nominations for BHWs are recommended.

The basic curriculum and the conduct of the training for the BHWs appear to have substantially prepared them to initially carry out their expected functions in the seven general areas of concern. There is a need, however, to prepare them emotionally and psychologically for the difficulties they would encounter upon their return to their respective barangays. The experiences of the BHWs indicate the need for reinforcing (through retraining) their knowledge and skills in the following:

- first aid
- assessment of individual health
- dispensing medicines
- family planning
- nutrition
- community mobilization
- motivation techniques
- ways of eliciting psychological and moral support for project work
- project implementation

The trainers of the 1st and 2nd batches of BHWs appear to be competent to handle BHW training programs. There is a need, however, to further upgrade their attitudes, skills and knowledge and to recruit resource persons skilled in relating to the level of BHWs.

Training strategies employed during the training consist of a mix of traditional and non-traditional methods such as group dynamics, lecture discussions, demonstrations/return demonstrations, role play, workshop, preceptorship/field practicum, etc. These methods appear to be effective, but the emotional and psychological preparation of the BHWs to perform their functions on their return to their respective barangays did not receive sufficient emphasis. Some recommendations, therefore, are for BHWs to be exposed to actual planning exercises such as planning menus and other activities during training and the utilization of experienced BHWs as resource persons to expose trainees to their real-life experiences and how they have solved real-life problems.

Training materials such as flip charts and the BHW Handbooks, etc. are found to be useful, although a need was expressed to simplify and elucidate medical terminologies. Visual aids for health-related courses are lacking and the development of the same are recommended.

Evaluation of the training as set forth in the Project Paper was carried out during the actual training sessions of the 1st and 2nd batches. Follow-up evaluation after the trainees have been fielded has not been carried out due to pressure of training work.

Recommendations for the evaluation of the training are:

1. Assessment of the evaluation process including those of the instruments be done to ascertain their appropriateness and relevance. Those found to be relevant and appropriate should be continuously applied to succeeding batches to assess training effectiveness.
2. That follow-up evaluation of deployed BHWs be conducted for subsequent batches by the PRTC.
3. The role of clinic-ing sessions should be emphasized to strengthen capability-building among trainers.

The establishment of Provincial Training Centers as envisioned in the Project Paper was not carried out due to the reduction of the original target barangays from 1,800 to 600 barangays which rendered the organization of such centers unnecessary and economically non-viable.

BHW Functions

The BHWs have performed satisfactorily in the implementation of Environmental Sanitation Infrastructure (ESI) projects. The process of problem and project identification, project preparation and implementation where the community is involved in the decision-making process have been undertaken. The importance of ESI projects in the primary health care delivery system as envisioned in the project paper has been translated into operational projects which benefit the community.

In the process of implementation, certain difficulties have been identified - such as the inexperience of some private contractors, strict procurement procedures, delayed deliveries caused by adverse weather conditions such as flooded rivers and impassable roads, the unavailability of local labor counterpart during the planting and harvesting seasons, and the distance of water sources in the case of spring development projects. With numerous water facilities already functioning, the need for testing the potability of water become a necessity. Equipment for water analysis for provincial laboratories and closer coordination between the BHWs and the Rural Sanitary Inspectors in water sampling and testing are recommended. Likewise, the scheduling of implementation during the off-farming season and close monitoring of delivery schedules and private contractor compliance are indicated.

Because the present thrust of the work of the BHWs in family planning is motivational, information-giving and assistive in nature, their collective accomplishments are minimal. The BHWs are often perceived as motivators and referral agents only. There is a need to strengthen the capabilities of the BHW in this functional area through more POPCOM-sponsored training, and more support services from the population program in the form of commodities and materials.

While most BHWs have initiated nutrition projects in their barangays, these need a consistent and adequate support in the form of food supplements and improvements in the referral system. Some BHWs have initiated community gardening projects as well as backyard vegetable projects to complement, if not serve as the main source of nutritious food. To prevent duplication of activities among agencies engaged in nutrition projects, the PUSH Project Executive Committee must ensure maximum coordination between these agencies more especially in nutrition surveillance and feeding. The role of the BHW in the area of nutrition will increase in importance as ESI projects have been completed and more attention will have to be paid to nutrition activities.

The Public Health Nurses and/or Rural Health Midwives are actively engaged in communicable disease control. Thus, the BHW's functions in

this area, particularly in the barangay immunization program, are reduced to the informational, assistive and facilitative aspects. To an appreciable degree, their efforts enabled the immunization teams to reach their target populations. Even with the active participation of the RHU immunization teams, however, misconceptions and fears regarding the side effects of vaccines still prevail among certain segments of the barangay population. For the BHW to effectively counter these misconceptions, he/she should be retrained in the medical aspects of immunization and communicable disease control plus IEC skills in dealing with misconceptions and resistance to immunization programs.

The training and consequently the knowledge and skills of the BHW in this functional area appear to be very limited in scope. Hence, the delivery of medical services by the BHW would also be limited. The BHW's competence in this area needs upgrading and improvement through retraining the strengthening of the referral system, commodities support (medical supplies), and support and guidance from RHUs.

While the BHWs prepare records and submit reports both for health-related and ESI activities in accordance with the requirements in the Project Paper, it appears that a bottleneck occurs somewhere in the lines of communication from the PHO to the RHO and from the RHO to the PSS. Except for a few instances, feedback to the BHW on the substance of their reports is minimal (more especially on health-related activities).

Feedback from the BHWs on some report forms indicate the need for revision to avoid ambiguous and overlapping information requirements. The need to provide BHWs with reporting/recording forms is also suggested including the modification of the reporting flow.

The BHWs utilize existing organizations in their barangays such as the Kabataang Barangay, Barangay Brigades, Barangay Councils, Barangay Assemblies, Purok Organizations, School Organizations, Mothers' Classes, Youth Organizations and informal groups in the planning and implementation of PUSH projects and activities.

Problems with respect to involvement and participation of barangay residents occur when activities and work programs conflict with the day-to-day livelihood activities of the residents more especially during the planting and harvest seasons.

While it is recommended that more motivational and orientation work be undertaken at the barangay level, it would be more realistic to schedule implementation of subprojects which require the involvement of residents during periods that will not conflict with their livelihood activities.

PUSH Barangay Fund (PBF) Utilization

The PUSH Barangay Funds were utilized by the BHWs for repair and improvement of health centers, purchase of cooking utensils, plates, spoons, cups and garden tools for nutrition projects, materials for blind drainage, insect and vermin control chemicals and sprayers, office equipment and supplies for recording and reporting.

Although the procedures for utilization have been followed, which in effect established the initial credibility of the BHWs, there is a need to further strengthen the utilization of the fund at the municipal level by preventing delays in procurement. Some of these problems are attributable to absences of officials in the Municipal Treasurer's Office and the RHU who are responsible for the processing of project proposals. The ₱300 limit per project has to be reexamined in view of the escalation of prices of commodities.

BHW Salaries

Considering their multifarious functions, the BHWs felt that with inflation and the consequent increase of prices, their average salary of ₱304.00 per month is not adequate. They recommended an average monthly salary of ₱500.00.

Delays in the release of funds from the central government, especially at the start of the calendar/fiscal year, and delays in liquidating prior advances seem to be the cause for delays in the payment of BHW salaries. Payment of salaries at the Provincial Capitol, instead of the Municipal Treasurer's Office (except in the Province of Antique), adds to the delay more especially when payrolls are not prepared on time. Arrangements, therefore, have to be made so that BHWs can be paid at the municipal level and that Municipal Treasurers reorient their work schedules to provide this service.

Liquidation of PUSH Funds

The liquidation of all PUSH Funds have met with delays in both the provincial and municipal levels. Requirements for liquidation in terms of documentation follow standard GOP accounting and auditing rules and regulations. Liquidation of BHW salaries is required every quarter while PUSH Barangay Funds and ESI Funds have to be liquidated at the end of the calendar year. From the standpoint of frequency, this is not overly demanding, and from the standpoint of documentation, this is standard operating procedure to which the provinces and municipalities are used to. However, provinces and

municipalities view PUSH project activities as added burdens and responsibilities, rather than a vital part of their regular service delivery systems. They, therefore, give a low priority on gearing their documentation and reporting schedules to the requirements of the project.

It is recommended that the PSS and the Provincial Governors seriously consider the need of reorienting the administrative machineries at the provincial and municipal levels on the relationship of the PUSH Project to the role and function of local governments as service delivery agencies.

Inter-Agency Linkages

Although inter-agency linkages as envisioned in the project paper have been established and made operational through membership of involved agencies in the PUSH Project Executive Committee (PPEC), these linkages need further strengthening more especially with respect to the MOH, MPW, POPCOM, and NNC through more conferences and meetings to thresh out coordination problems.

Community Support

The findings show that the BHWs have generated community support for the PUSH Project in terms of labor counterpart, locally available materials, participation in discussions and decision-making, motivating, advising and monitoring activities. However, difficulties have arisen on the degree and frequency of participation and support from the residents during the planting and harvest seasons when the residents (most of whom are farmers) are busy in their livelihood activities. Some residents who have contributed labor once are reluctant to do so again, especially when there are limited direct beneficiaries, more particularly when project sites are located far from major residential areas.

It is recommended that the timing of implementation of ESI projects take into consideration the seasonal working patterns of the community and extra care should be taken to involve barangay residents on ESI project decisions and to insure fairness in the decision-making process. Furthermore, continued barangay orientation on the PUSH Project and the presence of municipal officials and their support of the project during barangay assemblies are vital in generating community support.

Administrative/Technical Support

The concept of a multi-level, multi-agency support systems for the delivery of barangay-based primary health care as envisioned in the PUSH Project has been operationalized. The flow of administrative and technical support based on a matrix organization have been established - all of which converge towards supporting the activities of the BHW. There are, however, some agencies or government officials (i.e., some RHPs, PHOs, RHMs, and Municipal Treasurers) who need more orientation in the matrix type of organization of the PUSH Project and who often mistake coordination for control and vice-versa. Some government officials regard the PUSH Project operational requirements as an added workload rather than as a regular function of a local government service delivery system. Other problems related to Administrative and Technical Support have been discussed in the corresponding area of concern, i.e., Functions and Roles of the BHWs, Reporting and Recording, Liquidation, Community Mobilization, Inter-Agency Linkages, BHW Salaries, etc.

The above-mentioned gaps in the delivery of administrative/technical support indicate the need for constant reorientation of, and guidance and support to the different agencies and officials involved in the PUSH Project, more particularly on relating the PUSH Project to the roles and functions of the local governments (as well as municipal government agencies) as service delivery agencies.

There is also a need to accelerate the procurement of offshore commodities.

Botica Sa Barangay

Delay in the implementation of the Botica sa Barangay could be attributed to the apprehension of some RHPs and PHOs on the capability of lay persons to dispense drugs, especially those that are more than household remedies. Other causes of the delay are due to the need to thresh out questions on the accountability of the person in charge of the Botica, the kind of training needed, the kind of drugs to be sold and the procurement and replacement of drug supplies.

With the FDA having given its approval in principle, and with the completion of the guidelines which answer the questions raised above, and with the BHW having been pinpointed as the person to run the Botica, it is recommended that the Botica sa Barangay component be implemented as soon as possible.

On the Upgrading of Provincial Laboratories

There has been a delay in providing Provincial Laboratories with the needed equipment to upgrade their capabilities in bacteriological water analysis and sputum examination.

The offshore procurement of these equipment as envisioned in the Project Paper should be hastened.

Support to Rural Health Units (RHU)

The support envisioned in the project paper covers the supply of vaccines for DPT and BCG immunization and anti-TB drugs to 100 RHUs. This, however, is now being adequately handled by the MOH. The PSS, therefore, should confer with the MOH Regional Office, the PHOs and the RHUs on the possible reprogramming of this component.

A. SELECTION OF PROJECT MUNICIPALITIES AND BARANGAYS

Standard

It was planned that the municipalities and barangays will be selected using a set of socio-economic indicators, from Class V municipalities in the Provinces of Iloilo, Aklan, Antique, and Capiz including the sub-province of Guimaras. The real basis of the classification is based on the social welfare level study prepared by NEDA Region VI. The selection process was designed to ensure that:

1. The barangays are really depressed;
2. The leadership at both the municipal and barangay levels are willing to assume responsibilities related to the project implementation in their respective areas; and
3. Barangays are clustered to facilitate monitoring and control.

A Municipal Screening Committee (MSC) was to be organized in each selected municipality headed by the Municipal Mayor, with the RHU Head, President of the Association of Barangay Captains (ABC), MLGCD, POPCOM, MA, and MSSD, as members. This committee was to meet to decide on the barangays for inclusion in the project. A list was to be submitted to the Provincial Screening Committee (PSC) for final screening.

Likewise, each of the four provinces was to organize a Provincial Screening Committee for this purpose, chaired by the Provincial Governor, and the PDO, PHO, NNC, POPCOM, MA and MSSD, as members. This body was to recommend the list of their depressed municipalities/ barangays to RDC VI and USAID for approval. The USAID representative and PSS personnel were to countercheck the recommended municipalities/ barangays through a random sampling to determine whether the municipalities/ barangays recommended were within the criteria.

Findings

In spite of the guidelines in municipal/ barangay selection, the findings of the evaluation team revealed that one of the provinces slightly deviated from the agreed procedures. In all cases, it appears that the target municipalities belong to the Class V municipality classification. In addition to socio-economic qualification, the selection process also took into account the community support for such a project.

Provincial Screening Committees (PSC) were also organized to each province. In all cases, the selection of municipalities was made by the Provincial Governor together with his staff, except Capiz province where the PHO claimed to have not been personally involved as member of the committee for the first and second batch selection of municipalities.

At the municipal level, considerable variations in barangay selection were noted. In one of the municipalities, the Provincial Screening Committee (PSC) did the selection of the barangays due to time constraint; however, the succeeding barangays were selected by the Municipal Screening Committee (MSC). The rest of the barangays were selected by the Municipal Mayor either through formal or informal meetings with his committee. There were instances, however, where the decision in barangay selection was influenced by the provincial personnel. The RHU Office in four municipalities claimed that they were not involved in barangay selection as members of the Municipal Screening Committee (MSC).

Analysis

All of the barangays selected were identified as depressed. Although the processes and criteria in selecting the target municipalities and barangays, as defined in the project paper, were not strictly observed, it appears that all of the municipalities and barangays selected were reasonable choices. The provinces submitted a list of proposed municipalities and barangays to the PSS and USAID for approval. Likewise, PSS and USAID representatives have visited some of the proposed municipalities and barangays before approving the recommendations of the Provincial Screening Committee.

Recommendations

1. RDC VI/PSS should remind the provinces to adhere to the stated processes and criteria for selection of municipalities and barangays.
2. The involvement of health personnel in selection procedures should be emphasized at all levels.

B. BHW RECRUITMENT AND SELECTION

Standard

As indicated in the Project Paper, the Barangay Health Worker (BHW) is the key figure in the barangay health care delivery system. He/she has to mobilize the barangay, assist the barangay to identify its community health problems and catalyze community efforts to obtain the necessary resources to solve their problems. He/she will serve as the barangay contact point and facilitator for existing technical personnel such as sanitary inspectors, social workers, municipal population officers, nutrition workers and general health workers who are carrying out their line agency functions in the barangay. He/she will be working on seven (7) areas of concern:

1. Environmental Sanitation
2. Family Planning
3. Nutrition
4. Control of Communicable Diseases
5. Medical Care Functions
6. Vital Statistics
7. Community Organization

Because of the nature of the Barangay Health Workers' functions, proper selection of BHWs becomes doubly important. The following criteria have been formulated for the selection of the Barangay Health Workers (for the 1st batch):

1. A resident of the barangay for the past five (5) years.
2. At least 18 years of age.
3. Have at least six (6) years of formal education and/or equivalent work experience along social services-related activities.
4. Proven honesty, integrity, morality and physical fitness.
5. Should be imaginative and creative and manifest organizing and leadership traits, and acceptable to the barangay.

However, during the selection of the second batch Barangay Health Workers, the criteria were revised based on the results of the evaluation-workshop of the first batch BHW training program. The age qualification was raised to 21 years and the educational attainment was raised to prefer a high school graduate.

The Barangay Health Worker will be nominated by the barangay residents during the barangay assembly. Five (5) or more BHW nominees will be

submitted to the Municipal Screening Committee (MSC). The MSC will trim down the nominees to three (3) who will serve as candidates for the final screening of the Provincial Screening Committee.

Findings

After the municipalities and barangays were selected, the barangay captains were informed accordingly by their respective municipal mayors. Barangay assemblies were held in almost all barangays selected, at which time a municipal, provincial or sometimes a Project Support Staff (PSS) representative is present to explain the concept or rationale of the project particularly the criteria for Barangay Health Worker selection. In most cases, the BHW is nominated by the barangay residents during the barangay assembly. However, in two (2) of the barangays, the nominees for BHW were selected by the Barangay Captain from among the barangay residents. In another barangay, a written examination was administered to almost 50 aspirants and the first five (5) were submitted for the municipal level screening. Approximately 50-60% of the BHWs were related to either barangay or municipal officials. However, this is not considered unusual because in a typical barangay in a Philippine setting, almost everyone is related to everybody in the barangay in some way or another, either by affinity or consanguinity.

The existence and composition of the MSC varied. Some nominees were screened by committees, others were only given aptitude tests. These procedures usually resulted in a list of three (3) nominees from each barangay which were referred to the provincial level.

At the provincial level, psychological tests were administered to the nominees. In some cases, personal interviews were conducted by one or more provincial offices. However, in at least two of the provinces, final selection was based in reality on aptitude examination results alone. In one province, nominees were not notified of provincial level screening appointments in time to attend. Some were disqualified without actually being screened. Each provincial list of candidates was then submitted to the Provincial Governor for approval.

Analysis

All of the BHWs selected conform to the stated requirements of age, sex, education, residence and community leadership. The quality of those selected is uniformly high, although the recruitment and selection processes varied from barangays, municipalities and provinces.

This individualized approach to selection, however, will greatly affect two crucial issues essential to the BHWs' effectiveness: community support and ability to work within an MOH system. It is

essential, therefore, that the community and the health personnel at each level actively participate in the selection of BHWs.

Recommendations

1. The PSS should remind the provinces, municipalities and barangays of the procedures and criteria to be followed for selection of BHWs. Spotchecks for compliance of these procedures should be made for each new batch.
2. Special attention should be given to including Ministry of Health personnel in municipal and provincial BHW screening committees as well as the MDC's and PDC's.
3. Emphasis should be placed on community participation in nominating BHW candidates both when the PSS conducts PUSH orientation at provincial and municipal levels and when the PUSH project is introduced at a barangay assembly.
4. Information on BHW recruitment and selection should be widely disseminated and enough time be given for the nominees to attend the recruitment and selection proceedings.

C. BHW BASIC TRAINING

1. TRAINING CURRICULUM

Standard

One of the early tasks of the Project Support Staff (PSS), as mentioned in the Project Paper, was to prepare for the convening of a Training Task Force which will develop the BHW training curriculum. The Training Task Force will be composed of local experts who have had extensive experience in auxiliary health-workers training and utilization. Based on identified BHW roles and functions, the team was to formulate the program of instruction required for the development of needed skills.

The curriculum for the six weeks basic training of the BHWs was to be developed around the expected functions of the BHW in the seven general areas of concern, namely:

1. Environmental Sanitation
2. Family Planning
3. Nutrition
4. Control of Communicable Diseases
5. Medical Care
6. Vital Statistics (Recording and Reporting)
7. Community Mobilization

The course will be designed to give the BHW just enough competence to make him credible in his area of deployment. The project is designed to allow for a two-week refresher course and further training every six months after the BHWs complete the six-weeks basic training course.

Findings

A Training Task Force composed of members of the Regional Health Training Center, consultants from the Regional Health Office and members of the Provincial Development Staff of Iloilo worked with the newly recruited members of the Project Support Staff to formulate the basic training curriculum of the BHW. Representatives from the MOH who have had extensive experience in the training of para-medical workers, having been involved for the past five years in the In-Service and Pre-Service training programs for the Population I Project - the Restructured Health Care Delivery System - were likewise involved. The PDS Staff likewise have considerable experience in planning and conducting training programs for their own staff members and local planning officers. The BHW basic training curriculum, conducted for six weeks was developed around the seven general areas

of concern. In the distribution of topics, a longer portion of training time was assigned to environmental sanitation. Second area given more time compared to the rest was medical care.

Because of the shortness of the duration of training time, there had been considerable discussion whether to include medical care in the basic training curriculum or in the succeeding retraining sessions. Although the Project Paper states that the BHW will start out with limited skills, this has not been clearly defined and the Training Task Force decided to give him the basics of all his functions in the seven general areas. Any weakness or inadequacy will be strengthened/reinforced during the two-week retraining sessions scheduled to be held every six months after the basic training course. In this regard, findings show that no retraining sessions have been held to date - more than a year after the first basic training course.

Most BHWs felt that the duration of the course was adequate and that with regard to content, all topics were covered and deemed relevant. However, the BHWs felt that they were not adequately prepared emotionally and psychologically for the difficulties they would encounter in returning to their respective barangays.

The BHWs were enthusiastic about the prospect of additional training and felt that they needed it as soon as possible in order to continue and expand their contributions to the community.

Requests for retraining for the 1st and 2nd batch BHWs include:

- first aid
- assessment of individual health
- dispensing medicines
- family planning
- nutrition
- community mobilization
- motivation techniques
- ways of deriving psychological and moral support for project work
- project implementation

Analysis

Based on the results of the interviews, observations and examination of some documents of training, the basic curriculum appear to have substantially prepared the BHWs in initially carrying out their expected functions, except for the significant comment on the need for psychological and emotional preparation. Findings are most useful, however, in pointing out specific areas that need to be further reinforced and given emphasis during these training sessions.

The eagerness of the BHWs for the retraining emphasizes the need for conducting this activity regularly.

A difference of opinion with regards to curriculum content and methodologies between PRTC and PSS/PDS may be attributed to the fact that the former were recruited later and were, therefore, not involved in the development of the original curriculum.

Recommendations

1. It is proposed that a retraining course for the 1st and 2nd batch BHWs be conducted as soon as possible. The areas to be highlighted in this course will include:
 - first aid
 - assessment of individual health
 - dispensing medicines
 - family planning
 - nutrition
 - community mobilization/leadership training
 - motivation techniques
 - ways of eliciting psychological and moral support for project work (Rural Sociology)
 - project implementation
 - treatment of pulmonary disease
 - oral rehydration
 - dental health
 - health education
 - child delivery
 - accupressure (Physical Therapy)
2. The retraining program should be scheduled before the next basic training so that the topics to be included in the retraining could be made part of the next basic training curriculum.

2. TRAINORS

Standard

Project planners have emphasized that the training of BHWs be handled by professional trainers who will not conduct the training process within a traditional lecture format.

- The BHW trainers will undergo a six-day training at the Regional Training Center (RTC). The 30-35 prospective participants will compose the regular training faculty of the PUSH BHW training program. The provincial trainers should ideally be represented by the following personnel from each province:

- Assistant Provincial Health Officer
- Provincial Sanitary Engineer
- Provincial Nurse Supervisor
- Chief Sanitary Inspector
- Fully-trained Midwife
- Provincial Development Staff (PDS) member
- Provincial Health Educator

During this training, the participants will familiarize themselves with the BHW training curriculum and methodologies including the use of different audiovisuals for the training of BHWs. This will serve to standardize the quality of BHW training sessions.

Findings

A one-week orientation training on the content of the BHW curriculum was conducted for the trainers with a subsequent training program on training strategies.

Feedback from the BHWs during the training rated majority of the trainers as good and only a few as fair. This is further reinforced by their comments during the evaluation that there is a need for some resource persons to improve their communication skills.

Analysis

The comment of BHWs on the need for better resource persons may have been drawn from observations during the training that some resource persons have difficulty in going down to the level of the BHWs and narrowing down their discussion to the basic essentials needed by the BHW to perform his function in a particular area.

Qualification of trainers indicate their competence to handle the BHW training program.

Recommendation

The course content and training methodology of resource persons should be continuously monitored and evaluated by the PRTC to assure that they are geared to the level of understanding of the BHWs.

3. TRAINING STRATEGIES/TECHNIQUES

Standard

Project planners have emphasized that the training process will not be conducted in the traditional lecture format. Much of the skills

training will be done using programmed instruction techniques to supplement practical experience. All of the skills taught at the training center will be integrated with the life of the training center. Sanitation facilities, clean water, nutritious meals and clean health practices will be woven into the course content so that the BHWs practice in non-classroom hours what they learn during teaching sessions.

Findings

Training strategies employed during the training of the first and second batches were:

- group dynamics
- lecture/discussions
- demonstration/return demonstrations
- role play
- workshop
- preceptorship/field practicum
- case study
- forum
- brainstorming
- buzz sessions
- team teaching

The Basic Training Course for Barangay Health Workers has two phases: the theoretical phase which covers four weeks and the preceptorship phase which covers two weeks. The theoretical phase did not follow the traditional lecture method. Although lectures could not be fully avoided, these were, however, minimized. During classroom sessions, a team of four, composed of a resource person, a facilitator, a module coordinator and an observer collaborated efforts to ensure the success of the teaching/learning process. Pre-session conferences were held between module coordinators and resource persons. A clinic-ing session, an important training strategy conducted at the end of the day, involved the persons responsible for the day's sessions and the training management. Since this is a part of the ongoing evaluation, it will be discussed more fully under the Section on Training Evaluation. The training site provided the essential facilities for sanitation, nutritious meals and potable water allowing the BHWs to practice what they learned in the classroom during non-classroom hours.

Participants were fielded in selected areas for the two-week preceptorship. The practical phase of the course enabled them to apply theoretical inputs to actual conditions of field practice under the close supervision of the trainers.

Analysis

Although a considerable number of training hours were devoted to lectures, measures had been taken to ensure a two-way direction of the teaching-learning process as evidenced by the findings.

Feedback evaluation indicates that many non-traditional methods are being used and they appear to be working successfully.

There is integration of classroom teaching with environmental reinforcement in the training site, facilities and meal preparation.

There is difficulty sometimes in implementing planned aspects of the training program because of limited time.

While there was an attempt to build-in group dynamics with the emotional and psychological preparation of the BHWs, this has to be further strengthened.

Recommendations

1. Regular development courses for training staff should be undertaken throughout the life of the project to upgrade skills on training strategies.
2. It is recommended that the PRTC study the possibility of involving the trainees in the actual planning of menus as part of their nutrition training.
3. Training be oriented more to problem-solving and real life situations. In this regard, it is recommended that BHWs from former batches be invited as guest speakers and/or resource persons to share their experiences in project implementation and community mobilization.

4. TRAINING MATERIALS

Standard

Each of the four provinces included in the Panay Project have their own language and the course materials will be printed in a language understandable both to the BHW and to the barangay residents. Considering that most, if not all BHWs also understand English, the medium of instruction should be multilingual. In many cases, Barangay residents will not understand any written language so that instructional materials will be developed with a strong visual effect.

Findings

BHWs find their handbook and flip charts useful, particularly the new reprinted edition of the handbook since it is complete with pictures. Most of them feel that it is not necessary to translate the handbook into the dialect, though in some instances, the medical terminology needs to be simplified or further elucidated.

There is not enough visual aids for health-related courses.

Analysis

Since the BHWs feel that the handbook is understandable enough in its present form, there is apparently no need for its translation in the dialect as originally conceived in the project paper.

The need, however, for simplification and elucidation of some medical terminology should be given particular attention.

Visual aids for health-related courses are needed to transfer knowledge.

Recommendations

1. A glossary of medical terms should be provided to the BHWs either in the dialect or simplified English by the PRTC.
2. PRTC should develop, procure or ask donations for audiovisual aids.

5. TRAINING EVALUATION

Standard

Recognizing its importance to the project, a special evaluation will be undertaken for the BHW training component, which will be the responsibility of the PUSH Regional Training Center. Every BHW training session conducted will be evaluated to measure the effectiveness of the training to transfer prescribed knowledge and skills to the trainees. In addition, BHWs who have been deployed will be followed up through a monitoring mechanism to measure the application of the knowledge and skills that have been learned. Results of this special evaluation will be utilized to continually upgrade training techniques.

Findings

A set of evaluation instruments was developed before the start of the first batch BHW training and were used for evaluating the training of the first batch BHWs. These were subsequently revised to what was thought of as essential by the PRTC staff for the second batch. Aside from these instruments, paper and pencil tests, oral feedbacks and return demonstrations were likewise utilized to assess the transfer of knowledge and skills to the trainees.

This daily activity was discontinued in the second batch training as the PRTC felt it unnecessary. Clinic-ing sessions were undertaken when the need arose.

On the conduct of a special evaluation of BHWs who have been deployed, PRTC staff admits failure to do follow-up evaluation due to pressure of training work.

Analysis

Evaluation as set forth in the Project Paper was carried out during the actual training sessions of the first and second batches although some processes and instruments were revised in the second batch.

Follow-up/impact evaluation, although considered important and recognized by PRTC as its responsibility, has not been carried out.

Recommendations

1. Assessment of the evaluation process including those of the instruments be done to ascertain their appropriateness and relevance. Those found to be relevant and appropriate should be continuously applied to succeeding batches for accurate and effective measurement of training inputs.
2. That follow-up evaluation of deployed BHWs be conducted for subsequent batches by the PRTC.
3. The role of clinic-ing sessions should be emphasized to strengthen capability building among trainers. If possible, it is recommended that clinic-ing be held at the end of each day's training sessions.

D. BHW FUNCTIONS

1. ENVIRONMENTAL SANITATION

Standard

The BHW is expected to do the following:

- Identify areas in the barangay where sanitation facilities need to be constructed or improved, with technical assistance from the Rural Sanitary Inspector.

On Water Sanitation:

- Organize community efforts to obtain materials and experts needed to construct or improve water facilities.
- Promote proper water handling and utilization practices.
- Monitor water quality periodically.
- Apply simple water treatment procedures, when necessary.

On Waste Disposal:

- Campaign for sanitary waste disposal.
- Organize community to obtain materials and experts for the construction of water-sealed toilets in the barangay.

On Insect and Vermin Control:

- Provide practical advice on proper handling of household garbage and refuse, fly and mosquito control and other disease-causing environmental nuisance in the barangay such as rats, cockroaches, etc.

Findings

The BHWs, by definition and funding, have heavy responsibilities in the field of environmental sanitation. They have identified areas in the barangay where sanitary facilities have to be constructed or improved. They have organized the community and catalysed efforts to obtain commodities and expertise to construct or improve water facilities and water-sealed toilets. They have promoted proper water handling and utilization practices and have campaigned for sanitary waste disposal. They have also provided practical advice on insect and vermin control, other environmental health hazards and beautification.

The ESI construction targets for all four provinces in the first year (1979) of the project are as follows:

Deep drilled wells -----	50
Shallow driven wells -----	50
Open dug wells -----	100
Water-sealed toilets -----	1,000

Each evaluation subteam visited their assigned province with the responsibility of reporting on the status of implementation of ESI projects within the sample barangays of that province. The subteams inspected ESI projects at random in the sample barangays.

The status of implementation of ESI project varies greatly across the four provinces. Below is the table showing targets versus status of project implementation, per project type per province.

Table Ia. Shallow Driven Wells Constructed in Relation to 1979 Targets by Province, as of July 31, 1980.

Province	No. of Municipalities	No. of Barangays	SHALLOW DRIVEN WELLS			
			Target	No. of Projects	Projects Completed	Projects Ongoing
Aklan	2	8	8	77*	77	-
Antique	2	10	10	#	-	-
Capiz	2	10	10	8	-	8
Iloilo	5	18	18	21*	10	11
Guimaras	1	4	4	12*	8	4
TOTAL	12	50	50	118	95	23

* -- over target due to reallocation of funds

-- project not suited to area

Table Ib. Open Dug Wells Constructed in Relation to 1979 Targets by Province, as of July 31, 1980.

Province	No. of Municipalities	No. of Barangays	SHALLOW DUG WELLS			
			Target	No. of Projects	Projects Completed	Projects Ongoing
Aklan	2	8	46	#	-	-
Antique	2	10	20	#	-	-
Capiz	2	10	20	45*	-	45
Iloilo	5	18	36	12	-	12
Guimaras	1	4	8	6	5	1
TOTAL	12	50	130	63	5	58

* -- over target due to reallocation of funds

-- project not suited to area

Table Ic. Drilled Deep Wells Constructed in Relation to 1979 Targets by Province, as of July 31, 1980.

Province	No. of Municipalities	No. of Barangays	DRILLED DEEP WELLS			
			Target	No. of Projects	Projects Completed	Projects Ongoing
Aklan	2	8	8	1	1	-
Antique	2	10	10	#	-	-
Capiz	2	10	10	7	5	2
Iloilo	5	18	18	15	4	11
Guimaras	1	4	4	2	1	1
TOTAL	12	50	50	25	11	14

-- project not suited to area

Table Id. Spring Development Projects Constructed in Relation to 1979 Targets by Province, as of July 31, 1980.

Province	No. of Municipalities	No. of Barangays	SPRING PROJECTS			
			Target	No. of Projects	Projects Completed	Projects Ongoing
Aklan	2	8	0	#	-	-
Antique	2	10	0	10	5	5
Capiz	2	10	0	2	-	2
Iloilo	5	18	0	#	-	-
Guimaras	1	4	0	2	2	-
TOTAL	12	50	0	14	7	7

-- project not suited to area

Table Ie. Water-Sealed Toilets Constructed in Relation to 1979 Targets by Province, as of July 31, 1980.

Province	No. of Municipalities	No. of Barangays	WATER-SEALED TOILETS			
			Target	No. of Projects	Projects Completed	Projects Ongoing
Aklan	2	8	160	624*	624	-
Antique	2	10	200	340*	340	-
Capiz	2	10	200	200	100	100
Iloilo	5	18	360	688*	435	253
Guimaras	1	4	80	298*	162	136
TOTAL	12	50	1000	2150	1661	489

* -- over target due to reallocation of funds

Difficulties encountered in the process of following prescribed procedures for implementing the ESI component are the following:

1. Private contractors were not well experienced in deep well drilling and a number of them did not comply with the specifications given them.
2. Procurement of materials contributed a heavy documentation workload.
3. Delays in implementation were caused by strict bidding regulations for procurement, failure of suppliers to deliver materials on time, and some materials delivered were not per specifications.
4. Lack of counterpart contribution of sand and gravel from some project beneficiaries.
5. Community mobilization is dependent on whether residents have free time from their livelihood activities.
6. Water sources in certain areas are far from residential areas. The cost of constructing spring development projects exceeds that allowable in the FARA.

In identifying ESI projects, two methods are used. The first is to identify problems, assign priorities, and then present them to a barangay assembly for decision of the community. The other method is to react to proposals made directly by the people themselves in the barangay assemblies. In either case, the people of the barangay are informed participants in the project selection process.

In implementing ESI projects, the BHWs carried this out through barangay assemblies or house-to-house campaigns for labor and local counterpart materials.

Most barangay captains interviewed are aware of the implementation of ESI project activities and are satisfied with the ESI projects presently being carried out by their respective BHWs. There are a few exceptions, however, where the barangay captains and residents showed dissatisfaction. In one barangay, they felt that the final product was worth considerably less than its cost. In another barangay, the project built was not that described in the Detailed Project Proposal (DPP) and the project was non-functional.

Interviews with the residents of the barangay suggested that most of the people were adequately informed of the ESI projects. Like the barangay captains, the residents interviewed did not have any suggestions for other ESI activities to be undertaken.

Most of the RHU staff (RHP, PHN, RHM, RSI) are knowledgeable of the PUSH project and its environmental component. However, several RHPs claimed that they were not adequately informed about ESI projects. The teams were unable to obtain consistent information on the frequency and adequacy of the visits of the RSIs to the different sites where ESI projects are undertaken. In one municipality, RSI visits each BHW at least once a week, while in another, RSI had never visited the barangay or participated in ESI construction.

ESI projects are regularly inspected by the BHWs.

Only a few PUSH wells have been analyzed by the Regional Health Laboratory. It is unfortunate, however, that some BHWs when asked what were the results of the test stated that "the RSI has the results." Other BHWs did not have a clear understanding of the results as being "positive" or "negative."

Analysis

The implementation of ESI projects is one of the more difficult undertakings of the BHWs. Project identification alone is a hard and long process where a lot of people are involved. For bigger projects, technical assistance is needed to determine the type of

project suited to a barangay and the specific location where the project will be constructed. Project proposals are made after project identification. These are then presented to the barangay assembly for confirmation. The proposals follow a channel up to the procurement of materials. There are instances where ESI projects based on FARA targets are reallocated to other ESI components to suit the topography of a locality. For example, Iloilo has overshot the 1979 FARA target for household toilet facilities while Aklan leads in the overshooting of shallow driven wells. The FARA allows this. Because of its topography, Antique has no shallow driven wells, deep drilled wells and open dug wells, instead they reallocated funds for spring development projects, which the FARA likewise allowed.

The implementation of the approved project proposals have encountered delays in the bidding and procurement of materials. Delivery of materials during the rainy and planting seasons can be delayed due to flooded rivers and impassable roads. Most barangay residents are farmers and their farm work is most demanding during these seasons, hence, their labor counterpart will be available only during the slack season, i.e., during the summer months.

Water supply being a basic human need, water supply projects have a high priority in the PUSH Project. An adequate water supply is needed for household use, gardening, and other income-generating projects in the barangay. When adequate water supply is available, intensive health education campaigns can be undertaken to promote personal cleanliness.

Since water is used for drinking purposes, it has to be analyzed for potability. In the barangays visited, most of the BHWs have not submitted water samples to the regional laboratory for analysis. Reason for non-submission of water samples for analysis is the fact that the distance of the target barangays from the regional laboratory would render the water sample unfit for water analysis by the time these samples reach the laboratory. The rest who submitted samples, however, could not interpret the results due to lack of proper coordination with the RSIs.

Recommendations

1. Priority be given to furnishing provincial laboratories with water analysis equipment without further delays.
2. RSIs visit barangays once a month and effect closer coordination with BHWs in areas of water sampling and interpretation of test results.
3. ESI project construction be scheduled on dry season and off-farming seasons to avoid delays in the deliveries of materials and to utilize maximum community counterpart for the immediate completion of projects.

4. The provinces should actively seek the advice and technical assistance of MPW district personnel in the design and implementation of water projects. For this purpose, the PDS-PUSH Action Officers should furnish the MPW with a list of PUSH barangays and the scheduling of implementation of ESI projects.
5. The PDS-PAO should closely monitor the delivery schedules and the compliance by the supplier-contractor of specifications/standards in accordance with GOP rules and regulations.

2. FAMILY PLANNING

Standard

BHWs provide the necessary support services if the family planning program is already established in the barangay. If none has been established, they take primary initiative in organizing one, and undertake the following activities:

- Motivate would-be family planning acceptors.
- Provide information on the different methods of family planning available in the locality.
- Refer acceptors to the appropriate agencies.
- Resupply continuing users with pills or condoms.

Findings

The BHWs are working toward accomplishing the family planning function of motivation, providing information, referring acceptors, and in the case where the BHWs are also BSPOs (BSPO-BHWs), resupplying pills and condoms. However, their accomplishments are minimal. Home visits average between zero and four per month. Very limited IEC materials are on hand or have been given out. Referrals vary between two and four per month, and, where noted, combined users of pills and condoms supplied by BSPO-BHWs are limited to less than 20 MCRA per barangay.

Analysis

The BHWs, even those who are also BSPOs, are often perceived by RHU personnel and barangay residents only as motivators and referral agents of family planning services or sometimes as suppliers of condoms and pills. They are not commonly viewed as providers of new acceptors; this is more commonly perceived to be the role of the RHU nurse, midwife or FTOW. The one-half day training of BHWs on family planning during the BHW basic training course is not enough; they seem to lack confidence and are reluctant to perform their family planning tasks, while the BSPO-BHWs who have had the training seemed to have better knowledge

of family planning issues and perform better. Although the BHWs function religiously in this area of responsibility, their accomplishments are minimal.

Recommendations

1. Whenever possible BHWs should assume the functions of the BSPOs and be provided with the POPCOM formal training.
2. All BHWs should be retrained on family planning as part of PUSH retraining with special emphasis on the negative effects of high fertility on mother and child health, especially with regard to nutrition. Given other functional responsibilities, the BHW is in an advantageous position to benefit from a training program which emphasizes the interrelationship between family planning, health and nutrition. The POPCOM should be involved in this type of training more particularly in course content development and as resource persons.
3. More emphasis should be placed on actual service provision of these BHWs that are also BSPOs. BHMs and BHNs must be reoriented to refer pill and condom users to BSPOs stationed in their barangays.
4. The importance of family planning should be reemphasized as co-equal to health and nutrition. This should be implemented through BHW retraining and through the orientation/reorientation of provincial, municipal and barangay officials.

3. NUTRITION

Standard

BHWs provide support services if a nutrition worker has already been deployed in the barangay by the Philippine Nutrition Program. They initiate the organization of a nutrition program in the barangay if none has been organized and undertake the following activities:

1. Weigh barangay children aged six years and below periodically and keep a record of their weights.
2. Provide barangay residents with basic information on:
 - nutrient requirements
 - common food sources of essential nutrients
 - proper infant feeding techniques
3. Assist in the barangay food production campaign and distribution of food assistance supplies in coordination with other agencies.

4. Initiate and conduct barangay feeding programs for the 1st and 2nd degree malnourished children.
5. Refer third degree malnourished children for rehabilitation.
6. Motivate people to adopt proper nutrition habits and practices.

Findings

The BHWs are carrying out weighing programs for children six years old and below. These are done monthly or quarterly while Operation Timbang is conducted semi-annually.

The standard practice is for mothers to bring their children to the BHW station where weighing is conducted. This practice encountered difficulties in maintaining participation in the weighing program since mothers do not want to walk the long distance to the BHW station for child weighing only. This standard practice is used by only very few of the BHWs interviewed; most adopted house-to-house visits to maintain regular monthly or quarterly participation.

Records of the weighing program are being kept by the BHWs and updated after every weighing activity. These records are used for identifying second and third degree malnourished children who are referred to the RHU and MSSD for feeding and rehabilitation. The records also help the BHWs and RHU personnel monitor the nutritional status and food commodity requirements of the barangay concerned. Some BHWs assist the RHU with commodity distribution and household follow-up.

BHWs also participate to varying degrees in RHU supported mother's class lectures on nutrition education, backyard garden campaigns, Day Care Center activities, and cooking demonstration.

Some BHWs have used the PUSH Barangay Fund (PBF) to purchase equipment (cooking utensils for feeding programs and garden tools for home gardening) that can be used to implement community nutrition activities.

Analysis

The BHWs coordinate their nutrition surveillance activities with the RHU. They also work with the Day Care Workers (DCW) in the weighing and feeding programs. However, there appears to be some overlap in the function of the BHW and DCW, who are often found in the same barangays. Both are weighing the same population.

BHW data observed indicate high levels of malnutrition among children under six years of age. (In Capiz one-third to one-half of the children and infants weighed were either second or third degree

malnourished.) Evidence indicates that it has been difficult to maintain participation in the weighing program mainly because of inconsistent availability of food commodities which is supposed to be provided by government-sponsored programs.

Recommendations

1. The BHW weighing activities must be supported with consistent and adequate provision of food commodities for supplementary feeding. The PPEC and PSS should try to satisfy this need, by supporting the use of locally produced food commodities or seeking assistance from providers (RHU, MSSD, or BAEX).
2. Within PUSH barangays, the PPEC must ensure that maximum coordination exists between the BHWs and other nutrition workers, i.e., DCW, BNS, RHM, BAEX, and MSSD, to avoid duplication of effort in carrying out nutrition-related activities, especially nutrition surveillance and feeding. PPEC/PSS and NNC should meet to design a standard nutrition reporting form that could be understood and used by both NNC and PUSH.
3. Finally, BHWs should increase their nutrition education functions with more participation in mother's classes where more emphasis should be placed on the nutritional importance of birth spacing and breast feeding. For them to develop this capability, the retraining and the regular training curricula should provide for the corresponding training inputs.

4. CONTROL OF COMMUNICABLE DISEASES

Standard

1. The BHWs will identify and prioritize the targets of the barangay immunization program.
2. They will spearhead the efforts to obtain technicians and supplies to achieve the objectives of the immunization campaign.
3. They will identify the signs and symptoms of notifiable diseases, report and refer them for treatment and follow-up these cases regularly.
4. They will provide barangay level assistance to whatever disease-control campaign the RHU may be conducting in the barangay.

Findings

The primary activity of the BHWs in communicable diseases control is assisting in immunization drives. Actual screening of the target population is done by the PHN and/or the RHM, although the BHWs assist in the screening and often keep their own records of immunization coverage within the barangay. The BHWs are notified by the RHU as to when an immunization team will be arriving and are responsible for seeing to it that all eligible children are present at the BHW station. They have campaigned in the community prior to the arrival of the team to stress the importance of vaccinations and counter-act misconception about side effects. They have assisted in the actual immunization by holding babies and talking to the mothers. There are usually two (2) immunization drives per barangay per year. The BHWs have reported suspected TB cases in their barangays.

Problems encountered in communicable disease control activity by the BHWs include:

1. Difficulty in motivating participants because follow-up doses for series immunization do not arrive on schedule and people are afraid of the side-effects of the vaccines.
2. Some BHWs do not have a complete knowledge of when to administer what type of immunization for particular age groups.

Analysis

The BHWs are performing their expected functions in the area of communicable disease control to a considerable extent. They report suspected cases of TB in the barangay, and assist in the immunization campaigns by enabling the immunization teams to service their target population.

Their inability to carry out their expected function of screening the children for immunization may be due to the fact that this is already being done by the PHN and/or RHM. Although BHWs claim not having sufficient knowledge on when to administer what type of immunizations to specific age groups, a countercheck with the basic curriculum shows that they were given instruction along this line. There seems to be a need for them to further reinforce their knowledge on immunizations especially in counter-acting misconceptions and fears expressed regarding side effects of vaccines.

Recommendations

1. The BHW training course should cover more fully the medical aspects of immunization and communicable disease control as well as emphasize IEC guidance in dealing with misconceptions and resistance to immunization. Specifically, the following should be covered:
 - a) A fuller understanding of the need for immunization.
 - b) Instruction in defining eligible target population for immunization.
 - c) Recognition of signs and symptoms of patients suffering from selected communicable diseases such as tuberculosis, pertussis and tetanus.
2. Training hours on immunization and recognition of signs and symptoms should be increased.
3. Retraining should give more emphasis to IEC and guidance on the need for immunization so as to counter-act misconceptions.
4. BHWs should be allowed by their supervisors to screen eligible target population.

5. MEDICAL CARE

Standard

The BHWs will be the first person to be consulted in the barangay if medical problems arise. They will:

1. Screen patients and identify those that need immediate care and refer them to the nearest medical facility.
2. Give appropriate treatment to patients that can be managed at their own level of competence.
3. Follow-up patients who are undergoing prolonged treatment regimen to insure that medicines are taken regularly and proper patient care is provided.

Findings

In the event of illness, people consult either the BHW or personnel of the RHU, depending on the nature of illness. Other barangay residents prefer the arbularios or hospital for medical care and not the BHW.

All BHWs interviewed have referred patients not within their capability to manage to the RHM, to other RHU personnel or to higher level medical facilities. Approximately 20-70% of the BHW's patients are referred to the RHU or other health institutions. BHWs accompany some of their referred cases to the RHU and sometimes have to shoulder transportation expenses. Some BHWs use the referral slips for their referred cases, but some do not because referral slips were not available. In other areas visited, the BHWs felt that it was unnecessary since they are in the same building with the referred level, the midwife. Some BHWs file the returned referral slips with the individual Household Health Record; but in many instances, patients do not return a copy of the referral slip.

In spite of the referral system, there are still many patients who go straight to the RHU. It is worth noting that some respondents are not aware that the BHW can render medical care services.

The BHW interviewed gave an average of from 2-30 patients a month for their medical attendance. Among the treatment provided by the BHW are the following:

- dressing of wounds
- sponge bath for fever
- steam inhalation for colds
- concoction of medicinal plants for diarrhea

There is very little mention made regarding follow-up of cases.

Significantly, most RHU personnel interviewed agreed that primary health care is facilitated by the BHWs who are residents of the PUSH barangays.

Analysis

In areas where the BHW and RHM are both available in the same barangay, the latter is preferred as a person to turn to for medical services. This may be attributed to the following reasons:

1. The RHM has been performing the medical care function for sometime.
2. The RHM has the stock of medicine and medical supplies since she has been trained to dispense medicines, while the medical competence of the BHWs is limited to giving first aid, nursing measures and hydrotherapy.
3. Some BHWs seem to lack the confidence to perform their medical care function and have expressed the need for more training in this area.

Recommendations

1. Competence of BHWs in medical care needs to be upgraded (retraining 1st and 2nd batches). They should receive further practical training on the application of simple medical techniques in the treatment of the most common illnesses, especially those of respiratory and gastric nature including application of first aid measures.
2. Strengthen the implementation of the two-way referral system, including improved BHW assessment capabilities.
3. A commodities logistics system should be established and BHW should be provided with essential medicines and first aid supplies to manage selected diseases and conditions within his/her capability. It is recommended that BHWs utilize a portion of their PBF to buy first aid medicines and solicit donations from the RHU or barangay.
4. A workshop for RHPs should be conducted by PSS to gain their support and, more important, to enable them to come up with a standing order (guidelines) of medicines that BHWs will be allowed to dispense.
5. The following topics should be a major input in the retraining session:
 - Drugs: Actions and Reactions
 - How to Administer Drugs
 - Blood Pressure Taking
 - Delivery/Childbirth
 - Accupressure

6. RECORDING AND REPORTING

Standard

Immediately upon deployment, the BHWs are required to conduct initial survey of the barangay and make and maintain spot maps. These spot maps are updated whenever any change or event may occur.

The BHWs keep records of vital events in the barangay like births and deaths, keep and maintain individual health folders, and activity logbooks. The following records should be kept in order and updated:

- Household Record
- Household Health Record
- Child Record

- Barangay Body Weighing Record
- Body Weighing Worksheet
- TB Case Record
- Activity Logbook on Health
- Activity Logbook on IEC activities
- Referral Slips

The BHWs are supposed to submit two monthly reports on a regular basis:

- Monthly Work Program
- Status/Accomplishment Report

The reports, theoretically, are to be submitted to the RHU through the RHM where they are consolidated and forwarded to the RHO through the PHO, and finally to the PSS.

Findings

The BHWs completed the required reporting during the last few days of each month and forward these to the RHU. The time it takes to complete these reports ranges from one half day to three days. The BHW usually forward only one copy of the reports as they have no copies of the report forms. They must print or type their own, and often have to purchase the paper and carbon to do so. They have received no forms since the completion of their training.

The BHWs feel that the current reports are simple enough and easy to fill out. The Monthly Work Program is claimed to be useful in providing guidance for the upcoming month's activities, and the Status/Accomplishment Reports provided information on progress of projects for planning and monitoring purposes.

Some BHWs stated that they do not use standard BHW recording forms and have designed their own recording system, which usually consists of a series of logbooks. The BHWs receive little feedback on what they are reporting, except comments from the RHU on submitting their reports on time and the proper way to accomplish the forms. In several cases, the RHN and RHM stated that they have used BHW reports to help implement their nutrition and immunization projects and to monitor BHW performance and project implementation. Sometimes BHW reports are discussed at RHU staff meetings. In one case, the PHO claimed that the BHW reports are useful in planning for medication, food and vaccine supply needs.

The reporting flow for the monthly health reports are not followed. The PSS stated that they have received only these reports from Antique.

The BHWs all claimed to have completed their spot maps. In several cases, the spot maps were not available as they were being updated. The BHWs have completed their initial household surveys, the result of which are with the PSS. They collect information on vital events from the hilot, other barangay informants and the RHN.

In Iloilo, about half of BHW respondents do not have very good record-keeping systems. No other records are kept aside from those required in standard forms. However, only one RHM was knowledgeable as to the specific records accomplished by the BHWs.

Analysis

The PHO is supposed to consolidate all of the RHU level reports and forward them to the PSS. Thus, the PSS should receive BHW Monthly Work Program and Status/Accomplishment Reports, the monthly Municipal Consolidated Report and the quarterly Provincial Consolidated Report. However, the PSS stated that only the province of Antique has submitted this. This is probably due to the fact that the Provincial Health Officer of Antique has assigned one personnel to handle the consolidation of PUSH health reports, whereas this is not evident in the other provinces.

It appears that some BHWs may be completing the reporting in pro-forma fashion repeating the same entries from month to month. They do note some repetition of question from form to form.

The reports appear informational only and they are not analyzed as a means to plan action programs or for adjustment of priorities. If, however, feedbacks are provided, they are irregular and unscheduled.

Frequent delays in the submission of reports by the BHWs are due to lack of printed forms.

Recommendations

1. The BHWs should be provided with required reporting/recording forms. Responsibility for providing these should be clearly assigned to the Provincial Health Office and budgeted for.
2. Measures should be taken to provide feedback direct to the BHW on the nature and meaning of the data to serve as a guide in determining their priorities within the barangays. The MOH should specifically instruct RHUs to provide feedback to the BHWs on the substance of their (BHWs) reports.
3. The health reporting forms should be analyzed taking into consideration utility and the fact that the BHWs are using their own system to monitor activities. Specific recommendations for improving the forms are:

- a) Increase the amount of space for entries.
- b) Delete the overlap of groups in the columns. Serious consideration should be given to revising the reporting system so that in addition to submitting reports to the Supervising Midwife, a copy should be sent directly to the PSS to be monitored and action be taken at that level. This is one way by which the PSS could assess the individual performance of the BHWs on a monthly basis.

PSS should hold a conference-workshop with the MOH, National Nutrition Council, POPCOM, MSSD, etc. with regard to revision of health forms and reporting flow.

4. The BHWs should be provided with TB control and case forms. The mechanics of filling up the forms could be inputted into the retraining curriculum for the 1st and 2nd batches of BHWs.
5. The PSS should design a uniform form for reporting ESI projects.

7. COMMUNITY MOBILIZATION

Standard

The BHW shall organize the barangay and mobilize the community in the implementation of projects. The organization called for may be BHW-inspired while not necessarily being a formal organization. Likewise, BHWs may utilize existing barangay organizations which can be tapped for PUSH-oriented activities.

These organizations shall provide assistance to the barangay in identifying health projects, formulating project plans and securing assistance in the implementation of identified projects.

Findings

The BHWs utilize existing organizations in their barangays such as the Kabataang Barangay (KB), Barangay Brigades and purok organizations for raising funds and specific project tasks. Matters pertaining to the PUSH Project are discussed at monthly Barangay Council meetings. In addition, the PUSH Project is part of the agenda at most barangay assemblies. The most common problem with regard to community mobilization is lack of attendance by members of the community at the barangay assemblies especially during the planting and harvesting seasons. The BHWs seek the assistance of the barangay captains, school officials and other prominent members of the community in this

matter. Another obstacle to community mobilization is the attitude of the barangay residents toward community projects. The BHWs spend much of their time in house-to-house campaigns trying to change the attitude of the barangay people towards community participation.

Analysis

It is sometimes difficult to motivate barangay residents to take their time away from their daily activities to participate in special projects. Community mobilization is quite difficult particularly during planting or harvesting seasons. Where there is a project to be implemented during these seasons, it appears that everybody has some other work to do and attendance to assembly meetings becomes a problem. Hence, the individual approach such as the house-to-house campaign to elicit community participation becomes taxing and time consuming for the BHWs. While the role of BHWs in community undertakings is assistive and coordinative, they also lead work groups in their assigned tasks.

BHWs are utilizing both the formal organizations like Barangay Council and non-formal organizations like the Barangay Brigades and others in the execution of health-related activities in the area of coverage.

Services of school officials and responsible citizens in the barangays are tapped by BHWs to solve problems regarding attendance in assembly meetings.

Recommendations

1. More orientation of barangay residents to the PUSH Project activities should be provided by PSS, PDS and PHO. This will provide information to the people enabling them to actively participate with the BHWs in community projects.
2. To increase the chances of achieving the desired project impact, it is recommended that PSS support a participant-observation study designed to answer certain research hypothesis under the dynamics of barangay health behavior especially with reference to how the BHW could achieve maximum impact. Specific research questions would have to be defined further.
3. Scheduling of activities should consider the work schedule of the barangay residents.

E. PUSH BARANGAY FUND (PBF) UTILIZATION

Standard

PUSH Barangay Fund (PBF) was provided to finance health-related projects identified by BHWs. The allotment is ₱300 per project. This PBF is sub-allotted to the Municipal Treasurer by the Provincial Treasurer in the amount of ₱5,000.00 for the first year of deployment per BHW. Project proposals are processed and disbursements are made at the municipal level.

Findings

Projects funded out of the PBF are the same for all BHWs like health center repair and improvement, purchase of cooking utensils and garden tools, accessories for blind drainage, insect and vermin control chemicals and sprayer, office equipment and supplies for recording and reporting.

Generally, the PBF proposals are decided by the barangay assembly as a result of the survey made by BHWs. These proposals are submitted to the Rural Health Physician (RHP) AND Municipal Development Coordinator (MDC) for approval. Once approved, the Municipal Treasurer pays the corresponding amount spent for the project after the materials have been delivered and inspected. The BHW, in some cases, handles the procurement. In other cases, items are procured in bulk by the PUSH Action Officer.

Analysis

In some instances, delay in the implementation of these projects is attributable to absence of officials in the Municipal Treasurer's Office and RHU who are responsible for the processing of project proposals.

Many BHWs feel that the ₱300 limit per project is inadequate and suggested that it be doubled.

Recommendations

1. Request responsible officials in the Municipal Treasurer's Office and RHU to expedite processing of PBF-funded projects.
2. Selection of projects and commodities to be procured should be left to the discretion of the barangays.

F. BHW SALARIES

Standard

The BHWs as appointed by the Governor with a one year renewable contract are supposed to receive a monthly salary of ₱240.00 and ₱88.35 in government benefits or a total of ₱328.35. From the salary of ₱240, GSIS term insurance premium and medicare contribution shall be deducted. It was not, however, stipulated in the contract the total amount to be received by the BHWs. They are expected to receive their salary every end of the month at the municipal level to be paid by the MT. Funds for this purpose is supposed to have been sub-allotted by the Provincial Treasurer to Municipal Treasurer as trust fund cash advance.

Findings

The average salary reported by BHWs is ₱304.00 a month. In three of the provinces, the salaries are paid at the provincial level by the Provincial Treasurer. In Antique, they are collected from the respective Municipal Treasurers.

Although most BHWs claimed to have received their salaries monthly, there are a few who received their salaries quarterly. During the first few months of their deployment, they claimed that their salaries were delayed. In cases where the Municipal Treasurer handles the payment of the salaries, it is the practice of Municipal Treasurers not to release the salaries until all the BHWs have submitted their Daily Time Records (DTRs). Failure of one BHW to submit his/her DTR on time adversely affect the release of salaries of other BHWs. Delays in payment and expenses of travelling to the provincial capital to collect their salaries were frequent complaints of the BHWs.

Analysis

Delayed receipt of funds from the central government at the start of the calendar/fiscal year and delays in liquidating prior advances, seem to be the causes for delay in paying BHW salaries. In two of the provinces, plans have been made authorizing the Municipal Treasurers to pay the BHWs and be reimbursed by the Provincial Treasurers. The PSS states that the Municipal Treasurers can advance salaries only if the municipality qualifies with a sufficiently large budget.

Most BHWs felt that their salaries were not adequate and recommended an average increase to ₱500.00 a month to defray cost of work-related expenses and inflation. Most BHWs are aware that their salaries are presently paid out of PUSH Project funds, but are

unclear as to whether the municipal or provincial government will assume funding once the project is completed.

Recommendations

1. Collecting the salary of the provincial capitol is costly and time consuming for the BHWs who have very limited salaries. Arrangement be made so that BHWs can claim their salaries from Municipal Treasurers in all cases.
2. The practice of the Municipal Treasurers of requiring that all Daily Time Records of all BHWs be submitted before individual salaries are released is inconvenient and inappropriate. It is suggested that as soon as each BHW have completed, or submitted all the required documents, his/her salary will be released.

BHWs should be taught how to get claims, salaries, prepare vouchers, purchase orders, etc. as part of their basic training course.
3. The net salary of the BHWs shall be provided in their contract and they shall be provided by the Municipal Treasurers the amount of deduction per item.
4. Consideration be given to increasing the BHWs' salary to cover, or partially cover the work-related expenses and inflation. There should be more support for transportation. Municipalities should be encouraged to provide support for BHW travel.
5. The PSS should work with the provincial governments in the preparation of the budget for the payment of the salaries of the BHWs fielded in 1979 in anticipation of the taking over by the provinces of the payment of salaries by October 1982 for the 1st and 2nd batch of BHWs, and January 1983 for the 2nd batch BHWs.

G. LIQUIDATION OF ADVANCES

Standard

Present accounting and auditing rules and regulations state that cash advances to all accountable officials shall be liquidated before the release of the next quarterly allocation. This covers PUSH Project funds for BHW salaries, PBF and ESI activities. This means that an accountable official shall submit all the necessary legal documents prior to subsequent releases.

Findings

The provinces each differed in the percentage liquidation of their PUSH Project funds for BHW salaries, PBF, and ESI activities. In one province where the ESI projects are relatively simple ones and the implementation process was streamlined by minimizing long drawn-out competitive biddings for contracting and procurement, the first year ESI and PBF funds are almost totally liquidated. In other provinces, where the projects are more technologically complex and competitive bidding practices are being observed, not even 50% of the money has been liquidated.

PUSH Barangay Funds (PBF) are cash advances made to the Municipal Treasurers in PUSH-covered areas. Liquidation of PBF is certified after the funds for all involved barangays have been liquidated. After this, the Municipal Treasurers forwards the liquidation report to the Provincial Treasurer with the required approved project proposals, RIVs, Certificates of Completion, and open market canvasses (when done).

With regard to BHW salaries and ESI funds, it is the Provincial Treasurer who liquidated the funds. Salaries are liquidated at the end of every quarter and require the submission of signed payrolls and daily time records. ESI projects are liquidated by project and require such attachments as an Invitation for Public Bidding or a canvass for materials; a certificate of availability of funds; a purchase request or RIV; the Inspection Report of the Auditor; and a Certificate of Project Completion (CPC), all of which are standard documents required by existing accounting and auditing rules and regulations.

Analysis

The liquidation of all PUSH funds have met with delays in both the provincial and municipal levels. Requirements for liquidation in terms of documentation follow standard accounting and auditing rules and regulations. Liquidation of BHW salaries is required every

quarter while PUSH Barangay Funds and ESI Funds have to be liquidated at the end of the calendar year. From the standpoint of frequency, this is not overly demanding and from the standpoint of documentation, this is standard operating procedure to which the provinces and municipalities are used to. However, provinces and municipalities view PUSH Project activities as added burdens and responsibilities rather than a vital part of their regular service delivery systems. They, therefore, give a low priority on gearing their documentation and reporting schedules to the requirements of the project.

Recommendations

1. The PSS and the Provincial Governors should seriously consider the need of reorienting the administrative machineries at the provincial and municipal levels on the relationship of the PUSH Project to the role and function of local governments as service delivery agencies.
2. The PSS and PDS-PAOs should confer with the Provincial Treasurers on the time frame for the submission of the required documents for liquidation.

H. INTER-AGENCY LINKAGES

Standard

Inter-agency coordination is a key factor in the implementation of the PUSH Project. From the regional level down to the barangay, there is a multitude of government offices and agencies that need to work in coordination for the project to run smoothly and successfully.

Central to the coordination issue is the delineation of responsibilities and role of MOH personnel in PUSH implementation.

Findings

There is some evidence that some RHPs feel that they are being bypassed. However, the number of cases observed is too small to make the judgment that the problem is widespread. On the other hand, the Rural Health Midwife (RHM) appears to be more closely involved with the supervision and monitoring of BHWs and their activities.

Inter-agency linkages of the PRTC with the PSS are somewhat strained due to differences in training perspectives and lines of authority. The PRTC, however, has not done anything about this problem by way of elevating this to their immediate supervisor for resolution by the PPEC.

Coordination between MPW and PUSH implementors is not as close as it could be, given the importance of ESI to PUSH and the functional responsibility of the MPW with water and sanitation projects. At the provincial level there is little coordination. Some MPW representatives interviewed had no knowledge of PUSH ESI Projects. They expressed, however, an interest in learning more since their offices might be able to provide technical assistance. The Regional Director for MPW (new to the office) stated that MPW participated in the planning for the PUSH ESI projects, but the MPW have not been informed of the status of these activities. (MPW, however, is a member of the PPEC where these issues are discussed.) He wants to be brought up-to-date because the MPW could improve its annual plans if it were informed of PUSH accomplishments; they could provide technical assistance to BHWs in the implementation of ESI projects; and, coordination could prevent overlap or duplication of efforts.

It is worth noting that the MPW Director thought PUSH ESI activities were a useful supplement to MPW project and not a duplication.

Analysis

There are many other agencies which have involvement with PUSH project, namely: POPCOM, MSSD, MLGCD and NNC. They are all represented in the PPEC, but their involvement with the project varies greatly as one moves from the regional down to the barangay level. Probably, the most crucial linkage in ensuring continuity of the project involves the MOH, as discussed earlier. Coordination with the MPW (Provincial Engineers and Rural Sanitary Inspectors) is important because of the current heavy emphasis on environmental sanitation. Most other inter-agency linkages are addressed within the various functional analyses, e.g., POPCOM is discussed in the Family Planning section, NNC and the Barangay Nutrition Scholar Program are examined in the Nutrition section. This is not to minimize their importance, for certainly the success of the project hinges on good understanding, cooperation and support from all of the participating agencies.

Recommendations

1. The PDS and PHO should meet, clarify and decide on specific roles and responsibilities in relation to PUSH Project.
2. PDS and PEO should meet regularly with MPW to discuss plans for and the status of implementation of PUSH ESI activities.
3. The PSS should meet specifically with POPCOM and NNC, to examine the functions of BHWs and BSPOs, BNSs and DCWs, respectively, to prevent duplication of efforts and to optimize resources.
4. Now that the project has been implemented for more than a year, it is recommended that the Governors hold provincial level meetings on coordination and inter-agency linkages with the PDS and PHOs to discuss, among other things, the issues in this report.
5. MOH offices at all levels should assume a more active role in the direction, administration and implementation of PUSH health-related activities.

I. COMMUNITY SUPPORT

Standard

The participation of the barangay residents in the implementation of the PUSH Project determine the degree of their involvement. The support of the community may come in terms of cash, free labor and locally available materials. During assembly meetings, the people are involved in the process of decision-making. Vital issues surrounding the Project are raised in Barangay Council meetings and commitment to support the project is solicited. Attendance at meetings by barangay residents and town officials is important because there they make public their support and commitment to PUSH Project implementation. The BHWs shall have the opportunity to raise issues on the project for decision-making and to motivate active participation in project implementation.

Findings

Within the barangays there is a variation in the level of community support. Discussions and decisions concerning PUSH are usually made at barangay assemblies reportedly held between two to 12 times a year and attended by 30 to 600 barangay residents, and barangay and municipal officials. The BHWs present project options on wells, toilets and other activities which the barangay residents and the Barangay Council decide upon. The issues of maintenance of facilities and barangay counterpart funds are also discussed. The barangay residents have provided labor and locally available materials (bamboo, nipa, gravel and sand) for construction of water-sealed toilets and open and improved dug wells. In some villages, the barangay captains and Barangay Council officials have provided extra support in motivating people and monitoring activities. However, the BHWs still report that it is difficult to motivate residents to contribute free labor to ESI projects and at times they have to conduct house-to-house campaigns to gain the needed labor.

Analysis

Difficulties in enlisting participation have arisen because the barangay residents are busy farming and lack free time. Hence, BHWs report that it is difficult to secure free labor from residents to ESI project implementation during planting and harvest seasons.

Some residents who have contributed labor once are reluctant to do so again especially when there are limited beneficiaries. This is true when project sites are located far from major residential areas and only a few are benefitted by the project.

Barangay officials, school officials, school children, the youth, Barangay Brigade members have expressed in writing their support for the PUSH Project. These beneficiaries have actively participated in the execution of health related projects.

Recommendations

1. The level of community support is dependent on the credibility of the BHW. It is important that the ESI projects are of maximum utility to barangay residents. BHWs should take extra care to involve barangay residents on ESI project decisions and to insure fairness in the decision making process.
2. The BHW should also coordinate the timing of implementation with seasonal working patterns in the barangay and not expect to have much participation during the times when farm work is most demanding.
3. There should be more barangay orientation to the PUSH Project. It would be helpful if municipal officials could come to barangay assemblies and express their support.

J. ADMINISTRATIVE AND TECHNICAL SUPPORT

Standard

The Panay Unified Services for Health is based on a multi-level, multi-agency coordination/collaboration scheme aimed towards the installation of a barangay-based health care delivery system that will provide in an integrated fashion, basic preventive, educative and health promotive services and essential environmental sanitation infrastructure. Overall responsibility for planning, coordination and implementation is vested on the RDC VI/PPEC. Administrative direction and support is channeled through the regional office systems of the MOH and the provincial and municipal governments.

The key figure to the project is the BHW who is under the direct technical and administrative supervision of the Rural Health Unit. His/her immediate supervisor is the Rural Health Midwife. It is the responsibility of the RHU to continuously upgrade the technical skills of the BHW and provide him/her the necessary logistical support and technical assistance in project identification and development. This means that the problems/needs of the BHWs shall be initially discussed with the RHU personnel, specifically with the RHM supervisor, and appropriate intervention schemes shall be agreed between them. Problems/needs beyond their capability to solve shall be immediately referred to appropriate government officials for resolution.

Barangay, municipal and provincial government and other related national line agencies officials are expected to provide technical and administrative support to the BHW to enable him to perform his functions effectively, thus, ensuring the attainment of the objectives of the PUSH project.

As reflected in the project paper, aside from the barangay captain/council, there are still many municipal government officials who are supposed to be involved in project identification, development and implementation such as Mayor/MDC, MDO and RHU personnel. Those who are involved in the provincial level are: OG/PDS, PEO/MPW, PDO, PA and PHO. The Office of the Governor/PDS provides direction and coordination in the overall project implementation. It also receives and allocates funds. The Provincial Treasurer sub-allot these funds to Municipal Treasurers who pay the BHW his salary and other expenses for the health-related projects (PBF). On the other hand, Provincial Treasurers pay for the expenses of the ESI activities.

It can be said that all these administrative and technical support of government offices are converging towards the BHW. The success of the BHW is, therefore, dependent on the coordinated efforts and support given to the BHW.

All these administrative machineries operate within existing administrative rules and regulations. The organizational and support system of the PUSH Project reflects the Matrix type of organization rather than the pyramid type.

Findings

Almost all (22) of the 24 barangay captains and BHWs claimed to be working hand-in-hand in the PUSH related activities starting from the conduct of the community assembly to project identification up to project implementation and maintenance.

Most RHMs visit their respective PUSH target barangays at least twice a month, others once a month, while a few (4) of them live in the barangay. Generally, during the visits, RHMs supervise the work of the BHWs in medical care, nutrition, family planning and reporting and recording. It is during these visits that RHMs provide corrective measures/feedback to the work/report of the BHWs. Almost all of the BHWs stated that the RHMs review their reports. There are a few BHWs (2) who claimed that the RHMs do not provide the necessary support.

Almost all BHWs claimed that the RSI visit to their barangay ranges from once a month to twice a month. However, there are a few BHWs who claimed that RSIs visit the barangay only during the planning and actual construction of ESI projects and projects funded under the PBF. During these visits, RSIs ensure that project specifications are followed. They claimed that after the completion of the project, RSIs seldom make follow-up visits to find out whether beneficiaries properly use and maintain these projects.

There is some evidence that some RHPs feel that they are being bypassed. However, the number of cases observed is too small to make the judgment that the problem is widespread. Furthermore, it is not clear what the RHPs feel they are excluded from. Since the possible alienation of the RHPs is a matter of concern, further investigation is required.

Health and sanitation project proposals are prepared by BHWs with the assistance of the MDO/MDC/RHU as well as PEO and reviewed and endorsed by RHPs. All project proposals are previously discussed among those involved in the project such as MDC, MDO, RSI, RHU/RHP, PDS/OG, PEO before final preparation such that almost all are approved by the mayor or governor. The MT released the funds for the approved PBF project proposals while the PT released funds for approved ESI project proposals.

The PT, PA, PE and PHO considered the PUSH project as an extra operational requirement on top of their normal activities without provision for additional personnel and operational expenses. At any

rate they all claimed to have provided administrative/technical support to the BHWs.

At the regional level, the PPEC usually meets once a month or as the need arises to discuss policy issues on the PUSH implementation. PPEC members interviewed claimed to have been attending PPEC meetings regularly.

The PSS does not have regular schedule of meetings and conference in order to discuss project-related issues. They usually have informal conferences every end of a monitoring activity or as the need arises to discuss problems met in the implementation of the project and propose corresponding intervention schemes. The NEDA/RDC accountant stated that in 1979, there was a delay in the release of the funds from the central government for the first two quarters. However, funds were received promptly for the last two quarters. She further stated that funds for the project can be made available for the PUSH project after the annual budget is prepared and submitted by NEDA to MOB. If approved, the MOB issues an advice of allotment to NEDA Central Office which in turn issues a Sub-Allotment Advice and Cash Disbursement Ceiling to NEDA/RDC VI. Funds for the first three quarters of the fiscal year must be disbursed by the final quarter, while funds for the final quarter must be obligated and disbursed within the first quarter of the following year.

The evaluation revealed that liquidation by the PTs of the trust fund cash advances for the quarters are often late, which prevents NEDA/RDS VI to release funds for the subsequent quarters in compliance with the existing accounting/auditing rules and regulations. In fact as of the date of this evaluation, the 1980 PBF for the first two BHW groups has not been released. The order and schedule for the release of the checks has yet to be issued.

PSS respondent claimed that the offshore commodity procurement for project support equipment and supplies amounting to \$78,000 which was scheduled to be released for the first operational year has not yet been effected. USAID has provided excess property equipment, e.g., typewriters (8), filing cabinets (4), seven vehicles (five of which are in running condition after repair and rehabilitation), one lawn mower, desks, etc.

One final, but important, point should be mentioned. It was observed that the final 150 BHWs were presently scheduled to complete their training in the last three quarters of 1983. As the terminal date of the project is currently August 30, 1982, either a reduction in BHWs to be trained or extension of project life is necessary. The PSS has analyzed this problem with a view towards training the last 150 BHWs

earlier than presently scheduled. However, training cannot be expedited due to the cost of providing salaries upon deployment.

Analysis

As can be seen from the data, almost all BHWs and barangay captains were closely coordinating with each other in the PUSH related activities. This is a good indication since the success of the BHWs depends on the cooperation/support of the barangay officials and the residents to a large extent. These can be observed in areas where the municipal executive leadership is very strong.

There are a few areas, however, where the barangay captains do not provide the expected support for the BHWs. In these areas, it was found that the barangay captain's BHW nominees were not finally selected by the provincial screening committee. At any rate, the BHWs did their best to solicit the support of the barangay residents inspite of the negative attitudes of their barangay captains.

The four RHM's who live in the same barangays with the BHWs, as expected, provide adequate supervision/support to the BHWs. However, there are a few BHWs who claimed that the supervisory input of the midwife supervisor was very minimal.

Although it was clearly stipulated in the Project Paper as to who will coordinate with whom, understanding the coordinative mechanism still poses a problem for some agencies at the different operational levels. There seems to be some confusion regarding the roles and responsibilities of the various participating offices at the provincial and municipal levels, more especially for some RHPs, PHOs and Municipal Treasurers who are not familiar with the matrix type of organization and whose orientation is still geared to the pyramid (superior-subordinate) type.

It is an accepted fact that PUSH activities have increased the workload of the local government units and other offices, without the needed support or honoraria to cover additional work that is required. But the Project Paper states that these services are the counterpart of the local government units and other offices. In fact, they have signed a Memo of Agreement to this effect.

The findings indicate that some government officials do not fully understand the concept, goals and matrix operations of the PUSH project. This calls for reorientation of those involved in project implementation.

Delayed liquidation by the PTs of their cash advances for the quarter adversely affected the implementation of the project; which means that BHW salaries, ESI projects, PBF projects are also delayed. It

is important, therefore, that those concerned with procurement submit complete legal requirements on time.

The effect of the delay in the offshore commodity procurement has been adversely felt by the implementors. They felt that they could not be expected to produce the desired output when the expected input is absent. Their monitoring of projects is adversely affected due to lack of vehicles.

Recommendations

1. Conduct reorientation seminars/workshops on the project system of operation, the management concept being followed, and the roles and responsibilities of the various offices at the different operating levels. Governors should notify PSS as to when provincial PUSH reorientation seminars/workshops will be conducted. These orientation seminars are to be project-funded.
2. The PPEC and RDC VI shall provide guidance and support for inter-agency collaboration/coordination efforts at the regional, provincial and municipal levels by urging PUSH-related agencies to provide special support to the governors/mayors in implementing the project.
3. Provincial Governors should reorient officials at the provincial and municipal levels that the implementation of the PUSH Project is a regular function of their offices and PUSH documentation should be treated with a priority equal to that of any other responsibilities.
4. Problems that adversely affect project implementation which are beyond the competence of the operating units should be brought to the regional level for final resolution.
5. The PSS shall investigate the extent and reasons for the perception of a few RHPs that they are being bypassed and take steps necessary to involve them at appropriate points in coordination of the PUSH Project at the municipal level.
6. It is recommended that PSS initiate a financial management system that will play an active role in fund utilization, particularly in the liquidation of expenditures.
7. Field visit monitoring of the PSS should be properly scheduled and maintained.
8. USAID should facilitate the long overdue procurement of offshore commodities.

9. Plans for reprogramming the final year of the project, including the probable need for extension of project life, need to be developed now to insure that the objectives of the project can be met.

K. OTHER OUTPUTS

1. BOTICA SA BARANGAY

Standard

With the intention to make modern medical care more accessible to the rural poor, the PUSH Project will provide assistance in the organization of village drugstores which will enable project barangays to have within their reach a more adequate supply of commonly used drugs at a price that they can afford.

Findings

Botica sa Barangay is a PUSH project component which has experienced serious delays in implementation. Questions with respect to the accountability of the person in charge of the Botica, the training required, the kind of drugs to be sold and the procurement of these drugs have to be resolved. Guidelines issued by the Food and Drug Administration have been adopted by the PSS and incorporated into the proposed PUSH Botica Sa Barangay plan. Funds for this purpose have been released to Provincial Treasurers. The PSS have secured FDA approval, in principle, for the implementation of the Botica sa Barangay component and that a proposal will soon be submitted to the PPEC for implementation.

Analysis

The BHWS feel a strong need for the Botica Sa Barangay. Most barangays visited were isolated with little access to other boticas. Medicines are always in short supply, and herbal medicines are not universally acceptable. There appears to be expectation among the BHWS and barangay residents about the introduction of the Botica Sa Barangay component. However, in one case, the RHP and the PHO both expressed concern about a lay person dispensing drugs, especially those that are more than a simple household remedies. This is one cause of the delay in the implementation of the Botica. When asked who would be in charge of the botica when implemented in the barangay, most BHWS reported that they would probably be in charge.

Recommendations

1. It is recommended that the Botica sa Barangay component be initiated as soon as possible in all PUSH barangays. To thresh out the legal technicalities involved, the PSS, Regional Treasurer's Office and the Regional Commission on Audit meet to agree on operational guidelines.

2. The Rural Health Physicians during the training on Botica sa Barangay should be involved.
3. The BHWs should consult the Rural Health Physicians (RHPs) in dispensing drugs.

2. PROVINCIAL LABORATORIES

Standard

Four Provincial Health Laboratories, one in each of the four Panay provinces, will be equipped to perform such project support services as water analysis including bacteriological examination and sputum examination for the early detection of tuberculosis cases.

Findings

Provincial laboratories are not equipped with water analysis apparatus and equipment. Furnishing of water analysis equipment to provincial laboratories which is part of the foreign procurement has not been implemented.

The Chief of the PSS has stated that NEDA and USAID are negotiating as to how the portion of the project supporting provincial laboratories can be implemented.

Analysis

The PUSH Project's plan to upgrade the capability of provincial laboratories especially as it relates in the analysis of water samples is tied in with the offshore procurement problem described elsewhere in this report. Until the matter is resolved, the testing of new water sources will continue to experience major delays.

As more and more water projects are implemented, the demand for laboratory services will increase.

Recommendations

1. Procurement procedures should be reexamined and simplified, if possible, within the context of government rules and regulations.
2. NEDA and USAID should come to an agreement on hastening the procurement of equipment for Provincial Laboratories.
3. The planned programs to assist Provincial Hospital Laboratory in upgrading facilities should be pursued, especially now that a considerable number of wells have been constructed and are in use.

3. SUPPORT TO RURAL HEALTH UNITS (RHU)

Standard

An estimated 100 RHUs in the four provinces of Panay will be supplied with vaccines in support of the DPT and BCG immunization drive under this project. Anti-TB drugs will also be supplied for the treatment and control of tuberculosis in the project area.

Findings

The Regional Health Office (RHO) implementing its Expanded Immunization Program (EPI) has provided vaccines to RHUs for the prevention and control of selected communicable diseases such as diphtheria, tetanus, pertussis and tuberculosis. In addition, TB drugs have been made available to patients. However, the evaluators have not asked the BHW nor the personnel of the RHU whether TB drugs either in tablet form or for injection are sufficient to meet the needs of their patients.

Analysis and Recommendation

Because this component is being handled adequately by the MOH, the PSS and the MOH Regional Office, the PHOs and the RHUs should confer on the possibility of reprogramming this component.

EVALUATION SCOPE OF WORK

I. OBJECTIVES

The first evaluation of the PUSH Project will aim to accomplish the following objectives:

1. To measure overall project performance against planned targets;
2. To identify causes or factors that may be responsible for failure to attain pre-established targets;
3. To assess the effectiveness of BHWs in performing assigned functions;
4. To identify causes and factors that may be responsible for poor performance of BHW functions.

The scope of work in the next section outlines the more specific evaluation issues.

II. SCOPE OF WORK

A. Overall Project Performance

In assessing the general project performance, the following areas will be looked into:

1. Ability of the project to meet the targeted levels of various outputs as indicated in the loan agreement;
2. Adequacy and timeliness of releases of operations budget from the Ministry of Budget to RDC VI;
3. Adequacy and timeliness of releases of operations budgets from RDC VI to implementing units;
4. Recruitment (number and quality) of Project Support Staff;
5. Recruitment (number and quality) of the PUSH Regional Training Staff;
6. Effectiveness of the BHW recruitment process;
7. Technical and financial management adequacy of the RDC to administer the project at the regional level, and of the provincial and municipal governments at the subregional level.

As can be placed together from the project design, the effective performance by BHWs of their assigned functions is premised on the satisfaction of the following conditions:

1. Observance of BHW selection criteria and process;
2. Effectiveness of BHW basic training;
3. Effectiveness of technical and administrative support provided by the RHU and Provincial Health Office;
4. Adequacy and timeliness of logistical and technical support provided by the municipal and provincial governments;
5. Degree of popular support in moral and material terms.

The focal point of the assessment, therefore, is a determination of the effectiveness of the BHWs to perform their functions along the following areas of concern:

1. Environmental sanitation;
2. Family planning;
3. Medical care;
4. Nutrition;
5. Control of communicable diseases;
6. Recording of vital events;
7. Community mobilization.

To enable evaluators to identify causal factors determining any inadequacies that might be observed, the following specific issues will be looked into:

1. Observance of prescribed BHW selection criteria and process;
2. Effectiveness of BHW basic training:
 - training curriculum
 - quality of trainers
 - training strategies/techniques
 - training site
 - training evaluation

3. Effectiveness of the technical and administrative support provided by the RHU:
 - supervisory functions of the Rural Health Midwife
 - attitudes of RHU towards BHWs
 - technical support provided by the Rural Sanitary Inspector
 - attention given by RHU to problems referred by BHWs
 - meetings and conferences on job problems
 - supplies and materials provided to BHWs by RHU
 - preparation and submission of reports.
4. Adequacy and timeliness of technical and financial support provided by the municipal government:
 - ability to provide the necessary technical inputs for the preparation and processing of proposals for sanitation projects
 - processing and funding of requests for community projects under the PUSH Barangay Fund
 - timeliness in payment of BHW salaries
 - attitude of municipal government towards BHWs
 - supervision and support given to BHWs by municipal nutrition and FP workers
 - ability of municipal governments to manage project funds entrusted to them
5. Adequacy and timeliness of technical and financial support provided by the provincial government:
 - ability of provincial governments to affect timely transfer of prescribed funds to project municipalities
 - processing and approval of proposals for environmental sanitation projects submitted by BHWs
 - ability and timeliness in the procurement of commodities and services for the implementation of BHW projects
 - preparation and submission of prescribed reports
 - technical and logistic support provided by provincial level nutrition and FP workers
6. Adequacy of support provided by Provincial Health Office:
 - attitudes of Provincial Health Office towards BHW
 - support provided in the training, monitoring and supervision of BHWs
 - preparation and submission of prescribed reports.

7. Adequacy of support provided by the regional offices of health, nutrition and family planning;
8. Effectiveness of the late support functions of the Project Support Staff.

The evaluation will cover the period July 1, 1978 to June 30, 1980.
The following will be used as base documents for the evaluation:

1. Project Paper
2. Project Loan-Grant Agreement
3. Implementation Plan
4. Evaluation Plan
5. Fixed Amount Reimbursement Agreements

ANNEX B

COMPOSITION OF EVALUATION TEAM

Team Leader: Conrado J. Norada
RDC VI Chairman and PUSH Project Director

Members:

1. Alex G. Umadhay, NEDA, Region VI
2. Rogelio N. Montehermoso, Ministry of Social Services and Development, Region VI
3. Alex A. Amistoso, Ministry of Public Works, Region VI
4. Leovino G. Pamplona, Ministry of Local Government and Community Development, Region VI
5. Rodrigo L. Parreñas, Ministry of Public Works, Region VI
6. Rebecca O. Barile, Regional Health Office, Region VI
7. Teresa C. Nano, Evaluation Unit, Ministry of Health
8. Edward J. Ploch, USAID, Program Office
9. William R. Goldman, USAID, Office of Population, Health and Nutrition
10. Louise B. Wise, USAID, Office of Population, Health and Nutrition