

PD-ABE-659

# PHILIPPINES TRIP REPORT

JULY 19 - AUGUST 10, 1992

by

Walter Proper



Family Planning  
Logistics Management  
Project

FPLM

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John Snow, Inc.

## INTRODUCTION

The purpose of this technical assistance visit was to conduct a training needs assessment for CARE/Philippines staff who will be working with the development and implementation of a new family planning logistics management system. As part of this needs assessment, field visits were made to assess the current system's implementation, discussions were held with CARE central staff, and one whole week was devoted to writing a detailed task analysis outlining all the logistics management responsibilities that the new CARE personnel will have. The final product of this trip will result in a specifically tailored logistics management training and a training of trainers workshop for the CARE personnel to be conducted in October and November of this year.

The training consultant wishes to thank the FPLM/Philippines staff for their very active participation in successfully completing this needs assessment.

## RECOMMENDATIONS

The training consultant makes the following recommendations:

1. Based on the completed task analysis, the FPLM/Washington trainers will develop the curricula for the 8-day Logistics Management training and the 8-day Training of Trainers (TOT) for the CARE family planning officers.
2. For the Logistics Management training workshop, all the FPLM/Philippines staff will participate as trainers along with a training advisor from FPLM/Washington.
3. For the TOT, there is a need to bring out another of the training advisors from Washington.
4. The FPLM/Philippines staff should be available to work on the final preparations and review of the curriculum at least for one week prior to the actual training begins.
5. During the 1-2 weeks before the logistics training begins, the training consultant and members of the FPLM/Philippines staff will have to prepare a detailed design for the "Core Facilitators Training" and the one day orientation. Also at this time, the team should review the design for the three-day planning workshops.
6. There should be a follow-up visit by one of the FPLM/Washington training advisors after the training of the new CARE personnel to ascertain how well they are doing, as well as to evaluate the effectiveness of the different curricula designed. This follow-up visit should take place before the end of the second quarter of 1993.

## BACKGROUND

This trip was a result of a request from the FPLM resident advisor in the Philippines, David Alt, and the office of the Technical Secretariat of the Department of Health (TS/DOH) for technical assistance in developing and delivering a training for new CARE Philippines staff who will be working closely with the DOH in family planning logistics. CARE planned to have these new regional officers hired by August 1992. They will be expected to work closely with the FPLM resident personnel based at the office of the Technical Secretariat for the DOH in implementing and monitoring the new logistics system being put in place.

The new logistics system is being tested in three regions at the current time. Only in one region are they about to receive their third quarterly delivery which is the number of deliveries that the FPLM/P team believes it takes before the system can begin to really be judged to be effective or not.

The new system introduced only two new forms: a Contraceptive Order Form-filled out by the Delivery team and used at all levels, and a Barangay Health Station Monthly Contraceptive Order Worksheet. Also used during deliveries is the Requisition and Issue Voucher which is a form already in use in the DOH.

The present implementation plan involves several different types of "trainings," outlined below:

### Three-Day Regional Planning Workshop

Facilitated by FPLM/P staff representing the DOH/TS. This is the more formal introduction of the new logistics system to the region. The planning workshop's objectives are the following:

- \* Clarify the issues, needs and problems relevant to the contraceptive distribution and management information system (CDMIS) of the FP program in that region.
- \* Design a CDMIS project plan for the region and/or province/city.
- \* Define specific CDMIS roles of the different agencies involved.
- \* Define the CDMIS functions of the different volunteer workers.

- \* Determine the budget, the source and the management of funds of the project.
- \* Identify the core of trainers and determine the schedule for training the core trainers.
- \* Prepare Memoranda of Agreements (MOAs).

### Four-Day Core Facilitators Training

Facilitated by some of the participants at the planning workshop and by staff of FPLM/P. The primary objectives of this training are the following:

- \* Demonstrate skills in setting authorized stock levels and computing supply orders.
- \* Identify suitable storage areas/conditions.
- \* Organize the host trainers team who will deliver the one-day orientations.
- \* Decide on who will be on the delivery teams.
- \* Formulated provincial/city CDMIS orientation plans.
- \* Design the one-day orientation courses.

### One-Day Orientations

These are the lowest level of formalized training and are facilitated by those persons selected during the Core Facilitators training. (FPLM/P personnel are not always in attendance, and if so, usually in an administrative capacity to give out per diem) The participants for this workshop are the Rural Health Units, other government institutions, and NGO's. The orientation's overall goal is to introduce the new system to the participants and provide them with the methodology to compute their quarterly contraceptive supply orders.

## Training of the BHS Nurses by the RHU Midwives

The BHS nurses come in to the RHU once a month to pick up supplies and to have a meeting with the RHU midwife. It is at this time that the nurses are to receive training in how to fill out the Monthly Contraceptive Order Worksheet.

## ACTIVITIES AND FINDINGS

- I. The FPLM training coordinator, Walter Proper, working with the FPLM resident advisor, David Alt, and the three Philippines resident FPLM staff, Gualberto B. Amable, Jesusito S. Espiritu, and Wilfredo S. V. Ureta completed a task analysis detailing the logistics responsibilities of the CARE regional officers. (See appendix 2.)
- II. The FPLM staff held meetings with CARE to discuss and review the task analysis, to decide certain logistical and administrative questions for the smooth operation of the new family planning logistics system being put in place, and to plan and schedule the upcoming training for the CARE staff.

CARE and FPLM agreed that the new regional officers needed to have a training that would give them an understanding of family planning logistics in general and provide a firm foundation in understanding the Philippines family planning system specifically. It was also agreed that although the new CARE personnel did not need to be expert trainers capable of designing their own curricula, they did need to know the basics of good participatory training in order to fulfil their roles in implementing the new system.

In order to enable these new CARE staff to meet the requirements of their task analysis, the FPLM staff recommended two trainings: a 7-8 day Logistics Management Workshop and a 7-8 day Training of Trainers (TOT). The logistics workshop would be held first providing the experience and knowledge necessary for the participants to then practice training in logistics during the TOT. (See meeting notes, appendices 3 & 4.)

- III. The training coordinator accompanied by FPLM resident staff visited Pasay City, Manila, Iloilo City and Iloilo Province to assess how well the recently introduced logistics system was working and to determine the type of training that needed to be done at the different levels to make the system work more effectively. (See appendices 5 & 6.)
- IV. Working with the FPLM Philippines team, the training coordinator reviewed the present logistics system with particular attention to the proposed LMIS. The group agreed to certain modifications to the proposed order form and the Barangay health station contraceptive order worksheet. Also it was agreed that given that there is no way to get reliable dispensed to user data from all the service delivery facilities, the delivery teams would determine contraceptive supply needs based on issues data and use any dispensed to

user data available to validate the issues data.

- V. At the present time, there are agendas with specific objectives available for all the training workshops necessary to implement the logistics system except for the informal training given by the midwives, however there is no detailed curriculum for any of the trainings. There is a definite need to develop detailed curricula for all the different trainings in order to insure a basic level of quality and accuracy of the trainings. It was very evident that some of the midwives did not know how to determine their order quantities. Also during our visits to service facilities, we found cases when it was obvious that the delivery teams did not follow all the proper steps when making a delivery.
- VI. One of the changes proposed is that instead of inviting all the NGO's and other government service delivery personnel to the One-Day Orientations, it would be better to concentrate on only the RHU midwives. The delivery teams are the ones who actually need to know how to calculate the order quantity and are having to reteach how to do so on every quarterly trip in any case. This situation is true for the RHU's as well, but the midwives are responsible for training the BHS nurses how to fill out the Monthly Contraceptive Order Worksheet and it is s/he who decides how much of a contraceptive to give to them. The worksheet is one of the few ways in which actual dispensed to user data is collected.

As part of strengthening the role of the delivery teams, the core facilitators training will concentrate even further on the skills and knowledge necessary to determine the correct order quantities. There will be more time allowed for that exercise by giving those people who will do the orientations the training curriculum, which alleviates their need to develop an agenda and curriculum themselves. Also during this visit, the training consultant worked on a step by step procedures manual for the delivery teams that in conjunction with training should enable the delivery teams to function more effectively.

## APPENDICES

1. Contact List
2. CARE Family Planning Officer Task Analysis
3. Meeting Notes of July 28, 1992
4. Meeting Notes of August 5, 1992
5. FPLM Trip Report - Pasay City and Manila
6. Contact and Clinic Visited listing for Iloilo City and Iloilo Province field visit.

## CONTACT LIST

Department of Health, Technical Secretariat

Dr. Rafael Esmundo, Executive Director

CARE

Ms. Dawn Wadlow, Deputy Director

Ms. Alice Bate

Mr. George Andrada

Ms. Rose Ann Gaffud (newly hired National Family Planning Coordinator)

FPLM/Philippines

Mr. David Alt, Resident Advisor

Mr. Jun Amable

Mr. Jess Espiritu

Mr. Willie Ureta

## TASK ANALYSIS

### FOR CARE FAMILY PLANNING OFFICERS

#### I. PROMOTION/PLANNING

A. Assist in explaining CDMIS to officials, e.g. Provincial Governors/ city Mayors, PPOs, Health Officers, etc.

1. Know basic principles of Logistics Management including LMIS.
2. Knows CDMIS backwards and forwards (systems/implementation processes)
3. Know FP Facilities/agencies
4. Know PFPP policies relevant to Logistics
5. Know the importance of Logistics to FP efforts.
6. Know the importance in making the logistics system work.

B. Facilitates/organizes planning workshops (CDMIS implementation plan, MOA, etc.)

1. Facilitating skills.
2. Understand objectives of planning workshop.
3. Know how to plan, budget for & administer Planning workshop.
4. Know how to document workshop proceedings/prepare report.
5. Know how to outline a CDMIS implementation plan.
6. Negotiation skills (CD IS Plan/MOA).
7. Knowledge on purpose & essential elements of MOA.
8. Know how to develop training strategy for Core Facilitators Training.
9. Know various requirements (data/documents) from participants.

#### II. TRAINING

A. Develop training strategy/plan for the Core Facilitators Training and Field Orientation

1. Know the method, tools for determining learning needs.

2. Know the administrative, logistics & other resource requirements of the training.
  3. Know the mechanics & procedures for administering the Core Facilitators Training & Field Orientation.
- B. Facilitate/Co-Facilitate the Core Facilitators Training
1. Understand the Value of Adult Learning Theory in Training
  2. Know the criteria for writing training objective.
  3. Know the component of the training design.
  4. Understand the value of participatory/experiential learning technique.
  5. Know the content & processes of the Core Facilitators Training.
  6. Skill in facilitating/co-facilitating training workshop/session.
  7. Know the purposes/method for validating training.
- C. Assist & serve as resource person/monitor during the Field Orientation.
1. Know the content & processes of the Field Orientation.
  2. Understand the roles during the Field Orientation.

### III. Project Implementation & Monitoring

- A. Ensures that deliveries and DOs/RIVs) reports had been submitted on time.
1. Understand the importance of making deliveries and submitting reports on time.
  2. Planning skills for the distribution runs (schedules, routes, budget, transportation, etc.).
- B. Analyze CDMIS reports/print-outs and take appropriate action on narrative, order forms, RIVs, computer print-outs.
1. Knowledge/skills in sorting/identifying critical data/info points contained in various reports, forms, print-outs specifically narrative reports, order forms, RIVs, Contraceptive Delivery Output tables, BHS Worksheet.

2. Knowledge/skills in developing appropriate strategy/interventient actions for correcting problems.

C. Make field/clinic visits

- check contraceptive Quality Assurance
- storage/warehouse condition
- assess supply status & requirements
- observe contraceptive delivery runs

1. Knowledge about:

- proper storage of contraceptives at all level (province/city, clinic/barangay)
- procedures in identifying/removing damaged/spoiled contraceptives
- procedures/policies/roles in making field/clinic visits
- policy for destroying damaged contraceptives

2. Skills in assessing supply status/requirements and determining efficiency of the system (stock level, computing ASL, order/delivery schedules, accomplishment of BHS worksheet, maintenance of records).
3. Understand role in assisting delivery teams and local personnel in their logistics function.
4. Understand the importance of going to the field to monitor the CDMIS.
5. Understand the policies for distributing funds to delivery teams.
6. Understand how to determine initial orders to clinics while filling the pipeline before the 3rd round of deliveries.

D. Communicate with CARE/DOH Central re: Project

1. Know procedures for communicating with CARE/Central DOH.
2. Understand what type of problems in the field must be reported to CARE/Central DOH.
3. Understand what kind of assistance they can Expect from FPLM/DOH.



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MEMORANDUM

T O : THE RECORD  
F R O M : DAVE ALT  
D A T E : July 28, 1992  
S U B J E C T : Meeting July 27, 1992 from 1-5 p.m. with CARE  
Philippines re Training Needs Assessment

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The subject meeting was held at the CARE office for the purpose of answering questions raised during the preparation of a task analysis for the soon to be hired CARE regional family planning coordinators. The draft task analysis had been prepared by Mr. Walter Proper, JSI/FPLM training consultant and the TS/FPLM logistics staff as part of Mr. Proper's training needs assessment consultancy.

Participants at the meeting were Ms. Dawn Wadlow, Ms. Alice Bate, Mr. George Andrada, and Ms. Rose Ann Gaffud of CARE and Mr. Jess Espiritu, Mr. Jun Amable, Mr. Willie Ureta, Mr. Walter Proper, and Mr. David Alt of FPLM.

Prior to tackling the main agenda item CARE introduced Ms. Rose Ann Gaffud who will come on board as the CARE national family planning coordinator in two to three weeks, CARE also advised the group that their project is approved and signed, and that they have solicited bids for brokerage/forwarding services. The bids should be in by the end of this week.

The orientation to the new CARE FP Project for CARE senior managers will be held on August 13, 1992. The TS/FPLM staff will present a session on FP logistics and the CDMIS. Ms. Bate of CARE was given an outline of the logistics orientation which had been prepared by Mr. Amable. She will give TS/FPLM feedback on this outline.

CARE also advised the group that they will need the services of a consultant computer programmer for about two months to complete the programming for the new computerized delivery order system. It was agreed that Mr. Andrada will work with Mr. Espiritu to identify a qualified consultant and advise Mr. Alt of their

recommendation by the end of this week. FPLM will contract for the consultant's services on a purchase order basis.

On the main agenda item of the task analysis, role of the CARE family planning coordinators, and other issues related to the FP logistics training of the CARE staff it was agreed that:

1. All 14 CARE regional family planning coordinators will be hired at the same time. This will be not later than September 1, 1992.
2. The 14 regional staff will "double up" during the early part of the project, i.e. several of them will go to those regions where the first planning workshop, trainings, etc. will be held in order to participate in these activities.
3. Based on the draft task analysis it is clear that two trainings are required for the 14 soon to be hired staff. One of these is a basic family logistics management training (approximately seven days) and the second is a training of trainers (approximately eight days).
4. The TOT will be designed to prepare the 14 CARE FP coordinators to do prescribed training following a set curriculum. They will not be trained to do curriculum design.
5. The training will be held at a venue outside Manila. CARE will pay for the participants' costs including travel, food, lodging and general training materials.
6. FPLM will provide the trainers and the specific training materials, e.g. handouts.
7. The training will begin in mid October (this has to be confirmed upon Mr. Proper's consultation with FPLM/Washington).
8. Mr. Proper will return to Manila several weeks prior to the training to work with TS/FPLM staff to do a final review of the curriculum and prepare for the CARE training. This review and preparation includes the preparation of a detailed curriculum for the four day Core Facilitators Training and the one day Field Orientation.

9. Participants at the logistics management training will be the CARE national FP coordinator, the 14 CARE regional FP coordinators, the head of the CARE systems division, the head of the CARE logistics division, and one other CARE person yet to be named. Eighteen (18) is the absolute maximum number of participants for this training.
10. The participants in the TOT will be the 14 regional plus the one national FP coordinator. Fifteen (15) is the absolute maximum number of participants for the TOT.
11. Because the CARE area logistics officers and training officers will have only minimal involvement in the family planning project they are not included in the training.
12. The TOT will require two video cameras, two monitors, and two VCRs. CARE has none of this equipment, and advised the group that it is very expensive to rent. Mr. Proper will bring one video camera with him, and the TS/PFPP should be able to provide the other. If the training is near Manila the TS/PFPP and the JHU IEC project each have a monitor and VCR which can probably be used.
13. Mr. Espiritu will provide to Ms. Bate an estimate of the total number of RHUs, hospitals, NGO and other GO clinics which will receive deliveries from the provincial and city delivery teams. CARE will then do a cost estimate for the printing of the required number of order forms and RIV forms. Consideration will be given to purchasing carbonized, color coded forms.
14. The next meeting of this group will be held on Wednesday, August 5, 1992 at 9:00 a.m. at the CARE office.

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F P L M

MEMORANDUM

TO : The Record  
FROM : Dave Alt *DA Alt*  
DATE : 5 August 1992  
SUBJECT : Meeting August 5, 1992 from 9-12:00 a.m. with CARE  
Philippines regarding the Training Needs Assessment  
and Other Logistics Issues

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The subject meeting was held at the CARE office as a follow up to a meeting held there on July 27, 1992.

Participants in the meeting were Ms. Dawn Wadlow and Ms. Alice Bate of CARE; Mr. Jun Amable and Mr. Dave Alt of the DOH TS/FPLM, and Mr. Walter Proper, Training Consultant from FPLM Washington.

The following issues were addressed:

1. Length of Training -- The Logistics Management Training (LMT) will be for 8 to 8.5 days and the Training of Trainers (TOT) will be for 8 days. Subject to confirmation by Mr. Proper upon his return to Washington, D.C. the LMT will begin on October 15, 1992 and the TOT will begin on October 28, 1992.
2. Venue -- The FPLM group expressed a preference for holding the LMT in Region 6 where the distribution system will have gone through three rounds of delivery of contraceptives. Their preference for the TOT is somewhere in Region 4 so that the needed video and other equipment can be driven out from Manila.

The CARE staff noted its concern that flying the 15 participants between the two regions might exceed its budget. They will advise TS/FPLM by Wednesday, August 12 if the training can be held in two regions. If not, they will advise which region will be the site for the two trainings.

The FPLM staff noted that if the training must be held in one region, it would still be preferable to hold the LMT and TOT in two different venues within that region.

The IIRR and DAP sites in Cavite, and sites in Antipolo and Batangas were discussed as possible sites near Manila. In Region 6 the POPCOM Regional office and a place on the beach in Iloilo used by CARE in a previous training were mentioned.

CARE will research the venues and contract for them once Mr. Proper confirms that the dates are firm. CARE will advise the DOH TS/FPLM once the venues are set.

3. Titles of Care Staff -- The official titles of the new CARE family planning staff are "Family Planning Coordinator" for the national office post and "Family Planning Project Officers" for the 14 regional posts.
4. Training Materials List -- The following materials will be provided by CARE (directly or by the training venue):
  - a) 1 large 3-ring binder for each LMT trainee (18)
  - b) 1 large 3 ring binder for each TOT trainee (15)
  - c) Lined pads with 3 holes for each trainee (one pad is enough for both trainings for those 15 who will attend both)
  - d) Pencils and pencil sharpener
  - e) Calculators
  - f) At least 2 flip chart stands
  - g) At least 8 flip chart pads of 30 sheets each
  - h) Markers for flip charts
  - i) Masking Tape
  - j) Overhead Projectors with spare bulbs (1 for LMT and 2 for TOT)
  - k) Transparencies
  - l) Screens for overhead projection (1 for LMT and 2 for TOT)
  - m) Overhead markers
  - n) 3 hole punch
  - o) 2 VCRs and 2 television monitors (if TOT training is not held near Manila)
  - p) 1 three hole punch

The following materials will be provided by DOH/FPLM:

- a) 2 video cameras
- b) 8 hours of tape for each camera
- c) 2 VCRs and 2 television monitors if TOT is held within easy driving distance of Manila
- d) 1 overhead projector with spare bulb (if training is held near Manila)

- e) 1 three hole punch
- f) 1 flannel board
- g) order forms
- h) BHS worksheets
- i) RIVs
- j) Sample narrative reports
- k) Sample computer printouts
- l) Dispensed to user records
  - Target Clients Lists
  - FP1 forms
  - POPCOM form 3
  - Family Planning Notebooks, etc.
- m) Contraceptives
- n) Certificates for Trainees (Jun Amable and Dave Alt will design these and produce the necessary copies)

5. Staffing at the Actual Training -- CARE will provide the administrative staff to deal with all matters related to venue, meals, equipment, etc. so that the FPLM staff can concentrate on the actual training and the progress being made by the participants.
6. Training Needs Assessment -- FPLM may ask the CARE participants to complete a needs assessment form. As soon as all the new staff are hired CARE will give copies of their CVs to FPLM.
7. Production of Forms -- DOH/FPLM will give CARE copies of the revised Order Form, BHS Worksheet, and RIV as soon as these are ready. Mr. Espiritu will furnish CARE with the total facilities to receive deliveries and the number of BHS. CARE will then get cost estimates for producing these forms.
8. Advising the DOH Structure about CARE's Family Planning Project -- CARE will meet with Dr. Roxas to discuss the need to send communications to RHOs, PHOs, and CHOs regarding the CARE family planning project.
9. CARE Senior Program Managers' Orientation to the FP Project -- This is set for 9:00 am on Thursday, August 13. It will last for 4-5 hours. DOH/FPLM will take 30 minutes to discuss the background of FP Logistics in the PFPP, the status of present systems development and a brief outline of the CDMIS. Mr. Amable will work with Mrs. Bate to develop a draft matrix for DOH/CARE coordination.

## FPLM FIELD TRIP REPORT

D A T E : July 27, 1992

PLACE/S VISITED : PASAY CITY AND MANILA

TRAVELLER/S : Mr. Walter Proper  
FPLM Training Consultant

Mr. Wilfrido S.V. Ureta  
FPLM Logistics Officer

Mr. Gualberto Amable, Jr.  
FPLM Logistics Officer

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### Persons met during Field Trip in Pasay City

1. Dr. Elvira Lagrosa - City Health Officer
2. Dr. Felicitas Ureta - Asst. City Health Officer
3. Dr. Gloria Punzalan - Area Supervisor
4. Ms. Lilibeth Ortega - Midwife, Main Health Ctr.
5. Ms. Jennifer Arcenas - Midwife III, Dona Marta H.C.

#### Health Centers visited:

1. Main Health Center - Harrison St., Pasay City
2. Dona Marta Health Center - C. Revilla St., Pasay City

#### Findings:

1. The orals (Lo-gentrol) seems sufficient till next distribution time while condoms are quite oversupplied. The RIV and the order form indicate that 1,728 pieces of condoms and 578 mcs. of Lo-gentrol were given to the Center but we found a whole carton (6,000 pcs.) of condoms.

The IUD's were just enough for them as the physician just recently had finished a course of IUD insertion.

2. While some supplies are kept in the drawers, others are just in boxes placed under the table. Although the place where the contraceptives are kept looks secured. The supplies are open during office hours and is not restricted.

The ASL were not calculated based on the last 3 months consumption but on the 3 months where consumption was highest last 1991. Their supplies in 1992 before the 1st distribution run were near zero or actually zero.

We were thinking that after 2 rounds of delivery we can then see the real consumption rate of the centers.

There was no basis for getting consumption rate data as the centers are just using the Target Client List (TCL) as record in getting their monthly CUs and NA's. NO dispensed to users ledger were being used.

### Persons met during the field visit in Manila:

1. Dr. Annabella Luz - Asst. City Health Officer
2. Dr. Fidelina Regis - City FP Coordinator
3. Dr. Imelda Sunico - Medical Officer VII
4. Dr. Nilo Ortega - District Health Officer

The group just visited one Center in Manila located in San Andres, Manila. We had the usual brief introduction and reason for the visit explaining to them that this is more of a corrective/validating trip for the scheme/intervention for some problems encountered during and after the distribution run.

### Findings:

1. The forms were intact in the folder marked "Contraceptive Supplies".
2. As with the other health centers visited we found out that their supplies are a bit higher. Anyway, it will be correcting itself on about the 3rd distribution round.
3. Their condoms were plenty and maybe next distribution round some will be retrieved.
4. The center maintains a pseudo-dispensed to user logbook for supplies.

A more detailed report will be submitted by next week for the whole NCR validation.

PREPARED AND SUBMITTED BY:

*Wilfredo S.V. Ureta*  
WILFRIDO S.V. URETA  
FPLM Logistics Officer

REGIONAL VI CDMIS FIELD VISIT  
Iloilo City and Iloilo Province  
July 28 - 30, 1992

CONTACT PERSONS:

- |    |                       |   |                                                                             |
|----|-----------------------|---|-----------------------------------------------------------------------------|
| 1. | Dr. Ofelia Garfin     | - | Asst. Regional Director<br>Regional Health Office<br>Region VI              |
| 2. | Dr. Lourde Naragdao   | - | Regional FP Coordinator<br>Regional Health Office<br>Region VI              |
| 3. | Dr. Francisco Dumayas | - | Provincial Health Officer<br>Integrated Provincial<br>Health Office, Iloilo |
| 4. | Dr. Jose Farol        | - | Assistant Provincial<br>Health Officer, IPHO -<br>Iloilo                    |
| 5. | Ms. Elizabeth Banez   | - | P r o v i n c i a l F P<br>Coordinator, IPHO -<br>Iloilo                    |
| 6. | Ms. Charito Pedrajas  | - | Assistant Provincial FP<br>Coordinator, IPHO -<br>Iloilo                    |
| 7. | Dr. Violeta Hubag     | - | Regional Director<br>POPCOM - Region 6                                      |
| 8. | Mr. Kevin Abagatnan   | - | Planning Officer<br>POPCOM, Region 6                                        |

CLINIC VISITED:

- |    |                                                                                 |   |                                                                                                  |
|----|---------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------|
| 1. | Family Planning Organization<br>of the Philippines, FPOP<br>Iloilo City Chapter | - | Ms. Merceditas Karunungan<br>Program Manager<br><br>Ms. Lydia Loguiano<br>Administrative Officer |
| 2. | Lapuz Health Center<br>Lapuz, Iloilo City                                       | - | Ms. Elna T. Lagas<br>Public Health Midwife II                                                    |
| 3. | Molo Rural Health Unit (RHU)<br>Molo, Iloilo                                    | - | Ms. Susan R. Cuevas<br>Public Health Nurse                                                       |

- |    |                                                       |   |                                                |
|----|-------------------------------------------------------|---|------------------------------------------------|
| 4. | Oton II RHU<br>Oton, Iloilo                           | - | Ms. Marilou Escrepulo<br>Public Health Nurse   |
| 5. | Rizal Barangay Health Station<br>Rizal, Oton, Iloilo  | - | Ms. Chita Jopson<br>Public Health Midwife II   |
| 6. | ILIASCO Clinic<br>Iloilo City                         | - | Ms. Ingrid Espinosa<br>Company Nurse           |
| 7. | Sta. Barbara RHU<br>Sta. Barbara, Iloilo              | - | Ms. Eva Socorro Milanes<br>Public Health Nurse |
| 8. | Sta. Barbara Main Health Ctr.<br>Sta. Barbara, Iloilo | - | Ms. Aida Grajo<br>Public Health Midwife II     |
| 9. | Talanhawan BHS<br>Talanhawan, Sta. Barbara<br>Iloilo  | - | Ms. Janet Soberano<br>Public Health Midwife II |

REGIONAL VI CDMIS FIELD VISIT  
Iloilo City and Iloilo Province  
July 28 - 30, 1992

CONTACT PERSONS:

- |    |                       |   |                                                                             |
|----|-----------------------|---|-----------------------------------------------------------------------------|
| 1. | Dr. Ofelia Garfin     | - | Asst. Regional Director<br>Regional Health Office<br>Region VI              |
| 2. | Dr. Lourde Naragdao   | - | Regional FP Coordinator<br>Regional Health Office<br>Region VI              |
| 3. | Dr. Francisco Dumayas | - | Provincial Health Officer<br>Integrated Provincial<br>Health Office, Iloilo |
| 4. | Dr. Jose Farol        | - | Assistant Provincial<br>Health Officer, IPHO -<br>Iloilo                    |
| 5. | Ms. Elizabeth Banez   | - | P r o v i n c i a l F P<br>Coordinator, IPHO -<br>Iloilo                    |
| 6. | Ms. Charito Pedrajas  | - | Assistant Provincial FP<br>Coordinator, IPHO -<br>Iloilo                    |
| 7. | Dr. Violeta Hubag     | - | Regional Director<br>POPCOM - Region 6                                      |
| 8. | Mr. Kevin Abagatnan   | - | Planning Officer<br>POPCOM, Region 6                                        |

CLINIC VISITED:

- |    |                                                                                 |   |                                                                                                  |
|----|---------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------|
| 1. | Family Planning Organization<br>of the Philippines, FPOP<br>Iloilo City Chapter | - | Ms. Merceditas Karunungan<br>Program Manager<br><br>Ms. Lydia Loguiano<br>Administrative Officer |
| 2. | Lapuz Health Center<br>Lapuz, Iloilo City                                       | - | Ms. Elna T. Lagas<br>Public Health Midwife II                                                    |
| 3. | Molo Rural Health Unit (RHU)<br>Molo, Iloilo                                    | - | Ms. Susan R. Cuevas<br>Public Health Nurse                                                       |

4. Oton II RHU - Ms. Marilou Escrepulo  
Oton, Iloilo Public Health Nurse
5. Rizal Barangay Health Station - Ms. Chita Jopson  
Rizal, Oton, Iloilo Public Health Midwife II
6. ILIASCO Clinic - Ms. Ingrid Espinosa  
Iloilo City Company Nurse
7. Sta. Barbara RHU - Ms. Eva Socorro Milanes  
Sta. Barbara, Iloilo Public Health Nurse
8. Sta. Barbara Main Health Ctr. - Ms. Aida Grajo  
Sta. Barbara, Iloilo Public Health Midwife II
9. Talanghawan BHS - Ms. Janet Soberano  
Talanghawan, Sta. Barbara  
Iloilo Public Health Midwife II

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Ms. Rose Ann Gaffud (newly hired National Family Planning Coordinator)

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Mr. David Alt, Resident Advisor

Mr. Jun Amable

Mr. Jess Espiritu

Mr. Willie Ureta

### USAID/Manila

Dr. Emmanuel Voulgaropolis, Chief, OPHN

Ms. Mabel Dela Toree, OPHN logistics officer