

BICOL INTEGRATED HEALTH, NUTRITION AND POPULATION PROJECT  
(492-0319)

\*\*\*\*\*  
REVISED IMPLEMENTATION PLAN  
\*\*\*\*\*

September 1983

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## REVISED IMPLEMENTATION PLAN

### Bicol Integrated Health, Nutrition and Population Project (492-0319)

#### 1.0 INTRODUCTION

A process evaluation of the BIHNPP was conducted in February, 1983. The result of this evaluation was presented before the members of the Project Management Coordination Committee (PMCC) on June 27, 1983. The evaluation revealed that the three major project documents, namely, the Loan Agreement, Project Paper and the Implementation Plan have apparent contradictions with regards to implementation of the project. In addition, conditions concerning implementation of the project have changed since the writing of the Implementation Plan and Project Paper and thus these documents were not being fully followed. The Evaluation Report, therefore, recommended that issues regarding contradictions or changes should be referred to the PMCC and/or USAID. Based on this recommendation, the PMCC voted to revise the Implementation Plan so that it could serve as a realistic and viable implementation guide for the remainder of the project. The PMCC reactivated the Inter-Agency Task Force and tasked them with formulating the revised implementation plan as their first priority.

As a basic guideline, the Inter-Agency Task Force members agreed to emphasize in this revised implementation plan: 1) the expected project outputs that have not yet been achieved or are seriously delayed in implementation, and 2) the major recommendations in the Process Evaluation Report. Based on this guideline, the members of the Inter-Agency Task Force reviewed the project accomplishments and identified the expected outputs that need to be implemented for the remaining 18 months of the project life. The Task Force met twice and came up with the implementation schedule for the following components:

- A. Nutrition
- B. Population
- C. Physical Health Infrastructure
- D. Training
- E. Environmental Sanitation Infrastructure
- F. Information, Education, Communication and Motivation (IECM)
- G. Management, Coordination and Monitoring

The time frame of the revised schedule covers the 18 month period of June 1983 - December 1984.

The revised implementation schedule was presented before the Composite Management Group (CMG) of the BRBDP on July 13, 1983 and was approved.

## 2.0 PROJECT OBJECTIVES

The goal of the Bicol Health Project is to raise the quality of life and the real per capita incomes of the residents of 400 rural barangays in Camarines Sur and Albay through improved health and nutrition status, reduced death rates, reduced occurrence and spread of communicable and preventable diseases, maintenance of population growth at a desirable level and achievement of local government units' self-reliance in health and health-related services.

Goal achievement among the target population shall be reflected in terms of the improvement in perceived and objective quality of life indicators by 1984, improved sanitary environment and water supplies, reduced incidence of parasitic infestation and reduced absenteeism from work and school due to illness.

To realize the above-mentioned goals, the project has been developed to achieve the following purposes:

1. Health, nutrition and population services effectively reaching the target barangay through an economical delivery system;
2. Improved sanitary environment and household water supplies;
3. Increased local government financial support for health, nutrition and population programs; and
4. Increased participation of barangay workers and residents alike in health, nutrition and population programs.

3.0 PROJECT OUTPUTS

3.1 RURAL INSTITUTIONAL DEVELOPMENT

	Implementation Status (as of June 1983)		
	<u>Accomplished</u>	<u>Partially Accomplished</u>	<u>Not Accomplished</u>
A. 400 BHAs trained and fielded	X		
B. 400 BHNPTS organized		X	
C. 400 BHA Manuals Distributed		X	
D. 400 BHA kits distributed	X		
E. 1 Training Team organized	X		
F. 400 barangays covered by IECM		X	
G. 400 barangays with Functional Rural clubs		X	
H. 5 Diocesan nutritionists trained and fielded <u>1/</u>			X
I. 2 Food-for-work Coordinators trained and fielded <u>1/</u>			X
J. 3 Community Organizers trained and fielded <u>1/</u>			X
K. 400 Barangay Development Centers operationalized	X		
L. 400 Barangay Drugstores established	X		
M. Immunizations:			
a) 100% of school entrants immunized with BCG <u>2/</u>		X	
b) 80% of infants (0-14 months) immunized with BCG		X	
c) 30% of the total barangay population immunized with CTPa <u>3/</u>		X	

1/ The positions approved by the OBM for items H, I and J are the following: Nutritionists (3); Dietary Aides (2); Barangay Development Workers (3). These personnel will be assigned to MSSD and MA, since the MSSD is the agency given the responsibility of undertaking the nutrition component.

2/ Based on EPI targets.

3/ Target reduced from 70%. 30% was based on EPI targets.

- d) 75% of 3-8 months immunized with DPT, and 100% of those who received DPT<sub>1</sub> immunized with DPT<sub>2</sub> X
- e) 60% of pre-natal cases immunized with Tetanus Toxoid X
- f) 45% of school entrants immunized with Trivalent Oral Polio Vaccine (TOPV) X
- N. 38 additional microscopy centers established X

3.2. PHYSICAL HEALTH INFRASTRUCTURE AND SANITATION DEVELOPMENT

- A. 2 laboratories renovated (Albay and Camarines Sur Provincial Hospital) X
- B. 7 municipal health units renovated (4 in Camarines Sur, 3 in Albay) X
- C. 9 barangay health stations constructed (4 in Camarines Sur, 5 in Albay) X
- D. 3 city health centers extended<sup>4/</sup> X
- E. 52 municipal health center extensions constructed X
- F. 1,000 barangay surveyed for health and environmental sanitation status<sup>5/</sup> X
- G. 1,200 community-type water supply facilities constructed<sup>6/</sup> X
- H. 70% of barangay households chlorinating drinking water
- I. 50% of barangay households with sanitary toilets X
- J. 400 barangay schools with sanitary toilets X

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<sup>4/</sup> Target modified. Instead of 3 city health center extension, 2 malward units constructed in each provincial hospital of Albay and Camarines Sur.

<sup>5/</sup> Target was reduced from 1,370 barangays. Barangays with IBRD midwives fielded will be excluded from the survey.

<sup>6/</sup> Reduced from 1,266 units. A barangay will have an average of 3 community-type water supply facilities.

#### 4.0 PROJECT COMPONENTS AND REMAINING ACTIVITIES

##### 4.1 NUTRITION

1. Recruitment/selection of nutritionists and support staff.
2. Training/deployment of nutritionists and support staff.
3. Inventory of existing food assistance projects and available resources.
4. Identification and prioritization of barangays for food assistance.
5. Identification of target clientele.
6. Procurement/distribution of food commodities and basic cooking equipment and feeding utensils.
7. Supervision of food assistance.
8. Inventory of existing local clubs.
9. Organization /reactivation/strengthening of local clubs.
10. Conduct of information/education campaign through local clubs.
11. Intensified campaign for crops, poultry and livestock production.
12. Timely submission of required reports to PMO.
13. Attendance at appropriate meetings for coordination.

##### 4.2 POPULATION

1. Inventory of BSPOs and FTOWs in Aloy and Camarines Sur.
2. Organization and training of BSPOs in barangays where there are none.
3. Distribution of adequate contraceptive to BSPOs and BHAs.
4. Distribution of available IEC print materials on family planning to BHAs.
5. Conduct of interpersonal IEC strategy with beneficiaries
6. Timely submission of required reports to PMO.
7. Attendance at appropriate meetings for coordination.

##### 4.3 PHYSICAL HEALTH INFRASTRUCTURE

1. Consultation meetings with Governors, PHUs and Mayors on target areas.
2. Preliminary site inspections.
3. Site visitations.
4. Preparation and final approval of work plans.
5. Preparation and final approval of programs of works.
6. Publication/Letter of invitations to bidders and preparation of bidding materials.
7. Actual bidding.
8. Supervision and monitoring of construction.
9. Timely submission of required reports to PMO.
10. Attendance at appropriate meetings for coordination.

#### 4.4. BHA TRAINING

1. Determination of types of training courses by training needs.
2. Development of re-training curricula based on identified training courses.
3. Identification of training participants by course.
4. Preparation of schedule of re-training batches by course and by province.
5. Preparation of necessary training materials/facilities.
6. Identification of preceptor areas/training venue.
7. Conduct of re-training of BHAs according to schedule by province.
8. Monitoring of re-training activities.
9. Development/design of training evaluation instrument.
10. Conduct of evaluation of BHAs re-training.
11. Analysis of data and identification of re-training needs for the next year.

#### 4.5 ENVIRONMENTAL SANITATION INFRASTRUCTURE

1. Inventory of needed ESI facilities.
  - A. Design of inventory form to gather information.
  - B. Gathering of information and identification of barangays to be provided with ESI facilities.
2. Organization of cooperatives.
  - A. Pre-membership training.
  - B. Formal organization.
  - C. Monitoring and follow-up.
3. Procurement of ESI materials.
  - A. Open canvass of local suppliers.
  - B. Awarding of contract.
  - C. Orientation/briefing of the awarded bidders on the delivery policies and procedures.
4. Delivery of materials.
  - A. Scheduling of barangays for delivery of ESI facilities.
  - B. Sending communication to/establishing coordination with the key local government officials at all levels.
  - C. Delivery of scheduled ESI facilities/materials.
5. Construction of facilities.
  - A. Canvass of skilled laborers and determination of cost of labor.
  - B. Generation of funds to defray construction costs.
  - C. Reporting of schedule of construction to ensure availability of staff for technical supervision.
  - D. Actual construction.
  - E. Supervision and monitoring of construction.
  - F. Submission of completion report of construction.

6. Chlorination.
    - A. Determination of number of households and set priorities for chlorination.
    - B. Procurement of adequate amount of chlorine (HTH) from PHO.
    - C. Preparation and distribution of stock solution of chlorine to identified households.
    - D. Provision of appropriate health information/instruction to the general public on chlorine-treated water supplies.
  7. Monitoring and Coordination.
    - A. Review of Loan Agreement re amortization and prepare request for change based on revised implementation plan.
    - B. Formation of coordinating committee for ESI.
    - C. Meeting with coordinating committee on a regular basis.
    - D. Design of monitoring form for ESI.
    - E. Submission of timely monitoring report to PMO.
    - F. Reorientation of Chief and Assistant RSIs and all RSIs re ESI.
    - G. Assistance and supervision for BHAs in ESI implementation.
  8. Management of Safe Water Supply.
    - A. Investigation of present capability of provincial/regional laboratories to undertake bacteriological water analysis.
    - B. Procurement of equipment/reagents.
    - C. Appointments to positions of Medical Technologist and Medical Technicians.
    - D. Collection and submission of water supplies from both new and old water supply systems for analysis.
    - E. Procurement of adequate supply of HTH chlorine.
    - F. Disinfect/treatment of water systems found positive for E. Coli on laboratory examination.
    - G. Institution of measures to maintain the safety of water sources.
- .6 INFORMATION, EDUCATION, COMMUNICATION AND MOTIVATION (IECM) COMPONENT
1. Communication Research Activities.
    - A. Information needs analysis
    - B. BIHNPP Awareness Survey
    - C. Effectiveness survey of IECM campaign
    - D. Media monitor activities
  2. Production of Audio-Visual Materials.
    - A. Production of slide tape presentations
      - a. The BIHNPP in a Nutshell (Bikol version)
      - b. The ESI (Focus on the Organization of Cooperatives)
    - B. Production of cinema motivational ads
  3. Production of Broadcast Materials (radio jingles, radio documentaries, and broadcast releases).

4. Production and Maintenance of Print Materials.
  - A. Ang Bikolnon wall newspaper/wall comics
  - B. Bunyog news magazine
  - C. Health News
  - D. Print releases
  - E. Other print materials (posters, handbills, flipcharts, etc.)
  - F. Translation and reproduction of Lito/Lita comic book series
5. Production of VTR Materials (newscasts, documentaries, telecast panel discussions).
6. School Curriculum Enrichment.
  - A. Continued integration of Project HEPS (Health Education Enrichment Program for Schools) in targetted schools.
  - B. Orientation of teachers on BIHNPP via teachers forums, conferences and similar gatherings.
  - C. Strengthening of health, nutrition, population curriculum of schools in targetted barangays.
  - D. Provision of school health services.
  - E. Medicinal plant campaign.
  - F. Pursue vigorously the Alay Tanim Program in targetted barangays.
7. Timely submission of required reports to PMO.
8. Attendance at appropriate meetings for coordination.

#### 4.7. MANAGEMENT, COMMUNICATION AND MONITORING

1. Re-orientation re: Project Concept, Revised Implementation Plan, and agency responsibilities to:
  - A. PMCC members/Task Force members
  - B. Key personnel of each participating agency
  - C. Local executives and MHOs
  - D. MOH personnel
2. Inventory of existing committees.
3. Organization/re-activation/strengthening the:
  - A. PHNPC/CHNPC
  - B. MHNPC
  - C. BHNPTS
4. Re-activation of monthly meetings of Inter-Agency Task Force.
5. Conduct of regular and monthly meetings of PMCC.
6. Identification of monitoring needs.
7. Review of existing monitoring forms.
8. Design of monitoring forms including guidelines.
9. Distribution of forms.
10. Retrieval of data.
11. Utilization of data.
12. Feedback based on data.
13. Appointment of full time Project Manager.
14. Review of existing PMO structure and reorganization of PMO structure and reorganization to complement revised implementation plan.
15. PMO/RHO regular conference.
16. PMO/PHO/BRBDP regular conference.

17. RHU/PHO/BRBDP conference.
18. Establishment of Botica sa Barangays.
19. Establishment of microscopy centers.
20. Communication with Governors and Mayor's offices to ensure that 50% BHA stipend is budgetted for 1984.
21. Follow-up of inclusion of stipends in 1984 budget.
22. Review of existing method of payment of BHA stipends and institution of necessary changes to ensure that BHAs are paid on time.
23. Payment of 50% BHA stipend retroactive to January 1983.
24. Establishment of procedures for resignations and communication on this to PHO staff.
25. Review of Manual of Operations for procedures on resignations and clearance forms.
26. Determination of replacement policy of BHAs.
27. Determination of basic training scheme for replacement of BHAs.

## 5.0 PROJECT ORGANIZATION

### 5.1 PROJECT MANAGEMENT COORDINATING COMMITTEE (PMCC)

The Composite Management Group (CMG) of BIHNPP is the PMCC. The PMCC shall continue to provide advisory support in the formulation of management guidelines and organizational policies.

The membership of the PMCC shall consist of the Regional Directors or permanent representatives of the following: MAR, NEUA, MA, MPWH, OMA, NNC, MSSD, MLG, MECS, POPCOM and NMYC and the Provincial Governors of Camarines Sur and Albay, the City Mayors of Naga, Iriga and Legaspi, and the BRBDP Program Director or BRBDP Senior Deputy Director.

The PMCC will meet the last Wednesday of every month.

### 5.2 PROJECT MANAGEMENT OFFICE (PMO)

The PMO will continue to manage the implementation of the project under the supervision of the PMCC and in coordination with BRBDP.

#### A. Personnel

A full-time Project Manager will be formally appointed and given the authority to manage the overall implementation of the project and effectively execute the policies and guidelines formulated by the PMCC.

A full-time Assistant Project Manager will coordinate all ESI activities.

The positions of Administrative Officer I and Supply Officer I should be filled on a full-time basis if the Project Manager deems this necessary to ensure that the revised implementation plan is effectively carried out.

The Inter-Agency Task Force will be reactivated to serve as the technical staff of the PMO, assisting the Project Manager in overseeing and coordinating project activities. Each participating agency shall assign a permanent representative to the PMO. The task force will meet prior to the PMCC meeting of every month.

Because all of the requested management positions for the PMO were not approved by OBM, the Project Manager will need to reorganize roles and responsibilities of PMO members to include the following: a) monitoring and coordination of project-related training, b) monitoring and quality control of physical infrastructure and c) management of the monitoring and evaluation systems with feedback to the Project Manager on the status of project targets, training, and status of the impact evaluation.

At the provincial level, the Provincial Health Officer will be responsible for coordinating the activities of the project. He shall be under the supervision of the Project Manager. He will be assisted in supervision of the BHAs by the Provincial Supervisory Teams, consisting of the Assistant PHOs, Supervising Nurses, Chief and Assistant RSIs.

At the municipal level, the project shall be coordinated by the MHO. Where there is no MHO, the Officer-in-Charge of the rural health unit shall be the coordinator. Front line supervision of the BHAs will be provided by the rural midwife.

#### B. Communication

The PMO will conduct re-orientation sessions regarding the concept of the project, the revised implementation plan, and roles and responsibilities of all personnel and agencies involved. These sessions will include the following groups: PMCC, Inter-Agency Task Force, key personnel of participating agencies, local executives, MOH personnel at all levels, district hospitals, and local executives. After re-orientation, the PMO shall continue to communicate regularly with all of the above groups concerning the project.

The Project Manager shall meet regularly with the PMO at the regional level. In addition, there will be regular meetings of the PMO with the PHOs and BRBDP, the PMO with RHU/BRBDP, and the RHUs with BHAs. The purpose of these meetings will be to keep information lines open between and among all levels of MOH implementing the project and to raise issues and resolve problems regularly and quickly.

### 5.3 PROJECT REORIENTATION

PMO with the assistance of OMA shall reorient/orient all persons and agencies involved in the project regarding the overall project concept, the revised implementation plan and individual agency responsibilities. These groups to be involved shall include the following:

- PMCC and Inter-Agency Task Force members. They shall be reoriented through their regularly scheduled meetings.
- Key personnel of each participating agency. Meetings shall be arranged in each agency by their respective task force representative and meetings shall be conducted jointly with PMO and OMA.
- Local executives and MHOs. The Area Development Team (ADT) meetings of the BRBDP shall be the forum for the reorientation.
- MOH personnel at all levels including District Hospitals. Reorientations shall be conducted either through special meetings or as special agenda items of scheduled MOH meetings at the various levels.

5.4 COORDINATING COMMITTEES - PROVINCIAL, MUNICIPAL, BARANGAY HEALTH, NUTRITION, POPULATION TEAMS (PHNPT, MHNPT, BHNPT)

Health, Nutrition and Population Committees at the Provincial, Municipal, and Barangay levels shall be organized/strengthened to insure proper guidance and coordination of the activities of the various implementing agencies. The PMO will undertake surveys of existing committees at all levels to determine whether there are existing committees which can be strengthened to serve the needs of this project or whether new committees must be organized. The committee must be representative of the implementing agencies of the project.

5.5. TRAINING GROUP

The Provincial Training Teams of each province headed by the Assistant PHO and consisting of the Supervisory Team members shall plan and conduct retrainings of BHAs. They shall conduct 12 retrainings in 1983 and 20 in 1984 (12 in Camarines Sur and 8 in Albay). BHAs will select retraining sessions to attend based on their needs.

The Regional Health Training Center (RHTC) and NMYC will assist the Provincial Training Teams in both the planning, implementation, and evaluation of retrainings. In addition, RHTC will conduct the eight week basic training course for the replacements of BHAs who have resigned.

The PMO will closely coordinate with RHTC to ensure that the requirements of both the basic training and retraining are satisfactorily met.

5.6 PROJECT MONITORING AND EVALUATION GROUP

Project component-specific monitoring and performance and the impact evaluation will be handled by the BRBDP.

5.7 INFORMATION, EDUCATION, COMMUNICATION AND MOTIVATION GROUP

The IECM Group will be composed of the Public Information Officers (PIO) of nine major agencies plus BRBDP and NEDA with OMA taking the lead role. The project hired full time staff will provide assistance to the PIOs to ensure that all communication outlets are utilized. This will provide the necessary backstop in terms of IECM materials to the BHA and to the line agency workers. All the materials will be made in Bikol, Tagalog and/or English.

To further support the IECM campaign, the health, nutrition and population education subjects will be strengthened in the elementary and secondary levels through the use of health teaching materials and visual aids. In addition, the Health Education Project (HEPS), being piloted in elementary and secondary schools will continue and will expand its audience through a monthly newsletter.

## 6.0 RESPONSIBILITIES OF PROJECT PROPONENTS AND IMPLEMENTING/PARTICIPATING UNITS

MOH and line agencies will enter into an agreement between and among themselves to implement the project and assume the responsibilities outlined below:

### 6.1 NATIONAL LEVEL

#### 6.1.1 National Economic and Development Authority (NEDA)

1. In keeping with its overall charter, NEDA will have little responsibility for project implementation. NEDA will be kept aware of project status as it is with all foreign donor-assisted projects.
2. Based on the Reimbursement Agreements and on disbursement reports from the PMO, NEDA will request reimbursement from USAID for project expenses.

#### 6.1.2 Ministry of Health (MOH)

1. Continue to direct the Regional Health Office to provide necessary support to the project as called for in the project design.
2. Provide technical assistance as deemed necessary.
3. Submit/Review appropriations for MOH-funded project activities and provide funding for partial maintenance of infrastructure and activities when the project phases out.

#### 6.1.3 United States Agency for International Development (USAID)

1. The USAID Office of Population, Health and Nutrition (OPHN) will provide a part-time project officer to perform the managerial function of planning, organizing, communicating and coordinating as required by AID.
2. The nature and extent of managerial involvement by the project officer and his responsibilities will vary according to the size and complexity of the project. His functions and responsibilities may change as the project moves from implementation to completion.
3. The responsibilities of the project officer include insuring that the project is carried out in accordance with AID policies, regulations and procedures and that irregularities are promptly reported to the appropriate higher authority.

4. The project officer is the primary USAID liaison on all matters relating to this project. The project officer relates with AID/Washington, officials of the cooperating country and other entities.
5. In carrying out these and other responsibilities, the project officer may seek the advice and participation of AID technical experts/specialists to the extent necessary.

#### 6.1.4 Office of Budget and Management (OBM, Ministry of Finance)

OBM will see that funds are made available to the project in a timely manner and in amounts described in the Project Agreement.

### 6.2 REGIONAL LEVEL

#### 6.2.1 National Economic and Development Authority (NEDA)

1. Assign permanent representative to PMCC.
2. Regularly attend PMCC meeting.

#### 6.2.2 Regional Health Office (RHO-V)

1. Appoint a Project Manager and make available appropriate facilities.
2. Direct the provincial/city health officers to provide continued necessary support to the project called for in the project design.
3. Submit periodic reports to the PMO regarding project related accomplishments of the PHUs and RHUs.
4. Undertake training of RHUs for project related case handling and microscopy.
5. Provide data to PMO on status of immunization progress in targetted barangays.

#### 6.2.3 Project Management Office (PMO)

1. Review existing PMO structure and reorganize as needed to complement revised implementation plan.
2. Assume responsibility for overall planning, coordination and implementation of the project.
3. Assist in the establishment of organizational linkages among the different participating agencies.

4. Develop and install a fiscal management system for project funds and serve as a funding channel to implementing groups.
5. Supervise the development and installation of a project monitoring and evaluation system and see to it that project targets are accomplished within reasonable time periods.
6. Prepare and submit regular reports on project accomplishments and financial status to BRBDP, NEDA, MOH-Central, OBM, and USAID.
7. Reorient all involved committees, agencies, and persons to project concept, revised implementation plan, and individual responsibilities.
8. Organize/reactivate coordinating committees at provincial, municipal, and barangay levels, and the inter-agency task force.
9. Conduct regular conferences with PMO staff at regional, provincial levels.
10. Continue to follow-up BHA stipends with local governments to ensure that BHAs are paid in full and on time.
11. Set policy for resignation/replacement procedures for BHAs.
12. Monitor training/retraining of BHAs.

#### 6.2.4 USAID

1. Provide technical assistance/supervision of ESI projects in coordination with PMO.
2. Follow-up on operational problems involving USAID and BRBDP as identified by PMO.
3. Serve as vehicle for transfer of information to USAID.

#### 6.2.5 Ministry of Local Government (MLG)

1. Provide technical assistance to the PMO in the implementation of inter-related projects.
2. Provide assistance in the organization, coordination and maintenance of PHNPTs, CHNPTs, and MHNPTs.
3. Assist PMO and local units in developing plan of action for continuation of the project upon phase out.

4. Mobilize the provincial/city and municipal development offices to carry out their assigned roles and functions and follow-up with them to ensure full support and participation of local government units in program implementation.
5. Submit periodic reports to the PMO regarding project-related accomplishments.
6. Assign permanent representatives to PMCC and Inter-Agency Task Force.
8. Attend appropriate meetings for coordination - PMCC and Inter-Agency Task Force.

6.2.6 Bicol River Basin Development Program (BRBDP)

1. Monitor the status and progress of the project.
2. Plan and conduct impact evaluation of project.
3. Present results of evaluation to appropriate groups.
4. Attend appropriate meetings for coordination - PMCC, Inter-Agency Task Force, PHNPT.
5. Coordinate with PMO to ensure that pertinent project related matters are discussed at ADT meetings.
6. Provide technical assistance for ESI implementation.

6.2.7 Office of Media Affairs (UMA)

1. Initiate and coordinate the implementation of the IECM component (see 4.6).
2. Coordinate with MECS in the preparation of health teaching materials and visual aids.
3. Assist PMO with project reorientation for PMCC, Inter-Agency Task Force, the key personnel of each participating agency, and PHNPTs/MHNPTs.
4. Strengthen/reactivate IECM Task Force.
5. Mobilize provincial coordinators to carry out their assigned role and function and follow-up with them to ensure full support and participation of UMA in program implementation.
6. Submit monthly reports to PMO regarding project related accomplishments.

7. Submit liquidation reports to PMO in timely manner.
8. Assign permanent representative to PMCC and Inter-Agency Task Force.
9. Attend appropriate meetings - PMCC, Inter-Agency Task Force.

#### 6.2.8 Ministry of Agriculture (MA)

1. Direct the HHMTs and RYDOs to give priority to target barangays.
2. Organize/strengthen/activate local ciubs.
3. Organize and train barangay cooperatives for maintenance of all water facilities and repayment of loan for Level II facilities.
4. Where possible, make attempts for cooperatives to repay loan of materials for Level II.
5. Intensify campaign for crops (vegetables, fruits), poultry and livestock production.
6. Assist MSSD in distribution of food commodities.
7. Assist OMA with IECM component.
8. Administer the disbursement of project fund released by PMO.
9. Mobilize provincial/municipal workers to carry out their assigned functions and roles and follow up with them to ensure the full support and participation of MA in program implementation.
10. Submit monthly reports to the PMO regarding project related accomplishments.
11. Assign permanent representative to PMO and Inter-Agency Task Force.
12. Attend appropriate meetings for coordination purposes - PMCC, Inter-Agency Task Force.

#### 6.2.9 Ministry of Public Works and Highways (MPWH)

1. Prepare plans and programs of work for physical construction of main health center extension (MHC)
2. Supervise and monitor the construction of MHCs.

3. Assist in technical supervision and monitoring of construction of water supply facilities (Level II) and community school toilets.
4. Simplify plans of work for community school toilets and distribute to the school administrators, RSIs, and barangay captains.
5. Conduct orientation of construction of community school toilets for school administrators and RSIs.
6. Assist OMA with IECM component.
7. Mobilize district/city engineers offices to carry out their assigned roles and functions and follow up with them to ensure full support and participation of MPWH in program implementation.
8. Submit monthly reports to the PMU regarding project accomplishments.
9. Assign permanent representative to PMCC and Inter-Agency Task Force.
10. Attend appropriate meetings for coordinating purposes - PMCC, Inter-Agency Task Force.

#### 6.2.10 Ministry of Social Services and Development (MSSD)

1. Intensify its social services programs in the targetted barangays.
2. Coordinate the Nutrition Component (Sec. 4.1).
  - a) Recruit, train and deploy nutritionists and support staff.
  - b) Procure/distribute food commodities and basic feeding utensils.
3. Coordinate with MA in strengthening of local clubs and conducting information/education campaigns thru the clubs.
4. Assist OMA in implementation of IECM component.
5. Mobilize provincial/city and municipal workers to carry out their assigned roles and functions and follow up with them to ensure MSSD full support and participation in program implementation.
6. Submit monthly reports to PMU regarding project related accomplishments.

7. Assign permanent representatives to PMCC and Inter-Agency Task Force.
8. Attend appropriate meetings - PMCC, Inter-Agency Task Force.

6.2.11 Ministry of Education, Culture and Sports (MECS)

1. Coordinate the IEC activities through the school system.
  - a. Continue integration of Project HEPS in targetted schools.
  - b. Continue monthly publication and distribution of "Health News."
  - c. Revise the primer on Health, Nutrition and Population.
  - d. Orient/train teachers on BIHNPP and revise primer.
  - e. Distribute health, nutrition, and population teaching aids to teachers.
  - f. Strengthen health, nutrition and population curriculum of schools in targetted barangays.
2. Coordinate with BHAs on ESI and community projects.
3. Emphasize BIHNPP through talks at teachers' forums with expected network effect to the community.
4. Support works of BHA through provision of school health services.
5. Support of BHAs in their campaign for medicinal plants.
6. Supervise and maintain construction of community school toilets.
7. Maintain school toilets.
8. Assist MSSD with inventory of existing food assistance projects with school children.
9. Intensify implementation of the Alay Tanim and School Health Guardian Program.
10. Mobilize school officials at provincial, district and barangay levels to carry out their assigned roles and function and follow up with them to ensure MECS full support and participation in program implementation.
11. Submit monthly reports to PMO regarding project related accomplishments.
12. Assign permanent representatives to PMCC and Inter-Agency Task force.
13. Attend appropriate meetings for coordination - PMCC, Inter-Agency.

#### 6.2.12 Commission on Population (POPCOM)

1. Coordinate implementation of population component (Sec. 4.2).
  - a. Identify target areas with and without BSPOs.
  - b. Organize and train BSPOs in barangays where there are none.
  - c. Distribute contraceptives to BSPOs and BHAs.
  - d. Distribute available IEC print materials on family planning to BHAs.
2. Assist OMA with IECM component.
3. Mobilize provincial/city and municipal/barangay (PPO, MPO, CPO, FTOW, BSPO) to carry out their assigned roles and functions and follow up with them to ensure full support and participation of POPCOM in program implementation.
4. Submit monthly reports to the PMO regarding project-related accomplishments.
5. Assign permanent representative to PMCC and Inter-Agency Task Force.
6. Attend appropriate meetings for coordination purpose - PMCC, Inter-Agency Task Force.

#### 6.2.13 National Nutrition Council (NNC)

1. Coordinate with MA in inventory of existing local clubs (Nutrition component).
2. Coordinate with MA and IECM through local clubs (Nutrition component).
3. Coordinate with MA in intensified campaign for crops, poultry and livestock production.
4. Provide technical information to municipal and barangay clubs, residents and BHAs.
5. Mobilize provincial/city and municipal offices (PAO, CAO, MAO) to carry out their assigned roles and functions and follow up with them to ensure full support and participation of NNC implementation.
6. Submit monthly reports to PMO regarding project related accomplishments.
7. Assign permanent representatives to PMCC and Inter-Agency Task Force.
8. Attend appropriate meetings for coordination purposes. - PMCC, Inter-Agency Task Force.

#### 6.2.14 National Manpower and Youth Council (NMYC)

1. Integrate IEC in training activities of NMYC.
2. Assist the BIHNPP provincial training teams in the design and planning of retraining sessions.
3. Mobilize provincial workers to carry out their assigned roles and functions and follow up with them to ensure full support and participation of NMYC in program implementation.
4. Submit monthly reports to PMO regarding project-related accomplishments.
5. Assign permanent representative to PMCC and Inter-Agency Task Force.
6. Attend appropriate meetings for coordination - PMCC and Inter-Agency Task Force.

#### 6.2.15 Ministry of Agrarian Reform (MAR)

1. Attend PMCC meetings.

### 6.3 PROVINCIAL LEVEL

#### 6.3.1 Provincial Governor's Office

1. Responsible for appointment of BHA replacements.
2. Incorporate in the annual budget funding for BHA stipends upon phase out of project support. Provincial share will be 47.5% of stipend January-December 1984; 47.5% of 100% of stipend thereafter.
3. Prepare the provincial annual implementation for BIHNPP upon phase out of project support, December 1984.
4. Ensure that the PHNPT committee provides advisory and coordinative support to the implementing agencies of BIHNPP.
5. Direct the PPO and PAO to carry out their roles and responsibilities.
6. Notify mayors of the roles and responsibilities of MPO and MAO to BIHNPP.

#### 6.3.1.1 Provincial Population Office (PPO)

1. Coordinate with POPCOM in implementation of Population Component.
  - a. Organize and train BSPOs in barangays where there are none.
  - b. Distribute contraceptives to BSPOs and BHAs.

- c. Distribute available IEC print material on family planning to BHAs.
  - d. Conduct IEC efforts - interpersonal and A-V
2. Submit monthly reports to the Governor and POPCOM regarding project-related accomplishments.
  3. Attend PHNPT on a regular basis.

6.3.1.2 Provincial Action Officer (PAO)

1. Coordinate with MA in inventory of existing local clubs (Nutrition component)
2. Coordinate with MA and IECM campaign through local clubs (Nutrition component).
3. Coordinate with MA in intensified campaign for crops, poultry and livestock production.
4. Provide technical information to local clubs and BHAs.
5. Submit periodic reports to Governor and NNC of project-related accomplishments.
6. Attend PHNPT on regular basis.

6.3.2 Provincial Health Office (PHO)

1. Coordinate and monitor the implementation of BIHNPP at the provincial level.
2. Supervise and support the work of BHAs through the Provincial Supervisory Team in coordination with RHU staffs.
3. Supervise and support RHU staff in their day to day supervision of BHAs.
4. Conduct retrainings of BHAs.
5. Provide feedback and assistance to BHAs through RHUs.
6. Provide feedback to PMO on status of project implementation.
7. Collect, read, feedback reactions to BHA and RHUs, consolidate, and then forward BHA monthly accomplishment reports to PMO on a timely basis.
8. Coordinate, monitor and supervise implementation of ESI activities in the province through RSIs.

9. Collect, read, react to, consolidate and forward monthly RSI reports on ESI activities to PMO.
10. Conduct monthly meetings of supervisory team with representatives from PMO and BRBDP to ensure that communications remain open and problems and issues can be resolved quickly.
11. Continue to address issues regarding BIHNPP at regularly scheduled district meetings of RHU staff.
12. Regularly attend PMCC meetings and PHNPC meetings.
13. Process resignation and clearance sheets for BHAs.
14. Coordinate with District Hospitals to ensure that clear understanding of project, supervisory lines, and reporting procedures are understood.
15. Continue to serve as distribution point of BHA stipend checks until such time as PMO changes distribution procedures.

#### 6.3.3 Designated Provincial Hospital

1. Provide necessary support, i.e., sterile bottles, to BHAs/RSIs for water sample collection activities.
2. Analyze and make report of water analyses samples from 400 targetted barangays on a timely basis.

#### 6.3.4 Ministry of Local Government (MLG)

1. Provide technical assistance to the PMO in the implementation of interrelated projects.
2. Provide assistance in the organization, coordination and maintenance of BHNPTs, CHNPTs and MHNPTs.
3. Assist PMO and local government units in developing plans of action for continuation of the project upon phase out.
4. Mobilize municipal development offices to carry out their assigned roles and functions and follow-up with them to ensure full support and participation of local government units in program implementation.
5. Submit periodic reports to MLG Regional office regarding project-related accomplishments.
6. Attend PHNPT on a regular basis.

6.3.5 Office of Media Affairs (OMA)

1. Carry out roles and responsibilities of IECM component as directed by OMA Regional office.
2. Assist PMO with orientation of PHNPTs and MHNPTs.
3. Submit regular reports to OMA regional office on project-related accomplishments.
4. Attend PHNPT on a regular basis.

6.3.6 Ministry of Agriculture (MA)

1. Direct the HMTs and RYDOs to give priority to target barangays.
2. Organize/strengthen/activate local clubs.
3. Organize and train barangay cooperatives for maintenance of all water facilities and repayment of loan for Level II and III facilities.
4. Where possible, assist barangays in scheme for repayment of loan for Level II.
5. Assist MSSD in distribution of food commodities.
6. Intensify campaign for crops (vegetables, fruits), poultry and livestock production.
7. Assist OMA with IECM component.
8. Mobilize municipal workers to carry out their assigned roles and functions and follow up with them to ensure the full support and participation of MA in program implementation.
9. Submit regular reports to MA Regional office.
10. Attend PHNPT on a regular basis.

6.3.7 MPWH (District Engineers Office -DEO)

1. Assist in the supervision and monitoring of the ESI component.
2. Assist OMA in implementation of IECM component.
3. Submit regular reports to MPWH Regional office.
4. Attend PHNPT meetings on a regular basis.

6.3.8 Ministry of Social Services Development (MSSD)

1. Intensify its social services in the targetted barangays.
2. Distribute food commodities and basic cooking equipment and feeding utensils.
3. Coordinate with MA in strengthening of local clubs and conducting information/education campaigns through the clubs.
4. Assist OMA in implementation of IECM component.
5. Mobilize municipal workers to carry out their assigned roles and functions and follow up with them to ensure MSSD's full support and participation in program implementation.
6. Submit regular reports to MSSD regional office regarding project related accomplishments.
7. Attend PHNPT meetings on a regular basis.

6.3.9 Ministry of Education, Culture and Sports (MECS)

1. Coordinate the IEC activities through the school system .
2. Coordinate with BHAs on ESI and community projects.
3. Emphasize BIHNPP through talks at teachers' forums with expected network effect to the community.
4. Support works of BHA through provision of school health services.
5. Support of BHAs in their campaign for medicinal plants.
6. Supervise and maintain construction of community school toilets.
7. Maintain school toilets.
8. Assist MSSD with inventory of existing food assistance project with school children.
9. Intensify implementation of the Alay Tanim and School Health Guardian Program.
10. Mobilize school officials at the district and barangay levels to carry out their assigned roles and functions - follow up with them to ensure MECS full support and participation in program implementation.

11. Submit regular reports to MECS regional office regarding project-related accomplishments.
12. Attend PHNPT meetings on a regular basis.

#### 6.3.10 National Manpower and Youth Council (NMYC)

1. Integrate IEC in training activities of NMYC.
2. Assist BIHNPP provincial training teams in the design and planning of retraining sessions.
3. Submit regular reports to NMYC regional office regarding project-related accomplishments.
4. Attend PHNPT on a regular basis.

### 6.4 CITY LEVEL

#### 6.4.1 Office of the Mayor

1. Responsible for screening and nomination of BHA replacements.
2. Incorporate in the annual budget funding for BHA stipends upon phase out of project support. City share will be 50% of BHA stipend January-December 1974 and 100% of stipend thereafter.
3. Ensure that CHNPT is organized and meets regularly to provide advisory and coordinative support to the implementing agencies of BIHNPP.
4. Direct CAO and CPO to carry out their roles and responsibilities to project.

#### 6.4.1.1 City Population Officer (MPO)

1. Coordinate with POPCOM in implementation of Population Component.
  - a. Organize and train BSPOs in barangays where there are none.
  - b. Distribute contraceptives to BSPOs and BHAs.
  - c. Distribute available IEC print material on family planning to BHAs.
  - d. Conduct IEC efforts - interpersonal and A-V
2. Submit monthly reports to the Mayor and POPCOM regarding project-related accomplishments.
3. Attend CHNPT on a regular basis.

6.4.1.2 City Action Officer (MAO)

1. Coordinate with MA in inventory of existing local clubs (Nutrition component)
2. Coordinate with MA and IECM campaign through local clubs (Nutrition component).
3. Coordinate with MA in intensified campaign for crops, poultry and livestock production.
4. Provide technical information to local clubs and BHAs.
5. Submit periodic reports to Mayor and NNC of project-related accomplishments.
6. Attend CHNPT on regular basis.

6.4.2 City Health Office

1. Assist in the recruitment, fielding, deployment and replacement process of replaced BHAs.
2. Continue to provide administrative and technical supervision over the BHAs including assignment of a supervising Rural Health Midwife for each BHA.
3. Provide technical assistance to the BHAs in the identification and development of barangay projects especially ESI activities.
4. Provide the BHAs with the necessary logistic support to perform his/her roles and functions in the barangay health care systems.
5. Assist the BHA in strengthening the community's involvement in the identification and solving of health-related problems.
6. Assist, monitor and supervise construction of ESI facilities.
7. Issue certificate of completion of environmental sanitation facilities.
8. Complete monthly ESI status report and submit to PHO.
9. Assist PMO in preliminary site inspection of MHC extensions.
10. Coordinate with BHA in collection and submission of water samples for analysis.
11. Coordinate with BHA in procurement and chlorine treatment of infected water sources.

12. Conduct monthly conferences with BHAs to resolve problems and discuss status of BHA efforts.
13. Ensure that BHA monthly accomplishment reports are submitted on time and forwarded to the PHO.
14. Feedback to PHO status of project, questions, problems during district meetings.
15. Regularly attend MHNPT meetings.

#### 6.4.3 Ministry of Local Government (MLG)

1. Provide technical assistance to the PMO in the implementation of interrelated projects.
2. Provide assistance in the organization, coordination and maintenance of MHNPT.
3. Assist PMO and local government units in developing plan of action for continuation of the project upon phase out.
4. Submit periodic reports to MLG Regional regarding project-related accomplishments.
5. Attend CHNPT on a regular basis.

#### 6.4.4 Ministry of Agriculture (MA)

1. Organize/strengthen/activate local club.
2. Organize and train barangay cooperatives for maintenance of all water facilities and repayment of loan for Level II and III facilities.
3. Where possible, assist cooperatives in repayment of loan for Level II.
4. Assist MSSD in distribution of food commodities.
5. Intensify campaign for crops (vegetables, fruits), poultry and livestock production.
6. Assist OMA with IECM component.
7. Submit regular reports to MA regional office.
8. Attend CHNPT on a regular basis.

6.4.5 Ministry of Social Services Development (MSSD)

1. Intensify social services programs at the targetted barangays.
2. Distribute food commodities and basic cooking equipment and feeding utensils.
3. Coordinate with MA in strengthening of local clubs and conducting information/education campaign through the clubs.
4. Assist OMA in implementation of IECM component.
5. Submit regular reports to MSSD regional office regarding project related accomplishments.
6. Attend CHNPT meetings on a regular basis.

6.4.6 Ministry of Education, Culture and Sports (MECS)

1. Coordinate the IEC activities through the school system .
  - a. Continue integration of Project HEPS in targetted schools.
  - b. Continue monthly publication and distribution of "Health News."
  - c. Revise the primer on Health, Nutrition and Population.
  - d. Orient/train teachers on BIHNPP and revise primer.
  - e. Distribute health, nutrition, and population teaching aids to teachers.
  - f. Strengthen health, nutrition and population curriculum of schools in targetted barangays.
2. Assist MSSD with inventory of existing food assistance project with school children.
3. Intensify implementation of the Alay Tanim and School Health Guardian Program.
4. Mobilize school officials at the barangay level to carry out their assigned roles and functions and follow up with them to ensure MECS full support and participation in program implementation.
5. Submit regular reports to MECS regional office regarding project-related accomplishments.
6. Attend CHNPT meetings on a regular basis.

## 6.5 MUNICIPAL LEVEL

### 6.5.1 Office of the Mayor

1. Responsible for screening and nomination of BHA replacements.
2. Incorporate in the annual budget funding for BHA stipends upon phase out of project support. Municipal share will be 47.5% of 50% of BHA stipend January-December 1984 and 47.5% of 100% of stipend thereafter.
3. Ensure that MHNPT is organized and meets regularly to provide advisory and coordinative support to the implementing agencies of BIHNPP.
4. Direct MAO and MPO to carry out their roles and responsibilities to project.

#### 6.5.1.1 Municipal Population Officer (MPO)

1. Coordinate with POPCOM in implementation of Population Component.
  - a. Organize and train BSPOs in barangays where there are none.
  - b. Distribute contraceptives to BSPOs and BHAs.
  - c. Distribute available IEC print material on family planning to BHAs.
  - d. Conduct IEC efforts - interpersonal and A-V
2. Submit monthly reports to the Mayor and PPO regarding project-related accomplishments.
3. Attend MHNPT on a regular basis.

#### 6.5.1.2 Municipal Action Officer (MAO)

1. Coordinate with MA in inventory of existing local clubs (Nutrition component)
2. Coordinate with MA and IECM campaign through local clubs (Nutrition component).
3. Coordinate with MA in intensified campaign for crops, poultry and livestock production.
4. Provide technical information to local clubs and BHAs.
5. Submit periodic reports to Mayor and NNC of project-related accomplishments.
6. Attend MHNPT on regular basis.

### 6.5.2 Rural Health Unit (RHU)

1. Assist in the recruitment, fielding, deployment and replacement process of replaced BHAs.
2. Continue to provide administrative and technical supervision over the BHAs including assignment of a supervising Rural Health Midwife for each BHA.
3. Provide technical assistance to the BHAs in the identification and development of barangay projects especially ESI activities.
4. Provide the BHAs with the necessary logistic support to perform his/her roles and functions in the barangay health care systems.
5. Assist the BHA in strengthening the community's involvement in the identification and solving of health-related problems.
6. Assist, monitor and supervise construction of ESI facilities.
7. Issue certificate of completion of environmental sanitation facilities.
8. Complete monthly ESI status report and submit to PHU.
9. Assist PMO in preliminary site inspection of MHC extensions.
10. Coordinate with BHA in collection and submission of water samples for analysis.
11. Coordinate with BHA in procurement and chlorine treatment of infected water sources.
12. Conduct monthly conferences with BHAs to resolve problems and discuss status of BHA efforts.
13. Ensure that BHA monthly accomplishment reports are submitted on time and forwarded to the PHU.
14. Feedback to PHU status of project, questions, problems during district meetings.
15. Regularly attend MHNPT meetings.

### 6.5.3 Ministry of Local Government (MLG)

1. Provide technical assistance to the PMO in the implementation of interrelated projects.
2. Provide assistance in the organization, coordination and maintenance of MHNPT.

3. Assist PMO and local government units in developing plan of action for continuation of the project upon phase out.
4. Submit periodic reports to Provincial Development Officer regarding project-related accomplishments.
5. Attend MHNPT on a regular basis.

#### 6.5.4 Ministry of Agriculture (MA)

1. Organize/strengthen/activate local clubs.
2. Organize and train barangay cooperatives for maintenance of all water facilities
3. Where possible, assist cooperatives in repayment of loan for Level II facilities.
4. Assist MSSD in distribution of food commodities.
5. Intensify campaign for crops (vegetables, fruits), poultry and livestock production.
6. Assist OMA with IECM component.
7. Submit regular reports to MA provincial office.
8. Attend MHNPT on a regular basis.

#### 6.5.5 Ministry of Social Services Development (MSSD)

1. Intensify social services programs at the targetted barangays.
2. Distribute food commodities and basic cooking equipment and feeding utensils.
3. Coordinate with MA in strengthening of local clubs and conducting information/education campaign through the clubs.
4. Assist OMA in implementation of IECM component.
5. Submit regular reports to MSSD provincial office regarding project related accomplishments.
6. Attend MHNPT meetings on a regular basis.

#### 6.5.6 Ministry of Education, Culture and Sports (MECS)

1. Coordinate the IEC activities through the school system .
  - a. Continue integration of Project HEPS in targetted schools.
  - b. Continue monthly publication and distribution of "Health News."

- c. Revise the primer on Health, Nutrition and Population.
  - d. Orient/train teachers on BIHNPP and revise primer.
  - e. Distribute health, nutrition, and population teaching aids to teachers.
  - f. Strengthen health, nutrition and population curriculum of schools in targetted barangays.
2. Assist MSSD with inventory of existing food assistance project with school children.
  3. Intensify implementation of the Alay Tanim and School Health Guardian Program.
  4. Mobilize school officials at the barangay level to carry out their assigned roles and functions and follow up with them to ensure MECS full support and participation in program implementation.
  5. Submit regular reports to MECS provincial office regarding project-related accomplishments.
  6. Attend MHNPT meetings on a regular basis.

## 6.6 BARANGAY LEVEL

### 6.6.1 BHA

1. Community Organization
  - a. Assist barangay residents to identify and find solutions to their health-related problems.
  - b. Encourage schools, churches and other social services to integrate their activities directed toward personal and community health behavior change.
  - c. Project the image of a COORDINATOR and FACILITATOR rather than a DIRECTOR in solving health problems.
  - d. Seek for the integrated and participation of all available resources and personnel to best solve the problems the barangay have identified.
2. Environmental Sanitation
  - a. Promote through health education, cleanliness, safe water and proper waste disposal system.
  - b. Identify areas in the barangay needing improved sanitary facilities in consultation with the barangay council, and make specific plans for the necessary commodities and construction.
  - c. Coordinate with (or tap) MPWH (DEO), BRBDP, PHO, and RSI of RHU for technical assistance.
  - d. Maintain the safety of water supply sources/facilities.
  - e. Make referral of environmental sanitation problems to appropriate agencies.
  - f. Submit report periodically on environmental sanitation status in the community.

3. Nutrition

- a. Participate in the nutrition program activities of the barangay in cooperation with the concerned agencies.
- b. Encourage all households to strive for a balanced, adequate diet.
- c. Provide instructions for infant and child nutrition, including the importance of breastfeeding.
- d. Periodically weigh and keep records of children under six years of age in cooperation with concerned agencies.
- e. Assist in the distribution of food assistance commodities, and conduct barangay feeding programs for malnourished children.
- f. Refer 3rd degree cases of malnutrition with complications to the RHU for appropriate treatment.
- g. Assist in the barangay food production campaign, and
- h. Help to formulate and implement an effective nutritional program.

4. Family Planning

- a. Participate in the population education and FP programs of the barangay in cooperation with concerned agencies.
- b. Provide informations on the various forms of contraceptives.
- c. Refer acceptors in cooperation with the BSPO, to appropriate agencies.
- d. Provide supply to ongoing users with the required commodities.
- e. Take primary initiative in organizing FP programs, where there is none established in the barangay.

5. Control of Communicable Diseases

- a. Promote whatever disease-control campaigns the RHU may conduct.
- b. Identify immunization targets, prioritize and secure the necessary immunization services and supplies.
- c. Keep immunization records.
- d. Instruct families on the role of immunization in health maintenance.
- e. Make prompt referral of notifiable diseases when recognized and make effort for the necessary follow-up of such cases by the RHU staff.

6. Vital Statistics

- a. Record barangay births and deaths.
- b. Make periodic reports to RHU.
- c. Prepare spot-maps portraying important health and sanitation information.
- d. Update spot-maps regarding improvements in sanitary or water facilities.
- e. Prepare and safely keep individual family health folders containing disease records, treatment and outcome for RHU reference.

7. Curative Functions

- a. Provide necessary emergency treatment in the event of sickness and emergency.
- b. Refer cases to the nearest medical facility when so indicated.
- c. Monitor regimen prescribed by the RHU for patients with chronic diseases.
- d. Replenish the needed and approved supplies of medicines from the RHU.
- e. Maintain health and nutrition kits.

6.6.2 BHNPT

1. Assist in identification for BHA replacement.
2. Coordinate with the BHA in the identification of barangay health, nutrition and population projects.
3. Assist in the dissemination of project related information to the barangay population.
4. Encourage the barangay population to provide the necessary moral and/or material support needed by the BHAs.

6.6.3 Barangay Extension Workers/Volunteers

All extension workers/volunteers of the participating agencies in the project shall have the following roles and responsibilities:

1. Follow directions from their respective city and municipal offices as to their responsibilities with BIHNPP.
2. Coordinate activities with the BHA.
3. Regularly attend BHNPT meetings.

The extension workers/volunteers include the following workers in targetted barangays:

Barangay Supply Point Officers (BSPO)  
Barangay Nutrition Scholar (BNS)  
Day Care Workers  
School Administrator/Teacher

## 7.0 IMPLEMENTATION PLAN

### 7.1 PROJECT OUTPUTS

#### 7.1.1 Rural Institutional Development

##### 7.1.1.1 BHA Replacement Procedures

The PMO will send a letter to the mayors of all cities and municipalities with BHA vacancies to determine which cities and municipalities are able and willing to replace the BHAs. Letters will be sent in mid-September 1983 requesting responses no later than mid-October 1983.

Upon receipt of responses, the PMO will orient the respective mayors, MHNPTs and CHNPTs (if already formed) of the qualifications for BHAs and the selection procedure. Barangay captains will then recommend resident applicants to the mayors for screening and selection. The screening and selection will be conducted at the municipal level by the respective mayor and MHNPT (if formed) or the mayor and representative of the PMO.

Once the selection is made the mayor will inform the governor and the PMO. The PMO will then inform RHTC. The selected BHAs will undergo basic training as a group in November/December.

After completion of basic training the PMO will endorse the BHAs to the Governor for appointment. Once the appointment is signed, a contract for one year will be signed by the BHA. The BHAs will then report to the PHO for orientation and then to the RHU for fielding to the barangays.

Within the first month, the BHA will identify any functional barangay committee or group and strengthen this group to serve as the BHNPT. The BHA shall also review and update spot mapping and the community profile (completed by former BHA) in coordination with the barangay captain.

Barangay health and sanitation needs will be identified and priorities for services will be determined in coordination with identified BHNPT and specific functions of the BHA. (Sec. 6.5.2).

Close contact with respective supervisor (midwife or nurse), RSI, barangay officials, and other agency workers at the barangay and municipal level should be cultivated and maintained.

BHA should seek the advice and support of the RHU staff in carrying out any of the above responsibilities.

#### 7.1.1.2 BHA Basic Training

BHA basic training for the 1983 replacement batch will be conducted by RHTC in November/December 1983.

Prior to training, the nominee will be evaluated by the training staff. The nominees' knowledge, attitudes and potential will be assessed. The actual training shall last 8 weeks - 4 weeks theory and 4 weeks field training. It shall be a live-in seminar/workshop. The trainee shall be provided free board and lodging plus P5.00 daily allowance. After four weeks, the trainees will be fielded to Field Training Areas in either Albay or Camarines Sur.

RHTC shall utilize BHA monthly reports, feedback and evaluations to design the basic training course. The PMO will closely coordinate with RHTC to ensure that BHA basic training needs are satisfactorily met.

#### 7.1.1.3 BHA Re-training

The Provincial Training Team, coordinated by the Assistant PHO, will plan, conduct, and evaluate BHA retraining in coordination with RHTC and NMYC. The Assistant PHO shall take the initiative to involve NMYC and RHTC in the planning sessions and actual training. They will conduct 12 retraining in 1983 and 20 in 1984 (12 in Camarines Sur and 8 in Albay). Whenever possible, retraining should be live-in in order to maximize the actual training time.

The training teams will identify training needs through survey of BHAs, feedback from the narrative questions on the monthly BHA reports and evaluation of trainings. Once needs are determined, the team NMYC, RHTC, and selected BHAs and RHMS will form the planning group to design and plan the retraining courses.

The training team will prepare the schedules, notify BHAs of course offering, and BHAs will in turn will select the courses most appropriate for their training needs.

When the training design warrants it, field experience will be incorporated into the training through preceptor areas.

The presentation of material in the retraining should focus more in the participative and creative methodology rather than lecture.

Each session within a retraining workshop should be evaluated by both the coordinator of the session and the BHAs. Forms will be provided by the PMO. In addition, overall evaluation of retrainings should be conducted. RHTC should assist the training team in designing and using this evaluation instrument.

The PMO has the overall responsibility for ensuring that retrainings are designed, planned, conducted and evaluated in a satisfactorily manner and according to the revised implementation plan.

#### 7.1.1.4 IECM Campaign

The five-year IECM component of the BIHNPP is a massive information/communication campaign which aims to generate awareness and interest among target beneficiaries on the benefits to be derived from the project, thus becoming active participants in the solution of their own health and sanitation problems.

Using the multi-media approach, with emphasis on interpersonal communication and the consumer-oriented treatment of information, the campaign shall focus not only on the target barangays but also on the municipal and provincial governments in order to enlist their voluntary, active support and participation, and official commitment to finance the project after foreign aid has eventually been phased out. The aim here actually is to institutionalize the project down to the municipal and barangay level

A strong feature of the campaign is the inclusion of the Ministry of Education, Culture and Sports (MECS). The MECS shall be responsible in incorporating in its curricula information pertaining to health education, including preparation and production of health education materials to be used by the teachers.

An IECM committee or task force composed of representatives/Public Information Officers from MOH, NNC, POPCOM, MA, MLG, MPWH, MSSD, NMYC, MECS, BRBDP and chaired by the OMA representative shall be organized to coordinate plans and carry on the implementation of the IECM campaign. The PIOs shall reorient their respective agency's information program and start the development and testing of IECM materials for reproduction by the IECM staff. The OMA shall be the regional depository or data bank for all materials and facilities to be used in the IECM campaign. Actual information work, however, shall be done by Extension Workers/PIOs of participating agencies in close coordination with Barangay Health aides (BHAs).

In support of the primary goal of the project, the IECM campaign will provide a five-year maximum information/communication support to the BIHNPP through the use of tri-media channels to achieve the project goal. Specifically, the IECM campaign aims to: (1) stir awareness and increase the knowledge of target publics on the project and its corresponding benefits; (2) generate positive attitudes/habits on ways and means to improve

the health and sanitation of target beneficiaries; (3) mobilize citizen support and participation in such a manner that it will result in the adoption of innovations that will be introduced later on; and, (4) develop, maximize and optimize the use of all available media with particular preference to interpersonal communication channels.

To counteract the immediate surfacing of problems and identify the sensitive spots and target priorities, the campaign coverage shall be divided into four areas: Area I shall embrace the Mayors' Prioritization of barangays for the provinces of Camarines Sur and Albay; Area II shall include areas not included in Area I but are directly adjacent to the target barangays; Area III shall include the provinces of Camarines Norte, Sorsogon, Masbate and Catanduanes; Area IV shall cover the rest of the country, particularly those regions having peculiarities and problems on health and sanitation similar to those found in Camarines Sur and Albay.

The IECM campaign will utilize the following strategies: 1) maximum use of interpersonal channels of communication, especially in Area I which will consist of sustained provision of human communication expertise to the frontliners like the BHAs and the prospective resource speakers' bureau; and the production of specialized forms of media, such as cine slides and slide-tape presentations, to make interpersonal communication more effective, including the production of flip charts for the sole use of the BHAs; 2) optimum use of all available mass media channels with special attention given to print media materials, preferably those carrying illustrations and graphics/visual presentations such as comics, posters, handbills, etc.; and the broadcast media shall be harnessed to the hilt in the production of spot announcements, radio jingles, TV plugs (for Area II and III), radio-TV documentary, etc.; and, 3) Periodic evaluation on the component's effectiveness shall be done through various methods and techniques in communication research and media development.

## 7.1.2 Physical Health Infrastructure and Sanitation Development

### 7.1.2.1 Upgrading and Use of Laboratories

The upgraded laboratories of Albay and Camarines Sur Provincial Hospitals will perform bacteriological analysis of water for the 400 targetted barangays in the project.

If needed, the provincial laboratories will receive project assistance for the salaries and training of additional personnel. The laboratories should make these needs known to the PMO.

The PMO will explore the possibility of the use of portable water analysis equipment for the remote areas of Camarines Sur.

#### 7.1.2.2 Municipal Health Center Extensions

Of the 52 municipal health centers (MHCs) targetted for extension in the project, 10 have already been extended through IBRB, and 5 through BIHNPP. Of the 37 MHCs remaining, 10 will be extended in 1983 and 27 in 1984.

The ten to be extended in 1983 are the following:

Albay: 1) Oas, 2) Jovellar, 3) Sto. Domingo, 4) Daraga;  
(Alternate: Libon).

Camarines Sur: 1) Camaligan, 2) Magarao, 3) Gainza, 4) Bato,  
5) Baao, 6) Balatan; (Alternate: Sto. Domingo, Nabua).

Preliminary site inspections will be made by the Assistant Project Manager and MOH engineer. MPWH (Regional level will then conduct site inspections prior to their preparation of the plan of work for the extensions. Once the plans are approved, the PMO will take responsibility for the bidding of contracts to include letters of invitations, preparation of bidding materials, and overseeing of the actual bidding.

MPWH will supervise and monitor the construction of the extensions. MPWH will also sign the certificate of project completion and forward them to PMO for processing of payments to the contractors.

#### 7.1.2.3 Barangay Development Centers and Supplies

The 400 barangay health stations (BHS) of the BHAs will be upgraded to barangay development centers (BDC) by the community through self-help efforts. These efforts should be initiated by the BHA in coordination with the barangay captain and BHNPT.

The BDC shall be the office of the BHA and the center of other activities related to BIHNPP.

The PMO will send communication to the PHO, RHU and BHAs regarding the improvement of BHS to BDC. If the BHS is upgraded to meet the following criteria, then the BDC will be provided with equipment and supplies (gas stove, feeding and cooking utensils, weighing scales). The criteria include the following:

- 1) Secure building.
- 2) Public room specifically designated as the permanent office of the BHA which is secure.
3. Constructed for the sole use of the BHA.

The RHU will approve the status of the BDC and forward this to the PMO. The PMO will in turn provide the equipment and supplies to the BDC upon the signature of the BHA. In the event that the BHA resigns, clearances will not be completed unless the equipment is turned over to the PHO.

The PMO will provide a uniform signboard for each BDC.

#### 7.1.2.4 Community Water Facilities

Community-type water facilities will be constructed in the barangay. The barangay will have a choice of six different types of facilities, namely: protected springs, improved shallow dug wells, public deep well pumps, public shallow pumps, rain water tanks, and BRBDP filter system (project will assist with the materials for repair of filter systems.) For a barangay with 1,000 people, an average of six units of shallow pump wells will be constructed. The project will provide the materials and end-users will provide the labor.

Each BHA will work with the community and the RSI in completing the resolution form (provided by the project) requesting needed water facilities. The BHA will forward the form with the barangay captain's signature to the mayor for his signature and then on to the PMO via the PHO.

Upon receipt of the resolution form the PMO, Assistant Project Manager will review the request, make a site visit, if necessary, and then order the appropriate materials. The list of materials to be delivered will be sent in advance to the mayor, MHO, and BHA, copy furnished the PHO. The BHA will sign for the materials upon receipt and will also seek the signature of the Barangay Captain of the Memorandum of Agreement to complete construction within 30 days.

The RSI will assist the BHA in the supervision of the construction and the beneficiaries will provide the labor. The RSI shall make a monthly report (form supplied by PMO) to the PHO as to the status and problems encountered. The Chief Sanitary Inspector shall immediately handle referred technical problems in coordination with MPWH engineers..

After the construction is completed, the MHO will sign the certificate of Project completion and forward this to the PMO.

The prospective users of the facilities will organize into a cooperative for the purpose of maintenance. Where possible, the cooperatives will also make repayment of the loan for materials (Level II). MA, in coordination with the BHAs, will be responsible for organizing the cooperatives, training the

membership and preparing the necessary requirements for their registration. This would be the basis for the Memorandum of Agreement to be signed between the PMO and the cooperative after the latter has been registered with the MA. The Memorandum of Agreement would contain the responsibilities of both parties.

#### 7.1.2.5 Water Analysis and Treatment

The BHA shall collect water samples once water facilities have been completed. The samples will be given to the RSI who will submit them to the provincial laboratory for analysis. In one weeks time, the RSI will go to the lab to get the results. If the water is contaminated, then chemicals for chlorination will be provided by the PHO.

The RSI will chlorinate the source of the water supply and will periodically sample the water for repeat analysis. Repeat analysis should also be conducted on a regular basis for any non-contaminated sources from the original analysis.

During the time period between the completion of the water facilities and the water treatment (where necessary), the PHO may supply households with the chemicals for chlorination. For household use the chlorination will consist of mixing the stock solution with the drinking water stored in the 5-gallon crochery pots or plastic containers commonly used in the project area. The BHA will prepare the stock solution using high-test hypochlorite (HTH) powder.

#### 7.1.2.6 Household Water Sealed Toilets

The project will provide toilet construction assistance to 50% of the households in the project area. The project will provide 80 water-sealed toilet bowls per targetted barangay. The beneficiaries' counterpart will be labor and other construction cost. RSIs will assist the BHAs in motivating the residents to construct the toilets and in supervising the construction.

Any barangay which does not use all 80 bowls should notify their RSI who in turn will inform the PHO and then the PMO. On the same hand, any barangay needing more than 80 bowls should follow the same procedure. The PMO will then transfer excess bowls to barangays with BHAs who requested extra bowls whenever possible.

#### 7.1.2.7 Community School Toilets

A community school toilet with water facilities and building will be constructed in the 400 targetted barangays with schools. This is in support to the health education program of the schools.

These toilets in the schools are believed to sufficiently motivate individual households to put up their own toilets. At the same time these school toilets would considerably improve waste disposal in the barangays since children attending the primary schools constitute a significant portion of average barangay population

The BHA shall initiate the completion of the resolution form (supplied by the PMO) requesting the toilet facility with the PTA. The principal must sign the resolution, the BHA must then have the mayor endorse the form and then submit it to the PMO via the PHO.

MPWH will simplify the plans of work for the school toilet and submit approved plans to PMO.

PMO distribute these to the schools, RSIs, and barangay captains. MPWH shall also conduct orientation sessions on the plans for representatives of all targeted schools and RSIs.

The MECS will supervise and monitor the construction in coordination with BHA, RSI, barangay captain, and MPWH. Upon completion, the project completion certificate will be signed by the head of school and then submitted to the PMO through the BHA.

MECS will be responsible for the maintenance of the facility.

## 7.2 PROJECT COMPONENTS

### 7.2.1 Nutrition

The latest OPT result in the barangay will be used in locating, targetting, identifying and prioritizing the second and third degree underweight cases. If OPT has not yet been conducted in that barangay, the BHA, in coordination with the other concerned agencies shall organize the holding of this particular activity. Schools with high prevalence of severely and moderately underweight children are given priority for school feeding program. To determine the actual beneficiaries for supplemental feeding of identified client taroets (infants, pre-schoolers, schoolers, pregnant and lactating mothers) reweighing will be done.

The project implementor, with the help of the BHA shall conduct a barangay assembly to discuss about supplemental feeding program and the roles and responsibilities of the agency concerned and the participants to this program. After the orientation/motivation, parents' committee shall be organized and identify a parent-volunteer who will implment and manage the program and assist the BHA.

Quarterly request of food commodities shall be made basing on submitted proposals and weights of the target beneficiaries. This will be forwarded to the provincial office of the MSSD to determine the appropriateness of quality and volume in relation to the target population. Approval shall be made on the regional level.

Nutrition education and information is provided through face-to-face communication like lectures, cooking demonstration and actual food preparation, likewise through print ads and other media. Nutrition classes shall be conducted weekly/monthly for parent of the beneficiaries. Home visitations and follow-up shall be done by the dietary nutritionist to beneficiaries to allow close contact with both mother and child.

To determine the impact of the supplemental feeding program, close supervision, regular weighing of beneficiaries shall be conducted. Quarterly reports and analysis shall be made and submitted to provincial level for consolidation, then to the regional level for evaluation.

#### 7.2.2 Population Program

The BHA will participate in the family planning programs of the barangay in close cooperation with the BSPO and other concerned agencies. In coordination with the BSPO, population information, education and motivation will be provided on the various forms of contraceptives; acceptors will be referred to appropriate agencies, and continuing users will be supplied with the required commodities. The BSPO and the BHA will agree on how to help one another in carrying out an effective family planning program in their barangay, like for instance, in the supply of contraceptives and IEC materials, or in interpersonal population IECM campaigns.

In barangays where there are no BSPOs, the Regional Population Officer through the population officers of the local government units (province, district, city, and municipality) will establish, train and deploy BSPOs. The FTOW will identify a local key person to serve as BSPO, brief the person of his duties and responsibilities and recommend him for training to the provincial population officer through the district population officer. Where no indigenous barangay resident would be willing to serve as BSPO, the BHA, after given the appropriate formal training, may serve at the same time as the BSPO.

To ensure adequate supply of contraceptives in the barangay, the FTOW who supervises the BSPOs will initially provide the latter with a six-month supply of condoms and pills. During their rounds, the FTOWs will look into the supply level of their BSPOs,

and if the supply level drops down to a 50 per cent level, the former shall replenish it. All other family planning supplies, like IEC materials will be adequately provided and shared with the BHA in that barangay.

- 7.2.3 Physical Health Infrastructure (See 7.1.2.2)
- 7.2.4 Training (See 7.1.1.3)
- 7.2.5 Environmental Sanitation Infrastructure (See 7.1.2.4; 7.1.2.5; 7.1.2.6 and 7.1.2.7).
- 7.2.6 IECM (See 7.1.1.4)
- 7.2.7 Management, Coordination, and Monitoring
  - 7.2.7.1 Re-orientation (See 5.3)
  - 7.2.7.2 Organization of Coordinating Committee - Provincial, Municipal, Barangay Health, Nutrition, Population Teams (PHNPT, MHNPT, BINPT).

The inter-agency task force will inventory the existing coordinating committees at the provincial/city and municipal levels. (Example: Provincial Development Committee/Municipal Development Committee). The results of this inventory should determine which existing committees are functioning and could potentially serve as the coordinating bodies for BIHNPP.

The PMO will then legitimize the integration of BIHNPP into the normal functions of the respective committees through the governors and mayors' offices. Assigned members of the inter-agency task force will discuss this matter with the provincial governors and city mayors.

Orientation for these committees regarding to the project and the committees' role and responsibility to BIHNPP will be conducted by PMO and OMA. The venue will be the regularly scheduled meetings of the committees at the provincial/city level, and through the ADT meetings at the municipal level (Albay - 2, Camarines Sur - 7). This will be accomplished prior to December 31, 1983.

The major focus of these committees, once operational, will be to concentrate on plans for the continuation of the BHA efforts after BIHNPP ends December 1984.

At the barangay level, BHAs will use the PHC committees or any other active committee as their coordinating committee (BHNPT).

PMO will follow up at all levels to ensure that the committees are representative of the appropriate agencies and remain active in their role.

The Provincial Training Teams will provide retraining for BHAs who need assistance in working with committees.

#### 7.2.7.3 BHA Stipend

The BHAs are local government employees who will be working full time in the barangay. They will be paid a stipend of ₱306.75 per month.

The project will pay the BHA stipend through December 1983. Thereafter, until PACD (December 1984), the project will shoulder 50% of the stipend and the local government the remaining 50%. During the phasing out of the project, the local government will shoulder the cost of the stipend based on the following sharing for the province, municipality and barangay: 47.5%, 47.5% and 5%, respectively; while for the cities: 100%.

During 1983 the BHA will continue to be paid through the PHO until arrangements for payment to be made via districts are operationalized.

Throughout 1984, the project share of 50% of the stipend will be paid from the PMO via the district hospitals. The 50% share of local governments will be paid through the municipal treasurer.

The PMO will continually follow up with local governments during 1983 to ensure that their 50% share is budgeted for 1984. This follow up will be conducted through personal visits to the governors and three city mayors; written communications to the former listed officials and municipal mayors; and discussions with mayors at the ADT meetings.

#### 7.2.7.4 Role of the Barangay

The BHA is a part of the barangay government structure and will work closely with the barangay captain.

No project (outside of those intended outputs of BIHNPP) will be approved for implementation in the barangay without getting prior approval from the coordinating committee (BIHNPT). In this manner, whatever projects or activities the BHAs will undertake will be identified through the committee. It is the role of the barangay to become actively involved in the identification of health related problems and the planning and implementation of their own solutions to these identified problems.

#### 7.2.7.5 Monitoring System

The PMO has overall monitoring responsibility for the project. BRHDP will assist in this effort.

The PMO will review the existing monitoring system for the project and its effectiveness. This will include a review of all forms used for the project. Revision and/or design of forms will be made when necessary. Other components of the monitoring system which must be carefully examined and adjusted, if necessary, include the distribution of forms, data retrieval, data utilization, and feedback.

#### 7.2.7.6 Communication System

The PMO shall ensure that there is effective communication with all personnel and agencies involved with the project.

In order to facilitate this the following meetings shall be held on a regular basis: PMCC, Inter-Agency Task Force, PHNPT, MHNPT, BHNPT, PMO/RHO conference, PMO/PHO/BRHDP conference, RHU/PHO/PMO conferences, ADT meetings, ESI Task Force, IECM Task Force. The PMO will take responsibility to ensure that the above groups do meet regularly and fulfill their roles and responsibilities.

In addition to the above meetings, the institution of an effective monitoring and feedback system will facilitate improved communication in the project.

### 7.3 FUNDING

The amount of funds made available to the project remains the same as described in the project agreement. That is \$2,500,000.00 of loan proceeds. The Government of the Philippines will provide a total of not less than the equivalent of \$2,218,000.00 plus \$750,000 equivalent of P.L. 480 peso generations. Due to savings in loan proceeds due to the devaluation of the pesos it is likely that not all of the loan proceeds will be necessary to achieve all the project outputs.

### 7.4 FISCAL ADMINISTRATION AND FUNDS DISBURSEMENT

This project is funded from several sources: USAID loan, P.L. 480 peso generations, participating national and local government contributions, and materials and labor from participating barangays.

For administering loan proceeds, the Fixed Amount Reimbursement (FAR) procedure was used initially in the project. The recent process evaluation recommended a change to an annual reimbursement agreement based on actual cost. (See Reimbursement Agreement Nos. 04 and 05 for details.) The difference is that under the new system, USAID will

reimburse for eligible expenses based on actual costs to the GOP up to a certain pre-established limit. Also under the new system all eligible expenses for a given year will be covered by a single disbursement agreement rather than having several agreements one for each of the various components.

The Regional Health Office shall include estimates of its financial requirements for the project each year in its annual budget. The budget will undergo regional and ministry level analysis, will be included with the Ministry of Health's budget proposal and be submitted to the Ministry of Budget for further analysis. Upon approval the Ministry of Budget will release project funds to the Project Management Office through the Ministry of Health and the Regional Office by the advice of allotment (AA) and Cash Disbursement Ceiling (CDC) system.

The Project Management Office shall in turn release funds to the participating agencies to cover their activities under the project.

Immediately after the end of every quarter the PMO shall submit disbursement reports consolidated from all participating agencies to NEDA through the Regional Health Office. These disbursement reports will be the basis under which NEDA seeks reimbursement for expenses from USAID.

The PMO shall also prepare accountability reports to the Ministry of the Budget through the Regional Health Office and the Ministry of Health in compliance with existing requirements.

#### 7.5 BRBDP INVOLVEMENT

The Bicol River Basin Development Program Office, as a coordinating center of the recipient program, will assign project coordinators from the Program Management Department (PMD) to the PMO to closely collaborate the timely implementation of the project.

The BRBDP shall assign project coordinators to provide technical assistance to the PMO in project management and coordination and in ESI implementation.

In addition, the BRBDPO shall monitor and evaluate project reports; formulate and develop methods and procedures to improve monitoring and reporting system; and review and assess the program schedule, work plan and budgetary requirement of the project.

The BRBDP shall likewise plan and conduct the impact evaluation of the project and present results of the evaluation to appropriate groups.

## 8.0 IMPACT EVALUATION

The impact evaluation shall be conducted in-house by the BRBDPO. Project funds in the amount of Ø1.2 M shall be transferred by the PMU to BRBDPO.

The impact evaluation will cover three phases, namely; pre-project, mid-project and post-project evaluation.

The pre-project evaluation will use the community Baseline Survey (CBS) conducted by the BHAs upon fielding in their respective areas of assignment. The mid-survey will be conducted in 1983 and the post-project evaluation will be done after project completion. The latter will assess the over-all impact of the project on the target beneficiaries. The results of the evaluation shall be compared with the results of the pre- and mid-project evaluation.

Qualifications of BHA Applicants

1. Resident of the targetted barangay of the resigned BHA.
2. 18 to 35 years old.
3. At least a high school graduate preferably with two years college education in a medically-related field. Preference will be given to a graduate midwife or nurse.
4. Physically and mentally fit so as to pass required physical, IQ and attitudinal tests.
5. Preferably with community service experience.
6. Can communicate effectively.
7. Respected by the community and of god moral character.
8. Must be able to submit all clearances required.
9. Willing to sign a one-year contract after training without prejudice to his removal for cause.