

Annexes



Annex 1. List of Project Staff, Consultants and Resource Persons

Staff

Florencia Casanova-Dorotan, *project manager/director*
Evangeline Lopez, *technical officer*
Maria Antonette Calo-Montemayor, *administrative and finance officer*
Laureen Daclan-Dumaguig, *Hilongos, Leyte coordinator/team leader*
Alexander Abungan, *Hilongos, Leyte technical assistant*
Marian La Madrid-Ferreras, *Sorsogon City coordinator/team leader*
Myra Encinares-Baliatan, *Sorsogon City technical assistant*

Documenters

Marilou Perez-Capucan, *main documenter*
Cesar Miranda, Jr., *Hilongos documenter*
Pacita Fortin, *Sorsogon City documenter*
Imelda Perez, *documenter (National Inception Conference)*

Research Consultants

Rosario Manasan, *Philippine Institute for Development Studies (PIDS), Budget and Expenditure Analysis*
Caroline Manguiat-Ubalde, *Resource Institute for Development and Grassroots Empowerment (RIDGE), Sorsogon City Gender Analysis*
Esther Penunia-Banzuela, *Asia Partnership for the Development of Human Resources in Rural Areas (AsiaDHRRA), Hilongos Gender Analysis*

Training Resource Persons

Helen Dayo, *University of the Philippines, Los Banos, Laguna (UPLB)*
Celia Flor, *Development through Active Women Networking (DAWN)*
Genevieve Fuentes-Makinano, *Lihok Pilipina*
Jesus Vicente Garganera, *Philippine Partnership for the Development of Human Resources in Rural Areas (PhilDHRRA)*
Lucita Lazo, *UNIFEM Bangkok*
Luz Lopez-Rodriguez, *UNIFEM–Convention on the Elimination of All Forms of Discrimination Against Women (UNIFEM-CEDAW)*
Caroline Manguiat-Ubalde, *Resource Institute for Development and Grassroots Empowerment (RIDGE)*
Edna Moral-Lacsa, *Resource Institute for Development and Grassroots Empowerment (RIDGE)*

Marietta Porciuncula, *Office of the Mayor, Capoocan, Leyte*
Joji Rayel-Orbase, *Resource Institute for Development and Grassroots Empowerment (RIDGE)*
Christine Reyes, *Fostering People's Education, Empowerment and Enterprise (FPEEE)*
Remedios Rikken, *Center in Asia-Pacific for Women in Politics (CAPWIP)*
Lorenzo Ubalde, *Management Sciences for Health (MSH)*
Lorenza Umali, *National Commission on the Role of Filipino Women (NCRFW)*

Panel of Reactors (Inception Workshop and End-of-Project Conference)

Gil Fernando Cruz, *League of Cities in the Philippines (LCP)*
Lilian de Leon, *League of Municipalities of the Philippines (LMP)*
Jindhra Linda Demeterio, *Department of Agriculture (DA)*
Junice Demeterio-Melgar, *LIKHAAN*
Eddie Dorotan, *Management Sciences for Health (MSH)*
Lucita Lazo, *UNIFEM Bangkok*
Allan Millar, *National Economic and Development Authority (NEDA)*
Eva Natural, *Department of Agriculture (DA)*
Austere Panadero, *Department of Interior and Local Government (DILG)*
Mayflor Quinones, *National Commission on the Role of Filipino Women (NCRFW)*
Remedios Rikken, *Center in Asia-Pacific for Women in Politics (CAPWIP)*
Tess Salud, *Department of Budget and Management (DBM)*
Juanito Taleon, *Department of Health (DOH)*
Emmeline Versoza, *National Commission on the Role of Filipino Women (NCRFW)*
Ma. Theresa Villa, *Department of Agriculture (DA)*

Annex 2. List of Research Studies, Seminars, Workshops and Conferences Conducted

Dates	Activities	Participants
Nov. 12-13, 2004	National Inception Workshop	Joint Hilongos & Sorsogon City LGUs and CSOs
Dec. 10, 2004	Women's Municipal Assembly	Hilongos rural women
Dec. 12, 2004	Project Partners' Meeting	Sorsogon City
Dec. 13, 2004	Orientation and Planning Seminar on Results Oriented Local Gender Budgeting	Sorsogon City
Dec. 13-15, 2004	Gender Sensitivity Training	Hilongos
January 2005	Gender Analysis of the Agriculture Programs, Projects, Activities and Policies in Hilongos	Hilongos
	Gender Analysis of the Health Programs, Projects, Activities and Policies in Sorsogon City	Sorsogon City
	Gender Appraisal Report on Hilongos Agriculture Budget and Expenditures	Hilongos
	Gender Appraisal Report on Sorsogon City Health Budget and Expenditures	Sorsogon City
Feb. 3-4, 2005	Gender Appraisal Forum	Sorsogon City
Feb. 15-16, 2005	Gender Appraisal Forum	Hilongos
Feb. 22-23, 2005	GAD Council Planning Workshop	Hilongos
Feb. 23, 2005	Project Steering Committee Meeting	Sorsogon City

continuation of Annex 2

Dates	Activities	Participants
March 28-30, 2005	Trainers Training on Women's Sexual and Reproductive Rights	Hilongos
April 11-13, 2005	Municipal Strategic Assessment and Planning Workshop	Hilongos
April 19-20, 2005	Strategic Assessment and Planning Workshop	Sorsogon City
May 10-11, 2005	Enhancing Gender Responsiveness in Local Governance Seminar - Workshop	Sorsogon City local legislators and department heads
May 18-20, 2005	Training Workshop on Gender Responsive and Results Oriented Budgeting	Joint Hilongos and Sorsogon City
May 31-June 3, 2005	Training Workshop on Program Planning, Implementation, Monitoring and Evaluation (PIME); and Resource Mobilization	Joint Hilongos and Sorsogon City
June 28-30, 2005	Seminar Workshop on People's Participation in Local Governance	Joint Hilongos and Sorsogon City
July 1, 2005	Partners Complementation Forum on Health	Sorsogon City
Aug. 4, 2005	Project Assessment Workshop	Joint Hilongos and Sorsogon City
Aug. 5, 2005	End-of-Project Conference	Joint Hilongos and Sorsogon City
	Donors' Conference	Hilongos

Annex 3. Socio-Economic Profile of Hilongos

Hilongos is a second class coastal municipality in the southwestern portion of Leyte province in central Philippines. Over 10,000 of its nearly 19,000 hectares in land area are planted to crops (with rice, corn and coconut as major crops), accounting for self-sufficiency in root crops and rice. Thus, agriculture is a major source of income for 34% of some 11,000 households. Ten of Hilongos' 51 barangays are coastal with rich fishing grounds, but there is low fish catch, and also declining rice harvests.

Hilongos is central to a cluster of five municipalities and has been called "buckle of the rice belt" in the province with 70% of the population engaged in rice farming, producing an estimated output of over 8,000 metric tons of rice yearly. It is also one of the region's biggest *abaca* (Manila hemp) producers.

Hilongos has two major rivers, one of which, the Salog River, boasts of the biggest deposit of sand and gravel in the region.

The municipality had a total income of P46.7 million in 2004, 71% of which came from its internal revenue allotment (IRA) and 29% from local sources.

Hilongos has a population of 53,530 (2005), majority of whom are within the 25-34 age range. Nearly 11,000 households, constituting 93% of the total, earn incomes of less than P11,000.00 a month while only 7% of households earn incomes of more than P11,000.00 monthly.

In 2001, the malnutrition rate was 21.3% compared with the national average of 35.9%. In 2004, the municipality's malnutrition rate dropped to 14.8%.

Of a total working population of 24,000, 14,577 are involved in agricultural production, 625 are self-employed, 506 are fisherfolk, 405 teachers, 341 drivers and 65 are in military service.

Almost half of farmers are engaged in planting vegetables, fruits and root crops. Only 17% of the population is permanently employed, 62% are not permanently employed and 21% are unemployed. Most of the former, especially in the *poblacion* (town center), are engaged in providing services usually in the form of employment in the government and NGOs within the municipality. Industries also exist chiefly in the form of processing agricultural products.

Non-profit organizations include 87 cooperatives with a total membership of 3,558, nine NGOs and four irrigators' associations. Profit organizations include 598 commercial establishments, 36 rice mills, 20 warehouses, seven sand and gravel concessionaires and four furniture shops.

Annex 4. Hilongos Municipal Technical Working Group (MTWG) Composition

Altagracia Villaflor, *municipal vice mayor*

Catherine Fabular, *municipal administrator*

Rogelio Sanchez, *municipal planning and development officer*

Romanico Monto, *municipal agriculturist*

Sylvanna Lilibeth Tan, *municipal accountant*

Leonila Dichoso, *municipal social welfare and development officer*

Romualdo Macuto, Jesus Modesto, Jr., Miguela Gabisan and Lilia Sabando,
local legislative council members

Laureen D. Dumaguing, Alexander Abungan and Cesar Miranda, Jr., *secretariat*

Annex 5. Counting Women's Labor in Hilongos Agricultural Households

Data gathering for the Gender Analysis of Agriculture PPAs (2001-03) in Hilongos took two forms: secondary research on LGU records and primary research through focus group discussions (FGDs) and individual interviews. The latter was undertaken between late November and early December 2004. The FGDs covered six pilot areas in upland, lowland and coastal barangays. FGD participants and individual interviewees totaled 152, 100 of whom were women.

The following is a summary of the data gathered:

Coconut farms constitute 41% of all agricultural land in Hilongos, and coconut is the number one agricultural product. Coconut farming engages both men and women in the preparation stage (planting coconut seedlings and clearing areas). However, only women pick coconuts while only men undertake the rest of the work (harvesting, hauling to dryer, splitting, de-husking and coconut meat separation, drying, cooking, transporting and marketing).

In the rice farming cycle, female-specific tasks include raising capital for rice production and providential (emergency) loans, gleaning, watching over the milling process, and food preparation during planting and harvest seasons. Male-specific tasks include clearing rice paddies and dikes, plowing, application of fertilizer, and spraying of herbicides and pesticides. Tasks that engage both women and men include preparing seedbeds, seeding and planting.

Two FGDs in a coastal barangay revealed that men catch fish at sea while women sell fish in the market or neighborhood. Both men and women engage in drying fish.

For reproductive work, men mostly fetch water and care for domestic animals (carabao, cow, goats, ducks and fighting cocks), while women cook and do general cleaning. Although men share in child care and discipline, women are largely responsible for child care, cooking, cleaning, laundry and caring for hogs and chickens.

Thus, women perform many of the farming and fishing tasks, and bear the greater burden of domestic work. It was also learned that 18% of farming households is female-headed.

Hilongos research consultant Esther Penunia presented the report.

Annex 6. Hilongos GAD Plan

Issues and concerns	Objectives	Activities	Target clientele	Output indicators	Responsible persons/agencies	Assumptions
1. Trafficking of persons	Eliminate the illegal recruitment of persons	<ul style="list-style-type: none"> ➤ Enforcement of RA 9208 ➤ IEC ➤ Mobilization of police force and <i>barangay</i> officials 	Children, youth, parents	Zero illegal recruitment	MSWD, PNP, <i>barangay</i> officials, DepEd, NGOs, POS, CSOs	Cooperation among all agencies involved and enough funding
2. Rape	Minimize the incidence of rape cases	<ul style="list-style-type: none"> ➤ Data gathering ➤ IEC ➤ Strengthen BCPCW ➤ Provide psycho-social intervention for victims and survivors 	Children, women	90% decreased incidence of rape	MSWD, PNP, <i>barangay</i> officials, DepEd, NGOs, POS, CSOs, BPCPC, Health, DOJ	Cooperation from the grassroots level
3. Child Labor	Provide livelihood opportunities to augment family income	<ul style="list-style-type: none"> ➤ Data gathering/poverty mapping ➤ Strengthen MRP ➤ IEC ➤ Livelihood/skills development ➤ Counseling both parents and children 	Parents & children	<ul style="list-style-type: none"> ➤ Ongoing livelihood ➤ Minimize absenteeism ➤ Increase enrolment of OSY 	DepEd, MSWD, OMA	Cooperation of parents and employers
4. Risks of women (high risk pregnancy)	Provide delivery of direct services to WRA	<ul style="list-style-type: none"> ➤ IEC ➤ <i>Ligtas Buntis Campaign</i> ➤ Maternal care ➤ Permanent methods 	WRA, youth, MACRA	<ul style="list-style-type: none"> ➤ Number of youth ➤ Number of MACRA ➤ Zero mortality rate ➤ Decrease in maternal morbidity 	RHUs, hospitals/clinics (private/public), Municipal Population Office	Cooperation of target clientele
5. Presence of fraternity/gang groups	c/o MPOC	<ul style="list-style-type: none"> ➤ Invite fraternity members 				
6. Battered Wife	Reduced incidence of wife/women battering	<ul style="list-style-type: none"> ➤ IEC ➤ Enforcement of RA 9262 ➤ Marriage Encounter 	Couples	<ul style="list-style-type: none"> ➤ Decreased reported cases ➤ Unreported cases blotted 	GAD Council	Cooperation among all agencies involved

Annex 7. Gender Sensitive and Gender Responsive Planning in Hilongos

7he gender sensitivity training workshop on Dec. 13-15, 2005 tackled basic concepts of gender, gender mainstreaming and international mandates, and GAD planning, budgeting and monitoring.

Remmy Rikken of CAPWIP led a discussion on the distinction between sex and gender and the institutions of socialization (home and family, schools, mass media) while Helen Dayo of the University of the Philippines, Los Banos tackled gender and development, focusing on the gender issues of economic marginalization, political subordination, gender stereotyping, multiple burden and violence against women. She next introduced the gender analysis activity profile as a tool for tracking who does what, where, when and how in both productive and reproductive spheres.

Two sessions followed on gender mainstreaming and gender as a global agenda, with a deepening on the concept of gender roles as constituting three dimensions: positions within the social structure, behaviors prescribed for men and women, and proper relationships between roles. It was observed that although gender roles can be traps for women (and men) with a gender tracking of women in nurturing occupations, the good news is that gender roles can change, but with great difficulty. It was further observed that traditional gender roles divide men and women from each other: women are denied access to the public world of work, power, achievement and independence, while men are denied access to nurturing roles and domestic tasks.

A session on engendering institutions followed which cited international and national mandates. The former category included the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (UN-CEDAW), Beijing Platform for Action (BPPA), and commitments in various global meetings, while the latter category included constitutional provisions, laws and policy issuances that mandated gender equality, institutionalization of gender and development in government programs through a GAD plan, and allocation of the GAD fund.

A penultimate session focused on GAD planning and budgeting and monitoring of the same by the National Commission on the Role of Filipino Women. Finally, a session on GAD indicators listed these as those monitoring equal opportunities, access to and control of resources (economic productivity, social services, training and capability building, leadership, and rest and recreation), self-worth and self-assertion, addressing the double burden, gender awareness of the community, community organization and people's participation.

Annex 8. Hilongos Resource Mobilization Plan

Goal 1: To raise internal income by 20% at the end of 2006.				
Targets	Interventions	Time frame	Persons responsible	Resources needed
Increased efficiency in tax collection	<ul style="list-style-type: none"> * Computerization of real estate taxes * Creation of tax monitoring task force 	January 2005 August 2005	Municipal treasurer and assessor Mayor and SB members	Computer program and system on real estate
Updated/revised local revenue code	<ul style="list-style-type: none"> * Preparation of proposal by the local finance committee Sangguniang Barangay (SB) or City Council creates committee to conduct a study on updating the local revenue code * Conduct follow-up meetings * Proposed updated/revised local revenue code submitted to mayor for endorsement to SB * Updated/revised local revenue code officially endorsed by LCE to SB for legislation 	March 2005 April 2005 May-June 2005 July 2005 August 2005	MPDO, MBO, MT SB finance committee chairperson SB finance committee chairperson, MPDO, MBO, MT, MA - do -	None None None Office supplies None
Increased rental of market stalls	<ul style="list-style-type: none"> * Preparation of project proposal by local finance committee * SB chairperson on finance creates committee to study proposal * Submission of proposal to mayor for endorsement to SB 	April 2005 April-May 2005 May 2005	MPDO, MBO, MT SB finance committee chair, MPDO, MBO, MT	None None
Goal 2: To acquire funding support for agriculture projects by 2006				
Secured grant funding for irrigation project	<ul style="list-style-type: none"> * Finalize GAD plan and submit to mayor for approval * Prepare project proposals * Project proposal presented to funding donors 	June 2005 July 2005 July-August 2005	MAO, ATs, MPDO, MSWD, OMA, ATs, MPDO, MSWDO Mayor, MAO, MPDO	Office supplies Office supplies, traveling expenses P50,000
Rehabilitated farm-to-market roads	<ul style="list-style-type: none"> * Preparation of project proposal * Proposal submitted to funding donors 	June 2005 July-August 2005	ME, MPDO Mayor, ME, MPDO	

Annex 9. Hilongos Executive-Legislative Agenda (ELA)

Even as an energized Hilongos team had produced a carefully crafted 2006 Executive-Legislative Agenda (ELA) and an annual GRRB municipal agricultural plan, these documents needed the imprimatur of the Municipal Legislative Council (*Sangguniang Bayan* or SB) to move the GRRB process into implementation.

At the Hilongos SB's 19th regular session in late 2005, the chairperson of the committee on health and social services presented both documents for adoption, along with the Hilongos resource mobilization plan. But it was not smooth sailing for the twin documents because one council member noted that the Mayor had no hand in the planning seminars. He also asked what the impact of these plans would be.

Thus, further deliberations were scheduled for a special session on July 11, 2005, during which time similar objections were raised. The team, counting both the municipal planning and development officer and the municipal agriculturist, explained that inputs of the Mayor and the SB were essential to finalize the plans. Still, there was no formal adoption.

Finally, after five sessions and 1½ months later (at the SB's 24th Regular Session in early August 2005), both documents got the SB's long-awaited nod.

The Hilongos ELA is a comprehensive road map showing where the municipality wishes to go by the year 2007

Annex 10. The Sorsogon City GAD Council and Health Board and the Roles of Men, Women and the Community in Health Service Delivery

Although there were no proposed policies on health and gender at the time of the study, there are two support structures for health and gender: the City GAD Council and the City Health Board.

The GAD Council has 15 members representing GOs, NGOs and academe. Its creation was prompted by rising cases of violence against women and children in the city. It undertakes gender sensitivity training sessions for local officials, among others; and draws its funds from the city GAD budget. However, there was no city GAD plan.

Formed in 1992 per mandate of the Local Government Code, the City Health Board, which is a consultative body on health concerns, meets monthly. However, the FGD revealed that most of the board's decisions are not carried out. Standing DOH policies and guidelines govern health programs, and there is no integration of gender concerns into health plans inasmuch as these must first go through the board. As indicated earlier, the board has no real decision-making powers.

The FGD with the health board surfaced various issues including the fact that the preventive and promotive aspects of health care have weakened because they are not given due importance in the present health care system. Moreover, board members feel that the city health officer is part of the problem as he appears to be disinterested in others' views, "demonstrates poor leadership" and fails to recognize NGO and PO initiatives (Gender Appraisal Report, page 9).

The roles of men, women and the community in health service delivery

Planning. Doctors formulate plans based on community surveys undertaken by barangay health workers (BHWs) and validated by health program coordinators. Barangay FGD participants concurred with this view, saying that *barangay* folk had no active participation in planning and selection of program beneficiaries. In general "health PPAs emanate from the top and barangay officials assess whether they can fully adopt them or not and make necessary adjustments" (Gender Appraisal Report, page 10).

Implementation. In the main, women, men and the community are mere recipients of health services. Existing protocols and standard systems and procedures militate against people's participation. However, some sectoral groups such as senior citizens do participate when invited. In some instances, barangay officials, NGOs and community-based organizations participate in PPA undertakings in their barangays.

A cautionary tale surfaced in relation to a plan to distribute toilet bowls under the Environmental Sanitation Program. Earlier, one barangay council had set up four public toilets with separate sections for men and women in the wake of typhoid and diarrhea cases in the area. However, three of these toilets fell into disuse because of distance and inadequate water supply; and people reverted to the practice of “wrapping the wastes and throwing them into the sea”. The fourth public toilet was appropriated by one family for its exclusive use. The failed project highlighted the lack of community organizing.

Women play a greater role in the implementation of the Maternal and Child Health Care Program focusing on women and infants. Women visit the barangay health stations (BHSS) for consultation and check up. In three out of ten pre-natal visits, husbands come along, usually when the child is first-born and the couple newly-married.

Women visit the BHS for advice on birth spacing and family planning methods. They encourage their spouses to practice family planning, but some husbands are uncooperative and wives are forced to hide family planning materials such as pills. In one instance, an irate husband publicly scolded the BHW and pulverized the pills; consequently, the wife stopped taking them.

The barangay head settles cases of violence against women and children (VAWC). Referrals are also made to *Balay Bukas Palad* (Welcome House), a half-way house for VAWC victims funded by the city through its GAD budget.

In general, women more actively seek out health care services offered by the barangay health stations where they bring their children and other family members for consultation and treatment. It has been observed that only in one or two out of ten cases do fathers take their children for immunization, and only because the mothers are sick or working.

Monitoring and evaluation. Barangay health workers monitor the implementation of projects, conduct surveys and follow-up activities, and submit monthly reports that are eventually collated at the rural health station or city health office. Monitoring and evaluation are done monthly and quarterly involving rural health midwives (RHMs) and BHWs and annual project reviews are done at year’s end.

Barangay folk and health personnel sense that sex-disaggregated data are important because they help in situational analysis and in determining where to focus health interventions; and guide health workers in developing the right services and approaches in health care delivery. It was expressed in one FGD that more women than men got sick in the barangay, probably on account of inadequate food and poor nutrition, resulting in lowered resistance to illness. Health personnel further observed that lack of toilets not only inconvenienced barangay women (“who cannot stand in the corner to urinate”) but also spread germs that made children ill, further burdening the women.

Annex 11. The Sorsogon City Project Steering Committee

7he Sorsogon City Project Steering Committee members are:

Dr. Inocencio Lee, *city health officer*

Dr. Abril Capistrano, *Bacon district health officer*

Dr. Tess Flores, *West district health officer*

Dr. Ruel Rebutillos, *East district health officer*

Nestor Baldon, *Sangguniang Panlungsod health committee chairperson*

Roberto Jamoralin, *city budget officer*

Orlando Huenda, *city planning and development officer*

Rose Llanto, *Barangay Health Workers Federation president*

Lilia Jaso, *Barangay San Juan Women's Health Organization secretary*

Rosy Abay, *city GAD focal person*

Florante Jose de Ocampo, *community development officer, World Vision*

Melchor Tubianosa, *executive director, Convergence for Sustainable Development*

Belen Lopez, *Department of Health representative*

Dr. Placer Cubias, *city GAD Council representative*

Annex 12. Sorsogon City Action Plan (February – December 2005)

Recommendations	Critical activities	Time frame
<p>Conduct of participatory strategic health assessment, analysis and planning</p> <p>Integration of <i>Mauswag</i> programs with DOH programs</p>	<ul style="list-style-type: none"> * Integrated health planning (3-day workshop) * Prioritization of PPAs and resources 	April 2005
Improved health service delivery	<ul style="list-style-type: none"> * Review of referral system * Produce detailed handbook on Sorsogon City's health care delivery system * Improve RHU facilities * Localize deployment of RHMs (rural health midwives) per barangay * Information-education campaign on city PPAs & policies * Convert Amberg Hospital into a health institution for women and children 	<p>March 2005 December 2005</p> <p>June 2005 To follow training of RHMs</p> <p>June 2005</p> <p>Dec. 2005</p>
Health reforms (in expenditures, costs, personnel, policies, ordinances and systems)	<ul style="list-style-type: none"> * Review city legislation on health & gender * Formulate corresponding legislation 	<p>March 2005</p> <p>April – Dec. 2005</p>
Capability building	<ul style="list-style-type: none"> * Orient city stakeholders on health budgeting process (review 2005 health budget) * Train midwives, other medical personnel and committee on health members * Inventory of technical skills of health personnel * Project Management Cycle orientation and workshop 	<p>May 2005</p> <p>ASAP care of 3 doctors</p> <p>Feb. 28</p> <p>April 2005</p>
Functional local special bodies or councils (local health board)	<ul style="list-style-type: none"> * Health team sets criteria for LHB membership * LHB identifies & clarifies roles & functions * LHB performs as health PMC & also in planning, budgeting, screening health workers, monitoring bids, and formulating strategic health policies 	<p>Feb. – March 2005</p> <p>March – June 2005</p> <p>June – December 2005</p>
Resource mobilization	<ul style="list-style-type: none"> * Undertake fund-raising activities * Project proposal writing and submission * Institutionalize cost sharing 	<p>Feb. – Dec. 2005</p> <p>Oct. – Dec. 2005</p>
Institutionalization/installation of MIS	<ul style="list-style-type: none"> * Tap technical assistance on MIS/HIS * Prepare plan on how to proceed after technical assistance 	March 2005

Annex 13. Socio-Economic Profile of Sorsogon City

by Joji Rayel-Orbase

The Area Balance Sheet (ABS) contains on one side, a listing of all area resources or assets, tangible and intangible; and on the other side, a listing of persons or organizations with claims over these assets and resources.

The ABS presentation is divided into three main categories: human resource, capital resource and natural resource.

Human resource

Sorsogon City's population is 134,678 or 20.7% of the provincial population, constituting 26,947 households. Attesting to the fact that the Philippines is an agricultural country, 72,539 of the city's population live in the rural areas.

Population growth rate of the city is high at 2.15% compared to that of the province (2.04%) and region (1.77%). Population density is 379.6 persons per sq km, higher than the provincial rate of 303.8 persons per sq km. This statistic has strong implication on the city's health programs, especially on family planning.

Fifty-six percent of the population belong to the potential labor force. There are 10,716 farmers and 1,047 teachers in the city. Data for other professions are not available.

There is no data for the city's average annual family income; for the province, it is P8, 434. Poverty threshold in the city is P12, 354, which is higher than that of the province at P11, 138. Poverty threshold refers to how much each family should earn to be able to provide for basic family needs (e.g. food, clothing, shelter). Forty-two percent of Sorsogon City's families live below the poverty threshold.

There are 87 existing cooperatives and people's organizations in the city, with a total membership of 3,558. Only nine NGOs are accredited by the LGU. Some organizations are still being processed.

Natural resources

These data were drawn from the Sorsogon Provincial Primer. Sorsogon City covers 354.8 sq km or 16.6% of the total land area of the province, which is 2,142.4 sq km. It is composed of 64 barangays out of a total of 541 barangays in the province.

There are 26,152 hectares of alienable and disposable (A & D) lands or 78%, while 7,087 hectares (21%) are timberland. The latter is a forest area with watershed that needs to be protected. A & D areas refer to multiple-use zones that serve both as residential and commercial areas.

A total of 3,006 hectares is cultivated to rice, corn and vegetables. There are no data on coconut and pili (nut) production because they were excluded from the ABS. Of the land area cultivated to rice (2,946 hectares), around 78% (2,291.49 hectares) is irrigated while 22% (654.51 hectares) is rain fed.

In terms of rice production, four metric tons (MT) of rice are produced per hectare in irrigated areas. This is considered low compared to normal standards of 5-6 MT per hectare. The shortfall is attributed to lack of water supply. In rain-fed areas, average harvest is 3.05 MT tons per hectare. Vegetable production is 3 MT per hectare; corn production is 2 MT per hectare, which are all considered low figures. Corn is harvested as green corn and practically planted for house consumption only.

The city has 2,056 rice farmers and 533 vegetable farmers. There are no recorded data on corn farmers.

Capital resources

The average yearly internal resource generated (from taxes and licenses) for the period 1998-2002 was P20.5 million. The internal revenue allocation (IRA) in 2003 was P221.3 million, showing that the city is highly dependent on the IRA, an external resource. The IRA constitutes almost 92% of the city's total income.

On infrastructure, in terms of road networks, 51% (81,342 kms) are barangay roads, meaning that people have mobility and access to bring products to markets through farm-to-market roads.

On housing, 53% of total houses are owned or under amortization and 9% are being rented.

There are 588 motorized boats in the city, 1,387 non-motorized, and four commercial. There are no data available on industrial boats.

On health, the city has two district health units, 60 barangay health stations, 91 government personnel, one out-patient hospital and 335 barangay health workers (BHW). The BHW to household ratio is 1:78 compared to the benchmark of 1:20.

Eighteen percent (or 24,242) of the population have no access to potable water and are at risk to water-borne diseases. This is a comparatively high percentage. Also high is the portion of the population with no access to sanitary toilets (21% or 28,282).

Majority of children aged 0-83 months (89% or 24,916) are regularly weighed but 11% are not weighed, hence the lack of information on their nutritional status and location. The rate of infant and maternal deaths is alarming. There were five infant deaths in 2003 and 39 in 2004; five maternal deaths in 2003 and 12 in 2004. The benchmark is supposedly zero maternal and infant deaths. Neither mothers nor babies should die during delivery.

On elementary education, teacher-to-student ratio (TSR) is 1:40 with a benchmark of 1:45 in both elementary and secondary levels. The 1:40 TSR should indicate that Sorsogon City is doing well in education, but further discussions revealed that this TSR is only the average of 12 elementary schools. The TSR ratio in high schools is 1:70.

Problems encountered in education are lack of physical facilities at the elementary level, and lack of specialized teachers at the secondary level.

In 2002-04, there were more female drop-outs than males. The reason given was that they take care of their younger siblings or work as house helpers to earn money. At the secondary level, more males dropped out of school because they have to help in farm work.

Adult literacy rate is high at 98.6%.

Annex 14. Sorsogon City Resource Mobilization Plan

June 2005 – March 2006

Targets	Interventions	Time Frame	Responsible Person/s		
Increase in local tax by 10%	* Make an appeal with the SP to revise and finalize the Revenue Code	June 2005	City Assessor's Office (CASSO), City Treasurer's Office (CTO) , City Administrator (CA), all department heads		
	* Review and revise systems and procedures for tax collection of establishments	July 2005	CASSO, CTO, CA, Business Permits & Licensing Office (BPLO)		
	* Strictly enforce tax collection measures	Continuing	CASSO, CTO, BPLO		
	* Computerize transactions on real property and business licensing	January 2006	CASSO, CTO, BPLO, IT Officer		
	* Strictly enforce payment of fees for certification	July 2005	All department heads		
	* Strictly monitor zoning and building compliance permits	July 2005	Deputized Zoning Administrator (DZA), Building Officer		
	* Propose ordinance for the tariff of medical services	August 2005	CHO, CTO, SP		
Financial and material assistance for un-funded or inadequately funded items is obtained	* Inventory/listing of funding windows	August to December 2005	CHO, CPDO		
Increased social insurance coverage	* Generation of project proposals				
	* Coordination with NGOs implementing health programs/projects for resource complementation				
Engage in economic enterprise development	* Master listing of indigents	January 2006	CHO, CSWDO		
	* Forum with barangay officials for counter parting		CEO, CPDO, CAdm, CTO		
	* Review Phil Health accreditation				
Engage in economic enterprise development	* Facilitate construction and operation of slaughterhouse	August 2005	CHO, CPDO		
	* Rehabilitation of shopping center and revision of rental scheme				
	* Feasibility study preparation for	August 2005	CHO		
	* Comprehensive reproductive health center				
Optimized drug system	* Review and revision of drug procurement and distribution system	October 2005			

Annex 15. Sorsogon City CSOs' Re-entry Plans

KRA	Activities	Outputs	Time Frame	In-charge
<i>Sorsogon Integrated Health Services Foundation, Inc. (SIHSFI)</i>				
Define our clear agenda	<ul style="list-style-type: none"> * Advocacy program * PBL program * Lobby for procurement of OR microscope * Implementation of RA 7277 and BP 344 	Intensified awareness on prevention of blindness at committee level Full participation of all concerned barangays	3 rd quarter 2005	SIHSFI, PCSP, LGUs
Recruiting players in PPLG	<ul style="list-style-type: none"> * Strengthening organization of PWDs * Reactivate membership with CSO network * Involve participation of all health workers in PBL 	Empowerment of PWD sector in raising its sectoral issues Decreased incidence of cataract cases and other blinding diseases	2005 continuing	
Making space to participate	<ul style="list-style-type: none"> * Lobby with SP/city council for creation of OPDA * Coordination/lobbying with line agencies for inclusion of community-based rehabilitation program 	Functional OPDA		
Sharpening the tools and skills	<ul style="list-style-type: none"> * Training in lobbying advocacy, resource mobilization * Data gathering 	Approved budget for training	3 rd quarter 2005	
Targeting the end		Institutionalized PBL program Approved budget appropriation for ordinance drafted	1-3 years	SIHSFI, LGU, PGSP, PAO
<i>Green Valley Development Foundation (GVDP, PO of World Vision)</i>				
Defining our clear agenda	<ul style="list-style-type: none"> * High rate of illiteracy 	Decreased rate of illiteracy	3 rd quarter	GVDP, LScB
Recruiting players in PPLG	<ul style="list-style-type: none"> * Coordination with Local School Board (LScB) 	Involvement/ membership in LScB		
Making space to participate	<ul style="list-style-type: none"> * Close coordination with LGU & LScB * Tapping of para-professionals & retired teachers 	Active involvement		
Sharpening tools and skills	<ul style="list-style-type: none"> * Negotiation skills training * Resource mobilization capacity training 	Acquired knowledge & skills in negotiation and resource mobilization	2 nd quarter	
Targeting the end	<ul style="list-style-type: none"> * Functional LScB * Stronger partnership among basic sectors 	MOU on formation of municipal illiteracy coordination council	4 th quarter	

Annex 16. Sorsogon City CHO Integration Plan

Key result areas	Objectives	Key activities	Target outputs	Required inputs (Resources needed/ material/financial/ human/institutional)	Timeframe	Persons in-charge
Improved Health Service Delivery Integration of the city's MAUSWAG programs/projects with the DOH's- devolved programs/projects Formulation and execution of health policy reforms on expenditures, costs, personnel, policies, ordinances, systems	To make Sorsogon City's health program cost efficient and cost effective	Conduct of strategic assessment and planning workshop	Comprehensive strategic and integrated city health plan	Mauswag and CHO records/data of all health PPAs, systems and policies; training budget; resource persons	April 6-7, 2005	CHO/RHU- data on health PPAs; LIKAS – coordination training; LGU – mobilization
	To come up with unified rational health policies and systems and gender responsive health PPAs	Preparation of feasibility study for conversion of the Amberg Hospital Review the legislations of the city in the areas of health and gender Formulate corresponding legislations Review and improve effective IEC system for city's PPAs and policies	Maximized utilization of Amberg Hospital Revised, amended, updated and implemented health policies/legislations Improved health IEC system		Data for feasibility study preparation Copy of ordinances on health and gender	March 2005
Improved capacities of health service providers/LGU and the local CSOs	To make the city health stakeholders effective and efficient	Inventory of technical capabilities of all involved in health program Training of midwives and other medical personnel and committee on health Gender sensitivity training for local legislators and department heads	Training curriculum/on and training list of identified training needs of health workers Common understanding and perspective on the concepts of gender and its implications for development Action plan (personal and/ or by department)	TNA form, training fund Training fund	March Week 4 of April	LIKAS 3 doctors LIKAS

<i>Key result areas</i>	<i>Objectives</i>	<i>Key activities</i>	<i>TA</i>
Improve functioning of the LHB	To promote and strengthen participatory system of planning, monitoring and evaluation of the city's health PPAs	<p>Training on advocacy and people's participation in local governance (PPLG)</p> <p>Training on planning, monitoring, implementation and evaluation (PIME)</p> <p>GAD mainstreaming and performance-based results oriented gender budgeting orientation-seminar</p> <p>Referrals/linking of CHO for access to health management systems trainings</p> <p>Invite/include representatives of the barangay captains (1 per district) and the ABC president in the LHB</p> <p>Set criteria for membership in the LHB; LHB identifies/clarifies roles and functions of the LHB</p>	<p>Advocacy p functional</p> <p>Established monitoring</p> <p>Organized team (parti</p> <p>Common u framework mainstream oriented G upon and e</p> <p>Expanded LHB perform project mo health prog in planning of health w bidding an the formula important p</p>
Resource mobilization	To come up with health care financing programs/schemes	<p>Conduct of fund-raising activities; Project proposal writing and submission; Institutionalization of cost-sharing (city government – barangay – community); Donor's Forum</p>	<p>Allocation o barangay and service Brgy. health Linked the agencies th implement programs/</p>
Institutionalization/ installation of MIS	To improve, upgrade and ensure utilization of MIS	<p>Tap technical assistance on how to go about doing an MIS/HIS</p> <p>Prepare plan on how to proceed from the TA Review of Referral system</p>	<p>Come up w manual th Sorsogon C Delivery Sy</p> <p>All DHUs a certified by necessitate equipment and require the SS II cer</p> <p>MIS imple generated process</p>

<i>Target outputs</i>	<i>Required inputs (Resources needed/material/financial/human/institutional)</i>	<i>Timeframe</i>	<i>Persons in-charge</i>
<p>plan by the CSOs; advocacy groups</p> <p>effective and functional systems/tools</p> <p>/trained monitoring (participatory)</p> <p>understanding/ of gender planning and results-based budgeting agreed executed</p> <p>membership of LHB; members actively not only as monitoring committee for programs/projects but also , budgeting, screening workers, monitoring the awards process, and of strategic and policies on health</p> <p>of 5% budget in the for the health programs es;</p> <p>h PPAs implemented; city LGU to funding that can help them their proposed projects</p> <p>with a handbook/ that has details on City's Health Care system</p> <p>re Sentrong Sigla the end of the year (will the inventory of s/facilities in the DHUs e their replacement for tification)</p> <p>mented and data used for planning</p>	<p>Training fund</p> <p>Copy of existing monitoring tool/system/ procedures</p> <p>List of identified/prospective LHB members</p> <p>Resource mobilization plan Health resource inventory Project proposals</p> <p>Copy of existing data and tools for updating or improvement</p>	<p>May 2005</p> <p>May 2005</p> <p>June 2005</p> <p>March - June Monthly meetings</p> <p>July 2005</p> <p>March 2005</p>	<p>LIKAS</p> <p>LIKAS</p> <p>LIKAS</p> <p>LIKAS</p> <p>LGU and CHO</p>