

## 出國報告（出國類別：計畫評估）

# 「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」 評估任務返國報告

出差人員： 財團法人國際合作發展基金會 李副秘書長栢淳  
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派赴國家： 菲律賓

出國期間： 103 年 5 月 7 日至 10 日

## 摘要

本會擬與台灣世界展望會合作進行「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」，共同提升當地醫療人員之能力並恢復相關支持（如器材與藥品等），進而恢復當地原本之醫療服務。為實地確認計畫現況與需求，並瞭解世展會評估人道援助計畫之執行方法，本會爰派員共同參加。本次考察結論與建議摘要說明如下：

- 一、 海燕風災發生至今恰滿 6 個月，多數援菲機構之緊急回應作業已暫告一段落，刻正進入災後重建作業階段；本會此時介入菲國在公衛醫療層面之災後重建作業，在時間點上符合菲國需求及國際實務原則。
- 二、 據本次考察結果發現，Leyte 省之社區醫療服務確實因海燕風災而大受影響，而當地原已係菲國較貧窮之區域，因此當地民眾所受之影響更大；本計畫推動後，將使民眾可取得基礎醫療服務，有助減緩當地民眾在健康上所造成之衝擊。
- 三、 在駐地推動緊急援助計畫時，與政府單位、合作單位、其他國際組織與 NGO 之聯繫相當重要，以世展會在菲國之工作為例，該會每週皆需與相關國際組織、NGO 及政府相關代表進行小組會議 (Cluster meeting)，主要目的係強化各組織在相關部門(Sector)活動上之溝通，如 WASH 及 health 部門在相關救災活動上常需互相配合，此類型會議通常由 WHO 或 OCHA 主持，以確保相關機構援助活動之和諧與協調性。
- 四、 在救災架構上，世展會平時除建立物資網絡外，並已結合相關專長人員(跨國)組成災害應變小組(Task force)，小組成員除接受專業訓練外，並會進行模擬演練(包含如何即時募集與配送資源、尋找贊助者與擬定提案書等)，以在實際遇到災害時，能加速相關作業。目前本會人道援助業務重點係在災後重建上，且大部分計畫係與 NGO 合作並由其負責執行；日後倘本會有意自行執行緊急援助相關計畫，世展會之防災架構將可做為參考範例。

## Executive Summary

The TaiwanICDF intends to cooperate with World Vision Taiwan in providing assistance to the local government in Leyte Province, Philippines, through the recovery of barangay health centers (BHC) damaged by Typhoon Haiyan, thereby improving the community's access to health services. In order to confirm the current situation and project needs, and to learn about the methods used by World Vision (WV) in appraising a humanitarian assistance project, Dr. Lee Pai-po and Ms. Lin Yi-chieh from the TaiwanICDF joined the WV team to carry out a completion mission in the Philippines from May 7 to 10, 2014.

The conclusions and recommendations of the mission are summarized as follows:

1. It has been exactly six months since Typhoon Haiyan hit the Philippines; aid agencies' emergency response operations have been mostly ended and activities are now entering the recovery stage. The TaiwanICDF and WV are conducting this post-disaster recovery project, which will intervene in the Philippines' public health operations, during this specific stage, and so it would meet the needs of the Philippines while also conforming to international relief practices in terms of timing.
2. The mission found that community-based health services have been heavily impacted by Typhoon Haiyan. Moreover, Leyte Province was originally a relatively poor region, and thus the disaster had an even greater effect on local people. It is expected that the project will assist in improving conditions for typhoon-affected communities, providing families with children with access to health services, which would help local people to mitigate the impact on health.
3. When conducting emergency relief projects, it is very important to contact and coordinate with the local government, other international organizations and NGOs. To take WV's operations in the Philippines as an example, WV communicates with local government agencies, other international organizations

and NGOs every week during cluster meetings, in order to strengthen communications between the relevant sectors, and to ensure coordination and harmonization between the relevant aid agencies.

4. In terms of a disaster relief framework, as well as already having established a materials distribution network under non-emergency conditions, WV has also recruited persons with relevant expertise and established a disaster emergency response task force. The members of this task force not only receive professional training, but also join simulation exercises in order to expedite relief operations when disasters actually occur. Currently, the TaiwanICDF's humanitarian assistance operations mainly focus on post-disaster recovery, with most projects involving the cooperation of NGOs that take charge of implementation in the field. If the TaiwanICDF intends to carry out its own emergency response projects in the future, WV's disaster relief framework could be used as a reference.

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## 「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」 評估任務返國報告

### 壹、任務說明

#### 一、計畫緣起

海燕颱風於 102 年 11 月 8 日侵襲菲律賓並帶來嚴重災情，Leyte 省為重災區之一，該省之醫療服務於當地醫療機構遭到風災損毀後而完全中斷，當地社區居民因無法得到妥善的醫療服務，爰傳染病爆增（如急性呼吸道、腹瀉及皮膚病等），而女性及嬰幼兒等弱勢族群之處境則更為困難。

為改善現況，本會擬與台灣世界展望會合作進行「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」，共同提升當地醫療人員之能力並恢復相關支持（如器材與藥品等），進而恢復當地原本之醫療服務。本案世展會業訂於本(103)年 5 月上旬進行計畫評估任務，為實地確認計畫現況與需求，及瞭解世展會評估人道援助計畫之執行方法，爰本會擬派員共同參加。

#### 二、任務目標

透過本次考察期望達到以下目標：

- (一) 確認本計畫之計畫架構及細部規劃（含技術可行性、計畫書內容、預算等）。
- (二) 釐清本計畫潛在風險及限制等。
- (三) 瞭解世展會評估人道援助計畫之執行方法。

#### 三、執行人員

財團法人國際合作發展基金會	李副秘書長栢淳
財團法人國際合作發展基金會	林計畫經理依潔

#### 四、考察方法

透過與實地訪察及與相關單位（利害關係人）訪談與議題討論方式蒐集本案所需資訊並進行分析。

## 五、工作範圍

- (一) **合作單位執行能力及合作模式評估**：評估合作單位投入資源及執行能力，釐清利害關係人角色，並確認能力建構項目及合作模式。
- (二) **計畫規模與執行項目評估**：確認計畫規模、投入之成本與執行項目，並評估與分析現有規劃是否可達成預期效益。
- (三) **計畫細部內容規劃**：依據評估結果確認計畫目標、內容、效益、預算等細部規劃。
- (四) **計畫之風險評估**：針對考察發現提出潛在之執行風險，作為計畫規劃之參考。
- (五) **世展會評估方法觀察**：透過本次考察瞭解世展會評估人道援助計畫之執行方法，以作為本會未來推動相關作業之參考

## 六、執行期間

- (一) 考察日期：103年5月7日至5月10日。
- (二) 考察報告：返國後著手整理相關資料並於5個工作天內提出初稿。

## 七、行程表

起迄日期	天數	地點	工作內容
5月7日	2	台北至菲律賓	去程 <sup>1</sup>
5月8日至9日	3	菲律賓	計畫評估
5月10	4	菲律賓至台北	返程

<sup>1</sup>李副秘書長擬於結束 IRRI 考察行程後加入本考察團



## 貳、任務發現與建議方案

### 一、計畫原因：現況、部門表現、問題與機會 (Rationale: Current status, Sector Performance, Problems, and Opportunities)

#### (一) 現況說明

海燕颱風於 102 年 11 月 8 日橫掃菲律賓，對當地造成嚴重災害，超過 6 千名民眾喪生，4 百萬民眾被迫撤離，1 千 4 百萬民眾生活受到影響。位於 Visayas 群島東部的 Leyte 省係受災最嚴重之地區之一，超過 180 萬民眾受到風災影響。

海燕颱風侵入 Leyte 省時，最高風速約達 70 公里，所帶進之海浪宛如海嘯，因此沿海地區房舍損害之情況相當嚴重，爰當地政府在風災後頒布法令禁止沿海 40 公尺內再興建房舍；惟鑒於當地地權問題複雜，部分尚無法取得土地或房舍之民眾目前仍居住於海岸旁，係安全上之隱憂。

當地目前水電供應情況已漸趨正常，據觀察，省會 Tacloban 市中心恢復情況較佳，商業活動已大致恢復，周邊地區則常見各國國際組織及 NGO 所設置之安置區域(帳篷、中繼屋等)。當地一般民眾使用語言為他加洛語(Tagalog)，一般而言，需至少有中學以上學歷者才有能力使用英文。

風災後當地醫療服務因醫療機構受災嚴重而完全中斷，目前受當地政府及外界之協助下，醫療機構逐漸回復相關運作，惟多數受損太嚴重之衛生站，僅能暫借當地其他公共設施(如社區活動中心)勉強作業，惟在缺乏測量或藥品等相關醫療用品下，運作仍相當困難。當地社區居民因無法得到妥善的醫療服務，爰傳染病爆增(如急性呼吸道、腹瀉及皮膚病等)，而女性及嬰幼兒等弱勢族群之處境將更為困難。

## (二)衛生部門表現 (Sector Performance)

### 1. 衛生部門架構

#### (1) 鄉級衛生中心(Rural Health Unit / RHU)

在醫療體系之架構上，鄉級之衛生中心(Rural Health Unit / RHU)直屬於鄉政府，除固定由鄉長作為首長外，其成員包括 1 名醫生、1 名牙醫、數名護士、數名助產士 (midwife)及其他相關工作人員等，其中該名醫生即為 RHU 之負責人。

與村級之衛生站相較，RHU 規模較大，提供較全面性之服務，其職員之專業層次較高，亦具有較多之醫療設備及藥品。另民眾於 RHU 看診後所取得之藥物為免費，惟倘現場已無藥品時，醫生將提供處方箋供民眾自行購買藥品。

#### (2) 村級衛生站(Barangay Health Centers/BHC)

菲國之村級衛生站(Barangay Health Centers/BHC)在社區之健康宣導及疾病預防上扮演相當重要之角色，提供產前與產後檢查、新生兒檢查、疫苗推廣、急救護理與教育等服務。風災後 Leyte 省之 BHC 有 70 所全毀、120 所半毀，另約 50%之衛生人員流失。

村級之衛生站(BHC)之預算來自村政府，惟村政府平均年預算為 100 萬披索 (1 披索約新台幣 0.7 元)，能分配到 BHC 之預算更少。BHC 係由 RHU 下之助產士 (midwife)監管，其成員尚包括健康工作人員(Health worker)。在運作方式上，倘助產士欲辦理相關活動，須先報請 RHU 之醫生審核。

### 2. 社區衛生人員工作狀況

### **(1) 助產士(Midwives)**

正常情況下，1 所 BHC 應配置 1 位助產士，惟鑒於當地政府經費窘迫，1 位助產士通常需要負責多所 BHC，且 1 個月約只能前往同一所 BHC 一至兩次。

助產士之工作除進行孕婦、母親及嬰幼兒等健康發展工作外，亦包含社區民眾一般基礎醫療項目之推動。

### **(2) 健康工作人員(Health worker)**

BHC 之健康工作人員為志工之性質，每月領取之獎勵金依各 BHC 所擁有之預算不等，約 150~1,000 披索間。健康工作人員主要工作項目為體重測量、教導如何餵養嬰兒、家庭調查、提供助產士相關協助等。

一般而言，BHC 健康工作人員會隨著政府人員之變動而改變，菲國去年 10 月進行鄉鎮選舉，而此目前 BHC 之健康工作人員多數為新人。

### **(三) 本會策略 (TaiwanICDF's Strategy for Operations)**

依據本會願景 2022 策略書揭示，公共衛生係本會優先發展領域，而其具體目標為協助合作國家強化健康照護及衛生體系，行動方案之一為協助合作國家提升醫療衛生體系功能。本計畫旨在提升當地醫療人員之能力並恢復相關支持（如器材與藥品等），進而恢復當地原本的醫療服務，符合本會提升衛生體系功能之核心策略。

### **(四) 發展協調(Development Coordination)**

本案台灣世展會將扮演計畫監督之角色，菲律賓世展會將與擔任執行之角色與 BHC、地方政府及省級衛生部門緊密合作推動計畫；另菲國世展會將續與當地相關國際組織、NGO 及政府相關代表進行小組會議 (Cluster meeting)，確認各項工作之和

諧與協調性。

另台灣世展會基於監督者之角色，將協助菲國世展會檢視計畫提案與報告。此外，台灣世展會將另投入 90 萬美元協助 BHC 修建損壞之建築與相關設施。

另本案將規劃與本會「海外服務工作團」專案志工結合，視需要派遣志工赴當地服務。

#### (五) 計畫原因

1. 菲律賓 Leyte 省之醫療服務於當地醫療機構遭到風災損毀後完全中斷，當地社區居民因無法得到妥善的醫療服務，爰傳染病爆增（如急性呼吸道、腹瀉及皮膚病等），而女性及嬰幼兒等弱勢族群之處境將更為困難。
2. Leyte 省於災前即為菲國較貧窮之區域，災後尚無法獨立改善受災情況。本案本會將與世展會合作，透過提升社區醫療人員之能力並恢復相關支持（如器材與藥品等）等方式，協助當地恢復原本之醫療服務。

## 二、計畫書初稿

### (一) 計畫影響及成果(請參考附件二：計畫書、DMF 表及指標規畫表)

### (二) 財務規劃(Financing Plan)

1. 本案總計畫總經費 200,000 美元。
2. 在計畫預算科目別經費比例分配上人事費 16%，活動費 (Activities cost) 58%，支持費 (Supporting cost) 14%及間接費用 (Indirect operating costs) 12%。
3. 本案的計畫預算如下表:

計畫預算表

預算科目	預算金額(USD)	比例(%)
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1.人事費	\$32,000	16%
2.活動費	\$117,820	58%
3.支持費	\$28,751	14%
4.間接費用	\$21,429	12%
TOTAL	\$200,000	100%

### (三)計畫投入規劃(Project Investment Plan)

1. 本會將負擔本案所需經費 200,000 美元。
2. 台灣世展會將另投入 90 萬美元協助 BHC 修建損壞之建築與相關設施。

### (四)計畫執行規劃(Implementation Arrangements)

#### 1. 計畫管理 (Project Management)

本計畫將由菲國世界展望會負責執行，並由台灣世展會負責監督。另世展會將於計畫結束後提送結案報告及財務報告至本會審查。

#### 2. 執行期限 (Implementation Period)

計畫期程 4 個月(預估自 2014 年 6 月 1 日起執行至 9 月 30 日止)。

#### 3. 採購及顧問服務

本計畫於菲國之採購將依世展會採購規範之相關規定辦理；另世展會將依計畫需求邀集相關專長人員協助推動計畫。

#### 4. 支出及核銷規劃

- (1) 計畫經費撥付方面，將依雙方簽訂之合約辦理，本會將於簽約後撥付第一期款，並於收到世展會提交之結案與財務報告後撥付尾款。

(2) 計畫執行期間之支出與核銷方式，世展會將依該會相關規定辦理。

### 5. 計畫檢視 (Project Review)

計畫期間內，本會將依需要將派遣相關人員或專家進行監督任務，相關行程安排與規劃將請世展會協助提供。

## 三、計畫受益對象、影響、假設及風險 (Project Benefits, Impacts, Assumptions, and Risks)

### (一) 受益對象 Beneficiaries (who, how many, level at different outputs)

計畫受益對象分析表

受益對象	受益方式	產出程度
社區醫護工作者 (含助產士、BHC 健康工作人員等)	透過提供教育訓練與教材提升社區醫護工作者之能力建構、另提供相關器材恢復 BHC 運作功能。	本計畫範圍涵蓋 18 所 BHC，至少 290 名社區醫護工作者接受相關訓練。
社區民眾	藉由社區醫護工作者之能力建構及 BHC 相關功能之恢復，社區民眾得以獲得基礎醫療服務。	受益對象為 18 所 BHC 涵蓋範圍約 31,489 人。

### (二) 社會層面影響評估 Social Aspects (social analysis)

#### 1. 貧窮 (Poverty)

Leyte 省在風災前即為菲國較貧窮之區域，在人口密度較高之 Tacloban 及 Ormoc 市，30% 之人民屬於貧窮人口。另該省於 100 年時 5 歲以下嬰幼兒死亡率居全國之冠，學齡前兒童營養不足之問題亦相當嚴重，當地兒童體重不足之狀況係全國第二高。風災後多數 BHC 之運作已幾近停滯，對貧窮人口造

成之影響更甚。本計畫推動後，有助民眾取得基礎醫療服務，減緩貧窮人口因風災後在健康上所造成之衝擊。

## 2. 性別 (Gender)

據聯合國健康小組之報告顯示，菲國在未來 3 個月預計將有 7 萬名嬰兒出生，其中 12% 為 19 歲以下之新手媽媽，將非常需要相關之協助。本案主要活動之一在提供社區醫護工作者在餵養嬰兒等相關知識，並提供產前與產後檢查時所需之相關器材，爰本計畫之推動將有助女性（尤其是媽媽族群）得到基本之醫療照護。

## 四、保證事項 (Assurance)

### (一) 特別保證事項 (Special Assurance)

計畫推動期間世展會將確保本會在相關活動上之曝光度，如在相關印製品上放上本會 logo 及媒體報導活動之露出等。

### (二) 計畫啟動方式 (Conditions for Effectiveness)

與台灣世展會完成計畫合作備忘錄簽署後，預計於 103 年 6 月 1 日開始推動本計畫。

### (三) 經費撥付方式 (Conditions for Disbursement)

本計畫之經費撥付將依雙方簽訂之合約辦理，本會將於簽約後撥付第一期款至台灣世展會指定帳戶，並於收到世展會提交之結案與財務報告後撥付尾款。

## 五、潛在風險

- (一) 當地發生其他重大災害，致使相關援助活動之重心與資源需調整至緊急救災上。
- (二) 社區醫護工作者不願參與相關規劃活動。

## 參、結論與建議

- 一、海燕風災發生至今恰滿 6 個月，多數援菲機構之緊急回應作業已暫告一段落，刻正進入災後重建作業階段；本會此時介入菲國在公衛醫療層面之災後重建作業，在時間點上符合菲國需求及國際實務原則。
- 二、據本次考察結果發現，Leyte 省之社區醫療服務確實因海燕風災而大受影響，而當地原已係菲國較貧窮之區域，因此當地民眾所受之影響更大；本計畫推動後，將使民眾可取得基礎醫療服務，有助減緩當地民眾在健康上所造成之衝擊。
- 三、在駐地推動緊急援助計畫時，與政府單位、合作單位、其他國際組織與 NGO 之聯繫相當重要，以世展會在菲國之工作為例，該會每週皆需與相關國際組織、NGO 及政府相關代表進行小組會議 (Cluster meeting)，主要目的係強化各組織在相關部門(Sector)活動上之溝通，如 WASH 及 health 部門在相關救災活動上常需互相配合，此類型會議通常由 WHO 或 OCHA 主持，以確保相關機構援助活動之和諧與協調性。
- 四、在救災架構上，世展會平時除建立物資網絡外，並已結合相關專長人員(跨國)組成災害應變小組(Task force)，小組成員除接受專業訓練外，並會進行模擬演練(包含如何即時募集與配送資源、尋找贊助者與擬定提案書等)，以在實際遇到災害時，能加速相關作業。目前本會人道援助業務重點係在災後重建上，且大部分計畫係與 NGO 合作並由其負責執行；日後倘本會有意自行執行緊急援助相關計畫，世展會之防災架構將可做為參考範例。

## 肆、後續追蹤

- 一、103 年 5 月 19 日世展會提出修正計畫書。
- 二、103 年 5 月 22 日進行計畫評估返國會議。
- 三、103 年 5 月 31 日前完成 MOU 簽訂事宜。



四、103年6月1日計畫正式啟動。

#### 伍、駐館(處)意見

本次考察行程未安排前往拜會駐菲律賓代表處，惟因李副秘書長業先參與 IRRI 考察行程，爰透過該考察行程之機會併向王代表樂生說明本案相關規劃，王代表對本計畫表示支持。

#### 陸、誌謝

本次赴菲國期間承蒙駐菲律賓代表處王代表樂生與全體館員、世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世展會國際事工處胡經理炎煌及全體計畫人員之協助安排，方得順利完成此行，謹在此一併申謝。

## 附件一、行程表

「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」評估任務行程表<sup>2</sup>

Date	Time	Activity	Note
May 8 <sup>th</sup>	11:15am arrival	ICDF guest fly from Manila to Tacloban arriving at 11:15am.	ICDF guests @ ____ hotel.
	11:15-12:30	Check into hotel then Lunch and introduction of the project and overview of the area	Tacloban City
	12:30-1:30	Travel to health centers	
	1:30-3:30	Visit Municipal Health Office and speak with health officials	Alangalang
	3:30-5pm	Visit damaged health center and meet affected community members and health workers	Magsaysay, Alangalang
	5-6pm	Return to Tacloban	
May 9 <sup>th</sup>	8-12am	Visit damaged health center and meet affected community members and health workers, possible visit to RHU	Alegre, Dulag
	12-1pm	Lunch	
	1-3	Attend WV Health training	
	3-4pm	Return to Tacloban	
	4-5:30pm	Review visit, open discussion with WV staff including reconstruction plans	
	5:30-6pm	Return to Hotel	
May 10 <sup>th</sup>	8:45am flight departure	All guests departing Tacloban for Manila	

<sup>2</sup> 本行程係由世展會規劃。

## 附件二、計畫書

## 1. Project Brief:

(1) Project Number:

(2) Project Name: Assisting the recovery of Typhoon Haiyan affected Health Centers (Leyte Province, Philippines)

(2) Project Sector: Public Health and Nutrition

(3) Implementation Location: Leyte Province, Visayas Region, Philippines

(4) Implementation Period: June 1<sup>st</sup>, 2014 to September 30<sup>th</sup> 2014

(5) Executing Agency:

Under the oversight and management of World Vision Taiwan, World Vision Philippines, the implementing agency, will be working closely with Baranagay Health Centers (Village level), local municipal governments and the Department of Health (from provincial level down).

World Vision Taiwan will provide technical and management oversight, assist through the review of the proposal and reporting. WV Taiwan will contribute \$900,000 for the construction of the health facilities and the part of the matching fund to this project.

World Vision Philippines will implement the proposed activities, liaise with local government offices and monitor and report on the programs progress.

TaiwanICDF will provide funds, as well as the facilitation of one volunteer to serve as a DME Specialist<sup>3</sup> for a period of 3-5 months. See Appendix 4 for a detailed Terms of Reference for the volunteer.

(6) Project Amount: US \$200,000

(7) Project Description:

The project will provide assistance to local governments in Leyte Province through supporting the rehabilitation of barangay health centres and stations damaged by Typhoon Haiyan, thereby improving the community's access to health service. Major activities of the project include:

- I. Capacity building and education support to health workers on a variety of important health topics. One such topic is basic Psychological First Aid which offers tools to support the mental health needs of those traumatized by Typhoon Haiyan as well as prepares health workers to respond to future traumatic events.

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<sup>3</sup> If a DME Specialist cannot be found, a Program Officer can assist in the grant management, financial monitoring, reporting and monitoring.

Additionally, WV Philippines will offer capacity building and education support to lactating women and pregnant mothers on Infant and Young Child Feeding practices to keep newborns and children healthy during a time of increased risk to their wellbeing.

- II. Reproduction and dissemination of informational and education materials focused on health promotion, nutrition and disease prevention.
- III. The replacement and restocking of important medical equipment and materials for Barangay Health Centers (BHC) and Barangay Health Stations (BHS).
- IV. Through private funding, BHS and BHC will receive infrastructure repairs.

## 2. Project Background

### (1) Project Rationale

Typhoon Haiyan (locally named Yolanda) hit the Philippines on November 8, 2013 and devastated several regions of the country. The most recent situation reports indicate that a total of 14.1 million people were affected, more than 6,000 people died and over 4 million people were displaced across 44 provinces. Leyte province in Eastern Visayas is one of the most affected areas, recording the highest death toll and three months after the typhoon, bodies are still being recovered and buried. In Leyte alone, over 1.8 million people are classified as being affected by Typhoon Haiyan. Even before the typhoon, Leyte was a poor region and poverty levels were over 30% in high population areas like Tacloban and Ormoc Municipalities. In 2011, the region had the highest infant mortality rate (IMR) and Under-five mortality rate.<sup>4</sup> Malnutrition among preschool children is also an alarming issue, based on the results of the Updating Survey of the DOST- Food and Nutrition Research. They found the region to have the second highest prevalence of underweight children in the country.

Health services to these affected areas were disrupted due to severely damaged facilities and impacted man-power, and this resulted in the temporary closure of some health facilities. These conditions impeded access to quality health services by the population, making them more vulnerable. The second phase of the Multi-Cluster Initial Rapid Assessment (MIRA) conducted by different UN agencies together with other local and international organizations confirms this, saying “access to adequate health services remains a key concern for more than a third of the affected population.”

In the Philippines, Barangay Health Centers and Barangay Health Stations (village level) play a key role in health promotion and disease prevention. They offer prenatal and postnatal checkups for pregnant women and newborns, support vaccination campaigns, and offer basic first aid and educational materials. A rapid assessment done in

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<sup>4</sup> Source: The Family Health Survey from the National Statistics Office

December found over 490 Barangay Health Center to be either partially or completely damaged, of these 490, 130 were completely non-functional.<sup>5</sup> In Leyte, 70 BHC's are completely damaged and another 120 partially damaged.<sup>6</sup>

Three months after the typhoon, health workers are trying their best to resume their work, but they still lack the critical equipment and materials required to adequately provide quality healthcare to their communities.

## (2) Assessment of Problems and Opportunities

The Department of Health (DOH) assessed the devastation caused by the super typhoon and concluded that the majority of health facilities, both at the barangay level (Barangay Health Centres) and at the municipal level (Rural Health Units) sustained damage. The reduced community access to quality health services is a great concern and increases risk to vulnerable groups, including women, newborns and young children.

The top health problems currently affecting the population are acute respiratory infection (ARI)<sup>7</sup>, acute diarrhea and skin diseases. All of these are easily treated given access to quality services, and proper health information and awareness on the prevention and management of these health problems. Additionally, schistosomiasis, dengue fever (which is on the rise in Ormoc [Leyte] with 84 cases already reported for January 2014<sup>8</sup>) and Chikungunya are endemic in the target areas. Measles are a constant threat in the Philippines with approximately 6,000 cases per year. To date since the typhoon struck, 74 suspected cases of measles have been reported<sup>9</sup> and local health actors are working diligently to prevent a large scale outbreak through aggressive vaccination and educational programs. Dog bites are also a threat with over 3,500 cases reported across the region since Typhoon Haiyan hit. Leyte records the highest number of incidents (1,810) to date, Iloilo reporting 522 and Aklan with 66.<sup>10</sup> The UN Health Cluster expects more than 70,000 births over the next three months with an estimated 12% being born to adolescent mothers under the age of 19. These new mothers need assistance to care for their newborns, but lack access to the facilities and support required. The cluster goes on to recommend, "the physical rehabilitation of health facilities requires further commitment from partners to provide assistance to most of the affected areas. Continuity of health services is critical as many medical teams have departed and not all services are yet in place."<sup>11</sup> As foreign relief agencies leave, it is all the more critical that local health units are restored to 100% operating capacity. Through additional funds sourced outside of this program, World Vision plans on reconstructing 18 such health

<sup>5</sup> Yale/Tulane ESF-8 Planning and Response Program Special Report

<sup>6</sup> Statistics on damaged health centers for Leyte available [here](#)

<sup>7</sup> 30% of consultations at health facilities are for Acute Respiratory Infections according to the World Health Organization's EWARN week 14 report

<sup>8</sup> World Health Organization EWARN Weekly Summary Report 12-18 January 2014

<sup>9</sup> UNICEF Situation Report #18, 29<sup>th</sup> January, 2014

<sup>10</sup> World Health Organization EWARN Weekly Summary Report 10-15 Feb 2014

<sup>11</sup> Health Cluster *Response to Typhoon Haiyan (Yolanda)* 14 Feb 2014

units to meet this need and this program seeks to work with the same health units.

Typhoon Haiyan damaged more than just the physical health structures. Heavy rains and high winds ruined important sensitization and education materials leaving an information gap and stripping health workers of the resources needed to combat illness, disease and malnutrition through education and prevention. New Information, Education and Communication (IEC) materials are urgently needed to help combat schistosomiasis, dengue fever, chikungunya, rabies and measles.

Additionally, many community level health workers or volunteers either died in the storm or migrated out the affected area so new health volunteers need to be trained to make sure the overall health system recovers.<sup>12</sup> Community health workers played a vital role immediately following the typhoon. They gathered and reported information to municipal leadership, identified at-risk households and assisted NGOs with the distribution of relief supplies. They are all volunteers who receive a small allowance and they are appointed by barangay capatins (village leader). Barangay captains were recently elected in October just weeks before the typhoon struck and new village health volunteers were appointed, though some remained from the previous administrations. There was little time for a proper orientation or capacity building and their work has prioritized typhoon relief efforts. Because the barangay health teams report into municipal leadership there is little centralized data regarding the total number of health workers, how many are newly appointed and how many were lost after the typhoon. Each municipality supervises the community health teams. The Ministry of Health provides some training materials and curriculum but doesn't directly oversee their activities. Lack of data on community health workers does not mean there is lack of need, but it highlights the decentralized health system in the Philippines and the presence of gaps in the current structure.

The Department of Health (DOH) together with other government and non-government organizations are working closely to deliver quality health services to the population. Despite this, gaps remain in the provision of quality health services, including the capacity of health workers to deliver basic services and the readiness of health facilities to cater to patients' needs due to damaged and equipment and lost IEC materials.

### **3. Expected Results**

#### **(1) Impact**

Typhoon-affected communities, families including children have improved access to health services

#### **(2) Outcome**

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<sup>12</sup> [Access the report here.](#) This report estimates a 50% loss of health workers.



The project is expected to contribute to the restoration and improvement of basic health services for the typhoon affected population in target areas.

### (3) Outputs

1. Improved capacity of health workers and community members on topics of health
2. Improved access to Health Information, Education and Communication (IEC) materials
3. Improved access to quality primary health and Basic Emergency Obstetric Care (EmOC) services

### (4) Activities

- 1.1 290 health workers trained on equipment use, maintenance and storage
- 1.2 290 health workers trained on a variety of important, context specific health topics.
- 2.1 7 RHU's receive Informational Education Communication (IEC) materials.
- 3.1 18 BHC's receive medical equipment, materials and goods.

## 4. Implementation Arrangements

### Location and Beneficiaries

The program will take place in the following seven municipalities in Leyte, however, this is subject to change as the situation on the ground is constantly changing and various agencies and government departments are identifying health units to support. In the event of a change of coverage, a similarly affected health facility in another area will be selected. WV will work closely with the Health Cluster and Ministry of Health to avoid any duplication of support.

Target Municipality	Total Population	Average barangay population	# of target BHC/S	Estimated beneficiaries
Ormoc City	191,200	3,130	3	9,390
Merida	27,224	1,840	3	5,520
Matag Ob	17,089	1,015	3	3,045
Villaba	38,813	1,855	3	5,565
Dulag	41,757	1,233	3	3,699
Alang Alang	46,411	1,165	2	2,330
Dagami	31,490	970	2	1,940
Total	393,984		18	31,489

Through distribution of IEC materials to RHUs, the entire population of the municipality is expected to benefit from this project since the RHU is the referral medical center of the BHC's.

World Vision will support 7 RHUs benefiting an estimated 31,489 people. The final beneficiary numbers will be reported after the program begins as health centers are finalized and barangay level population figures can be confirmed.

Across the 7 municipalities in Leyte, 290 health workers will receive trainings designed to build their capacity on important, context specific health topics.

#### Training Content

WV will tailor the trainings to the appropriate audience. For example, ToTs for RHUs are likely to be well seasoned doctors, nurses and midwives, but those attending community level trainings are likely to be new or relatively inexperienced. So, WV has carefully selected training topics that will benefit all community health workers, new or old and will customize the content to the participant's level of understanding.

Other NGOs are also supporting health workers through capacity building so each training will need to be customized to the audience to avoid duplication. WV is carefully coordinating with other actors and health staffs to ensure sure training topics do not overlap or duplicate.

Topics include but are not limited to:

- IYCF practices
- Psychological First Aid
- Identification of malnutrition and management of nutrition surveillance
- Micronutrient deficiencies

## **5. Budget and Resource Allocation**

- (1) Source of Funding: \$200,000 (TaiwanICDF)
- (2) Human Resources: One volunteer facilitated by TaiwanICDF
- (3) Other Resources:

## **6. Attachments**

- (1) Project Sector Cross References
- (2) DMF (Design and Monitoring Framework): Please see Appendix 2 for details.
- (3) Organigram of Response and Health Team
- (4) TOR for DME Specialist (Volunteer)
- (5) World Vision Funding portfolio for Leyte
- (6) Training Plan

## Appendix 1

### Project Sector Cross References

The correspondence between project Sector and ODA reporting system code is as follows:

ODA Reporting System Code	Example
<b>Project Sector: Agriculture</b> 310 Agriculture, forestry, and fisheries	1. Bamboo Development Project(Caribbean and Central and South America) 2. Aquaculture Project (Belize) 3. Horticulture Project (Solomon Islands) 4. HaitiNew HopeVillage Residents Resettlement Project
<b>Project Sector: Public Health</b> 120 Health	Maternal Health Improvement Program in The Gambia
<b>Project Sector: Education</b> 110 Education	1. Technical and Vocational Education and Training Project (The Gambia) 2. Vocational Training Project (Swaziland)
<b>Project Sector: ICT</b> 220 ICT	1. ICT Technical Cooperation Project (Belize) 2. ICT Technical Cooperation Project (St. Kitts and Nevis) 3. ICT Technical Cooperation Project (St. Lucia) 4. ICT Technical Cooperation Project (St. Vincent and the Grenadines)
<b>Project Sector: Environmental Protection</b> 140 Water Supply and Hygiene 230 Energy Generation and Supply 410 General Environmental Protection	2. Panama Water Resource and Renewable Energy TA Project 3. Application of Geographic Information Systems to Improve Environmental Sustainability in San Salvador

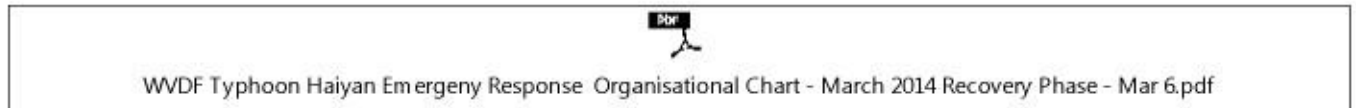
## Appendix 2 計畫「計畫設計及監控架構」(DMF)表

	Design Summary	Performance Targets/Indicators	Data Sources/ Reporting Mechanisms	Assumptions/ Risks
<b>Impact</b>	Typhoon-affected communities, families including children have improved access to health services	10% of target population has improved access to basic and adequate health service as a result of WV intervention, in target municipalities	Baseline survey, end of project evaluation in 2015 as part of response evaluation  Population data from government census or Municipal offices	<b>Assumption:</b> Population figures remain stable and no large migrations take place during the implementation period.  <b>Risk:</b> Additional natural disasters could disrupt the program's activities and shift focus back to relief activities.
<b>Outcome</b>	The project is expected to contribute to the restoration and improvement of basic health services for the typhoon affected population in target areas.	15% of services of barangay health facilities in target municipalities restored to pre-typhoon condition	Cluster reports  Department of Health reports	<b>Assumption:</b> Communities will utilize improved health services rather than turn to private providers.  <b>Risk:</b> Ministry of Health deny access to health centers or disagree with project activities
<b>Outputs</b>	1. Improved	18 health facilities augmented with medical	Training Reports/Summaries	<b>Assumption:</b>

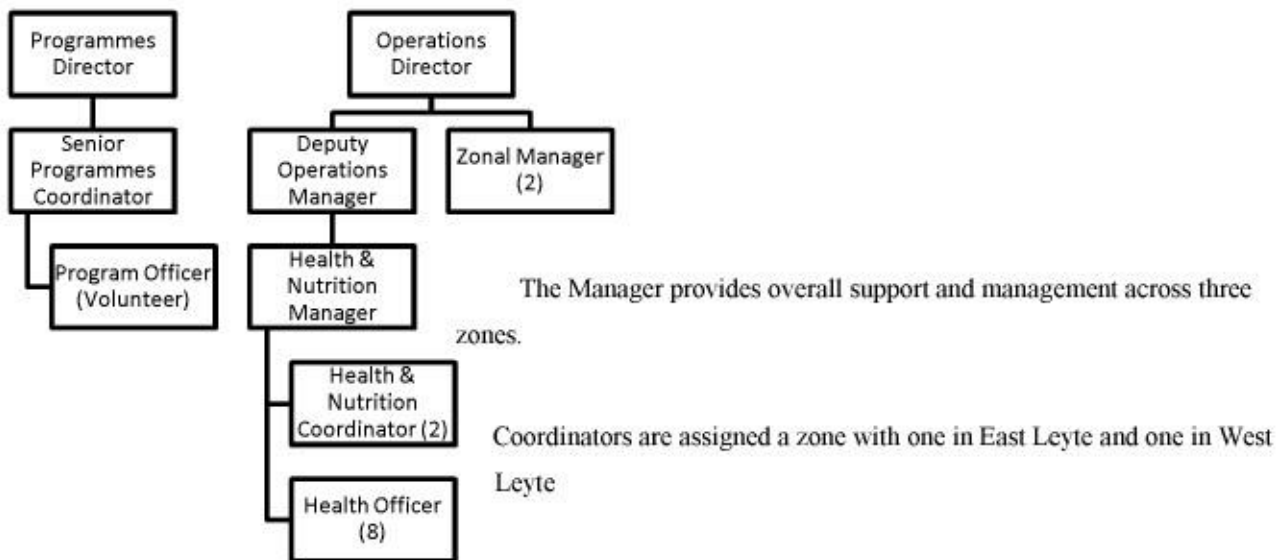
	<p>capacity of health workers and community members on topics of health</p> <p>2. Improved access to health educational materials</p> <p>3. Improved access to quality primary health and Basic Emergency Obstetric Care (EmOC) services</p>	<p>supplies and other anthropometric equipment</p> <p>3,500 IEC materials developed or reproduced for health promotion</p> <p>290 participants who participated in training sessions</p> <p>290 health workers trained on equipment use, maintenance and storage</p>	<p>Field Reports</p>	<p>The Political climate remains stable and cooperative</p> <p>WV assumes that necessary medical equipment will be readily available for purchase and meeting minimum standards</p> <p><b><u>Risk:</u></b> Health workers refuse to participate in program activities</p>
<p><b><u>Activities with Milestones</u></b></p> <p>1.1 Training for BHC staff in the 18 BHC receive medical equipment, materials and good</p> <p>1.2 Training for 290 BHC staff on important, context specific health topics</p> <p>2.1 ICE materials printed and distributed through 7 Rural Health Units.</p> <p>3.1 18 BHC receive medical equipment, materials and goods</p>				<p><b><u>Inputs:</u></b> <b><u>TaiwanICDF:</u></b> USD200,000</p> <p><b><u>Host Government</u></b> Coordination &amp; supervision of activities, provide pre-approved IEC materials for reproduction, provide specifications of equipments to be provided</p>

## Appendix 3

### Overall Response Organigram



### Health Team Organigram



Health Officers are based in the municipalities, one per municipality and they are the primary capacity builder for barangay level health workers.

## Appendix 4

### Terms of Reference for Program Officer (Volunteer)

The deployment of the Program Officer is contingent upon successful completion of all WV paperwork and the Specialist must agree to all overall organizational standards and policies including WV's Child Protection Policy. The deployment is also contingent upon approval by the Response Manager and the National Director.

#### JOB DESCRIPTION

Position Title: Program Officer	JOB GRADE: Volunteer (Accommodation, Per diem and Travel covered by Taiwan/CDF)
Division : PROGRAMMES Department: Programming	Date Prepared/Updated/Version: 21 May 2014
Reporting Relationship:	<pre> graph TD     A[DIRECTOR OF] --- B[Senior Program]     B --- C[Program Officer]             </pre>
Reports To:	
The Position:	
Direct Reports:	

#### I. POSITION PURPOSE/JOB MISSION

Under the direction of the Senior Programmes Coordinator, the Program Officer will work as part of the Programming unit within the Programmes Team. The Program Officer will oversee individual grants and will be responsible for monitoring and providing timely reporting on the implementation of the activities.

## II. POSITION GOALS AND OBJECTIVES (Generic Performance Measures)

- A. Provides expertise and support to the division/department ensuring the contribution and alignment with organizational strategic directions.
- B. Accomplishes performance agreements, regular performance reviews and appraisal and implements development plans.

## III. MAJOR RESPONSIBILITIES (BASED ON GOALS AND OBJECTIVES)

- In collaboration with Finance, prepare and review budgets for grant proposals.
- Prepare monthly, annual and end-of-project narrative reports as required by the donors.
- Monitor program's progress ensuring goals and objectives are achieved and non-financial grant requirements are adhered to.
- Ensure that program implementation is in line with the relevant international and internal standards.
- Provide program updates as needed to key WV support offices, the Regional Office, donors and partners.
- Assist the Senior Program Officer with representation of WV and networking with NGOs and local donor delegations.
- Assist the Senior Program Officer in monitoring the funding status of the overall program to identify possible funding gaps, and ensuring a smooth transition from one grant to the next.
- Obtain funding for program's unfunded sections.

## IV. EDUCATION/EXPERIENCE/EXPERTISE REQUIREMENTS

The following competency may be acquired through a combination of personal commitment, formal schooling, education, prior experience:

### *REQUIRED:*

- Degree or equivalent in relevant fields of study such as International Development, Political Science/International Relations, Economics, Sociology, or other related field.
- Self starter who can work independently under pressure.
- 2 years experience in emergency response programming
- Previous experience in large scale humanitarian emergencies
- Knowledge of budget requirements and regulations of major donors, including OFDA, DFATD, ECHO, DFAT, DFID and UN agencies.
- Familiarity with major humanitarian codes, principles and practice.
- Working Knowledge in English.

### *PREFERRED:*

- Ability to work with a reasonably level of comfort in high tension and high security risk situations.



- Ability to maintain performance expectations in diverse cultural contexts psychologically stressful environs and physical hardships.
- Understands work from a process point of view and uses measurement and accountability systems effectively.
- Excellent time-management and prioritization.
- Demonstrates openness and transparency

## V. CORE CAPABILITIES/FUNCTIONAL COMPETENCIES

### A. CORE CAPABILITIES (INDIVIDUAL LEVEL)

Although all 13 capabilities are essential for effective work in a World Vision context, there will be some capabilities that will be more critical for this position

1. **Achieves quality results-** This capability is about keeping the end in mind and getting things done to ensure the quality of the programs or activity. It involves being proactive and taking personal responsibility for action. It means that customers are satisfied, work has the desired impact and staff demonstrates a desire to achieve excellence .
2. **Practices accountability and integrity** – This ability is about exercising stewardship of resources and demonstrating trustworthiness. It means being consistent between the actions we take and the words we use. It means adhering to standards of service and honouring them in a professional way..
  - Demonstrates personal integrity and trustworthiness
  - Pursues thoroughness and appropriate detail
  - Evaluates personal performance against agreed standards
  - Sets high standards and monitors division/department compliance as well as within different divisions/groups
  - Ensures compliance (or consequences for non-compliance) of all staff under his/her leadership to WV when working with all human, financial, capital and technical resources.
3. **Communicates information effectively** – This capability is about managing the communication of ideas, requests and information to others. It involves openness, listening, reflection, feedback and includes non-verbal and written channels. The emphasis is also on maintaining positive relationships.
  - Maintains positive relationships through open, effective communication
  - Facilitates appropriate information flow to management and amongst staff in a timely and effective manner
  - Communicates clearly verbally and in writing to all stakeholders
  - Demonstrates excellent group and meeting facilitation skills
4. **Thinks clearly, deeply and broadly** – This capability is about thinking through what is important to the role, tasks or issue at hand. It involves analytical, conceptual, and critical thinking in order to bring greater clarity. It helps people see underlying assumptions and make sense out of ambiguous information.
  - Sees relationship between cause, effects and big picture
  - Breaks down complex information into simple language
  - Identifies critical issues facing the team or work group and the organization
  - Stays alert to trends and responds appropriately
  - Ensures that effort is focused on priority areas
  - Coordinates team participation in long and short term planning processes
5. **Understands the Humanitarian Industry-** This capability is about knowing the general sectors of the industry, including relief, development, advocacy and marketing. It also includes knowing the key stakeholders (Major NGOs and donors) plus issues impacting operations, including political, ethical and logistical.
  - Develops links with NGOs, government agencies, donors and partners
  - Participates in interagency fora
  - Reviews divisional and organizational performance against industry standards and benchmarks
  - Actively maintains current industry knowledge and identifies cross-sectoral trends and changes in the humanitarian industry.

6. **Understands World Vision's mission and operations** – This capability is about a holistic understanding and personal commitment to World Vision's child focused vision, mission and core values. It includes being able to articulate the strategic directions, ethos and financial foundations as well as describing the core business areas.
  - Understands fundraising, relief, development and advocacy issues including operational consequences in relation to WV mission and operations
  - Represents World Vision as a child-focused organization
  - Puts personal work into the wider WV context
  - Aligns departmental goals with vision, mission, strategy
  - Clearly articulates WV history and core business areas.
7. **Practices innovation and change** – This capability is about proactively seeking new ideas, processes and solutions to achieve organizational and personal objectives. It involves solving immediate problems while taking the initiative to bring change and make improvements within an areas of responsibility and also means expressing creativity in work.
  - Invests in continuous improvement to work and quality
  - Maintains awareness of other agencies' innovations and experiences through formal and informal networks.
    - Develops own ability to design and lead change processes
    - Supports and participates in continuous improvement processes
8. **Demonstrates Christ-centered life and work** – This capability includes living out a positive and compassionate approach to witness and service as a follower of Jesus Christ. This includes seeking to develop spiritual maturity and supporting corporate spirituality
  - Links personal mission and work to spirituality
  - Communicates sense of calling for ministry and leadership
  - Deepens spiritual maturity through prayer and study
  - Attends and has some involvement in a local church
  - Models biblical ethics and principles in actions and lifestyle
  - Interacts sensitively and constructively with people from a range of Christian traditions and with people of other faiths and belief systems
  - Encourages spiritual growth of staff
9. **Learns for growth and development** – This capability is about seeking out personal and professional excellence as well as supporting the development of others. It puts a high priority on seeking learning opportunities, learning from experience and investing in development resources and activities.
  - Seeks personal mastery in required areas of expertise
  - Demonstrates awareness of own strengths and weaknesses and seeks appropriate support
  - Manages others to take responsibility for their actions
  - Encourages staff to seek high levels of performance
  - Provides coaching to staff
10. **Maintains work/life balance and effectiveness** – This capability is about prioritizing a wide range of personal and organizational responsibilities and demands. It involves the flexibility, resilience and assertiveness to hold commitments in balance and in perspective as well as maintaining self control under pressure.
  - Maintains balance in work, life and relationships (especially family and friendship relationship and support networks)
  - Prioritizes many demands without losing focus
  - Provides senior management with accurate and timely information on staff capacity, workload and pressures
  - Encourages staff to balance work, family and community commitments
11. **Builds collaborative relationships** – This capability is about recognizing each person's gifts and talents, building positive genuine relationships, fostering networks and actively participating in effective work teams. It includes both internal and external relationships and adapting a 'team approach' to work.
  - Inspires respect and loyalty from others
  - Treats others with honor and respect
  - Builds and maintains strong relationships with team members, manager, peers and other colleagues
  - Encourages cooperation within the team
  - Develops networks within and outside the organization

12. **Practices gender and cultural diversity** – This capability is about interacting, communicating and working sensitively with people of the opposite gender and from other cultures, ethnic backgrounds, races, ability sets, religious, geographical origins or social groups. It means understanding, embracing and celebrating those differences.
  - Respects and is sensitive to different groups
  - Adapts personal style to new environment and cultures
  - Expresses own beliefs in culturally appropriate manner
  - Models global thinking and local action
13. **Influences individuals and groups** - This capability is about being able to formally and informally assert opinions, influence others, building bridges between dissenting views and attract people toward a shared understanding. It means influence and advocacy that causes others to willingly alter their perspectives.
  - Seeks to understand perspectives and respect differing perspectives and viewpoints
  - Interprets complex information and explains it simply to a range of stakeholders
  - Builds bridges between dissenting parties, including reframing different perspectives and finding shared values and priorities

## B. FUNCTIONAL COMPETENCIES

Demonstrates knowledge, skills and abilities in performing functions required for the job as follows:

1. LEAP CONSULTANT - The ability to understand and interpret LEAP framework to defined stakeholders.
  - Knowledge of operations, including:
    - Understanding of relief programs and projects
  - Knowledge in disaster relief, including:
    - Knowledge of various academic approaches to relief (ex., economics, social theory, etc.) /and theoretical frameworks that seek to explain change over time
    - Knowledge of various technical sectors of relief
    - Understanding of humanitarian industry
2. CAPACITY BUILDER – the ability to transfer skills, technology, and knowledge to target staff and defined partners.
  - Presentation/training skills, including the design and facilitation of short- and long-term training programs
3. PERFORMANCE AUDITOR – the ability to analyze performance gaps and success factors while conducting organizational performance reviews.
4. OTHERS
  - Willingness and ability to multi-task

Name of Incumbent:	Reviewed and Approved by:
Accepted /Date :	Date:

## Appendix 5

### World Vision Grant funding portfolio

Donor	Funding Type	Total Projected	Sectors	Location
TaiwanICDF	Grant	200,000	Health & Nutrition	East and West Leyte
WV Taiwan	Match	900,000	Health & Nutrition	East and West Leyte
DFATD	grant	1,749,216	Protection, NFIs, Shelter, Health	All Zones
DFATD	Grant	3,013,036	Shelter, Livelihoods, WASH	West Leyte
HKSAR	grant	899,743	WASH, Shelter Kits, NFIS	East and West Leyte
DEC 36 months	grant	5,124,534	Shelter, Food, NFIS, Early Recovery, DRR	All Zones
DFAT	grant	972,938	WASH	All Zones
Disaster Response Partnership (NZ)	grant	361,725	WAYCS, WASH	All Zones
Spain	grant	92,560	WASH (jerry cans)	All Zones
SHO Netherlands	grant	817,021	NFI, shelter and hygiene kits	All Zones
ADH Germany	grant	9,900,000	Multi sector recovery	East Leyte
UNICEF	grant	601,937	WASH	East Leyte
SAMSUNG (Korea)	grant (cash)	98,087	WASH	East Leyte
Korean Donor Association	grant (cash)	508,138	Education, Shelter	East Leyte
WFP	grant	706,814	Food	All Zones
WFP	grant	1,891,808	Cash Transfer (food)	All Zones
USAID	Grant	400,000	Anti-trafficking/Protection, Livelihoods	West Leyte
WV US	Match	100,000	Anti-trafficking/Protection, Livelihoods	West Leyte
		<b>28,337,557</b>	<b>3%</b>	<b>ICDF/WV Taiwan contribution</b>

Though TaiwanICDF's contribution makes up just 3% of the funding portfolio for Leyte, it is WV's sole external funding source for the Health and Nutrition Sector and will receive full attention and support by the team.

## Appendix 6

Training Plan	Target number of trainees	Duration of Training	Location	June	July	Aug	Sep
Infant and Young Child Feeding (IYCF) for peer counselors and Nutrition in Emergency (NiE) Components	135	3 days	Western Leyte Zone (3 Municipalities : Merida , Villaba and Matag Ob)				
World Health Organization Child Growth Standards (WHO CGS)	290	1 day per training	All target municipalities (Western and Eastern Leyte)				
Micronutrient Orientation <i>Pabasa sa Nutrsiyon</i>	290	1 day per training	Western Leyte Zone ( 3 Municipalities : Merida , Villaba and Matag Ob)				
Mental health and psychosocial support : Psychosocial first Aid ( PFA)	290	2 days per training	All target municipalities (Western and Eastern Leyte)				
Integrated Management of Child Hood Illness ( IMCI ) for Rural Health Unit staffs	30	5 days training	All target municipalities (Western and Eastern Leyte)				
Community management of Childhood Illness ( CIMCI ) for community health workers	290	2 days training	All target municipalities (Western and Eastern Leyte)				
Training for proper use and care of basic medical equipments, including use of anthropometric tools	290	1 day training	All 18 health facilities in Western and Eastern Leyte				
Training for Basic Life Support	290	3 days	All target municipalities (Western and Eastern Leyte)				

## 附件三、評估任務工作紀錄

## 「菲律賓海燕颱風災後復甦方案 - 健康中心重建計畫」

### 評估任務工作紀錄

#### 一、5/8 拜會世界展望會菲律賓海燕風災應變方案(WV Haiyan Response)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) 菲律賓海燕風災應變方案代表歡迎我方到來，首先安排進行安全簡報，瞭解當地目前安全狀況，並簡述本次考察行程安排。另也要求台方人員簽署遵守兒童保護政策之文件。
- (二) 世展會之災後應變作業分為 3 階段，包括緊急回應(Response)、回復(Recovery)及復甦(Rehabilitation，主要指硬體修建作業)。據菲律賓海燕風災應變方案近期與當地政府及相關國際組織與非政府組織(NGO)所共同召開之會議顯示，該會目前進度已接近 Recovery 階段之尾聲，預計 6 月將進入 Rehabilitation 之階段，並預計在本年底前完成災後應變相關作業；另應變階段結束後，相關作業將交由菲律賓世展會接續管理。
- (三) 世展會菲律賓海燕風災應變方案在菲國推動之重點策略為庇護(Shelter)、生計(Livelihood)、教育(Education)、水與衛生(WASH)及健康(Health)等 5 大項目，另該方案並依各項目需要推動以工代賑(Cash for work)予以配合。此外，應變作業並加入降低災害風險(Disaster risk reduction/DRR)相關設計，藉以強化未來災後應變能力。
- (四) 世展會菲律賓海燕風災應變方案每週皆會與相關國際組織、NGO 及政府相關代表進行小組會議(Cluster meeting)，主要目的係強化各組織在相關部門(Sector)活動上之溝通，如 WASH 及 health 部門在相關救災活動上常需互相配合，此類型會議通常由 WHO 或 OCHA 主持，而該方案亦常與其他機構進行溝通與協調。

- (五) 在我與世展會合作之計畫項目上，目前擇定之村級衛生站(Barangay Health Center/BHC)分布在 Leyte 省東部 3 個鄉及西部 4 個鄉內，據該方案表示，其餘 BHC 將由其他 NGO 負責(如 save the children 等)，而該方案皆與相關機構保持密切之溝通與協調。
- (六) 提及有關本次合作計畫是否適合納入腳踏車做為推廣交通工具之議題，世展會方面持較保留之態度，主要因該方案在推動計畫時，與其他機構向來維持密切之溝通與協調，因此在公共衛生部門各項作業之介入層面上，皆保持一定之默契，倘由 NGO 機構貿然引入，恐造成其他機構執行上之困難(如未獲得腳踏車之社區因此爭取相關資源等)。另因推廣人員之交通工具問題應由菲國政府負責，爰該方案表示較適合之作法是向菲國政府提出倡議。
- (七) 在防災架構上，世展會平時除建立物資網絡外，並已結合相關專長人員(跨國)組成災害應變小組(Task force)，小組成員除接受專業訓練外，並會進行模擬演練(包含如何即時募集與配送資源、尋找贊助者與擬定提案書等)，以在實際遇到災害時，能加速相關作業。
- (八) 菲律賓海燕風災應變方案另概述目前當地狀況如下：
1. 海燕颱風侵入 Leyte 省時，最高風速約達 70 公里，所帶進之海浪宛如海嘯，因此沿海地區房舍損害之情況相當嚴重，爰當地政府在風災後頒布法令禁止沿海 40 公尺內再興建房舍；惟鑒於當地地權問題複雜，部分尚無法取得土地或房舍之民眾目前仍居住於海岸旁。
  2. 當地目前水電供應情況已漸趨正常，據觀察，省會 Tacloban 市中心恢復情況較佳，商業活動已大致恢復，周邊地區則常見各國際組織及 NGO 所設置之安置區域(帳篷、中繼屋等)。
  3. 在醫療體系之架構上，鄉級之衛生中心(Rural Health Unit / RHU)直屬於鄉政府，除固定由鄉長作為首長外，其成員包括 1 名醫生、1 名牙醫、數名護士、數名助產士(midwife)及其他相關工作人員等，其中該名醫生即為 RHU 之負責人。村級之衛生站(BHC)由 RHU 內之助產士



(midwife)監管，其成員尚包括健康工作人員(Health worker)。在運作方式上，倘助產士欲辦理相關活動，須先報請 RHU 之醫生審核。另助產士之工作除進行孕婦、母親及嬰幼兒等健康發展工作外，亦包含社區民眾一般基礎醫療項目之推動。

4. 正常情況下，1 所 BHC 應配置 1 位助產士，惟鑒於當地政府經費窘迫(一村每年預算約 100 萬披索)，1 位助產士通常需要負責多所 BHC，且 1 個月約只能前往同一所 BHC 一至兩次。BHC 之健康工作人員為志工之性質，每月領取之獎勵金依各 BHC 所擁有之預算不等，約 150~1,000 披索間。
5. 社區一般民眾使用語言為他加洛語(Tagalog)，一般而言，需至少有中學以上學歷者才有能力使用英文。

## 二、5/8 訪視 Alangalang 鄉衛生站(RHU)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) 本 RHU 所在位置近鄉政府，駐有 8 個助產士，涵蓋 54 個 BHC，每名助產士約需負責 8 所 BHC，爰約每週或每月才可前往所負責之 BHC 一次。
- (二) 當地政府業規定所有產婦需至 RHU(或以上規格之醫療院所)生產，該 RHU 每月接生約 20 至 40 名嬰兒，產婦通常乘坐三輪機動車(Tricycle)前往醫院待產；倘需進行手術，則另由救護車載往附近之醫院(約 45 分鐘)。
- (三) 據觀察，不論 RHU 或 BHC，其各項數據或資料之紀錄，皆以人工抄寫之方式進行。

## 三、5/8 訪視 Magsaysay 村衛生站(BHC)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) 本 BHC 之屋頂業遭風災毀壞，爰目前已無法使用，現階段暫借用一旁受損情相對形較小之社區活動中心使用(建築物雖同樣無屋頂，惟已暫用塑膠布遮蓋)。
- (二) M 村計有 970 人，而本 BHC 有 4 位衛生工作人員，助產士固定每月前來一次。
- (三) 據 M 村之村長及 BHC 之衛生工作人員表示，風災前此處之藥品即非常稀少，目前最需要之物品包括維生素、體重計等。

#### 四、5/9 訪視 Dulag 鄉衛生站(RHU)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) 本 RHU 建築物稍有受損，惟大致仍堪用。其位置亦鄰近鄉政府，駐有 8 位助產士，共涵蓋 45 所 BHU。考察團到訪時，本站醫師正值看診時間，掛號人數相當多，多數為產婦或新生兒與母親。
- (二) 民眾於 RHU 看診後所取得之藥物為免費，惟倘現場已無藥品時，醫生將提供處方箋供民眾自行購買藥品。

#### 五、5/9 訪視 Victory 村衛生站(BHC)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) V村人口為 998 人，村政府每年預算為 90 萬披索。
- (二) 本 BHC 為兩層樓式建築，屋頂已損壞，1 樓尚堪用。助產士每月前來兩次，另健康工作人員主要工作項目為體重測量、教導如何餵養嬰兒、家庭調查、提供助產士相關協助等。本 BHC 之健康工作人員每月獎勵金為 200 披索。
- (三) 菲國去年 10 月進行鄉鎮選舉，一般而言，BHC 健康工作人員會隨著政府人員之變動而改變，而此 BHC 之健康工作人員多數為新人。
- (四) 倘遇到發燒、感冒、發疹等病例，將轉介病患至 RHU 取藥。另遇到腹瀉之病例時，BHC 人員會先運用草藥進行緊急處理；李副秘書長提醒應視發生原因給予治療，否則容易發生危險。
- (五) 健康工作人員過去曾參加由衛生部及 JICA 所舉辦之訓練各乙場，認為接受訓練非常重要，現階段希望能自 RHU 獲得訓練之項目包括家庭計畫等。

## 六、5/9 訪視 Cabarasan 村衛生站(BHC)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) C 村人口約 900 人，助產士約每週前來 1 次，共有 5 名健康工作人員，渠等每月獎勵金為 150 披索；問及是否足夠生活花費，渠等表示另有其他收入，到此服務純粹希望能盡自己之力量協助鄉里。
- (二) 本 BHC 建築主體雖尚保持良好，惟內部器材大多因風災遭受損害，颱風後已無法進行產檢。
- (三) 健康工作人員認為訓練非常重要，過去渠等參加之訓練大致含有測驗及實作等項目，以確保學習成效。而是否能參加訓練取決於 RHU 之預算，一般而言，倘有機會參加訓練，皆自行負責往返交通費用(約 40 披索)。

## 七、5/9 訪視 Alegre 衛生站(BHC)

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) A 村人口約 852 人，村政府年度經費為 100 萬披索。本 BHC 共有 12 名健康工作人員(含安全巡邏人員)，渠等每月獎勵金為 200 披索。
- (二) 本 BHC 空間十分狹小，原即無法提供產檢服務，風災後房舍因屋頂毀壞已無法使用，現階段暫借用當地教堂維持運作。

## 七、5/9 訪視世展會辦理之教育訓練

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

- (一) 本場次課程主題為 Infant and Young Child Feeding (Peer Counseling) Training including Components of Nutrition in Emergencies。參訓人員包括 BHC 健康工作人員、村委會健康部門支持團隊、新生兒母親等，授課人員為 RHU 之護士或助產士。
- (二) 每班次人數規劃為 40~56 人，避免人數過多影響成效。講義以他加洛語撰寫，並搭配照片及圖畫，增進學習效果。
- (三) 舉辦訓練時會進行前測與後測，以確認訓練之學習效果。

## 八、5/9 進行計畫書檢視會議

(與會人員：世界展望會菲律賓海燕風災應變方案衛生部門經理 Eureka

Fuentes、東 Leyte 省計畫協調人 Wan-suen So、台灣世界展望會國際事工處胡經理炎煌、本會李副秘書長栢淳、林計畫經理依潔)

**TaiwanICDF Haiyan Recovery Phase Activities Discussion Minutes**

Date:	2014/5/9
Venue:	Tacloban City, The Philippines
Attendants:	Dr. Pai Po Lee (TaiwanICDF, Deputy Secretary General) Silvia E.J. Lin (TaiwanICDF, Project Manager of Humanitarian Assistance Department) Mars Hu (World Vision Taiwan, HEA Team Leader) Eureka Fuentes (WV Haiyan Response, Health Sector Manager) Wan Suen, So (WV Haiyan Response, E. Leyte Program Coordinator)

**Issues Discussed:**

**1) Implementation Period:**

- The original plan for the project is from 1<sup>st</sup> May ~ 30<sup>th</sup> September. As the agreement cannot be signed before May, TaiwanICDF would like to change the starting date of implementation to **1<sup>st</sup> June** instead.
- As the activities take place in May will no longer be able to include in the proposal, WV will need to revise the proposal and the budget to cater this change.
- TaiwanICDF agrees, if needed, to extend the project coverage as well as to add in new activities in the revised proposal as long as the new plan is still within the agreed domain (health) and the total budget is within USD 200,000.
- The revised proposal must be submitted to TaiwanICDF before the **19<sup>th</sup> May**.

**2) Proposal**

- Except for the revised budget, TaiwanICDF requests a training plan from June to September to be attached with the proposal. The table should include the type of training and implementation time.
- The indicators of impact and outcome are suggested to be revised to provide more details on how the indicators can be measured, to include quantitative measurement as well as to reflect the specific accomplishment of the activities supported by TaiwanICDF.

**3) Visibility**

- Logo of TaiwanICDF is required to be printed on materials and equipments provided under this funding source. The printing design draft needs to be sent to TaiwanICDF for review. The design only needed to be sent for review **once**. The agreed format can then be used in all related materials.
- TaiwanICDF will provide the sample of logo for World Vision's reference.

4) Volunteer

- TaiwanCDF finds the qualification of volunteer is difficult to achieve and suggests to keep the working scope of the volunteer in provide assistance in project implementation and activity monitoring.
- WV suggests extending the working scope to a wider range to maximize the capacity of the volunteer. WV can propose job requirements of volunteer and discuss this further with TaiwanCDF.

5) Reporting

- Only one report is required. Final finance and completion report must be submitted to TaiwanCDF by **31<sup>st</sup> December 2014**.

6) Funding Commitment

- First batch of USD 150,000 will be transferred to World Vision Taiwan before 5<sup>th</sup> June. The remaining amount will be transferred upon receive of the final completion report.