

Indicators of Level of PHC Implementation at the Barangay Level

1st level - SOCIAL PREPARATION/AWARENESS LEVEL

- ❑ Community PHC leaders and residents who attended PHC trainings and meetings now understand the meaning and importance of PHC as an instrument in helping the community themselves improve family and health standards.
- ❑ Community PHC leaders and residents acquire basic knowledge on DOH basic health projects and services indicated by their capability to identify their "shared responsibility."
- ❑ Community PHC leaders and residents understand the value, procedures and practices in generating and sustaining participation and involvement.
- ❑ Community-based groups exist as a strategy to effective PHC development.
- ❑ Knowledge of existing local organizations and informal leaders can be mobilized for PHC development.

2nd level - LEADERSHIP ORGANIZATION DESIGN (LOD)

- ❑ Mission/goal statement(s) identified related to the expressed needs and wants of families and the community.
- ❑ Identified mission/goal translated into specific Major Areas of Responsibility (MAR).
- ❑ Responsibility Center Groups (RCGs) identified and organized based on agreed MARs. This answers the issue of WHO will be responsible of WHAT. This means defining specific responsibilities and authority of each of the identified RCG.
- ❑ Organization/operational structure for a more effective intra- and intersectoral communication, coordination and cooperation in the planning, management and evaluation of projects and activities.

- This means leadership organizational effectiveness on how to:
 - arrive at consensus about priority problems;
 - plan realistic projects to solve these problems;
 - identify and mobilize the resources required to implement the projects selected;
 - evaluate project progress and alter plans when appropriate;
 - identify their own training needs and strategies for meeting them.

- Internal policies and management guidelines on organizational effectiveness developed and operational.

3rd level - PROGRAM PLANNING AND MANAGEMENT

- Community-based projects and activities supportive to population, health, nutrition and economic productivity, helped families to attain significant and measurable improvements in most, if not all of the following areas: decrease in fertility rates and incidence of disease; and increase in food production, family income and employment.

- Learner-centered trainings are planned, facilitated and supported through established community leadership. This includes the trainings of Barangay Health Workers, *Botica sa Barangay Aide*, *Hilots*, BPHCC leaders, community residents and others.

- Local resources (human, financial and materials) are mobilized and properly utilized by the community leadership in the implementation of their selected projects and activities.

- Barangay health feedback and evaluation information system formulated and operational.

4th level - INSTITUTIONALIZATION OF PHC

- *Political broad-based development* - Barangay councils serve as the broad-based political support of the PHC approach in policymaking and program formulation and management supportive to PHC total development.

- *Appropriate Technology* - Families who acquired basic knowledge and operational skills on DOH's basic projects and services and are now organized into "interest groups," e.g., functional sanitary toilet, herbal

garden, family planning, nutrition, livestock raising, diversified agricultural production, etc.

- ❑ Community-based resources development scheme established and operational, e.g., PHC become a regular budgetary item in the Barangay Council and/or municipal government.
- ❑ Policies and guidelines in developing annual planning and management of PHC by community-level leadership established and operational.