**PROJECT PROPOSAL FORMAT**

**Group 10 - IP Health Program**

1. **GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Project Title** | | **:** | Formulation of the Kalanguya, Iwak, Ibaloi Ancestral Domain Investment Plan for Health | | | | | | | | |
|  | | | | | | | | |
| **2.** | **Project Site** | |  |  | | | | | | | | |
|  |  | ***Sitio*** | **:** |  | | ***Barangay*** | | | | **:** | Acacia, Alang-Salacsac, Amelong-Labeng, Ansipsip, Baan, Babadi, Balangabang, Balete, Banao, Besong, Binalian, Buyasyas, Cabalatan, Cabanglasan, Cabayo, Castillo Village, Kayapa Proper East, Kayapa Proper West, Latbang, Lawigan, Mapayao, Nansiakan, Pampang, Pangawan, Pinayag, Pingkian, San Fabian, Talecabcab, Tidang Village and Tubungan (Municipality of Kayapa), Buyasyas (municipality of Sta Fe), Baan (Municipality of Aritao), Portion of Pallas and Salinas (Municipality of Bambang) all in the Province of Nueva Vizcaya | |
|  |  | ***Municipality*** | **:** | Kayapa, part of Sta Fe, part of Aritao, part of Bambang | | ***Congressional District*** | | | | **:** | Lone District of Nueva Vizcaya | |
|  |  | ***Province*** | **:** | Nueva Vizcaya | | ***Region*** | | | | **:** | Region 2 | |
|  |  | ***CADT/CALT*** | **:** | R02 - KAY - 1215 -197 | | ***Name of AD*** | | | | **:** | Kalanguya, Iwak, Ibaloi Ancestral Domain | |
|  | |  | |
| **3.** | **Project Basis/es** | | **:** | DOH-NCIP-DILG Joint Memorandum Circular 2013-01 | | | | | | | | |
|  | | | | | | | | |
| **4.** | **Total Project Cost** | | **:** | 500,000.00 | | | | | | | | |
|  |  | ***Direct*** | **:** | 415,000.00 | | | | | | | | |
|  |  | ***Indirect*** | **:** | 85,000.00 | | | | | | | | |
|  | | | | | | | | |
| **5.** | **Source of Fund/ Budget Year** | | **:** | DOH / FY 2023 | | | | | | | | |
|  | | | | | | | | |
| **6.** | **Estimated Number of Partner Beneficiaries per IP Group** | | **:** | ***Direct Beneficiaries: (N.B. Usually members of the community/ies who will participate in the ADIPH formulation like the CWG and IP Leaders who will be trained during the ADIPH formulation process)*** | | | | ***Indirect Beneficiaries: 30,678 IPs (N.B. Members of the community/communities who will benefit from the implementation of the PAPs in the formulated ADIPH)*** | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | **Beneficiaries** | **Total** | **Male** | **Female** | | IP Group |  |  |  | | Youth  13-17 y.o.  18-35 y.o. |  |  |  | | PWD |  |  |  | | Adult  36-59 y.o. |  |  |  | | PWD |  |  |  | | Older  60 and above |  |  |  | | PWD |  |  |  | | | | | |  |  |  |  | | --- | --- | --- | --- | | **Beneficiaries** | **Total** | **Male** | **Female** | | IP Group | 30,678 |  |  | | PWD |  |  |  | | Children  0-1 y.o.  1-12 y.o. | 709  7,293 |  |  | | PWD |  |  |  | | Youth  13-17 y.o.  18-35 y.o. | 5,166  8,347 |  |  | | PWD |  |  |  | | Adult  36-59 y.o. | 5,995 |  |  | | PWD |  |  |  | | Older  60 and above | 420 |  |  | | PWD | 1559 |  |  |   No entry of age and birthday: 2,757  Total: 30,678 IPs | | | | |
| **7.** | **Core Program and Subprogram Addressed** | | **:** | IP-based Socio-Economic development, Environmental and Human Rights Services  Sub-program: IP Health Program | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **8.** | **Project Status** | | **:** | ( / ) Proposed | ( ) On-going | | ( ) Continuing | | ( ) Terminating | | | ( ) Coordinated |
| **9.** | **Project Stakeholders and Address** | | **:** | |  |  |  |  | | --- | --- | --- | --- | | Name | Office | Address | Contact Number | | Kalanguya, Iwak, Ibaloi IPO |  |  |  | | National Commission on Indigenous Peoples | Kayapa CSC  Nueva Vizcaya PO  Region 2 RO  OECH | Kayapa, Nueva Vizcaya/Aritao, Nueva Vizcaya  Bayombong, Nueva Vizcaya  Tuguegarao, Cagayan  Quezon City | 078-392-2370  078-844-7593  025751200 loc 1037 | | DOH | BLHSD, DOH | San Lazaro Cmpd., Rizal Ave., Sta. Cruz, Manila | Trunkline 7119502 | | | | | | | | | |
| **10.** | **Proponent/s and Address** | | **:** | |  |  |  |  | | --- | --- | --- | --- | | Name | Office | Address | Contact Number | | Kalanguya, Iwak, Ibaloi CADT Holders | c/o Kayapa CSC | Kayapa, Nueva Vizcaya |  | | | | | | | | | |
| **11.** | **Project Duration** | |  |  | | | | | | | | |
|  |  | ***Target date of start*** | **:** | January 2023 | | | | | | | | |
|  | | | | | | | | |
|  |  | ***Target date of completion*** | **:** | November 2023 | | | | | | | | |
|  | | | | | | | | |
| **12.** | **Mode of Implementation** | | **:** | ( / ) by administration | | | ( ) by contract | | | | | |
| **13.** | **Implementer and Address** | | **:** | |  |  |  |  | | --- | --- | --- | --- | | Name | Office | Address | Contact Number | | NCIP Kayapa CSC | Kayapa CSC | Kayapa, Nueva Vizcaya/Tribal Building, Banganan, Aritao Nueva Vizcaya |  | | | | | | | | | |

1. **BACKGROUND AND RATIONALE**

The Indigenous Peoples Rights Act of 1997 (IPRA) Section 25 mentioned that the ICCs/IPs have the right to special measures for immediate, effective, and continuing improvement of their economic and social conditions including areas of health. In 2013, the DOH-NCIP-DILG signed the Joint Memorandum Circular 2013-01 entitled "Guidelines in the Delivery of Basic Services for Indigenous Cultural communities/Indigenous peoples" which aims to set guidelines that will address, utilization, coverage and equity issues in the provision of basic health services for ICCs/IPs to achieve better health outcomes.

The Ancestral Domain Investment Plan for Health (ADIPH) formulation process is a part of the implementation of the DOH-NCIP-DILG Joint Memorandum Circular 2013-01 which supports the Geographically-isolated and Disadvantaged Areas (GIDAs, Health Systems Development (HSD), and the Universal Health Care (UHC)/Kalusugang Pangkalahatan (KP) Policies

This project proposal for the ADIPH will be for the Kalanguya, Iwak, Ibaloi ICCs/IPs with CADT # RO2-kay-1215-197. The whole Municipality of Kayapa is within the ancestral domain which belongs to the GIDAs. The ancestral domain is accessible by travelling though land by the national/provincial and barangay roads within the town of Kayapa, Aritao, Sta. Fe and Bambang but it is still hard to reach more than half of the total land area inclusive of the AD, making the delivery of basic health services limited

The AD is located midway between the Provinces of Benguet and Nueva Vizcaya. It is bounded on the North by the Province of ifugao; North-East by the Municipality of Ambaguio, on the East by the Municipality of Bambang, South-East by the Municipality of Aritao, on the South of Sta. Fe aii in the Province of Nueva Vizcaya; on the West by the province of Benguet. It is about 60 kilometers away from the Capital Town of Nueva Vizcaya-Bayombong, and 79 kilometers away from Baguio City, the summer capital of the Philippines

1. **OBJECTIVES**

**General Objective:**

To enable the Kalanguya, Iwak, Ibaloi ICCs/IPs actively participate in developing their own Ancestral Domain Investment Plan for Health (ADIPH) for incorporation in the ADSDPP, LIPH, AOP and other plans for funding and implementation in coordination with all the line agencies/institutions, Local Government Units and other stakeholders

**Specific Objectives:**

1. At the end of social preparation activity, participants will be able to determine numbers and members of the Community Working Group considering sectoral representation, secure commitment of partner stakeholders and identify schedules of succeeding activities of ADIPH Formulation.
2. At the end of data gathering, the CWG will be able to identify, collect, consolidate, analyze and validate all health information reflecting the current state of the Kalanguya, Iwak, Ibaloi ICCs/IPs of the ancestral domain, to update and fill up data gaps and to have an initial draft of Part 1 and Part 2 of the ADIPH.
3. At the end of planning and budgeting workshop, the CWG will be oriented on ADIPH formulation, LGU Planning and Budgeting Processes, Bottom-up Budgeting Process and the Local Investment Plan for Health, provide information on the current health situation in Kayapa, Bambang and Aritao municipalities that are covered by the Kalanguya, Iwak, Ibaloi ancestral domain, present specific sections of the ADIPH that may need validation of the data/information and identify appropriate, culture-sensitive health interventions in the context of indigenous beliefs, customs and traditions, realign these homegrown health practices in accordance with evolving government priorities and policies.
4. The CWG will be able to have basic understanding of promotion and marketing, identify possible organizations/local and national agencies for ADIPH marketing & promotion and identify strategies that can use in promoting the ADIPH and develop a basic promotion and marketing plan to lobby for your ADIPH integration
5. To be able to develop draft and be validated by the Kalanguya, Iwak, Ibaloi ADIPH and IPs/ICCs
6. To be able to incorporate the ADIPH for the Kalanguya, Iwak, Ibaloi to the Ancestral Domain Sustainable Development and Protection Plan (ADSDPP) of the Kalanguya, Iwak, Ibaloi ICCs/IPs, in the Local Investment Plan / Municipal Investment Plan for Health of the LGU up to the Provincial Investment Plan for Health for inclusion in the budget preparation and to finally get allocation for implementation
7. **PROJECT DESCRIPTION**

The proposed Ancestral Domain Investment Plan for health (ADIPH) for the kalanguya-Iwak-Ibaloi ICCs/IPs is to address their health needs as demanded by the Ancestral Domain and community situations. In the formulation of ADIPH, the principles must be consistent with their rights to self-determination which means the kalanguya-Iwak-Ibaloi cultural communities needs to be involved in the analysis of their health grounded on social justice and human rights i.e. they should receive the health services that they need and not just what their resources can afford. In the implementation of health interventions, their cultural integrity must be observed with responsibilities emphasized for the present and future generations.

The ADIPH is a three (3) year plan that comes through a series of coordination meetings/consultations, data gathering and analysis, planning and budgeting, formulation of plan promotion and marketing strategies with concerned ICCs/IPs, Private/Government agencies/Organizations in order to put into technical writing. Formulated plans, including project proposals will be validated by the community for plan, promotion, marketing and lobbying for integration with government plans. Next will be the implementation of ADIPH, monitoring and evaluation, and ADIPH enhancement.

The analysis of the health situation and development of intervention must take into context the whole ICCs/IPs community or the ancestral domain. The ADIPH must be integrated into the ADSDPP, LGU and DOH Plans as a whole. They shall not be limited by LGU administrative and political boundaries. While the specific interventions may pinpoint the responsible LGU for funding and implementation, the ADIPH must be taken as a whole instead of being broken down into political and administrative parts. It must be emphasized that through this process of ADIPH integration to government plans, ICCs/IPs in the ancestral domain will realize the improvement in health services they deserve.

1. **PROJECT IMPLEMENTATION AND MONITORING AND EVALUATION STRATEGIES**
   1. **Project Implementation**

This ADIPH proposal will be spearheaded by NCIP Kayapa CSC alongside the NCIP Provincial Office Nueva Vizcaya. It will be coordinated with the Kalanguya, Iwak, Ibaloi ICCs covered by the Ancestral Domain. Plan of programs, projects, and activities will be formulated by the Kalanguya, Iwak, Ibaloi ICCs which will be carried out and lobbied to the Local Government Unit of Kayapa and other Partner Agencies for funding and implementation. Implementation approaches can be done in 3 ways i.e. *top-down* approach-Implementation is mainly done by agencies from outside communities with limited involvement from the beneficiaries; *bottom-up approach —* Beneficiaries implement the project. Outside resources may provide the financial and technical assistance; lastly, *the collaborative and participatory approach —* Both top-down and bottom-up approaches to project implementation are applied in the process. It is important to establish an atmosphere of candour and trust with partners during implementation so that concerns may be raised and resolved.

**PHASE 1: SOCIAL PREPARATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dynamics** | **Who are involved** | **Strategies/ Methods** | **Venue and Duration** | **Resources needed (resources needed)** | **Expected Output** |
| Coordination Meeting | Concerned NCIP Service Center, Provincial Office and Regional Office, LGU, LGU Budget Officer, LGU Planning Officer, MHO, DOH representatives, IP Representatives, SB-IPMRs’, Stakeholders (NGOs, CSOs’, Private Corporations/entities) | Presentations Plenary Discussions, Group Discussions | City or Municipality proper, 1 day | Meals and Snacks  Travelling Allowance  IP Transportation  Supplies and Materials  Communication Cost | Recommendations, comments of the participating government agencies/entities, NGOs, CSOs’, Private Corporations/entities |
| Community Consultation and Orientation | Concerned NCIP community service center and Provincial Office, IP representatives (tribal leaders, IP youth, IP women, TBAs’, Cultural bearers), concerned IPMRs’ | Presentation and group discussion | IP community, 1 day | Meals and Snacks  Travelling Allowance  IP Transportation  Supplies and Materials  Communication Cost | Identified IP representatives for CWG.  ICC/IP resolution for the ADIPH formulation and the corresponding activities.  Parameters and scope identified and documented. |

**Activity / Topics:**

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| --- | --- | --- | --- |
| **Activity** | **Topics** | **Resource Person/Facilitators** | **Expected output** |
| 1. IEC | IPRA Sec 16, 17, 25, 29, 34 | Provincial Officer or Health Focal Person | Understanding IPRA |
| DOH-NCIP-DILG JMC 2013-01; 2015-01 | Health Focal Person | Knowledge on JMC |
| ADIPH | Health Focal Person | Knowledge on ADIPH |
| ADSDPP | ADSDPP Focal Person or Health Focal Person | Knowledge on ADSDPP |
| 2. Identification of members of IP-CWG | Roles of the IP-CWG; Criteria of choosing IP-CWG | Focal Person | Names of IP-CWG Members |
| 3. Action Planning |  | Focal Person | Schedule of Planning and Budgeting |
| 4. Commitment-Setting |  |  |  |

**PHASE 2: DATA GATHERING**

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| --- | --- | --- | --- | --- | --- |
| **Dynamics** | **Who are Involved** | **Strategies and Methods (tools)** | **Venue and Duration** | **Logistics Needed (supplies and materials)** | **Expected Result** |
| 1. Identify the documents/ data needed |  |  |  |  |  |
| 1. Review of Recognition Book, existing ADSDPP/NAC and other secondary data available | NCIP Provincial Health Focal Person/Health Team | Desk Review | Office, 2 days | Supplies and Materials | Available data for Part 1 and Part 2 of the ADIPH culled-out; |
| 1. Initial drafting of Part 1 and Part 2 of ADIPH and identification of data gaps | NCIP Provincial Health Focal Person/Health Team | Desk Work (data encoding, analysis, editing) | Office, 1 week | Supplies and Materials | 1st Draft of ADIPH Part 1 and Part 2.    Identified data gaps. |
| 1. Filling up of data gaps | NCIP Focal Person  Concerned MHO/LGU and IP Key Informant. | Field visit, review of RHU primary data, observation and photo documentation | 3 days | Travelling Allowance  Supplies and Materials | MIPH/PIPH provides data on health statistics.    MPDP/PDP/BDP provides data on general/priority thrust of the LGU in terms of budget preparation of AIPs.    Appropriate data gathered and supplied. |
| 1. Assessment and analysis of Data | NCIP Focal Person | Desk Work (data encoding, analysis, editing, printing of 1st draft, sample book bind) | 1 week | Supplies and Materials | Enhanced ADIPH Sections on ***Background*** and ***Current Health Situation of the Community*** |

**Activities:**

**1.** **Identify, collect, consolidate, review and analyze all health information and related literature**

Methods that can possibly be used are listed open-ended (as opposed to being prescriptive) and used depending on what works best and most appropriate given the particular situation of the IP community. Below is the list of data collection methods:

Review the related documents/literature like Recognition Book for CADT, existing ADSDPP, NAC output and secondary data that may contain the necessary data/information needed.

**2. Initial drafting of the ADIPH Sections on BACKGROUND** and **CURRENT HEALTH SITUATION OF THE COMMUNITY and identification of data gaps**

Cull-out the data to be supplied to **draft** the **BACKGROUND** and the **CURRENT HEALTH SITUATION OF THE COMMUNITY of the ADIPH** *(refer to Contents of ADIPH in this Manual).*

**PRIORITY PROGRAMS AND PROJECTS** may initially be included in the drafting by listing the health-related PAPs identified in the ADSDPP if available.

The team will assess data to identify gaps and finalize a list of the data requirements. The output of these would be the list of data that would require primary data collection.

**3. Filling-up of Data Gaps**

Based on the actual list of data required derived from the Recognition Book, ADSDPP and NAC output, the NCIP Provincial Medical Team shall collect the secondary data from the different agencies/institutions or any available source. The Team or the Health Focal Person may conduct field visits and gather additional data from the RHU and MPDO/PPDO.

Collection of secondary data is also important to reinforce the discussion of the CURRENT HEALTH SITUATION with hard facts or health statistics.

During the field visit, the NCIP PMT or Health Focal Person may take photos that may be used to support the discussion on the current health situation. The team may also conduct KII.

4. **Assessment and analysis of data**

Assess and analyze the data gathered and supply the data and information to enhance the **BACKGROUND** and the **CURRENT HEALTH SITUATION OF THE COMMUNITY** sections of the ADIPH.

**PHASE 3: PLANNING & BUDGETING**

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| --- | --- | --- | --- | --- |
| **Activities/ Particulars** | **Who are Involved** | **Strategies and Methods (tools)** | **Venue and Duration** | **Expected Result/ Outcome** |
| 1. Presentation and discussion of the following topics:  a. ADIPH;  b. LGU Planning and Budgeting Process;  c. Bottom-up Budgeting Process by DILG;  d. The Local Investment Plan for Health;  e. Current Health Situation in the Municipality or Province depending on AD coverage by the MHO or PHO Representative | NCIP, MPDOs, MHOs, PHOs,  PPDO’s, MBOs’, IP CWG, DOH representatives, SB/SP- IPMR, SB on Health, CLGU/LGU, Philhealth,  DSWD | Lecture Presentation | 8 hours | IP-CWG has knowledge on ADIPH formulation, the LGU Planning and Budgeting Processes, Bottom-up Budgeting Process and the Local Investment Plan for Health |
| 1. Community Assembly Identifying Community Issues on IP Health | IP-CWG  MHOs, BHWs  ICC/IP Leaders/elders | Lecture,  Group Workshop, Plenary Session | 2.5 hours | Additional data on current health situation |
| 1. Formulation of Vision/Mission/ Goals for Health Development | MPDOs, PPDOs, MBOs, IP CWG, NCIP, DOH representative es, SB/SP- IPMR, SB CLGU/LGU, Philhealth, DSWD | Lecture, Group Workshop, | 2 hours |  |
| 4. Planning for IP Health Interventions  *\* Identification and Prioritization of Health Programs and Projects* | MPDOs’, PPDO’s, MBOs’, IP CWG, NCIP, DOH representatives, SB/SP- IPMR, SB CLGU/LGU, relevant Government Agencies, NGOs’, Stakeholders’, Philhealth, DSWD | Lectures.  Group Workshop, Plenary Session following the identified Development Needs. Plenary Session. | 2.5 hours | List of PAPs’.  Prioritized PAPs’. |
| 5. Project Costing and development of budget plan | MBOs, MPDOs’, IP CWG, Mun. Engineer, DOH, NCIP, MHO, PHO,DA, DSWD, DOLE, DTI,PHO, DILG, IPMR, Philhealth | Lectures.  Group Workshop, Plenary Session following the identified list of PAPs’ and Prioritized PAP’s. | 8 hours | Prepared AIP.  Project Profile.  Consolidated 3-year Investment Plan. |
| 6. Formulation of implementation management, monitoring and evaluation  (*May be part of the Social Marketing Training)* | NCIP, IP-CWG, DOH, MHO, PHO, IPMR | Lectures.  Group Workshop, Plenary Session | 4 hours | Drafted Implementing Strategies.  Identified indicators for monitoring and evaluation e.g., no. of projects implemented from the ADIPH, no. trainings conducted, increase of budget for IP health interventions. |

**PHASE 4: FORMULATION OF PLAN PROMOTION & MARKETING STRATEGIES FOR INTEGRATION OF THE ADIPH TO GOVERNMENT PLANS**

* Promotion and social marketing plan draft

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| --- | --- | --- | --- | --- |
| **Dynamics** | **Who are Involved** | **Strategies and Methods (tools)** | **Venue and Duration** | **Expected Result** |
| Presentation and Discussion  \*Plan promotion and social marketing | NCIP, IP-CWG, IP Leaders, IP Women and Youth Representation, IPMR | Lecture Presentation  Role Plays | 12 hours | IP-CWG gains capability on lobbying for integration of the ADIPH to government plans. |
| Drafting of the promotion and marketing strategies | NCIP, IP-CWG, IP Leaders, IPMR | Lecture Presentation  Workshop | 12 hours | Plan promotion and marketing strategies formulated. |

**PHASE 5: TECHNICAL WRITING**

* Enhancement of draft ADIPH prepared & submitted

**PHASE 6: COMMUNITY VALIDATION**

* Conduct pre validation activity in the community
* Conduct validation
* Finalization and formulation of ADIPH
* Community resolution confirming the ADIPH
* Integrate in the Local Investment Plan / Municipal Investment Plan for Health of the LGU to be included in the budget preparation and to finally get an allocation for implementation.
  1. **Monitoring and Evaluation Strategies**

The Implementation, Monitoring & Evaluation Team composed of NCIP Provincial Office and/or Community Service Center, DOH, LGU and IP Elder/Leader depending on the implementation status of the project. Monitoring and Evaluation should be multi- phased, inter-disciplinary and community —based. The monitoring and evaluation schemes written in the ADIPH of the Kalanguya, Iwak, lbaloi ICCs should be done and it is NCIPs' responsibility to facilitate the process. An annual assessment with the partner stakeholders may be conducted prior to the planning and budgeting cycle of the government units and offices.

It is important to check whether projects are implemented according to plan; identify problems encountered during the implementation and recommend actions for policy recommendations; and, modify schedules, methodologies, approaches and schemes of activities on approved plan when necessary. As a standard, what is planned and budgeted must be the ones to be implemented. If there are deviations, proper process and protocols must be adhered to.

Implementation of the ADIPH priority projects is a shared-responsibility between and among the stakeholders.

1. **POTENTIAL RISK**

If this project will not be implemented, there will be no intervention done focusing on participatory process of developing programs/projects activities for the improvement of health services in the IP communities, thereby, failure of NCIP to deliver its mandate at the same time the right of ICCs/IPs to basic services will not be recognized, promoted and respected.

1. **SUSTAINABILITY PLAN**

Part of the project shall be a conduct of capacity building that includes but is not limited to training the beneficiaries on project management, simple bookkeeping, conflict resolution, establishing linkage and networking. Commitment of partner stakeholders such as the MLGUs/BLGUs, PHO, MHOs,MPDOs, DILG, DOH, DSWD, and PHIC during the social preparation phase/coordination meeting need to be secured for primary and sustained involvement in the ADIPH formulation process and integration of ADIPH proposed projects to national and local government plans. Establishing linkages and networking with NGO'/NGAs, pro-health organizations and/or donors can also be utilized as a strategy for funding ADIPH programs and projects.

1. **BUDGET REQUIREMENTS**

|  |  |
| --- | --- |
| **PARTICULARS** | **AMOUNT** |
| Direct Cost | |
| * 1. Meals and Accommodation | 299,000.00 |
| * 1. Supplies and Materials | 12,000.00 |
| * 1. Communication Expense | 3,000.00 |
| * 1. Fuel and Oil | 10,500.00 |
| * 1. Transportation Expenses | 90,500.00 |
| Indirect Cost | 85,000.00 |
| **TOTAL** | **500,000.00** |

1. **ATTACHMENTS**
   1. Project Procurement Management Plan (PPMP)– PPF 1a (Annex B)
   2. Project Implementation Plan/Gantt Chart – PPF 1b (Annex C)
   3. Summary of Expenditures – PPF 1c (Annex D)
   4. List of Beneficiaries – PPF 1d (Annex E)
   5. Other attachments – page/portion of the plan as project basis; plan, bills of materials and vicinity map for Infrastructure, Return of Investments for livelihood and other similar projects

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prepared by: |  | Evaluated by: |  | Confirmed by: |
|  |  |  |  |  |
| **CSC Staff** |  | **Provincial Officer** |  | **IPS/IPO Heads/IP Leader/Elder** |

|  |  |  |
| --- | --- | --- |
| Validated by: |  | Endorsed by: |
|  |  |  |
| **Regional Staff** |  | **Regional Director** |

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| Recommending approval: |
|  |
| **Executive Director** |

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| Approved: |
|  |
| **Chairperson** |

**PROJECT PROCUREMENT PLAN (PPMP)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** | **TITLE OF PROGRAM/ACTIVITY/ PROJECT** | **TYPE OF CONTRACT** | **PROCUREMENT**  **METHOD** | **ESTIMATED BUDGET** | **SOURCE OF FUNDS** | **ASCHEDULE/MILESTONES OF ACTIVITIES** | | | | | | | | | | | |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **PROGRAM 2: SUB-PROGRAM 4: IP HEALTH PROGRAM**  **Formulation of the Kalanguya, Iwak, Ibaloi Ancestral Domain Investment Plan for Health** | | | | | | | | | | | | | | | | | |
| 1 | Meals and Accommodation | Goods | SVP/NP | 299,000.00 | NCIP | X | X | X | X | X | X | X | X | X | X | X |  |
| 2 | Supplies and Materials (Ink, tarpaulin, Bond paper, meta cards, pens, etc.) | Goods | SVP/NP/ Shopping/ A to A | 12,000.00 | NCIP | X | X | X | X | X | X | X | X | X | X | X |  |
| 3 | Communication (Cell cards, mailing services, etc) | Goods | SVP/NP/ Shopping | 3,000.00 | NCIP | X | X | X | X | X | X | X | X | X | X | X |  |
| 4 | Fuel & Oil for NCIP Service Vehicles | Goods | Shopping | 10,500.00 | NCIP | X | X | X | X | X | X | X | X | X | X | X |  |
| 5 | Transportation expense of participants (round trip) | Goods |  | 88,000.00 | NCIP | X | X | X | X | X | X | X | X | X | X | X |  |
| 6 | Transportation expense of 1 trainer (round trip) | Goods |  | 2,500.00 | NCIP | X | X | X | X | X | X |  |  |  |  |  |  |
| TOTAL |  |  |  | **415,000.00** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Prepared by Concurred by: Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT IMPLEMENTATION PLAN / GANNT CHART**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phases & Activities** | **Performance Indicators** | **Time Frame/Targets** | | | | | | | | | | | | **Cost per Phase/Activity (4)** | **Actors/ Implementers (5)** |
|  |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |  |  |
| **Coordination Meeting with IP Leaders, LGU’s, /Giving of Invitation participants** | **Coordination meeting conducted/**  **Invitation given** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |  | **3,000.00** | **P.O & CSC Team** |
| **Gasoline/diesel/**  **periodic maintenance NCIP Vehicle** |  | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |  | **10,500.00** | **Supply Officer** |
| **Procurement of Supplies needed in the workshop** | **Supplies Purchased** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |  | **12,000.00** | **Supply Officer** |
| **Conduct ADIPH Training and Seminar** |  | **X** | **X** | **X** | **X** | **X** | **X** |  |  |  |  |  |  | **389,500.00** | **Regional Office ,P.O & CSC Team, DOH** |
| **Submission of Report** | **Report Submitted** |  |  |  |  |  |  |  |  |  |  |  | **X** |  | **P.O & CSC Team** |

**Prepared by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF ESTIMATED PROJECT COST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Phases/Major Activities (1)** | **Personnel Services (Labor/Honorarium) (2)** | **Transportation & Communication (3)** | **Supplies and Materials (4)** | **Equipment/Other Capital Outlay (5)** | **Sundry/Meetings, Contingencies, etc. (6)** | **Total (7)** |
| 1. Coordination/ Giving of Invitation participants |  | 3,000.00 |  |  |  | Php 3,000.00 |
| 2. Procurement of Supplies needed in the workshop |  |  | 12,000.00 |  |  | Php 12,000.00 |
| 3. Conduct ADIPH Training and Seminar |  | 101,000.00 |  |  | 299,000.00 (Meals and Accommodation) | Php 400,000.00 |
| TOTAL |  |  |  |  |  | Php 415,000.00 |