

**AIRGRAM**

**DEPARTMENT OF STATE**

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CLASSIFICATION

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FROM - **MAFILA**

AID  
C & A - BR

SUBJECT - **NONCAPITAL PROJECT PAPER (PROP) -- Population/Family Planning**

REFERENCE - **TOAID A-10**

Country: Philippines Project No. 492-11-570-220

Submission Date: Feb. 3, 1970 Original Revision No. 1

Project Title: Population/Family Planning

U.S. Obligation Span: FY 1967 through FY 1968 1974

Physical Implementation Span: FY 1968 through FY 1969 1975

Gross life-of-project financial requirements: (\$000)

U.S. Dollars: .....	\$14,620
U.S. Gened local currency:.....	None
Cooperating Country Cash Contribution: .....	Unk.
Other Donors: .....	Unk.

**TOTALS** \$14,620

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DRAFTED BY <b>Maverill Arvut</b> <b>Keave</b> <b>Montan/abr</b>	OFFICE <b>FP/OWPS</b>	PHONE NO. <b>416/488</b>	DATE <b>2-3-70</b>	APPROVED BY <b>W.C. Marshall</b>
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*Attach # 2*

## I. Summary Description

The Philippines shares with other developing nations several economic and social problems which are aggravated by a relatively high population growth rate. Estimates of the Philippine population growth rate range from 3.2% to a high 4.0%. For planning and discussion purposes, an estimated growth rate of 3.4% shall be used herein as a reasonable estimate. At this rate of growth, the Filipino population will double from an estimated 37 million to 74 million in about 21 years and reach 111 million by the year 2000.

USAID's policy is to assist the Philippine Government, its agencies and cooperating institutions, both public and private, to formulate policies, conduct research and training, plan and implement projects, and to provide services and supplies designed to slow the population growth rate.

Efforts will be made to motivate a large percentage of the population to accept the view that it is in their interest as well as in the interest of the country to adopt and practice family planning based on individual preferences. USAID's project support contemplates a continuing monitoring, review and evaluation of project effectiveness.

Specifically, in the immediate future assistance will be focused toward:

- (1) The creation of a receptive attitude in a majority of the people so that the officially supported family planning program can be initiated and maintained;
- (2) The design and planning of an integrated and complete program (both public and private sectors) which will include provision of an adequate number of family planning service centers throughout the country;
- (3) The establishment of the necessary administrative organization, and the provision of necessary logistical and commodity support and technical expertise to implement the official program.

The ultimate objective of USAID assistance in the program is to assist the development of a self-sustaining, self-sufficient Philippine family life development and population planning program. It is expected that this will be achieved by 1975 at which time USAID assistance will be phased out.

The program so developed should have the capacity to improve the quality of Philippine life by:

- (1) Reducing the economic dependency burden of the working population by eventual alteration of the population age structure of the country.
- (2) Providing the population planning basis for less serious unemployment and higher per capita income and savings.
- (3) Reducing costs for education, health and other social services.
- (4) Improving the general level of education because of decreased population demands on services.

Present estimates of rate of population growth, per capita GNP increase, details of population structure, fertility rates and other such data need further refinement in the Philippines. Specific project support will be given to accomplishing this refinement through the improvement of collections and reporting and improving collation and analyses of these kinds of data.

For purposes of this paper and pending more specific agreement on these data, the statistics published by the Bureau of Census, the University of the Philippines Population Institute and other official sources will be used in program planning. Although a national family planning policy in the Philippines has been formally approved, the necessary implementing plan is yet to be prepared. Steps are presently being taken to accomplish this as will be further described herein. Assisting the Philippine Government agencies to form, adopt and initially implement its official population program is one of the major objectives of AID assistance.

## I I. Setting and Environment

The high population growth rate, reflected by all demographic studies in the Philippines, aggravates economic and social problems.

The current population of the Philippines is estimated to be 37,000,000. For the past decade, the real GNP in the Philippines has grown at an estimated average rate of 5.7% per year. Per capita income, presently estimated to be \$203 a year has been increasing at a rate of only 2.2% a year. The median income, however, is only \$60

per year. At the present estimated rate of growth, 3.4% per year, the population of the Philippines will double in about 21 years.

The University of Notre Dame research project carried out among selected families in Cebu during 1967-1969, demonstrated that completed family size is large, averaging more than six children per family.

Oral contraceptives and condoms have been available on the local market in the Philippines for some time. Families, however, with incomes of \$60 or less per year are unwilling to spend 75¢ per monthly cycle, or nearly 15% of their annual incomes, for contraceptives.

As a result of its high birth rate the age structure of the Philippines is quite young. 47% of the population is under fifteen years of age. This also means the dependency ratio is high, approximately 1 dependent for each person of working-age. Another socio-economic problem is that unemployment is relatively high, estimated to be 8%. This also results in even a higher degree of dependency than indicated by the crude rate. Underemployment is also a serious problem and this has been estimated to be as high as 25%.

On the national government level significant budget support does not presently encompass family planning. There is an increasing number of influential Filipinos, political, religious, medical, and education leaders who are interested in the consequences of too rapid population growth.

#### A. Constraints

Certain constraints continue to operate against a stronger and more visible governmental role in family planning. Whereas some governmental agencies, such as the Department of Health, have indicated their willingness to contribute to the program "in kind" through salaries of staff and use of existing facilities, they are not presently able to finance staff expansion for this purpose.

##### i. Religious Constraints

The official policy of the Roman Catholic Church banning the use of contraceptives has inhibited the development of a full service family planning program. Also, until 1969 the importation of contraceptive devices was prohibited by legislation. While contraceptive devices were available in the Philippines, knowledge, attitude, and practice (KAP) studies in 1968 and 1969

presented evidence that contraceptives were only minimally used.

2. Cultural Constraints

Cultural norms as well as economic values in the Philippines reinforce large family size. Attitude surveys recently conducted in Cebu, while not necessarily representative of the entire nation, show that desired family size is in excess of six children.

3. Economic Constraints

Pills can be bought in the Philippines for P2.50 to P9.00 per monthly cycle. Families with incomes of less than P800 (approximately 1 peso - 25¢) per year, however, believe they cannot afford to buy pills regularly. To reach this important target population, the price of pills will probably have to be subsidized initially, with the hope that mass use will bring unit cost down to the range most couples can afford.

4. Information Gap

Although policy level leaders of the government and the upper social classes generally accept the need to control excessive population growth, there has been a general lack of awareness in the Philippines of the demographic and health repercussions of high parity. Until recently, medical students received little or no training in family planning or in prescribing contraceptives for patients. The Philippine public shares with much of the rest of the world a low comprehension of reproductive biology.

B. Facilitators

Serving to facilitate the family planning movement in the Philippines is an already existent framework for a large and widespread health organization. The combined total of more than 2,600 facilities (including 1400 rural health units, 770 hospitals, 100 chartered city health units, 400 puericulture clinics) now operating, provides a system of service outlets in which family planning programs can be developed without major additional construction cost outlays. In addition, there are many private clinics and physicians which could be readied to provide service in support of the official national program.

The high literacy level in many regions and the fact that education is highly valued among Filipino families, should make it easier to convince the Filipino population of the economic and health benefits of family planning.

Most significantly is the national government's recently expressed willingness for increasing participation in assisting the population/family planning movement. Further, in January, 1970 the President of the Catholic National Bishops Conference told USAID that they were going to implement a massive program of "responsible parenthood."

### C. Progress to Date

280 clinics offering some aspect of family planning service have been opened. Approximately 2,100 medical and paramedical personnel have been given family planning training. Several research projects have been supported including two social attitudinal - one in reproductive biology and one in demographic/population dynamics related to fertility characteristics.

Moreover, during FY 1969, significant official government interest has been shown in family planning. In February, 1969, President Marcos created a Population Commission composed of significant church and civic leaders including five (5) cabinet Secretaries. These cabinet Secretaries form the executive board of the Commission which was charged with the responsibility of preparing the National Population Policy Paper. In the same month, the Secretary of Justice liberalized the interpretation of an existing ruling to permit the importation of contraceptives into the Philippines. (See Appendix A -- Commission on Population Statement)

Earlier in October, 1968, the Secretary of Health concurred in the establishment of a Project Office for Maternal & Child Health (POMCH) to coordinate family planning activities. The Secretary also agreed that (1) health department staff could take training in family planning; (2) government clinics could offer family planning services; and (3) the Department of Health would accept donations of contraceptives and supplies in support of family planning activities.

The Philippine Congress in March, 1969 passed a Joint Resolution establishing basic policies to achieve economic development and attain social justice, commonly referred to as the Magna Carta for Economic Freedom. This policy asserts the individual couple's right to practice family planning within the dictates of their own consciences.

### III. Strategy

A multi-sector approach to family planning has been developed in the Philippines as a result of inputs from voluntary family planning associations. Official agencies such as the Department of Health, the University of the Philippines Population Institute and others as well as private institutions and individual physicians have been providing family planning services or research in support of the general program. Instead of supporting a single element, USAID has been and proposes to continue to provide assistance to both private and public sectors in a coordinated manner. To provide official coordination, the majority of USAID funding is channeled through the GOP designated agent. At present this is the Project Office for Maternal and Child Health (POMCH) of the Department of Health. This approach offers flexibility in program implementation by taking advantage of existing government and private organization resources. Furthermore, by encouraging private physicians to offer family planning services, the total cost of the program can be reduced by patient fees from those who can afford private patient care and the speed of service implementation can be accelerated.

Stimulation of assistance by other private donor agencies such as the United Nations, Ford Foundation, Population Council, IPPF and Pathfinder makes it possible to broaden support for the movement and maintain a lower profile of AID involvement. It is recognized that such a range of inputs in the program could lead to disorganization. To motivate the widest possible segment of the population to family planning, however, it would probably be a mistake to attempt to apply a highly centralized uniform national family planning program in the Philippines at this time. This is due primarily to the lack of a definitive national program or implementative plan or agency which could serve such centralization. In addition, the differing objectives and resources of the various donors and recipients might make it difficult for a single agency to satisfy everyone's objectives and win everyone's confidence and support.

Also, it is recognized that a significant distinction exists between methods of strategy needed to motivate urban as opposed to rural couples to family planning. The urban population is highly concentrated, often in crowded quarters. Their life style is distinctive in terms of work, leisure time, and perhaps in reproductive behavior. The bulk of the rural population which is of necessity agriculturally oriented is neither very accessible nor concentrated, yet it constitutes 70% of the highly fertile families in the country.

Consequently, at least a two-fold approach will be made to the problem of population control; one focusing on urban city-designed programs directed toward squatter and slum neighborhoods, industrial populations, educational institutions, and another directed toward traditional health practitioners, midwives, and development workers (agricultural, social, technical) functioning primarily in rural communities. As a means of involving the greatest numbers of people at all levels in this initial phase of the program, diversity, innovation, creativity and experimentation will be encouraged.

USAID proposes that the Philippine program profit from the accumulated experience and wisdom of more mature population programs of other countries by:

- (1) Cautious consideration of alternative approaches before making massive commitments to any single technological or program configuration.
- (2) Deliberately employing evaluative techniques wherever feasible in operational projects.
- (3) Securing advice, guidance and consultation from research and management resources in country and abroad.

#### IV. Planned Targets, Results and Outcome

The overall goal of the family planning program in the Philippines is to improve general well being by reducing the speed at which the population is increasing. The existing operational program will contribute to that long-range goal by reducing the Philippine birth rate. However, the program is also experimental and an interim goal of better understanding the most effective way of reducing the birth rate must be considered. Since desired downward changes in the population growth rate seem unachievable in the near or medium term future we have intermediate targets of infrastructure building, education and motivation. These targets will contribute to the reaching the overall goal more efficiently and probably in a shorter period of time.

Over the next year 1970 the operational program should reach a level of perhaps 180,000 to 200,000 acceptors. This, if accomplished, should lower the growth rate by 0.1% (from about 3.4 to 3.3). The following year 1971, if the operational aspects of the program are not greatly expanded, the cumulative acceptor level should reach perhaps the 350,000



or more level. Extrapolations of effects on growth rate for this time becomes more uncertain, but a reduction to about 3.2% perhaps less, seems possible.

At the same time, several experimental programs are being considered to complement those now in operation. By the end of this year, it is planned that the alternative programs be evaluated and that the most cost effective appearing method be selected. Attention would be focused on this method in subsequent operational efforts.

There is still the major and most difficult problem of communicating to the average Filipino, especially in the rural areas, the costs of a large family, the potential economic and health benefits of limiting family size. This is an educational and motivational task of considerable size and difficulty. In the next 18 months USAID hopes to have this message disseminated to a major portion of the rural Philippines via the appropriate cooperating agencies and institutions. Testing the effectiveness of this effort and evaluating it will be an integral part of the actual program itself.

Reaching the ultimate objectives, in all likelihood, will not be possible without a greatly improved knowledge of Philippine demography and the methods and conditions to which the rural Filipino will respond to family planning. USAID has started to support the research and development of infrastructure required for program decision making. Results are becoming available and should continue to come in at an accelerating rate over the next year. Within 24 months a viable self-sustaining research system will be created and the base line data to support a massive program implementation will be becoming available.

The goal of creating a national awareness at the top decision making and intellectual levels, can be said with considerable confidence to, have been reached. (Appendix "B"-State of the Nation Message-1/70)

## V. Course of Action

### A. Administration

1. **Coordination:** For the life of this project, USAID plans to continue support to POMCH, or another agency, in its governmentally appointed role as program coordinator.

The POMCH receives activity proposals submitted for USAID funding and with USAID consultants, critiques the activity as to technical competence, program relevance, and fiscal consistency. Once endorsed by POMCH, proposals are forwarded to the NEC and USAID for concurrence and funding under the Project Agreement. POMCH informally observes non-USAID financed activities, particularly services offered by Family Planning Organization of the Philippines (FPOP) and evaluation performed by UPPI.

2. **Records, Reports and Evaluation:** A standardized record and report system on clinic operations and family planning acceptors is now used by all participants in the program. UPPI has assumed direct responsibility for supervising this system and for publishing periodic progress reports based on the incoming data. (Appendix "C"-Clinic Reports Forms System)
3. **Logistics:** As the program expands, particularly to take advantage of the Government of the Philippines rural health units, a system will be required to ship, control, and audit commodities. Each project director is now charged with this responsibility under his sub-agreement with the POMCH. A more centralized system may be desirable. SGV is currently exploring possibilities for instituting such a system, probably through the POMCH or other designated coordinating body.

#### B. Service Centers

**IMCH:** The Mission is funding, through the IMCH, the operation of over 100 puericulture centers which offer a spectrum of maternal and child health services with emphasis on family planning. USAID will continue its support, through POMCH, of these puericulture centers emphasizing that new clinics should be opened only upon the achievement of self-sufficiency by an existing clinic or if specific needs are known and supportable after the evaluation system is in effect.

**FPOP:** With funds from IPPF, (\$200,000 provided by AID/W to IPPF for FPOP in 1969) FPOP is operating 39 clinics throughout the Philippines. This operation will slowly expand into areas not served by government or puericulture clinics. AID will, with POMCH, continue to liaise with FPOP insofar as records and evaluation are concerned until such time as relationships are more formally structured. UNCLASSIFIED

**Chartered Cities:** USAID will continue through FY 70 to give support to three autonomous chartered cities as a means of involving them in family planning. Forty-nine clinics are now offering family planning services under this program.

**UP College of Medicine:** As an adjunct to the UPCM training program, 8 clinics will be supported by AID/POMCH throughout the Philippines. These clinics will serve as regional training sites for medical students studying contraceptive methods, particularly the insertion of IUD's under supervision.

**Province of Laguna:** The Mission will continue through FY 70 support to the Governor of Laguna in initiating a pilot project in family planning. Thirteen clinics have been started and are operating under this project.

**Silliman University:** USAID/POMCH will continue to support the medical center of Silliman University in its initiation of a pilot project to offer family planning services in 12 clinics on the island of Negros. A key feature of this program is the use of village-level recruiters to motivate acceptors.

### C. Training

AID will continue to support training activities required to implement developing family planning programs.

With the current and proposed development and expansion of family planning services by both public and private agencies it is apparent that there is increasing need for trained personnel in all relevant professional and sub-professional categories. The severity of the need is increased by the fact that teaching of family planning and related subjects has on the whole been inadequate in schools of medicine and nursing as well as in the other pertinent training institutions.

As the Philippines has a large reservoir of professionally trained medical and paramedical personnel most of the training requirements will be met by in-service and continuing education programs. Some professional training for administrative and supportive staff in specialized fields that contribute importantly to family planning program development will be required. And some specially designed short-term and long-term training will be needed to prepare certain key persons who will assume responsibility for program development on the national and regional levels.

AID plans to support training activities that supplement the inputs of the other assistance agencies and that respond to changing program directions, particularly the anticipated expansion of clinical services and the initiation of educational programs to promote the utilization of these services.

Training institutions will be encouraged to offer intensive training for those involved in delivering family planning services as well as the currently available orientation and familiarization courses that teach basic information and attitudes to workers who acquaint and refer people to family planning services.

Priority will be given to training required to expedite program planning and action on the national level, build capability of existing training resources and to increase the effectiveness of in-country training efforts. Coordinated planning among the training institutions and program organizations concerned will be fostered and supported.

To date, population/family planning training in the Philippines has principally been carried out by three institutions: The Institute of Maternal and Child Health (IMCH) averaging about 1500 trainees a year; the Family Planning Organization of the Philippines (FPOP), an IPPF affiliate, training 200 per year; and the University of the Philippines College of Medicine (UPCM) also training about 200 a year.

In January 1970, the Office of Health Education and Personnel Training (OHEPT) of the Department of Health initiated classes for its training staff. These public health trainers are being prepared to conduct the in-service training program within the Health Department in preparation for its proposed major nationwide family planning project utilizing the rural health units as service outlets. USAID is supporting this training.

In addition, USAID has, during the past several years, funded training for administrators, government officials, educators and specialists needed in family planning. The areas of training included: vital statistics, vaginal cytology, social science, family planning program administration, communications, research and evaluation, reproductive biology, population dynamics and family planning in medical curricula.

USAID is programming over 190 participants for POP/FP training fields for 1970/1971. Support will also be provided to participating institutions, universities and medical colleges to prepare their training staff for work on educational efforts directed to supporting the population

family planning program in the Philippines. Additional fields in family life and reproductive biology education, clinic services, and research and evaluative methods, will be given USAID attention and support as needs dictate.

In the past two years, over 2,000 medical and paramedical personnel in various institutions have been trained, 65% of whom are physicians, the rest being nurses, social workers, teachers, midwives and others. Future plans include training for 13,500 physicians, 20,000 nurses, 10,000 midwives, and 660 social workers. Accelerated service needs will create additional training demands. Present training facilities cannot cope with these needs. The Department of Social Welfare plans to train 660 social workers to be client motivators and the training division of the Dept. of Health will train 2,000 personnel per year. Presently, 2243 Dept. of Health personnel have been trained, leaving 4653 to be trained in the next 2-1/2 years. 23,104 more personnel remain to be trained, but existing facilities can produce only 2,000 graduates per year. At the present level of achievement it will take almost 12 years for the existing institutions to finish training all medical and paramedical personnel outside of the Dept. of Health. OHEPT may help in training after 2-1/2 years and with the same output of 2,000 trainers per year, will reduce the training time to 7 years to cope with the target of 30,660 personnel to be trained if the target goal of 250 to 500,000 acceptors a year are to be reached in the next five years.

#### D. Information-Motivation

A sharp delineation between the training of professionals on family planning and the motivation of the public to family planning is difficult. The seeming redundancy noted in training activities and information/motivation activities reflects the natural flow of motivation from training and vice versa.

Nothing is as important as motivating the populace - most important the young parents - that family planning is good for them, will help them and that they should take the positive steps necessary to space their children or limit the number they have. All the medical services, trained doctors, pills and demographic research is for naught - if the change in attitude does not take place among a majority of the child producing populace. This is the major and real problem in a successful population and family planning program. If its importance and priority are overlooked, then clinics, imported pills, and training for medical and paramedical personnel are wasted.

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USAID has proposed the formation of a Joint Information Service to serve any organization, institution or individual interested in obtaining information or educational materials related to family planning. The service would prepare or contract the preparation of family planning materials appropriate to the Philippines. It also will serve as a clearing-house and library for existing materials. Activities of the service will be determined by a policy coordinating committee and implemented by a professional technical staff. At this date it has not been determined under whose auspices this service would be provided although the POMCH, FPOP, UPPI, and IMCH have expressed their interest in the creation of such a service and pledged cooperation with it.

Along more motivational lines, other projects USAID proposes funding through POMCH include:

- (1) Community level motivation projects - Silliman University is using non-professional women to recruit family planning acceptors. The UP Institute of Hygiene is preparing a curriculum to train multi-purpose community workers as family planning motivators. The Mission has allocated an initial budget of P25,000 to support this project.

Home technicians of the Land Reform Commission and case workers of the Department of Social Welfare have already expressed an interest in becoming community motivators for family planning. Other groups the Mission is interested in involving include the APC and even indigenous midwives.

- (2) Parish level motivation - The Mission is interested in supporting efforts of the Roman Catholic Church to promote responsible parenthood. Under the auspices of the Asian Social Institute, the academic arm of the office of Cardinal Santos, the Mission has funded 10 Family Life Centers. These Centers hold seminars which motivate couples to regulate conception. For couples who are interested in the rhythm method, instruction is given by a physician. Couples desiring other methods are referred to family planning clinics.

The Carmelite Fathers in Quezon Province are interested in motivating the population to responsible parenthood as part of a general community development program and have proposed using a radio station they own to promote the theme. The Order requires assistance in the operation of the radio, and salary for some staff members to compose scripts on responsible parenthood.

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USAID is reviewing this project with the POMCH as to fiscal and program appropriateness.

- (3) Formal education/motivation projects: Mission staff are presently working with Philippine Women's University on an appropriate curriculum to be added to high school and college courses. The curriculum will not emphasize sex education, but will emphasize traditional values and the advantages of small families. Upon submission, the Mission and POMCH will consider funding this project.
- (4) The Social Communication Center (SCC) a Catholic operated publishing service has been given support to print and publish educational and motivational materials in family planning. This includes several of their weekly and monthly publications - some in dialects - as well as radio spots and a soap opera series for local radio stations.

#### E. Research/Evaluation

USAID is supporting field research to provide increased knowledge of demographic conditions in the RP along with a better understanding of what the individual Filipino woman believes about an ideal family size. Some of the research is looking far into the future and is oriented toward building Philippine bench and field research capabilities. Other projects are designed to create certain basic, general information needed for overall program planning. Some projects are designed to provide data needed for operational support for on-going activities.

In the field of human reproduction, two small projects establishing base line endocrine values are being supported at the University of Santo Tomas and at the University of the Philippines College of Medicine.

Demographic data in the Philippines are relatively weak. The UP Population Institute is attempting to further analyse existing data, and make an intensive analysis of the demographic implications of a national sample survey conducted in 1968. The same institute is contracted to determine contemporary national and regional growth rate patterns from the 1970 census data as soon as these become available. Consideration is being given to a joint proposal by Xavier University and the University of North Carolina for an experimental program to make an intensive study of a method for obtaining better vital statistics data. This Population Laboratory, if funded, would constitute a major effort toward improving our ability to measure the impact of population change oriented programs.

In the area of general social attitudes, studies are being funded at the Ateneo de Manila, the University of Notre Dame, and the UPPI. The Ateneo project is oriented toward determining attitudes about family size, contraceptives and so forth in the slum areas of Manila. The Notre Dame project (completed in 1969) was an intensive study of family size, desired family size, and contraceptive knowledge and practice as it existed in Cebu. This study will provide a useful baseline from which to evaluate changes as the program develops. The UPPI is being funded to do further analysis on the data they collected in conjunction with the census bureau in a nationwide sample survey done in late 1968.

The data from this nationwide survey is similar, though less extensive, to the Notre Dame material. The UPPI data differs in that it covers the entire country. These studies of attitudes and practices are particularly important in guiding our decisions in the planning of information and education activities.

The success of on-going family planning activities has varied considerably from one region of the country to another and from one managing institution to another. The Mission is making a concerted effort to better understand what factors are contributing most to existing performance so that future activities can be more optimally performed. In line with this, the Mission and UPPI designed a uniform reporting system for recording the level and effectiveness of on-going clinic activities. Recently, all cooperating institutions have agreed to adopt this reporting system and it is now being computerized as the initial reports start to come in. The Mission and UPPI will be concerned with extracting from this new report information on how well the existing clinics provide the needed services. Along these same lines the existing approach of the Mission is experimental in concept and the newly instituted reporting system is the key to evaluating the relative merits of the various approaches.

**Attachments:**

- Appendix "A" - Commission on Population Statement
- Appendix "B" - State of the Nation Message - 1/70
- Appendix "C" - Clinic Reports Forms System

17 Table 1

**NONCAPITAL PROJECT FUNDING**  
(OBLIGATIONS IN \$000)

PROP DATE: 2/3/70  
Original: 12/21/69  
Rev. No.: 1

17 Country: Philippines

Project Title: Population Planning  
Project No. : 492-11-570-220

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TOAID A- 69

Xenfile

Fiscal Years	AP	L/G	Total	Cont <sup>1/</sup>	Personnel Serv.			Participants		Commodities		Other Cost	
					AID	: PASA	: CONT	U.S. : CONT	Ag. :	Dir : CONT	US Ag:	Dir & :CONT	US Ag :
Prior through Actual													
FY 1969	TC	G	1,220	(185)	-	4	185	77	-	268	-	686	-
	SA	G	1,400	(218)	-	-	218	139	-	167	-	876	-
Opr. FY 1970	TC/FP	G	2,300	(325)	100	-	325	450	-	625	-	800	-
Budg. FY 1971	TC/FP	G	2,500	(400)	150	-	400	250	-	700	-	1,000	-
B + 1 FY 1972	TC/FP	G	3,000	(400)	150	-	400	250	-	1,000	-	1,200	-
B + 2 FY 1973	TC/FP	G	2,500	(250)	150	-	250	200	-	900	-	1,000	-
B + 3 FY 1974	TC/FP	G	1,700	(150)	150	-	150	100	-	700	-	600	-
All Subs.			-	-	-	-	-	-	-	-	-	-	-
Total	TC	G	1,220	(185)	-	4	185	77	-	268	-	686	-
Life	SA	G	1,400	(218)	-	-	218	139	-	167	-	876	-
	TC/FP	G	12,000	(1,525)	700	-	1,525	1,250	-	3,925	-	4,600	-

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<sup>1/</sup> Memorandum (nonadd) column