

(4)

RS/PS  
 PD-ADD-495-A1 4920220-5  
 PAGE 1 of 15 PAGES

I. PROJECT IDENTIFICATION

1. PROJECT TITLE  
**Population Planning**

APPENDIX ATTACHED  
 YES  NO

2. PROJECT NO. (M.O. 1095.2)  
**492-11-370-220**

3. RECIPIENT (specify)  
 COUNTRY **Philippines**  
 REGIONAL  INTERREGIONAL

4. LIFE OF PROJECT  
 BEGINS FY **67**  
 ENDS FY **73**

5. SUBMISSION  
 ORIGINAL **3/30/72**  
 REV. NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CONTR./PASA NO. \_\_\_\_\_

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US <b>16.25</b> (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
										(A) JOINT	(B) BUDGET	
1. PRIOR THRU ACTUAL FY	<b>11499</b>	<b>373</b>	<b>-</b>	<b>317</b>	<b>-</b>	<b>2106</b>	<b>7136</b>	<b>1127</b>	<b>-</b>		<b>296</b>	<b>-</b>
2. OPEN FY <b>72</b>	<b>6050</b>	<b>225</b>	<b>-</b>	<b>30</b>	<b>-</b>	<b>1510</b>	<b>3567</b>	<b>618</b>	<b>80</b>		<b>240</b>	<b>922</b>
3. BUDGET FY <b>73</b>	<b>3935</b>	<b>300</b>	<b>-</b>	<b>25</b>	<b>30</b>	<b>2093</b>	<b>1008</b>	<b>510</b>	<b>73</b>		<b>200</b>	<b>2685</b>
4. BUDGET +1 F. <b>74</b>	<b>2615</b>	<b>80</b>	<b>24</b>	<b>25</b>	<b>30</b>	<b>2360</b>	<b>670</b>	<b>480</b>	<b>100</b>		<b>240</b>	<b>3020</b>
5. BUDGET +2 F. <b>75</b>	<b>3420</b>	<b>80</b>	<b>24</b>	<b>25</b>	<b>30</b>	<b>2500</b>	<b>335</b>	<b>480</b>	<b>100</b>		<b>240</b>	<b>3389</b>
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	<b>29479</b>	<b>1200</b>	<b>48</b>	<b>722</b>	<b>300</b>	<b>10571</b>	<b>12711</b>	<b>3215</b>	<b>363</b>		<b>1276</b>	<b>10016</b>

9. OTHER DONOR CONTRIBUTIONS *\*Includes end product contract services.*

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
<b>UNEP, Japan, IFCT, Oxfam PopCouncil, World Bankers Church World Service</b>	<b>Technical Assistance, Commodities, Participant Training, Research Grants</b>	<b>\$8,647,000</b>

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER <b>Dr. D. MacCorquodale</b> <b>Mr. C. Terry</b>	TITLE <b>Project Manager</b> <b>AM/SPS</b>	DATE <b>3/9/72</b>
<b>Dr. F. Denton (draft)</b>	TITLE <b>Byty. Prgn. Off.</b>	DATE <b>3/9/72</b>
2. CLEARANCE OFFICE <b>Mr. W. Milligan</b> <b>Mr. Christopher Russell</b>	TITLE <b>Asst. Program Officer</b> <b>Acting Director</b>	DATE <b>3/9/72</b>

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE	DATE	SIGNATURE	DATE

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE	DATE

TITLE \_\_\_\_\_ ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

## SUMMARY STATEMENT

The Republic of the Philippines had one of the world's highest population growth rates. Because of its rapidly expanding population the nation's creditable gross economic growth rate has been blunted into a poor per capita economic improvement. For the same reason, the Government has had to devote a major portion of its investment capital into simply staying even with essential public services.

Because it is a relatively conservative Catholic nation, family planning was not discussed openly in the Philippines as recently as the mid-1960's. In the late 60's modern contraceptives were used by only a small fraction of the population. As a result, and coupled with the post war decline in child mortality, most Filipino couples are having more children than they really want. Obviously, there is a felt (if latent) need for family planning services. Indications are that enhanced opportunities to improve their economic well-being may well reduce further the Filipino "ideal" family size. The fact that fewer children, spaced farther apart can add much to the quality of life of both the children and their parents is generally conceded. For these reasons "family planning" is becoming an important element in development plans and is now one of the major thrusts in USAID-assisted rural development projects.

The Philippine Population Program that started modestly in 1967 and then gained official government endorsement in 1970 has contributed in a major way to the spread of the use of contraceptives. To date almost one million acceptors have become family planning acceptors. This revision 3 of USAID/Manila's Population Planning PROP is written to: (1) reflect a better than expected rate of progress, (2) step up the final targets, and (3) reflect phased GOP assumption of project local costs in accordance with a National Economic Council-approved plan. The revision has been written to substantially conform to the new PROP format.

The ultimate project goal is to continue and expand present efforts until at least three million acceptors are enrolled, which should have the effect of reducing the birth rate by 25' to 30%. It is estimated that accomplishment of this goal will require an expenditure of about \$28,500,000 by AID over the life of the project.

## RATIONALE

During most of the 1960's the Philippines experienced an annual economic growth rate of from 5.5% to 6.5%, a respectable rate of development by most standards. Yet, during this time period per capita economic growth was less than half of these figures (2% to 3%) because of a growth in population of over 3% each year.

Similarly during the decade of the 60's, agricultural output increased at an annual rate of 2% to 4%. Despite this growth, there was little, if any, increase in the food available per person. This led to relatively high food prices which, combined with the

**low incomes and large families, resulted in a state of very poor nutritional health, especially among children.**

**The national government has been devoting 30% or more of its budget to the educational sector for the past ten to 15 years. Yet, it has only barely managed to expand elementary classes to keep up with the ever increasing numbers of children, and has been able to construct only a woefully inadequate number of badly needed secondary schools. Other government infrastructural investments have similarly had to be expanded simply in order to keep up with a rapidly burgeoning population.**

**Individual heads of families have had to support six, eight, and ten children (this despite the fact that most young couples indicate their ideal family size to be four children or less). Hence, individual well-being and upward mobility have been severely restricted because most couples were unable to control the number and timing of the arrival of offspring.**

**The Philippine population in 1972 of just under 40 million people are living in an area two-thirds the size of the state of California. If the population growth rate of the 1960's were extrapolated through the remainder of the century, this nation would have considerably in excess of one hundred million citizens by the year 2000.**

**It is factors such as these which have led to the conclusion that there is a critical national and individual need for the provision of family planning services. The primary aim of this project is to provide such services to the couples desiring them. Its goal is to thereby reduce the rate at which the population is increasing. It is not, however, viewed as a project which will provide a final solution to the population problems of the Philippines. Rather, it is an interim step that hopefully may lead to a final solution. (See Appendix A for the Commission on Population's plans over next four years.)**

#### **A. THE PROJECT GOAL**

##### **1. Goal Statements**

- a. Reduce the rate of births.**
- b. Reduce the number of unwanted births per family.**

##### **2. Measurement: of Goal Achievement**

- a. Birth rate reduced by 25 to 30 per cent.**
- b. Unwanted birhts will constitute no more than 20 per cent of all births.**

### 3. Means of Verification

Bureau of the Census & Statistics (BCS) vital registration system and sample surveys.

### 4. Assumptions of Goal Achievement

- a. Annual average desired number of children is no more than 3.6.
- b. At the start of project growth rate was about 3.2%.
- c. By end of project current users will be equal to about 60 per cent of all those who accepted during life of project.
- d. Contraceptive effectiveness of methods for users is about 90 per cent, since most acceptors use either the pill or the IUD.
- e. Potential (given contraceptives had not been used) fertility rates of acceptors are approximately equal to those of population as a whole.

## B. THE PROJECT PURPOSE

### 1. Statement of the Purpose

To achieve a total of 3.0 million family planning users by end of project and to establish a permanent system for delivery of services to those desiring them.

### 2. Conditions Expected at End of Project

- a. At least 1.7 million of the about 5.0 million target couples will be using reasonably effective contraceptive methods.
- b. Family planning will be culturally institutionalized. That is, person-to-person communications will provide an adequate source of information about contraceptive methods, and the practice of family planning will be accepted as a matter of course.
- c. Contraceptive services will be available at prices a large segment of the population can afford to pay.
- d. 90% of the population will be aware of family planning methods.
- e. The Population Foundation recently established will become a funding source for private agencies' continued operations. (See Appendix C, page 9, for discussion of functions to be performed by Population Center Foundation building.)

- f. The Population Commission will establish sound policies and also become a highly effective central service and coordinating body for the overall program.

3. Means of Verification

- a. National Computer Center reporting system.
- b. Sample surveys including acceptor follow-ups.
- c. Agency reports.

4. Basic Assumptions

- a. A latent demand for family planning exists which can be filled by clinic services.
- b. Initial segment continuation rates, unreported acceptance of family planning and drop-out/re-enrollment rates will be such that current users in 1976 will be equal to about 60% of the total of all acceptors.
- c. No organized opposition to family planning will develop.
- d. Philippine couples will show the initiative and discipline required to maintain their family size at or near their stated ideal.

C. PROJECT OUTPUTS

1. Outputs

- a. Family planning clinics with trained staffs and adequate supplies and equipment.
- b. Motivational contacts with potential new acceptors.
- c. Printed educational/motivational pamphlets and other types of handouts.
- d. Public lectures and film showings.
- e. Program management staff.

2. Output Indicators

- a. 1,870 adequately staffed and equipped clinics.
- b. 2,000,000 person-to-person motivational contacts per year.

c. 6,000,000 items of motivational materials printed annually.

d. 35,000 lectures and/or film showings each year.

**3. Means of Verification**

a. Cooperating agency status reports.

b. Clinic reports to National Computer Center.

c. Agency production reports.

d. Clinic and field reports to National Computer Center.

**4. Basic Assumptions**

a. Approximately 30 per cent of person-to-person motivational contacts will result in acceptance.

b. Clinic staffs will be adequate to maintain projected levels of operations.

c. Medical personnel are available to man clinics in all Philippine municipalities.

**D. PROJECT INPUTS****1. Inputs****a. Funding**

		(\$000)				
<u>U.S. Inputs</u>	<u>Total All Years</u>	<u>Total FY 67-71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>
<u>Totals</u>	<u>28,480</u>	<u>11,459</u>	<u>6,051</u>	<u>3,935</u>	<u>3,615</u>	<u>3,420</u>
Direct Hire/PASA	1,460	575	225	300	180	180
Contract	3,015	1,127	618	510	380	380
Participants	722	517	130	25	25	25
Commodities	10,465	2,106	1,511	2,095	2,360	2,500
Other Costs	12,711	7,134	3,567	1,005	670	335
<u>Cooperating Country</u>						
<u>Totals</u>	<u>127,853</u>	(\$000, conversion P6.25 : \$1.00)				
		<u>10,850</u>	<u>18,265</u>	<u>30,405</u>	<u>32,873</u>	<u>35,681</u>
Trust Fund	7,975	1,850	1,500	1,625	1,500	1,500
Cost Sharing	62,378	-	5,765	16,780	18,873	21,181
GOP In-Kind	57,500	9,000	11,000	12,000	12,500	13,000
<u>Other Donors (estimated)</u>						
<u>Totals</u>	<u>8,647</u>	-	(\$000)			
			<u>2,919</u>	<u>2,576</u>	<u>1,576</u>	<u>1,576</u>

## b. Items for which major expenditures are made:

- ✓ (1) Clinic equipment and supplies (see Appendix B for standard set of clinic equipment).
- ✓ (2) Commodities for management staffs (management units are largely equipped as of this date).
- ✓ (3) Local participant training.
- ✓ (4) Contraceptives.
- ✓ (5) Local operating cost (see attached FY 72/- Appendix C for schedule of phase-out of AID-supported local costs).  
ProAg
- ✓ (6) Management consulting and auditing services (see Appendix F for a description of the use of these services).
- ✓ (7) Technical advisory services.

## 2. Implementation Schedule

(Targets are cumulative by year)

## a. Operating Clinics

No. of Clinics

End of FY 72	1,340
FY 73	1,750
FY 74	1,870
FY 75	1,870
FY 76	1,870

## b. Trained Clinic Staff

	<u>Doctors</u>	<u>Nurses &amp; Midwives</u>	<u>Motivators</u>
End of FY 72	1,700	3,400	2,400
FY 73	2,350	5,000	3,350
FY 74	2,510	5,370	3,650
FY 75	2,610	5,610	3,850
FY 76	2,660	5,680	3,950

## c. Management and Research Trainees

	<u>Management</u>	<u>Research</u>
End of FY 72	32	7
FY 73	38	11
FY 74	43	14
FY 75	47	16
FY 76	47	16

## d. Observation Trips for Decision Makers

	<u>Number</u>
End of FY 72	17
FY 73	27
FY 74	32
FY 75	37
FY 76	37

## e. Private Physicians Trained and Given Basic IUD Kits

	<u>Number</u>
End of FY 72	1,460
FY 73	1,860
FY 74	2,060
FY 75	2,160
FY 76	2,260

## f. Clinic Equipment Sets Distributed

	<u>Number</u>
End of FY 72	840
FY 73	1,750
FY 74	1,870
FY 75	1,870
FY 76	1,870

## g. Management, Fiscal and Acceptor Audits

	<u>Financial Management</u>	<u>Acceptor</u>
End of FY 72	26	35
FY 73	48	75
FY 74	58	120
FY 75	68	170
FY 76	68	220

## h. Computerized Payroll and Logistics Systems

	<u>% Completed</u>
FY 72	0%
FY 73	50%
FY 74	100%

## i. Equipping of HQ Staffs for POPCOM and Implementing Agencies

	<u>% Completed</u>
FY 72	90%
FY 73	95%
FY 74	100%

## j. Printing of Promotional Pamphlets

	<u>Number</u>
FY 72	8,000,000
FY 73	14,000,000
FY 74	20,000,000
FY 75	26,000,000
FY 76	28,000,000

## k. Completion of Promotional Films

	<u>Number Printed</u>
FY 72	140
FY 73	400
FY 74	800
FY 75	900
FY 76	1,000

## 3. Basic Assumptions

- a. That required resources will be available when needed.
- b. That a high level of dedication and esprit de corps among leaders and employees of the several organizations involved in the program will continue and improve, thus justifying continued high levels of inputs.

E. COURSE OF ACTION

## Discussion

The basic approach employed in this project is that of providing family planning services through the medium of family planning clinics dispersed at close intervals

throughout the nation. These clinics normally will consist of a staff of two to three medical personnel (including a doctor) and one or two lay fieldworkers. They will be opened a minimum of one-half day for at least five days a week in permanently established sites. During this time there will always be at least one staff member available to service persons interested in family planning.

The main function of the fieldworkers is to make home-to-home visits to discuss the merits of limiting family sizes, the techniques available for doing this and the location of sites from which family planning services can be obtained. For those persons who evince some interest in limiting their future fertility, the motivator will attempt to persuade them to go to a clinic for discussions with the doctor and possible acceptance of family planning. In addition to the lay workers, the nurses and/or midwives on the clinic staffs (except in Rural Health Units (RHUs)) will spend approximately one-half of their time making home-to-home visits. In multipurpose health clinics such as RHU's the nurse and midwife will discuss family planning with potential clients at the clinic. Particular emphasis will be placed on postpartum contacts both at home and in delivery wards. It is expected that approximately 80 per cent of acceptors will be recruited by person-to-person motivational contacts. Each clinic is a largely autonomous management unit responsible for meeting certain monthly quotas in terms of new and continuing acceptors.

The program to establish clinics throughout the country is well advanced in that 1,200 of the 1,870 planned clinics are now operational. Family planning services will be made available in about 400 more clinics during FY 1973, largely in government rural health units. Emphasis at this time must be placed on improving performance, i.e., providing solutions to the problems addressed in Section B, Project Purpose.

In addition to clinic consultative and person-to-person motivational contacts made by its staff, mass media also is being employed in spreading information about family planning. A number of pamphlets explaining contraceptive methodology, outlining the benefits of smaller families and touching on the world and Philippine population problems will be printed in the various major dialects. These will be distributed from the clinics and also by workers in various government field service organizations. Radio and TV programs and announcements have been and will continue to be employed in limited measure. Mobile lecture teams will be employed in areas of relatively high population concentration. These teams will be equipped with movie films and project equipments and will rove from barrio to barrio.

The major limitation on the rapidity with which the project can be implemented is the ability to establish clinics with adequately trained staffs and sufficient equipment and supplies in place and in operation. Administrative capabilities for selecting clinic sites and staffs, for distributing supplies and for assuring

that personnel are adequately trained and motivated are the factors which limit the rate of expansion. It is planned to have a full complement of clinics in operation by the end of CY 73. Also, all clinic staffs will have been given up-to-date training in contraceptive methodology and in social and psychological problems involved in providing advice about family planning. Administrative capabilities will have been considerably enhanced through the use of management training and by the expansion of some headquarters staffs.

The problem of distributing supplies and funds is a most difficult one in the Philippines because of its many island geography. It is anticipated that regional distribution points will be established, at least one per major island, and that central record-keeping of logistics needs and disbursements will be maintained on the National Computer Center equipment.

Research for documentation of program results and in search of improved operational methods will be provided by research teams at the U.P. Population Institute, the Population Commission and AID. Because, as stated above, the clinic is a relatively autonomous unit of management, central management control is relatively loose. Consequently, there is a need for verification of clinic-reported activities. In order to provide essential auditing, commercial accounting firms will be contracted to audit all types of clinic activities. These audits will concern both fiscal reports and performance reports and will provide the primary management tool for assuring the authenticity of reported results (see Appendix F). Programming of operations is based on an assumed per unit cost of performance as follows:

a. Target for Service Agencies

Annual Budget for a service agency	Target Figure for cost per acceptor
P200,000 or less	P28
Over P200,000	P22

b. Targets for Motivating Agencies

P6 per acceptor referred.

c. Overall Project Target Costs

Target Project Cost Per Acceptor

1973	\$9.00
1974	\$8.50
1975	\$8.00

**1. Implementation Plan**

The tasks listed below are, for the most part, already in varying stages of implementation.

T a s k	Time Frame
a. Open about 736 new clinics.	FY 72-74
b. Provide complete sets of equipment for new clinics and up-dated equipment for old clinics	FY 72-76
c. Establish a Field Experimentation Area or areas where new program approaches can be tested.	FY 72-73
d. Establish a realistic targeting system based on eligible non-practicing couples and geographical areas.	FY 72-73
e. Re-evaluate motivational techniques and implement redesigned motivational system.	FY 72-73
f. Standardize recruitment, training, screening, evaluation and retention of motivators. Also conduct semi-annual retraining for all motivational personnel.	FY 72-76
g. Help establish centralized field distribution network for printed materials and contraceptive supplies.	FY 72-73
h. Help establish computerized payroll system.	FY 72-73
i. Implement supervised programmed instruction as part of pre-service training for all field personnel.	FY 72-74
j. Implement a feedback report to provincial level officials which consolidates all activities below province level.	FY 72-73
k. Strengthen supervision by training and assigning motivation supervisors where needed.	FY 72-74
l. Help strengthen inputs by economists, psychologists, social welfare personnel and others through institutional development.	FY 72-76

T a s k	Time Frame
m. Help field and obtain analysis of the following studies:	
1) Economic correlates of fertility	FY 72 - 73
2) Second National Demographic Survey	FY 72 - 73
3) Field Experiment on Incentives	FY 72 - 76
4) Value of Children to Parents	FY 72 - 74
n. Develop improved liaison with other donor organizations	FY 72 - 73

## 2. Narrative Statement

Any discussion of population and family planning in the Philippines would be incomplete without mention of certain physical, political, economic and social factors. Some of these favor the decline of fertility and hence the success of family planning efforts. Others do not.

With a few notable exceptions, certain elements perhaps best termed societal are associated with low fertility. They are urbanization/industrialization with the attendant increased participation in the labor force by women; a reasonable level of educational achievement on the part of the population; and low mortality, particularly infant and preschool child mortality.

Even though the Philippines is a highly rural and agricultural society, it enjoys perhaps the highest level of educational attainment of any Asian nation, with the exception of Japan. Overall mortality is low, due in part to the age structure of the population, but this appears to be offset to some degree by high infant and preschool mortality, particularly in rural areas. Infant mortality is estimated at 70 per thousand, and while preschool child mortality is not known, the fact that about 20% of preschool children are malnourished suggests that this group is particularly vulnerable to death from intercurrent infections. Hopefully, the USAID's nutrition program will favorably effect mortality in the latter group, which will very likely result in fewer births.

The Philippines enjoys a high level of democracy. The press is free, and political issues are openly discussed by people at every social and economic level of the society. One of the consequences of the political and social makeup of the country is a relative lack of administrative efficiency when

one compares the government's performance records with those of other developing nations with somewhat more dictatorial forms of government. Despite its drawbacks, however, the democratic nature of the society is regarded by the Mission as favoring the successful implementation of a family planning program since it encourages widespread participation by volunteer groups and private organizations rather than depending entirely on government initiative. Private family planning organizations have been highly effective in the Philippines and recently have been encouraged by the GOP to continue to play a vital role in the provision of family planning services.

The societal factors give a mixed set of indicators with regard to the probable success of family planning in the Philippines. Supplementing these data are findings from sample surveys which indicate that about 50% of married couples are practicing or plan to practice family planning. About 80% of respondents express approval of the concept of controlling fertility. Most importantly, as a result of assistance provided through this project, large numbers of couples have received contraceptive advice and services and the rate of acceptance continues to climb much faster than predicted in earlier projections.

The approach that has been encouraged and assisted through this project has been to use the existing medical infrastructure to deliver family planning services to the people. Since the Filipinos have a relatively extensive and sophisticated medical sector, there are no major constraints on their ability to rapidly provide such services throughout most sections of the nation. It is Government policy that acceptance of family planning will be voluntary in every sense of the word (see attached Republic Act 6365 in Appendix D). Thus, project participants avoid any appearance of coercion in offering advice and services on a wide range of contraceptive methods.

The project envisions a large scale information and education campaign designed to disseminate knowledge on contraceptive techniques; to alert the population to the national needs for reduced fertility; and to emphasize the individual family's advantages in having fewer members to support. In support of these activities there is a training component to update and expand the knowledge of medical personnel on contraceptive technology and the social and psychological problems of family planning. Research and data collection activities are also carried on in support of the service programs.

When this project was first initiated on a very small scale in fiscal year 1967, modern contraceptive techniques were almost unknown in the Philippines and use was largely restricted to a few members of the upper elite in Manila. Even as late as October 1968 a nationwide survey indicated that only about 1-1/2 per cent of childbearing age women were using either the pill or the IUD as birth control methods. However, the concept of birth control has

received and still does receive wide approval. In 1967 about half of the people surveyed favored family planning. Today the figure is close to 80%.

Currently the pill is by far the most popular contraceptive in use. About 60 per cent of new acceptors choose this method. Second in initial preference is the IUD at about 16 per cent. IUD usage ultimately increases since some women who initially choose the pill or some other method switch to the IUD.

The program has also grown rapidly in terms of acceptors during the past two years. In December 1969 there were about ten thousand new family planning acceptors. In February 1972, the latest month for which data is available, there were 46,500 acceptors. (See Appendix E which charts acceptor growth rate.) During the month of May 1972 the total number of families ever serviced in this project is expected to exceed a million. There are believed to be five million childbearing couples in the Philippines, which means that the project so far has reached about one out of five of the target families.

There is little direct evidence available as to what impact the enrollment to date of about one million acceptors has had on the national fertility patterns. A 50 per cent effectiveness (combined contraceptive rate and continuation rate) would produce a marked decline in the birth rate. If we assume a growth rate of 3.2 per cent at the beginning of the project, the current growth rate may be just below 3.0 per cent. In the absence of a reliable vital registration system, however, it is not possible at this time to confirm whether such a decline has actually taken place (see Appendix G for a discussion of probable impact of the program on fertility). Nonetheless, with the achievement of the targeted number of new family planning acceptors by 1976 it is anticipated that there will be a decline in the fertility rate of 25 to 30 per cent. Such a decline will mean approximately one-half million fewer births each year and will have a major impact on budgets for elementary schooling and other service requirements in the early years of the 1980's. By the early 1990's the reduction in the annual crop of new job seekers will be equal to over 50% of the current surplus of workers over available jobs. These changes will have major positive benefits on the Philippine economy and will result in much less unemployment. Ultimately they should promote a better distribution of wealth.

#### Attachments:

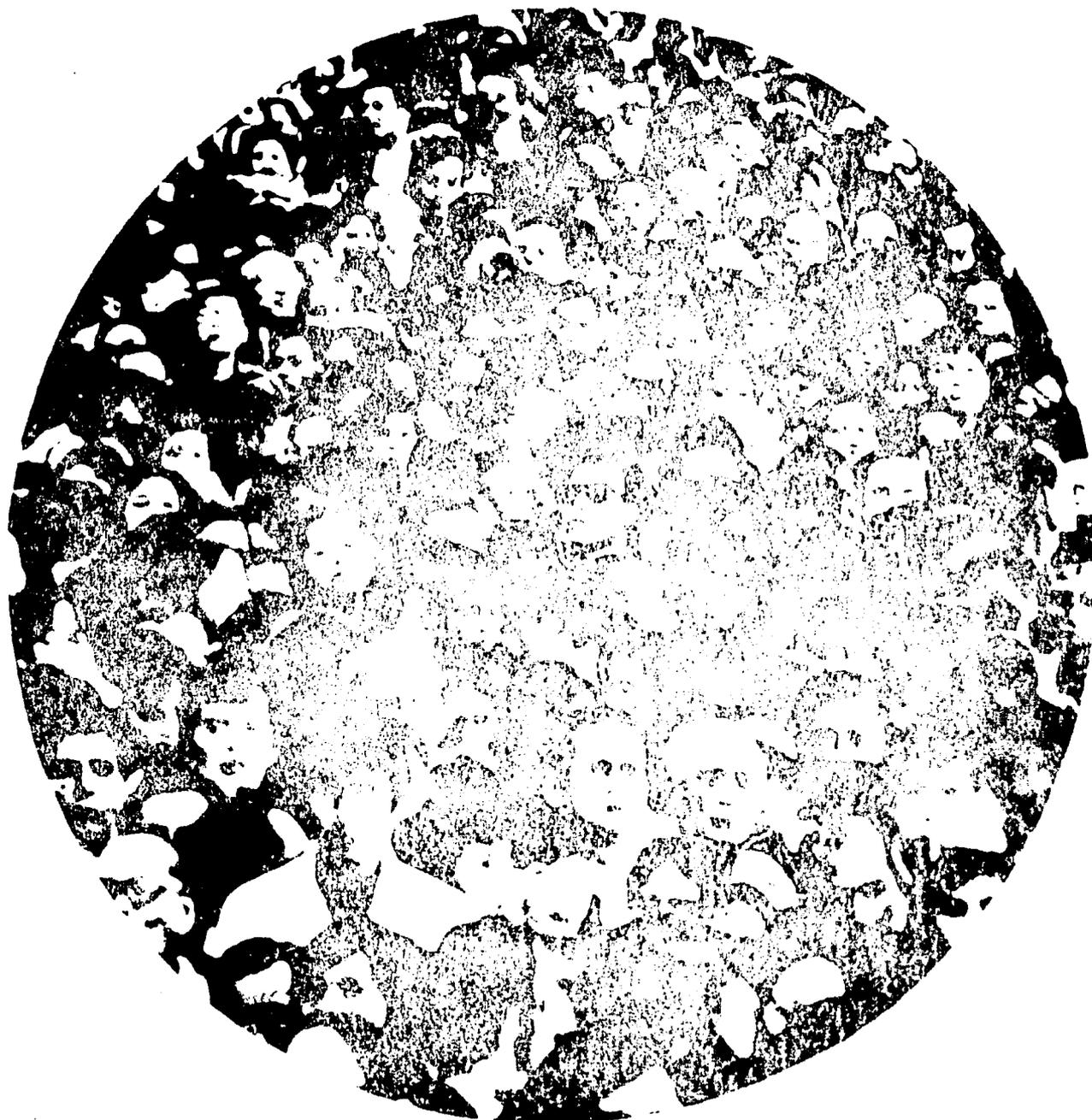
1. Appendix A - Population Commission, GOP, Population Program
2. Appendix B - Equipment for a Family Planning Clinic
3. Appendix C - Project Agreement between USAID and GOP, FY 1972
4. Appendix D - Philippine Population Law, R.A. 6365
5. Appendix E - Charts on Acceptors and Population Growth Rates
6. Appendix F - Program Monitoring & Surveillance Through Use of Contracts with Local Public Accounting Firms
7. Appendix G - Calculations of Project Effects on Birth and Population Growth Rates

Project No. 492-11-570-220

Revision No. 3

May 1972

APPENDIX A



COMMISSION ON POPULATION  
POPULATION PROGRAM

# COMMISSION ON POPULATION REPUBLIC OF THE PHILIPPINES

## POPULATION PROGRAM (FY 1972 - 76)

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#### **TABLES**

Table I — Targets for New Acceptors at Family  
Planning Clinics, FY 72 to FY 76

Table II — Summary of Estimated Expenditures  
Fiscal Year 72-76

The population problem urgently demands the attention of our leaders. As in most nations of the developing world, the rapid population growth in this country hampers economic growth, preventing people from achieving a better life. The pressures of housing, clothing, rearing, feeding, educating and employing increasing numbers of people are evident all around us. That a rapid population growth rate such as ours, has not and will not alleviate these problems, is elementary. Yet, despite the seemingly obvious solution, the Commission on Population, in submitting this population program recognizes as its ultimate goal not a mere reduction in births, but the enrichment of human life and national prosperity. It shall strive to achieve these goals through positive social and economic measures that take into full account the moral convictions and humanistic sentiments of individuals involved.

## **1. BACKGROUND INFORMATION**

Organized efforts in family planning date back to the middle 60's. However, significant accomplishments began to take place only in 1968. In November 1964, the University of the Philippines Population Institute (UPPI) was established as a unit of the University of the Philippines to produce a comprehensive analysis of characteristics and trends of the Philippine population; to initiate a program of research on matters important for planning and administrative purposes, and to train graduates in demography. It has, since then, continuously undertaken research in support of population activities. In 1965, the Family Planning Association of the Philippines, a private, non profit organization was incorporated to provide education, information and clinic services. In April 1967, the Planned Parenthood Movement of the Philippines (PPMP) was likewise incorporated as a national, civic, voluntary family planning organization. These two organizations merged in February 1969, to form the Family Planning Organization of the Philippines (FPOP). The Institute of Maternal and Child Health established the National Training Center for Maternal Health Service in 1967 to provide education and training in family planning for medical and paramedical personnel. A year later, family planning clinic services were provided by their program. In 1968, the Project Office for Maternal and Child Health (POMCH) was created in the Department of Health (DOH), following an agreement between the National Economic Council (NEC) and the United States Agency for International Development (USAID), to administer a population program for the entire country. This marked official government participation in the population program.

In February 1969, President Marcos created the Commission on Population to study population and to formulate policies and recommendations for the government. On May 15, 1970, the President, through Executive Order 233, directed the Commission on Population to implement its policies and recommendations. Through an agreement between the National Economic Council (NEC) and the United States Agency for International Development (USAID), the Commission on Population (POPCOM), on July 1, 1970, took over the functions and duties of the Project Office for Maternal and Child Health (POMCH) as the overall central coordinating and planning body of the national population program.

The population program has grown in strength and number. Today, the Commission on Population (POPCOM) administers 28 projects through some 32 dif

ferent organizations. Notable among these organizations are Department of Health (DOH), Family Planning Organization of the Philippines (FPOP), Institute of Maternal and Child Health (IMCH), Province of Laguna (POL), Province of Nueva Ecija (PONE), University of the Philippines College of Medicine (UPCM), University of the Philippines Population Institute (UPPI), Presidential Economic Staff-Department of National Defense Computer Center (PES DND-CC) Social Communications Center (SCC), National Media Production Center (NMPC), Department of Social Welfare (DSW), Responsible Parenthood Council (RPC) and Asian Social Institute (ASI). Through the combined efforts of these organizations 380,000 acceptors have been recorded by clinics under this program. By the end of FY 1971, the program is expected to have enlisted over one half million acceptors. By June 1971, at least 870 clinics offering information, education and full family planning clinic services will have been established. Training institutes will have completed by June 1971, the training of 3,250 doctors, 2,019 nurses, 4,475 motivators, social workers, and decision makers. Responsible Parenthood Council (RPC) will have trained and fielded 1,800 barrio couple motivators by the end of this fiscal year. Research efforts in demography, and the socio economic aspects of population, have increased at a significant pace. Mass communication programs have likewise increased significantly.

Public awareness of family planning has increased markedly in the past two years as a consequence of the program efforts to date. In a survey conducted by the UPPI in late 1968, only 38% of respondents indicated an awareness of any family planning method. By February 1971, a similar survey indicated that almost 80% of respondents were aware of some methods. In 1967 about 1/2 of persons surveyed favored family planning, this increased to about 60% in early 1970 and to about 75% in February 1971.

The use of contraceptives has increased in similar proportions. In October 1968 0.8% of respondents indicated they were currently using the pill while only 0.6% indicated wearing an IUD. In 1971, use of the pill was up to about 6% while the IUD use increased to about 2%. Rhythm, as a method, increased from 4% to 15% during this time.

## **2. POLICIES AND OBJECTIVES\***

For the purpose of furthering national development and improving the quality of life in this nation, this five-year population program aims to accomplish the following objectives:

- (a) promote economic growth and increase the share of each Filipino in the fruits of economic development by programs of family planning which respect the religious beliefs of the individual involved;
- (b) promote a broad understanding of the effects of alternative rates of population growth on family and national welfare;

\*Section 2—A bill Establishing a National Policy on Population, Creating the Commission on Population and for other purposes. (Submitted to Congress by the Commission on Population, February 1970).

- (c) integrate population and family planning in the educational program of the country;
- (d) provide adequate, safe and effective means to couples desiring to space or limit family size;
- (e) reduce mortality and morbidity rates;
- (f) adopt policies and program guiding and regulating labor force participation, internal migration and spatial distribution of population;
- (g) adopt and establish quantitative goals;
- (h) establish and maintain contact with international agencies and private organizations.

### 3. TARGETS

The population of the Philippines today is estimated to be 38,245,000 (July 1, 1971) and is growing at a rate of over three (3) per cent per year.

Table I shows that some 3,121,000 family planning acceptors can be registered by the end of FY 1976, assuming we have 1,870 clinics by FY 1974. This would mean that more than 50% of eligible women would, at least at one time, have accepted a method of family planning. There is considerable uncertainty regarding the exact impact that this number of acceptors would have on the growth rate.

At this time, targets are expressed in terms of new acceptors. As empirical experience accumulates, the targets will be modified to go beyond simple acceptors to continuing users. It seems inappropriate at this time, to use this ultimately desired criteria, because of the absence of good data. Provisions have been made to collect the needed information.

### 4. STRATEGY

The population problem is multi-dimensional and multi-faceted in nature and as such requires a multi-disciplinary approach. Simultaneous and proportionate efforts are necessary in the four main areas of the population program: clinical services, training, education/information communication and research. A precise balance of these ingredients is imperative to achieve maximum effect.

Much of the strength of our population program has, thus far, come from the private sector and it will continue as such for a number of years. Competitive leadership from the various organizations lends diversity and flexibility to our program. The program will, therefore, continue this four pronged attack on the population problem through the coordinated and planned efforts of the various sectors of our government.

#### (a) CLINICAL SERVICES:

The success of any population program hinges greatly on the availability of a sufficient number of clinic services as well as adequate information education support. As stated earlier (Table I), assuming 1,870 clinics can be established at the rate of 870 in FY 71, 1,270 in FY 72, 1,670 in FY 73 and 1,870 in FY 74, at least 50% of eligible women, will have accepted at least at one time, a method of family planning by the end of FY 76. Distribution of clinics will be programmed according to population size. Areas with greater population will be given priority.

Today, there are more private clinics than government clinics (RHU's) offering family planning services. However, the Department of Health estimates that they will have integrated family planning services in at least 200 RHU's by the end of FY 1971 and another 350 by the end of FY 72. By the end of the five-year program, most, if not all 1,400 RHU's will have integrated family planning in their maternal and child health services .

In keeping with the policy of the Commission, multi-method clinics and or referral systems will offer all methods of family planning. The feelings and moral convictions of both patient and doctor will be respected. Furthermore, the Commission goes on record as being opposed to surgical abortion as a method of contraception.

#### (b) TRAINING

The training of family planning personnel has been undertaken mainly by the Department of Health (DOH), Institute of Maternal and Child Health (IMCH), Family Planning Organization of the Philippines (FPOP), University of the Philippines College of Medicine (UPCM), Responsible Parenthood Council (RPC), and Department of Social Welfare (DSW). The population program is fortunate to have adequate resources that can turn out well-trained and qualified personnel. To further improve our training, coordination and standardization of curricula among these different organizations will be stressed.

Training will be programmed to meet the number of personnel required by the new clinics. Refresher courses will also be programmed to update the personnel of older clinics.

#### (c) EDUCATION/INFORMATION COMMUNICATION:

##### i. Education:

A broad, intensive and sustained educational program is of utmost importance if the population program is to realize continued and lasting success.

In medical schools, the curriculum for medical and all paramedical will be reviewed and studied to integrate population family planning and all its aspects in the medical curriculum. The assistance of the Board of Medical Education will be sought to bring about this change in the shortest possible time. Curriculum development for primary, intermediate and high school levels will also be undertaken. The assistance and participation of the Department of Education will be sought to facilitate integration of these curricula in our national education program. Graduate studies in the various disciplines of population will also be encouraged to support and strengthen our teaching institutions.

##### ii. Mass Media:

Motivation and education through mass media will be intensified to promote widespread awareness of the need for family planning. Dissemination of information through commercial channels, radio, television and periodicals will be utilized to enhance the outreach efforts of our clinic services.

### iii. Person to Person Motivation:

Motivation through extension workers, paramedical personnel and barrio couples will continue to be the mainstay of information/education in the rural areas. Good clinical service and dedicated motivators have been and will be the most important factors of our motivational campaign in rural areas. Involvement of civic, government, religious and voluntary organizations in the promotional campaign will be encouraged.

### (d) RESEARCH:

Programming, directing, administering and coordinating a national population program must rely heavily on research, if any significant degree of success is to be achieved.

Programs that establish systems of evaluation to assess the effectiveness of the program, will be continued. Research on the social, economic, cultural, and biological aspects of population will be undertaken to give guidance, direction and support to the program. Both private and government institutions will be utilized to carry out these objectives.

## 5. BUDGET

The population program has and will continue to rely heavily on foreign assistance for a number of years. However, there is an urgent need to increase the financial support of our government, if we are to encourage continued foreign assistance from sources such as the United States Agency for International Development (USAID) and the United Nations (UN) and its specialized agencies. A better balance between external assistance and local funding will be sought and eventually the Philippines will be expected to shoulder a larger amount of the cost.

Table II is a summary of the estimated expenditures of the five-year program (FY 72-76). A total of P339,936,081 is required to see the program through. A breakdown of expenditures show that approximately 1.5%, 57.8%, 14.2%, 7.9% and 18.6% is programmed for administration, clinics, training, research and education/information/communication respectively. Unit costs of clinics are based on present expenditures. The increase in budgetary outlay is based on the number of clinics to be established. Estimated expenditures for the training program include training costs of new personnel that will cover the expansion of clinics, retraining of old personnel and the Responsible Parenthood Council (RPC) training-motivation program. Information education communication estimated expenditures are based on the expansion program of clinics up to 1974. However, for FY 75 and 76, the increase in the budgetary outlay is based on the percentage increase in cumulative acceptors. In research, a 20%, 50%, 30%, 20% and 15% annual increase over our present expenditure of P4,212,788 has been programmed. It is expected that the first two years, with a peak load in FY 73, will require more research efforts before a gradual decline can be realized.

The increasing interest in population problems among the developed countries of the world is quite evident. It is not unlikely that unexpected windfalls in financial assistance will occur during the 5 year program. In such an event, an accelerated pace for the program will be adopted.

**TABLE I**

**TARGETS FOR NEW ACCEPTORS AT FAMILY PLANNING CLINICS, FY-72 to FY-76  
(BASED ON NUMBER OF CLINICS AND REMAINING ELIGIBLE WOMEN)  
ASSUMING 1,870 CLINICS BY FY 1974**

<b>Fiscal Year</b>	<b>No. of Eligible Women at Beginning of Year 1/ (1,000's)</b>	<b>No. of Remaining Eligible Women at Beginning of Year 2/ (1,000's)</b>	<b>Proportion of Eligible Women Still Remaining at Beginning of Year 3/</b>	<b>Number of Acceptors Per Month Per Clinic 4/</b>	<b>Number of Clinic Months 5/</b>	<b>No. of Registered Acceptors During the Year 6/ (1,000's)</b>	<b>Cumulative No. of Acceptors At End of Year 7/ (1,000's)</b>	<b>No. of Clinics To be Added Annually</b>	<b>Cumulative Number of Clinics</b>
<b>1970</b>						<b>100</b>	<b>100</b>		
<b>1971</b>	<b>4,647</b>	<b>4,547</b>	<b>.978</b>	<b>44.0</b>	<b>7,847</b>	<b>345</b>	<b>441</b>		<b>870</b>
<b>1972</b>	<b>4,791</b>	<b>4,350</b>	<b>.908</b>	<b>40.9</b>	<b>14,076</b>	<b>576</b>	<b>999</b>	<b>400</b>	<b>1,270</b>
<b>1973</b>	<b>4,940</b>	<b>3,943</b>	<b>.798</b>	<b>35.9</b>	<b>18,876</b>	<b>678</b>	<b>1,637</b>	<b>400</b>	<b>1,670</b>
<b>1974</b>	<b>5,093</b>	<b>3,456</b>	<b>.679</b>	<b>30.6</b>	<b>21,876</b>	<b>669</b>	<b>2,240</b>	<b>200</b>	<b>1,870</b>
<b>1975</b>	<b>5,251</b>	<b>3,011</b>	<b>.573</b>	<b>25.8</b>	<b>22,476</b>	<b>580</b>	<b>2,730</b>	<b>0</b>	<b>1,870</b>
<b>1976</b>	<b>5,414</b>	<b>2,684</b>	<b>.496</b>	<b>22.3</b>	<b>22,476</b>	<b>501</b>	<b>3,121</b>	<b>0</b>	<b>1,870</b>

1/ 12.5% of the population, assuming an annual growth rate of 3.1%.

2/ Number of eligible women for current year minus cumulative number of acceptors.

3/ Ratio of remaining eligible women beginning of the year to eligible women at the beginning of year.

4/ Proportion of women remaining multiplied by 45 (optimum average acceptor rate/clinic).

5/ Allowance is given for new clinics. Number of old clinics multiplied by 12 mos. and number of new clinics by 9 mos.

6/ Estimated from clinic months and acceptors per month per clinic.

7/ Cumulative acceptors is adjusted for attrition due to death and sterility by subtracting 4% of previous year's cumulative figure before adding the current year's figure.

**TABLE II**  
**SUMMARY OF ESTIMATED EXPENDITURES**  
**FISCAL YEAR 72-76**

<b>PROGRAMMED EXPENDITURES</b>	<b>1972</b>	<b>1973</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>Total</b>
<b>Administration</b> .....	<b>P 700,000</b>	<b>P 840,000</b>	<b>P 1,008,000</b>	<b>P 1,209,600</b>	<b>P 1,451,520</b>	<b>P 5,209,120</b>
<b>Clinics</b> .....	<b>24,067,100</b>	<b>33,959,300</b>	<b>41,635,000</b>	<b>46,166,000</b>	<b>50,818,900</b>	<b>196,646,300</b>
<b>Training</b>	<b>7,156,518</b>	<b>12,156,518</b>	<b>11,661,518</b>	<b>11,166,518</b>	<b>6,166,518</b>	<b>48,307,590</b>
<b>Research</b> .....	<b>5,056,000</b>	<b>6,320,000</b>	<b>5,477,000</b>	<b>5,056,000</b>	<b>4,845,000</b>	<b>26,754,000</b>
<b>Information, Education, Communication</b> .....	<b>8,369,793</b>	<b>10,964,429</b>	<b>12,170,516</b>	<b>14,726,324</b>	<b>16,788,009</b>	<b>63,019,071</b>
<b>TOTAL</b> .....	<b>P45,349,411</b>	<b>P64,240,247</b>	<b>P71,952,034</b>	<b>P78,324,442</b>	<b>P80,069,947</b>	<b>P339,930,081</b>

**TARGETS FOR NEW ACCEPTORS AT FAMILY PLANNING CLINICS, FY.72 to FY.76**  
**(BASED ON NUMBER OF CLINICS AND REMAINING ELIGIBLE WOMEN)**  
**ASSUMING 1,870 CLINICS BY FY 1974**

Fiscal Year	No. of Eligible Women at Beginning of Year 1/ (1,000's)	No. of Remaining Eligible Women at Beginning of Year 2/ (1,000's)	Proportion of Eligible Women Still Remaining at Beginning of Year 3/	Number of Acceptors Per Month Per Clinic 4/	Number of Clinic Months 5/	No. of Registered Acceptors During the Year 6/ (1,000's)	Cumulative No. of Acceptors At End of Year 7/ (1,000's)	No. of Clinics To be Added Annually	Cumulative Number of Clinics
1970						100	100		
1971	4,647	4,547	.978	44.0	7,847	345	441		870
1972	4,791	4,350	.908	40.9	14,076	576	999	400	1,270
1973	4,940	3,943	.798	35.9	18,876	673	1,637	400	1,670
1974	5,093	3,456	.679	30.6	21,876	669	2,240	200	1,870
1975	5,251	3,011	.573	25.8	22,476	580	2,730	0	1,870
1976	5,414	2,634	.486	22.3	22,476	501	3,121	0	1,870

1/ 12.5% of the population, assuming an annual growth rate of 3.1%.

2/ Number of eligible women for current year minus cumulative number of acceptors.

3/ Ratio of remaining eligible women beginning of the year to eligible women at the beginning of year.

4/ Proportion of women remaining multiplied by 45 (optimum average acceptor rate/clinic).

5/ Allowance is given for new clinics. Number of old clinics multiplied by 12 mos. and number of new clinics by 9 mos.

6/ Estimated from clinic months and acceptors per month per clinic.

7/ Cumulative acceptors is adjusted for attrition due to death and sterility by subtracting 4% of previous year's cumulative figure before adding the current year's figure.

## EQUIPMENT FOR A FAMILY PLANNING CLINIC

- 1 Examination table with stirrups
  - 1 Instrument kit for examination and IUD insertion
  - 1 Instrument cabinet or Mayo tray
  - 1 Blood pressure machine
  - 1 Sterilizer if not included in instrument kit preferably hot water sterilization
  - 1 Lamp, Gooseneck, floor or clamp
  - 1 Flashlight with extra set of batteries
  - 1 Kelly pad
  - 1 Revolving stool
  - 1 Filing cabinet
  - 2 Chairs, ordinary
  - 1 Desk
  - 2 Basins - wash, emetic and instrument
- Materials and minor instruments such as sheets, IUD extractor, gloves, cold sterilization agent, pail for water, water storage container, water dipper, etc.

PRO AG  
USAID/P

**PROJECT AGREEMENT** **APPENDIX C**  
**BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID)**  
**AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND**  
**THE NATIONAL ECONOMIC COUNCIL (NEC)**  
**AN AGENCY OF THE GOVERNMENT OF THE PHILIPPINES**

Under the terms of the Economic and Technical Cooperation Agreement signed April 27, 1951, and the Standard Provisions  Foreign Currency Standard Provisions  annexes attached, it is agreed to carry out a project in accordance with the terms set forth herein.

1. PROJECT NO. **492-11-570-220** 2. ORIGINAL  3. REVISION NO.

4. PROJECT TITLE: **Population Planning** AGREEMENT NO.: **72-09**

5. ANNEX A PROJECT DESCRIPTION AND EXPLANATION

6. APPROPRIATION: **72-11X4103.1** 7. ALLOTMENT: **353-50-492-00-69-21**

A. AID FINANCING	PREVIOUS TOTAL (A)	INCREASE (B)	DECREASE (C)	TOTAL TO DATE (D)
<b>B. PERSONNEL COSTS</b>				
<b>PASA</b>				
Contract				
<b>b. PARTICIPANTS</b>		130,000		130,000
<b>c. COMMODITIES</b>	625,000	886,000		1,511,000
<b>d. OTHER COSTS</b>				
<b>AID Direct</b>		2,930,000		2,930,000
Contract		200,000		200,000
<b>e. TOTAL (Dollars)</b>		4,146,000		4,771,000
<b>f. US OWNED (Pesos)</b>				
<b>5. GOP FINANCING</b>				
\$1.00 = Pesos				
<b>6. COUNTERPART</b>				
Trust Fund -- "A" )				
-- "B" )		P1,500,000		P1,500,000
Special		4,438,000		4,438,000
Other (Pop. Center)		5,000,000		5,000,000
<b>TOTAL (Pesos)</b>		P10,938,000		P10,938,000
<b>b. OTHER</b>				

10. REFERENCES AND REMARKS:

**CLEARANCES**

GOP: *E. Aldaba* USAID *[Signature]* Project Manager *[Signature]* Controller

*[Signature]* Program Officer *[Signature]* Other

11. DATE OF ORIGINAL AGREEMENT **October 6, 1971** 12. DATE OF THIS REVISION **November 15, 1971** 13. EST FINAL CONTRIBUTION DATE **June 30, 1974**

14. GOVERNMENT OF THE PHILIPPINES 15. AGENCY FOR INTERNATIONAL DEVELOPMENT

Signature: *[Signature]* **GERARDO P. SIGAT** Signature: *[Signature]*

Title: **Chairman, NEC** Title: **Director, USAID**

NEC/OFAC:  
CDPC/MSS

Sr. DPC-H&S/  
FCA

**PROJECT AGREEMENT**

BETWEEN AID AND

**THE NATIONAL ECONOMIC COUNCIL**

AN AGENCY OF THE GOVERNMENT OF

**THE PHILIPPINES**

1. Project/Activity No.

492-11-570-220

PAGE 2 OF 2 PAGES

2. Agreement No.

3.  Original or

Revision No. 1

3. Project/Activity Title

492-11-570-220 Population Planning

PROAG  
CONTINUATION  
SHEET

ANNEX \_\_\_\_\_

I. Project Description and Explanation

A. Background

This project began in 1967 with USAID providing only limited support to private organizations carrying out family planning training programs. Its objective at that time was to help establish a nationwide population program, building on clinic services which had begun in 1965. USAID support has subsequently provided the basis for a widespread expansion of clinics to meet the growing demand of families wishing information on or desiring to practice family planning.

Philippine Government participation has also grown substantially. In 1969 an Executive Order created the Commission on Population (POPCOM) to study population matters and to formulate policies and recommendations for the Government. In 1970 the President directed that the Commission on Population implement its policies and recommendations, and POPCOM has now become the overall central coordinating and planning body for the National Population program, utilizing funds made available by NEC/USAID and other donors, and now enjoying national sanction as a result of the enactment in 1971 of the Population Act of the Philippines, R.A. 6365.

The project has developed to a point where its current purpose is to reduce Philippine population growth from the historical 3%-3.5% level to about 2% annually. It is believed that this objective can be realized by a sustained 5-year program incorporating 600,000 new family planning acceptors annually. To achieve this objective USAID and the GOP have participated with private organizations and government institutions in establishing clinics to serve the public, providing training programs for family planning personnel, promoting education and informational activities covering family planning, and supporting research efforts for future guidance and program direction.

Through June 1971 more than 1,100 clinics have been established with AID support, providing services to almost 40,000 new participants monthly. Some 30 separate private

For the Cooperating Government or Agency

For the Agency for International Development

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<b>PROJECT AGREEMENT BETWEEN AID AND THE NATIONAL ECONOMIC COUNCIL</b>  <b>AN AGENCY OF THE GOVERNMENT OF THE PHILIPPINES</b>	1. Project/Activity No. 492-11-570-220	PAGE <u>3</u> OF <u>   </u> PAGES
	2. Agreement No.	3. <input type="checkbox"/> Original or Revision No. <u>   </u> 1
	3. Project/Activity Title  492-11-570-220 Population Planning	

and government agencies are involved in administering and implementing the program, and it is estimated that close to three-quarters of a million Filipinos now use modern contraceptive techniques.

**B. Purpose of this Project Agreement**

The primary purpose of this Agreement is to describe the respective commitments to help finance up to 1,670 private and public clinics in order to maintain a new acceptor rate at or above 50,000 per month and to document agreement on local cost sharing principles and procedures.

Whereas the USG has heretofore financed directly virtually all project local costs, beginning with this Agreement a cost-sharing system will be effected, whereby the USG will finance a progressively smaller proportion of local costs. Current estimates of respective contributions are projected in Attachment I which will be reviewed and updated annually. The cost-sharing estimates reflect growing Philippine readiness and ability to support an increasingly larger portion of the local costs. Increased Philippine responsibility for program activities is also evidenced by POPCOM program forecasts described in Attachment II and which will be updated annually to serve as project targets. For the financing period encompassed by this Agreement, project activities will be directed toward the targets established for Fiscal Year 1973 as summarized in Attachment II.

This Agreement also provides funds to assist in the construction and equipping of a Population Center. Details are contained in Part 2 to this Agreement.

Funds obligated in this Agreement represent the major portion of the US dollar support required during this fiscal year. It is anticipated that additional funding will be provided when firm requirements are established and specifications prepared.

For the Cooperating Government or Agency

For the Agency for International Development

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TITLE: \_\_\_\_\_

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TITLE: \_\_\_\_\_

AID 1980-1A (8-83)  <b>PROAG</b> CONTINUATION SHEET  ANNEX _____	<b>PROJECT AGREEMENT</b> BETWEEN AID AND <u>THE NATIONAL ECONOMIC COUNCIL</u> AN AGENCY OF THE GOVERNMENT OF <u>THE PHILIPPINES</u>	1. Project/Activity No. 492-11-570-220	PAGE <u>4</u> OF <u>    </u> PAGES
		2. Agreement No.	3. <input type="checkbox"/> Original or Revision No. <u>1</u>
		3. Project/Activity Title 492-11-570-220 Population Planning	

This Revision brings the total USAID contribution obligated since the start of this fiscal year, beginning on July 1, 1971, to \$4,771,000.

Part 1: Population Program Activities

II. USAID Contribution

A. Contract Services

Estimate \$200,000

- |   |                  |
|---|------------------|
| 1. Contracts for carrying out acceptor-performance reporting, financial and management-type audits and reviews, and to develop and install accounting systems and related services to further enhance the project's management. Details are contained in PIO/T 492-220-3-20050 attached.  | <u>\$103,000</u> |
| 2. A personal services contract for 7 man-months to strengthen the technical advisory capabilities of the USAID Information/Motivation staff involved in supplying original script material and in monitoring work of film producers under USAID contracts. Details are contained in PIO/T 492-220-3-20053 attached.  | <u>\$ 15,000</u> |
| 3. A personal services contract for 18 man-months to provide capability within the USAID to evaluate and report on USAID-financed research related to family planning and to make recommendations to USAID for administrative action based on research findings. Details are contained in PIO/T 492-220-3-20052 attached.   | <u>\$ 32,000</u> |
| 4. Contracts with agencies or institutions to perform evaluation of activities being implemented in the Population Planning project. Evaluation will be conducted to investigate problem areas and improve program operations, and to undertake research projects for improvement and support of project activities. Details are contained in PIO/T 492-220-3-20051 attached. | <u>\$ 50,000</u> |

For the Cooperating Government or Agency

For the Agency for International Development

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<b>PROJECT AGREEMENT</b> BETWEEN AID AND <b>THE NATIONAL ECONOMIC COUNCIL</b>  AN AGENCY OF THE GOVERNMENT OF <b>THE PHILIPPINES</b>	1. Project/Activity No. 492-11-570-220	PAGE <u>5</u> OF <u>   </u> PAGES
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- B. Commodities \$886,000**
1. Contraceptives to insure uninterrupted supply pipeline and to permit possible introduction of alternative contraceptives into the program. Details are contained in PIO/C 492-220-0-20054 attached. \$290,000
  2. Contraceptives - additional funding to complete procurement under PIO/C 492-220-5-20020. \$ 96,000
  3. Clinical equipment and supplies; details are contained in PIO/C 492-220-0-20055 attached. Funds committed herein will be required for purchase of equipment to support the opening of 200 more clinics starting January 1972 in accordance with the jointly agreed-upon clinic expansion program. The exact mix of equipment will be subject to the physical inspection of existing facilities. \$300,000
  4. Film, paper supplies, and related reproduction materials in support of the motivational aspects of the project. Details are contained in PIO/C 492-220-8-20056 attached. \$200,000

**C. Training \$130,000**

Participant training will be provided in the following fields of study:

<u>No. of Participants</u>	<u>Type of Training</u>	<u>Location</u>	<u>Est. Duration</u>	<u>Est. Cost</u>
3	Population Program: Evaluation Techniques	U.S.	1 year	\$21,000
3	Population Research Design & Methodology	U.S.	1 year	21,000
2	Demography	U.S.	1 year	17,200

For the Cooperating Government or Agency  SIGNATURE: _____ DATE: _____ TITLE: _____	For the Agency for International Development  SIGNATURE: _____ DATE: _____ TITLE: _____
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**PROJECT AGREEMENT  
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<u>No. of Participants</u>	<u>Type of Training</u>	<u>Location</u>	<u>Duration</u>	<u>Est. Cost</u>
1	Population Programmer Analyst	U.S.	1 Year	\$ 7,000
2	Training Techniques and Methodology in Family Planning	U.S.	6 months	12,000
2	Population Program Planning and Management	U.S.	13 weeks	6,000
1	Mass Communications: Educational Film Production	U.S.	1 year	7,000
1	Mass Communication: Radio Programming	U.S.	6 months	6,000
1	Mass Communication: TV Programming	U.S.	6 months	6,000
1	Mass Communication: Production Supervision	U.S.	6 months	6,000
2	Medical Education: Family Planning Curriculum Design	U.S.	6 months	12,000
12	Observation: Family Planning Program Operations and Management	Third Country	2-4 weeks	7,200
D. <u>Other Costs</u>				<u>\$2,130,000</u>

Under this revision USAID will make available up to \$2,130,000 to defray a portion of the local costs of implementing agencies involved in carrying out the Population Planning project. Attachment I provides a breakdown of current cost-sharing estimates.

For the Cooperating Government or Agency

For the Agency for International Development

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**III. NEC Contribution**

**A. In-Kind Support**

₱11,000,000

The GOP will continue to provide in-kind support including salaries, rentals, utilities and all other costs associated with Filipino programs related to or in support of family planning activities.

**B. Trust Fund**

₱1,500,000

Approximately ₱1,500,000 in the Trust Fund budget is identified as supporting family planning activities covered under this agreement, including US personnel local costs, salaries and related benefits of USAID-employed Filipinos, and international transportation of participants.

**C. Local Costs**

₱4,438,000

As indicated in Attachment I it is currently estimated that the Philippine proportionate share of Implementing Agencies' operational costs will total ₱4,438,000 during FY 1973.

The NEC, to the extent possible, shall obtain from budgetary sources the pesos committed herein. In the event, however, that the funds required are not available from budgetary sources, it is agreed that counterpart loans currently outstanding will be reprogrammed to the extent required.

NEC and USAID agree that funds will be mobilized sufficiently in advance to ensure the timely release of funds to POPCOM. The USAID's initial fund release under this Agreement will be equivalent to approximately 75 percent of the local currency requirement for a 60-day period, less balances released but not utilized under earlier Agreements. NEC's initial fund release will approximate 25 percent of the local currency required for the 60-day period beginning July 1, 1972, and in accordance with GOP budget procedures.

For the Cooperating Government or Agency

For the Agency for International Development

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**PROJECT AGREEMENT  
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Subsequent releases under this Agreement will be made upon receipt of POPCOM's Consolidated Monthly financial report together with their estimated cash requirement for the next 60-day period.

**IV. Special Provisions**

- A. Attachments I, II, III and IV are integral parts of this Agreement.
- B. It is agreed that all new clinics will be established so as to minimize duplication of existing services and to provide optimum coverage to the population being served.
- C. Family Planning services in facilities funded under this Agreement will be provided free of charge to all those so desiring them.
- D. Performance standards described in the FY71 Population Planning Project Agreement will continue to be used as general guidelines. Specific performance standards for service agencies will be detailed in the individual agency sub-agreements.
- E. Under the terms of this Agreement NEC will review the operations of the Population Commission and participating agencies to assure that they conform to Philippine laws and are in consonance with other approved activities.
- F. Waivers - Sub-implementing documents for participants (PIO/Ps) and participating agencies and institutions (sub-agreements) will be prepared and issued not later than six months from the date of this Agreement.
- G. Figures shown in Attachment II are for planning purposes only and do not constitute any commitment on the part of either USAID or the GOP.
- H. Funds committed in this document for participating agency local costs may be expended only against jointly signed sub-agreements detailing goals, targets, methods of operation and proposed expenditures by item and in accordance with the standard cost guidelines established in prior ProAgs.

For the Cooperating Government or Agency

For the Agency for International Development

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Part 2: Population Center

I. Background

Private organizations have been largely instrumental in developing public awareness and acceptance of the role which family planning practices have in enhancing the economic, social, and physical well-being of the Filipino people. In support of private efforts over the past four years NEC and USAID have extended financial and technical assistance to about 12 organizations which represent almost half of all institutions operating family planning programs. Current estimates of program costs involving NEC/AID-financed support over the 1971-75 period indicate that about 45 percent of associated expenditures will be made by the private groups and institutions.

In recognition of the especial effectiveness displayed by the private sector agreement has been reached between USAID, GOP, private Philippine citizens and the Rockefeller Foundation to establish a private Population Center, supervised and controlled by the Population Center Foundation, Inc.

The Foundation will provide a formal institutional medium that will cooperate and collaborate with both private and public sectors of Philippine society for the initiation, sponsorship, assistance and financing of action programs, studies, research, and facilities for population planning activities in the Philippines. Its primary purpose is to provide such support in the form of facilities and grants as its resources permit to population programs carried out by and in the private sector to insure the continued involvement of the private sector now that leadership of the overall Philippine program is passing to the Government. In so doing, it will reinforce and complement government programs.

To facilitate the purposes of the Foundation, a permanent structure - The Population Center - is required to house Foundation offices and serve as administrative headquarters for the Philippine Commission on Population (POPCOM). The Center will also provide office space for headquarters staffs of allied

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private organizations that are making substantial contributions to the Philippine Population Programs and possibly for liaison officers from public agency population programs. Further, the Center building may include such facilities as training rooms, a data bank and repository of information on the population programs of the Philippines and of neighboring countries, a distribution center for information and education materials on population planning and a central Population Library together with other facilities for research on population programs, family planning and related fields of activities.

Because of the private character of the Center it will be the first such institution in Asia, hopefully serving as a guide and model for other countries and attracting world-wide financial and other support from donors interested in non-governmental population activities.

II. USAID Contribution \$800,000

Grant: The USAID will provide a grant in an amount not to exceed \$800,000 through the NEC to fund dollar costs of construction, furnishings and equipping the Population Center building.

III. GOP Contribution

- A. Land: The GOP will provide a suitable site for construction of the Center building. This site will be provided to the Center on a long term lease of not less than 50 years at a cost to the Center not to exceed the minimum amount of payment required to establish a legal binding contractual arrangement.
- B. It is also agreed that Philippine sources will provide any additional financing or other support required for the design, construction, equipping and operation of the Center beyond that agreed herein to be made available from USAID and the Rockefeller Foundation. Estimated at ₱5,000,000.

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**IV. Other Contribution**

Not obligated herein, but understood to be a condition precedent to release of funds under this Agreement will be a contribution of \$1,500,000 by the Rockefeller Foundation to be applied as required against the design, construction, equipping, maintenance and operation of the Center.

**V. Special Provisions**

- A. No portion of the USAID contribution provided herein will be used to fund the endowment of the Foundation.
- B. Release of funds obligated herein will be made only upon review and acceptance by the USAID of the completed financial, architectural, and construction plans. This obligation will be valid only until June 30, 1972, unless construction cost estimates are agreed to by USAID prior to that date.
- C. The Charter of the Population Center Foundation, Inc. establishing it as a private, non-profit, tax-free organization indicates that its main purpose is as stated previously in this Agreement.

A copy of this Charter as registered with Securities and Exchange Commission is by reference incorporated in this Agreement.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Revised August 31, 1971

## STANDARD PROVISIONS

The National Economic Council (NEC) and the United States Agency for International Development (USAID) have entered into a Project Agreement for a Population Planning Program in the Philippines. The Project Agreement provides, among other things, that the Commission on Population (POPCOM) will plan, supervise and coordinate NEC/USAID support in accordance with the terms of sub-agreements entered into between POPCOM, NEC, USAID and agencies or institutions implementing population and family planning activities. These activities include, but are not limited to, the establishment and operation of family planning clinics, conduct of training courses, evaluation and research, and the provision of information and motivation services.

This sub-agreement, within the terms of the overall project agreement, specifies the particulars of the activity the participating agency commits itself to do, the resources committed for accomplishing this activity, the methods of its implementation, and the authority and responsibilities of the parties to this agreement.

I. POPCOM Authority and Responsibilities

In accordance with the terms of the overall project agreement between POPCOM, NEC and USAID:

1. **POPCOM will have overall planning and coordinating authority and responsibility for the NEC/USAID Population Planning Project. Within the limits of jointly agreed upon plans and budgets, this will involve:**
  - a. **development of population policies and a national population program;**
  - b. **development and programming of various project activities to achieve the Commission's goals as described in the overall project agreement;**
  - c. **determining needs for and recommending participant training;**
  - d. **planning and allocation of commodity support;**
  - e. **receiving and approving (or disapproving) project proposals.**
  
2. **POPCOM will be the entity through which NEC/USAID support will be channeled to recipient agencies. Regarding such support, POPCOM will:**
  - a. **establish agreed upon performance standards;**
  - b. **determine the appropriateness of the number of personnel and the pay scales proposed by institutions to implement agreed activities;**
  - c. **determine the appropriateness of the personnel policies of the participating institutions and ensure the provisions are made for all legally required (under Philippine laws) salary-related benefits;**

- d. evaluate, approve, and interpret project policies jointly decided upon by NEC/USAID/POPCOM and generally coordinate activities of the participating institutions;
- e. review and evaluate reports and inspect/visit activities to assure program continuity, maximize overall effectiveness of operations, and avoid unnecessary duplication and overlapping;
- f. assure appropriate use of commodities allocated in support of these activities, including the repossession and reallocation of commodities that are not being properly used, or that are no longer required for project purposes.
- g. submit a consolidated monthly financial report covering releases of funds made to all sub-projects and a consolidated quarterly progress report covering activities of all sub-projects with comments and recommendations;
- h. undertake other activities appropriate to the needs of the national population program;
- i. determine the propriety of the termination of any project activity. Actual termination shall be effected through a joint agreement among POPCOM, NEC and USAID.

## II. Responsibilities of Participating Institutions

The participating agency shall carry out its activities as specified in the sub-agreement, including:

1. Maintenance of complete and adequate records of its project activities and accomplishments as specified by the sub-agreement, or as otherwise prescribed by POPCOM, and submit to the POPCOM, with copies to USAID and the NEC, the following reports:
  - a. A monthly narrative progress and performance report(s) summarizing the activities for that month which shall be submitted not later than the 8th day of the month following that for which the report is made;
  - b. A quarterly narrative report describing progress toward achieving agreed targets and specifying problems encountered. This report is due not later than the 20th day of the month following the end of the quarter for which it is made.
  - c. Special reports as may be requested by POPCOM.
2. On request by an authorized representative of NEC, USAID or POPCOM, participating agencies shall make available for inspection all project records and accounts, as well as any facilities they operate with project funds.
3. The participating agency, in signing the sub-agreement, assumes responsibility and accountability for all funds, equipment, vehicles, supplies and other property made available under said sub-agreement and assumes liability for any misuse, misapplication, loss or misappropriation of such property, equipment, supplies or funds.

4. The participating agency shall assure that all commodities, including vehicles assigned its project, will be properly maintained and used for project activities. Should the project not be continued after the inclusive dates of this sub-agreement, or should the project be terminated prior to the stated termination date of the sub-agreement, all remaining funds, commodities and equipment supplied under this sub-agreement will be subject to determination by POPCOM and NEC.

5. Disposition of Records: All pertinent records and books of accounts related to this sub-agreement shall be retained in the possession of the participating agency for a period of three years after the close of the budget period in which expenditures are made, or until audited by or on behalf of NEC/USAID/POPCOM whichever is earlier.

### III. Responsibilities of USAID

The USAID Mission shall make available all financial assistance, commodities, and participant training agreed upon under this sub-agreement.

USAID will make all money, commodities and participant training available to POPCOM within a reasonable period of time so as not to delay or jeopardize the activities or efficiency of the program.

**IV. Authority and Responsibilities of NEC**

**1. The NEC shall:**

- a. Review, evaluate and approve proposals submitted by POPCOM.
  - b. Review, evaluate and approve the participant training program including the qualifications of the participants.
  - c. Determine the amount of the periodic releases to cover the operational requirements of the Commission and its participating agencies.
  - d. Review and evaluate distribution and allocation of commodities and equipment acquired under the program.
  - e. Review and evaluate the consolidated monthly financial and quarterly progress reports submitted by POPCOM.
- 2. Conduct periodic inspection and evaluation trips to sub-projects during any time of the fiscal year.**
- 3. Properties and funds of the POPCOM and its participating agencies will be subject to physical examination. The books and other records including property records will also be subject to audit and examination by NEC.**

**V. Evaluation and Performance**

**A. Performance**

Performance standards as established in the project agreement are to maximize the utilization of the resources provided through POPCOM.

These standards are interim and not exhaustive. The ultimate decision on acceptability of performance must be based on informed judgment. Nonetheless, performance standards will provide strong guidelines for determining the overall effectiveness of project activities.

- B. From time to time the POPCOM and USAID will arrange for independent evaluations of project activities.

VI. Financial Arrangement

1. Subject to availability of funds, POPCOM will provide participating agencies with necessary outlays to carry out activities described in the sub-agreement.
2. The initial release of funds to an agency under this sub-agreement will be made by POPCOM. Such initial release, together with the cash carry-over of the agency under the prior fiscal year, if any, will be sufficient to cover the project's anticipated cash requirement for an approximate period of 60 days (up to 90 days for agencies headquartered outside Greater Manila).
3. Subsequent releases will be made only upon submission of monthly financial and other specified reports (marked as Schedule 1, 2, 3 and 4) which will be submitted to POPCOM with copies to

4. Funds released to the participating institution will be deposited in an authorized depository bank designated by the institution. These funds shall be deposited in a separate current account (non-interest bearing) and shall not be commingled with other funds of the institution. Withdrawals will be made by checks signed by the project director, or his designee, and countersigned by an authorized official of the participating agency other than the project accountant.
5. No obligations may be made against these funds after the terminal date of the project. Payment of outstanding obligations will be made within 60 days from end of the terminal date of the project. Any funds then remaining will be returned to the sources from which derived within 90 days from terminal date of the project.
6. Transfer of funds from one major expense category to another within the agreed budget may be authorized without the necessity of concurrence of POPCOM, provided that such transfer shall not exceed 10% of the original outlay of the source item or the recipient item, whichever is lower and in no event will the total authorized budget be exceeded. Such transfers shall be indicated in the financial reports with an accompanying explanatory note.

7. All items of equipment and/or furniture and fixtures which have been provided pursuant to this sub-agreement will be labeled for project identification purposes, and a permanent property record of each item showing the cost and location will be maintained. A report on the commodity utilization (Schedule 4) will be prepared and submitted to POPCOM monthly along with aforementioned financial reports.
8. Commodities and supplies provided under this and prior sub-agreements will be subject to physical examinations. The applicable book of accounts and other records, including property records relating to those funds and/or commodities and supplies will be subject to audit and examination by NEC, POPCOM, USAID and/or such independent auditors they may designate at any reasonable time.
9. All resources available (cash and commodities) under this sub-agreement must be utilized only to achieve the defined project objectives and in accordance with the agreed budget. All expenditures made shall be subject to established accounting and auditing rules and regulations. (Specifically, the participating institution shall be held solely responsible for losses and shortages resulting from theft, robbery, etc.).

10. In the event the participating institution violates any provision in this sub-agreement or fails to meet established performance standards, POPCOM reserves the right to terminate the sub-agreement with 30 days advance notice, subject to final approval of NEC and USAID. Unutilized cash advances shall be returned in accordance with Paragraph 5 above. Property and equipment acquired under this sub-agreement shall be returned to POPCOM within 30 days after termination.

VII. Personnel

Standard personnel policies are established as follows:

1. Wages and salaries of all newly hired personnel will follow the pay scale established by POPCOM. Deviations from this scale require written approval from POPCOM. Salaries for personnel already hired will be brought into line by raising salaries when necessary and by refraining from giving raises where salaries are already above established standards.
2. No person may draw from any NEC/USAID-funded activities more than one regular salary unless it is clearly specified that his salary is for a part-time commitment. A part-time commitment is defined as half of a regular work week of at least 40 hours. The sum of two or more part-time commitments may not be in excess of full-time pay.

No honoraria will be paid under this sub-agreement to any person who is receiving a full-time salary paid by a USAID/NEC-funded activity.

An employee's work, on a weekly basis, shall consist of the full amount of hours for which he or she is being paid. A schedule of activities shall be kept for each employee in accordance with Philippine Government regulations.

3. Vacation and sick leave credits shall be granted an employee in accordance with existing rules and regulations of the Philippine Government.
4. Terminal notice shall be given an employee under existing labor laws.

ATTACHMENT IV

SUMMARY FUNDING TABLE

I. <u>USAID Contribution</u>		\$5,001,000
A. US Technicians & Office Costs	\$ 230,000	
B. Commodities	1,511,000	
1. Contraceptives	\$1,011,000	
2. Clinical Equipment	300,000	
3. Motivational Supplies	200,000	
C. Participant Training	130,000	
D. Contract Services	200,000	
1. Acceptor & Financial Audit	103,000	
2. Evaluation	50,000	
3. Personnel Services	47,000	
E. Other Costs	2,930,000	
1. Participating Service Agency Costs	2,130,000	
2. Population Center	800,000	
II. <u>Philippine Contribution</u>		₱21,938,000
A. In-kind Support	₱11,000,000	
B. Trust Fund	1,500,000	
C. Participating Services Agency Costs	4,438,000	
D. Population Center	5,000,000	

## ATTACHMENT I

PESO COSTS OF PHILIPPINE GOVERNMENT AGENCY PROGRAMS

	<u>FY 71</u>	<u>FY 72</u>		<u>FY 73</u>		<u>FY 74</u>		<u>FY 75</u>	
<b><u>Service:</u></b>									
Government	5,531	6,259	1,565 GOP 4,694 US	6,548	GOP ALL	7,126	GOP ALL	7,126	GOP ALL
Private	6,590	7,646	1,911 GOP 5,735 US	7,572	1,911 GOP 5,735 US	7,495	3,747 GOP 3,748 US	7,462	5,596 GOP 1,866 US
<b><u>Training &amp; Education:</u></b>									
Government	1,575	979	245 GOP 734 US	792	GOP ALL	303	GOP ALL	151	GOP ALL
Private	1,286	541	135 GOP 406 US	541	135 GOP 406 US	292	146 GOP 146 US	292	219 GOP 73 US
<b><u>Information &amp; Motivation:</u></b>									
Government	87	87	22 GOP 65 US	87	GOP ALL	87	GOP ALL	87	GOP ALL
Private	135	135	34 GOP 101 US	135	34 GOP 101 US	135	67 GOP 68 US	135	101 GOP 34 US
<b><u>Information &amp; Communication:</u></b>									
Government	935	467	117 GOP 350 US	246	GOP ALL	74	GOP ALL		
Private	26	26	6 GOP 20 US	26	6 GOP 20 US	25	12 GOP 13 US	25	19 GOP 6 US

	<u>FY 71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>
<b>Research &amp; Evaluation:</b>					
Government	1,089	764 191 GOP 573 US	611 GOP ALL	489 GOP ALL	391 GOP ALL
Private	31	-	-	-	-
<b>Other:</b>					
Government	1,552	850 212 GOP 638 US	850 GOP ALL	893 GOP ALL	938 GOP ALL
Private	194	-	-	-	-
<b>TOTAL - Government</b>	<b>10,769</b>	<b>9,406</b> 2,351 GOP 7,055 US	<b>9,134</b> GOP ALL	<b>8,972</b> GOP ALL	<b>8,693</b> GOP ALL
<b>TOTAL - Private</b>	<b>8,262</b>	<b>8,348</b> 2,087 GOP 6,261 US	<b>8,270</b> 2,068 GOP 6,206 US	<b>7,947</b> 3,973 GOP 3,974 US	<b>7,914</b> 5,935 GOP 1,979 US
<b>GRAND TOTAL</b>	<b><u>19,031</u></b>	<b><u>17,754</u></b> 4,438 GOP 13,316 US	<b><u>17,408</u></b> 11,202 GOP 6,206 US	<b><u>16,919</u></b> 12,945 GOP 3,974 US	<b><u>16,607</u></b> 14,628 GOP 1,979 US

Seventh Congress of the  
REPUBLIC OF THE PHILIPPINES

Fourth Special Session

Begun and held in the City of Manila on Monday, the Fourteenth  
day of June, nineteen hundred and seventy one

Republic Act No. 6365

AN ACT ESTABLISHING A NATIONAL POLICY ON POPULATION, CREATING  
THE COMMISSION ON POPULATION AND FOR OTHER PURPOSES.

Be it enacted by the Senate and House of Representatives of  
the Philippines in Congress assembled:

SECTION 1. This Act shall be known as the Population Act of the Philippines.

SEC. 2. Declaration of Policy - The Congress of the Philippines hereby declares that for the purpose of furthering the national development, increasing the share of each Filipino in the fruits of economic progress and meeting the grave social and economic challenge of a high rate of population growth, a national program of family planning which respects the religious beliefs of the individuals involved shall be undertaken. The Congress of the Philippines further declares that the national population policy and program will include the following elements: quantitative goals will be established and adopted; a broad understanding of the effects of alternative rates of population growth on family and national welfare be promoted; family planning will be made part of a broad educational program; safe and effective means will be provided to couples desiring to space or limit family size; mortality and morbidity rates will be further reduced; policies and programs guiding and regulating labor force participation, internal migration, and spatial distribution of population will be adopted; and contact with international agencies and private organizations concerned with

population problems will be established and maintained on a regular basis.

**SEC. 3. Commission on Population: Creation and Composition.** - To carry out the purposes and objectives of the Act, there is hereby created in the Office of the President a Commission on Population, hereinafter referred to as Commission, composed of the Secretary of Education, the Secretary of Health, the Secretary of Social Welfare, the Commissioner of National Integration, the Presidential Arm on Community Development, the Director of the University of the Philippines Population Institute, and in addition, the President shall appoint, with the consent of the Commission on Appointments, a representative from each of the following: Philippine Press Institute, National League of Puericulture Centers, Inc., Philippine Medical Association, Family Planning Organization of the Philippines, the Responsible Parenthood Council and the Institute of Maternal and Child Health, for a term of five years.

**SEC. 4. Functions and Duties.**- The Commission shall have the following functions and duties:

(a) To formulate and adopt coherent, integrated and comprehensive long-term plans, programs and recommendations on population as it relates to economic and social development consistent with and implementing the population policy, which shall be submitted to and approved by the President, upon recommendation of the National Economic Council: Provided, That the National Economic Council shall act on all such plans, programs and recommendations not later than sixty days from receipt thereof;

(b) To receive and approve project proposals and to coordinate and evaluate their implementation in accordance with approved plans and programs;

(c) To put up family planning clinics in cooperation with the Department of Health;

(d) To undertake such action projects as are necessary;

(e) To undertake, promote, and publish studies and investigations on Philippine population in all its aspects;

(f) To assemble and disseminate technical and scientific information relating to medical, social, economic and cultural phenomena as these affect or are affected by population;

(g) To submit an annual report to the President and to Congress on plans, programs, and progress of population activities. For this purpose, the Commission may require all agencies concerned to provide information necessary in the preparation of said report;

(h) To adopt rules of procedures for its government;

(i) To receive and accept from sources within and without the Philippines for its own use and not for sale, grants or donations of equipment, materials or services. Such grants or donations shall be exempt from gift taxes and deductible from the net taxable income of the grantor or donor and the donee, upon certification of the Commission: Provided, however, That any grant or donation received in accordance with this paragraph shall be disclosed to Congress through the annual report; and

(j) To perform such duties as proper authorities may from time to time direct the Commission to undertake.

The Commission may call upon any department, bureau, office or agency or instrumentality for such assistance as it may require in the performance of its functions.

**SEC. 5. Chairman -** The Commission shall elect its Chairman from among its members.

The Chairman of the Commission shall be responsible for calling and presiding over its meetings and shall for or in behalf of the Commission, receive gifts or donations, in whatever form and whatever source, and shall administer, obligate, and disburse the same, upon approval by a majority of the members of the Commission, and hire and maintain a staff to carry out the purposes and objectives of the Commission, in accordance with the terms of the donation, and in the absence thereof, in such manner as the Commission may in its discretion determine in conjunction with Section four, paragraph (1): Provided, That not more than fifteen percent of the funds of the Commission shall be utilized for administration expenses of the Commission.

**SEC. 6. Meetings.-** The Commission shall meet at least once in every four months and at other times at the call of the Chairman.

The Chairman of the Commission may constitute continuing or ad hoc committees consisting of the members of the Commission or such other experts as are deemed necessary to conduct studies for the Commission, or to assist it in the discharge of its functions.

**SEC. 7. Executive Committee.-** The Commission shall have an Executive Committee which shall act for the Commission when the latter is not in session. The Executive Committee shall be composed of: the Chairman of the Commission as Chairman and as members, the Secretary of Health, the Secretary of Education, the Secretary of Social Welfare, the Commissioner of National Integration, the Presidential Arm on Community Development, the Responsible Parenthood Council,

the Director of the University of the Philippines Population Institute, the representative of the Family Planning Organization of the Philippines, the Director of the Institute of Maternal and Child Health, and a representative from the National League of Puericulture Centers, Inc.

The Executive Committee shall meet at least once a month or at the call of the Chairman.

SEC. 8. Staff.- The Commission shall have an Executive Director who shall act as its action officer and shall serve as secretary of the Commission and the Executive Committee. The Executive Director shall be appointed by the Chairman with the consent of the Commission.

Subject to the direction and supervision of the Chairman, the Executive Director shall be responsible for the operation of the national population program, and for making decisions on a day-to-day basis. The Executive Director shall be responsible for preparing periodic reviews of program progress for annual budget estimates, and for recommending policy to the Commission, and shall perform such other duties as are prescribed by the Commission.

The Commission shall have such other personnel as may be necessary and may be assisted by such personnel as may be assigned or detailed to it from departments, bureaus, offices or instrumentalities of the Government and shall arrange for such services as the Chairman may deem necessary for the performance of the Commission's work.

**SEC. 9. Annual Report to Congress.** Not later than thirty days after the opening of the regular session of Congress each year, the Commission shall submit to both Houses of Congress an annual report on the achievement of the Commission, stating its plans and projects and defining therein the problems encountered in the preceding year and the recommended solutions and actions or measures expected of Congress on account thereof, if any.

**SEC. 10. Appropriations.-** The sum of four and a half million pesos is hereby authorized to be appropriated, out of any funds in the National Treasury not otherwise appropriated, as operating funds for the Commission starting the fiscal year nineteen hundred seventy-two: Provided, That out of this sum shall be disbursed the equivalent of the amount of three hundred fifty thousand dollars as the contribution of the Republic of the Philippines to the United Nations Fund for Population Activities for the calendar year nineteen hundred seventy-two: Provided, further, That at least seventy-five per cent of the said amount of three hundred fifty thousand dollars shall be used to finance population projects in the Philippine pursuant to this Act which are approved by the United Nations Fund for Population Activities: And, provided, finally, That said amount may be increased or decreased in the succeeding years by the Commission in accordance with its financial position. This appropriation shall hereafter be included in the annual General Appropriations Act.

**SEC. 11. Repeal.** - Any and all Acts, statutes, rules, regulations or parts thereof inconsistent herewith are hereby repealed.

**SEC. 12. Separability.-** If for any reason, any part of this Act is declared unconstitutional or invalid, no other section or provision of this Act shall be affected thereby.

**(SGD.) GIL PUYAT**  
President of the Senate

**(SGD.) CORNELIO T. VILLAREAL**  
Speaker of the House of  
Representatives

Finally passed by the Senate  
on July 17, 1971.

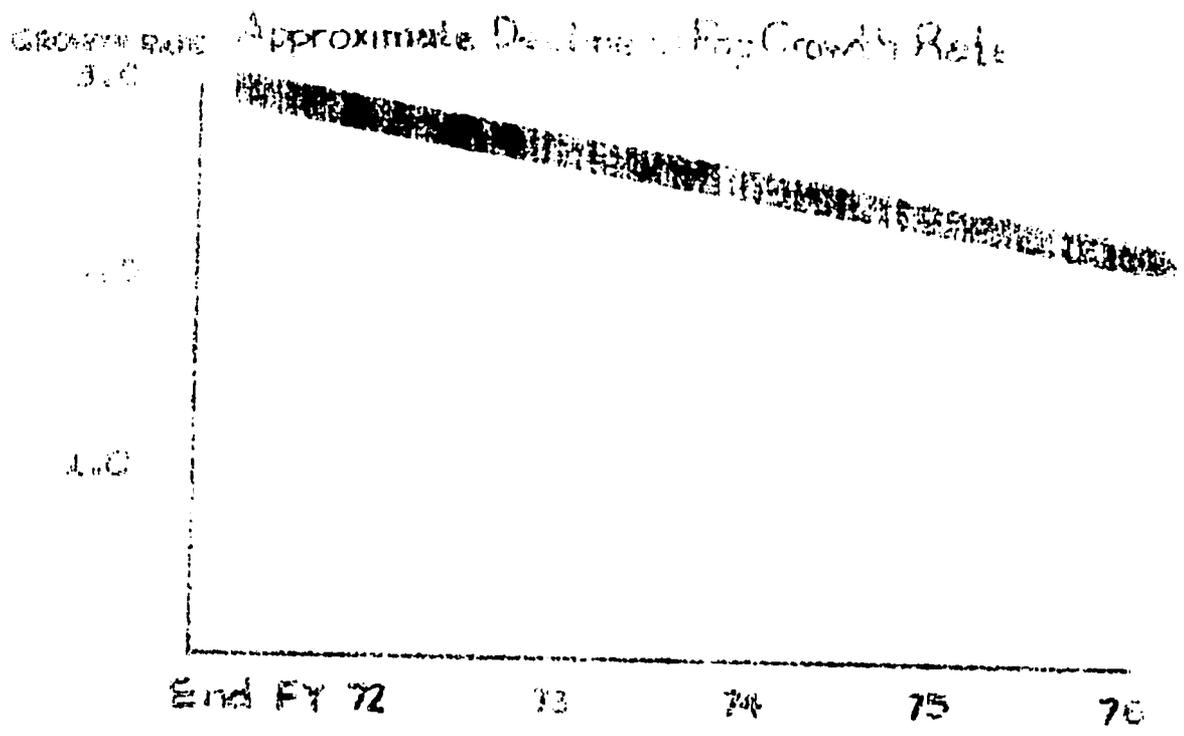
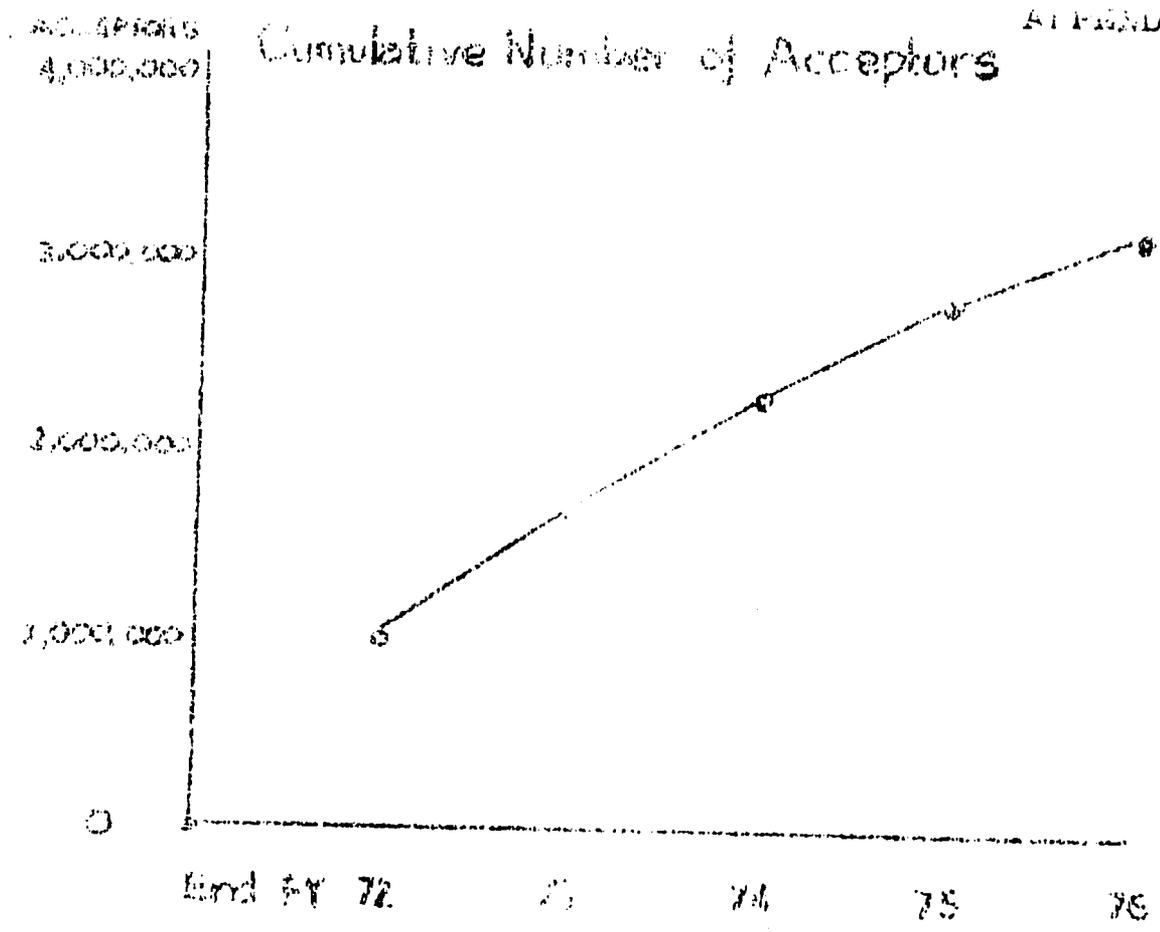
This Act, which originated in the  
House of Representatives, was finally  
passed by the same on July 17, 1971.

**(SGD.) ELISEO M. TENZA**  
Secretary of the Senate

**(SGD.) INOCENCIO B. PAREJA**  
Secretary of the House of Representative

Approved:

**(SGD.) FERDINAND E. MARCOS**  
PRESIDENT OF THE PHILIPPINES



PROGRAM MONITORING AND SURVEILLANCE THROUGH  
USE OF CONTRACTS WITH LOCAL PUBLIC ACCOUNTING FIRMS

AID-financed population programs in the Philippines have received continuing close attention by AID Auditor General personnel and the U.S. General Accounting Office. Criticism have been infrequent and there have been no major surprises. All recommendations to correct deficiencies disclosed in audits have been implemented.

The foregoing can be attributed to several factors, including (a) an alert and responsive Mission Management Team, and (b) effective use of local public accounting firms to monitor this program in which our exposure is quite high in an area where we wish to maintain as low an American profile as possible.

The Mission in July 1968 began utilizing the services of Sycip, Gorres, Velayo & Company, a highly respected Philippine public accounting firm. Exhibit A shows that from July 1968 to June 30, 1970 SGV performed eight assignments which consisted of studies, systems development, evaluations, etc.

We have continued to use extensively the services of SGV, and in early FY 1972 entered into contracts with two additional local public accounting firms, Del Rosario & Company and F. D. Roque, Jr. & Associates. Contracts were entered into with the two aforementioned firms principally to intensify our financial management audits of participating agencies. Assignments performed from July 1, 1970 to date are shown in Exhibits B and C.

Effective this FY, financial management audits are being conducted annually on a phased basis. The initial phase, which was completed early this month, consists of (a) a review of the accounting systems and internal controls of each participating agency, and (b) an examination of their operations to the extent necessary to assure basic compliance with project agreement provisions.

Phase 2 is just now getting underway. This phase will include (a) follow-ups on recommendations made during the initial phase, and (b) a detailed examination of the agencies' operations since the last audit or from inception, as applicable. The final phase will commence in mid-June 1972 and again will include follow-ups on outstanding recommendations and additional tests and analysis as required to determine valid expenditures during the period to June 30, 1972. Final reports on all USAID-assisted family planning activities (26 plus agencies) should be available not later than September 30, 1972.

We have utilized local public accounting firms extensively because the advantages in doing so are as follows:

1. **Helps to maintain a Low American Profile** - It is rather essential that we use the services of host country public accounting firms in order to effectively monitor the exceptionally large AID input into the Philippine Population Program while maintaining our established policy of a low American profile.
2. **Greater Flexibility** - At the USAID's request, local public accounting firms are capable of mobilizing a highly skilled work force which possesses levels of professional qualification and language capabilities needed for the type of auditing job that needs to be done in the Philippines.
3. **Continuity of Operations** - The firms' top-level staff, we believe, will continue its association with the Population Planning Project for longer periods than American direct-hire auditors or financial analysts could be expected to remain in the country.
4. **Reduced Cost** - The average cost per professional man-hour amounts to about \$5.00 for the larger firms and about \$4.00 for the small firms. The average cost of the typical USAID audit team (an American Supervisor and two local auditors) would amount to about \$8.00 to \$10.00 per productive man-hour. Accordingly the costs to implement this extensive audit program with local public accounting firms is substantially less than if we used direct-hire personnel.
5. **Saves Agency Admin Funds** - Program funds rather than admin funds are used to pay for services under the contracts.
6. **Development By-Product** - We believe that by employing host country professional organizations we will enhance the long-range development of the host country fiscal management capabilities.
7. **Independent Private Sector View** - The independent public accounting and management firms are in a position to communicate a view of the performance of host country private sector organizations which otherwise would not be available.

**EXHIBIT A. ASSIGNMENTS PERFORMED BY**  
**SYCIP, GORRES, VELAYO AND COMPANY**  
**JULY 1, 1968 TO JUNE 30, 1970**

Description

1. Comprehensive study of Family Planning Activities in the Philippines issued September 1969.
2. Developed Technical Reporting System for the Family Planning Movement in the Philippines issued November 1969.
3. Developed procedures for releasing funds to institutions participating in the Family Planning Program issued January 1970.
4. Evaluated the Role and Organization of the Project Office for Maternal and Child Health issued January 1970.
5. Developed System for the Processing and Evaluation of Proposals on Family Planning Projects issued February 1970.
6. (Developed an Accounting Manual for Institutions participating in the Family Planning Program issued February 1970.
7. Developed an Incentive Compensation System for the Family Planning Program issued February 1970.
8. (Developed System for Distribution of Commodities for the Family Planning Program issued March 1970.

**EXHIBIT B. ACCEPTOR AUDITS PERFORMED BY**  
**SYCIP, GORRES, VELAYO AND COMPANY**  
**JULY 1, 1970 TO APRIL 25, 1972**

<u>Participating Agency</u>	<u>Number of Audits</u>	<u>Number of Clinics Tested</u>	<u>Approximate Man-Hours</u>	<u>Estimated Cost</u>
1. Institute of Maternal and Child Health	4	12	2,301	\$ 10,750
2. Silliman University Medical Center	1	2	334	1,522
3. Province of Laguna	2	5	755	4,398
4. Department of Health	3	15	2,372	12,940
5. Family Planning Organization of the Philippines	2	5	1,023	5,181
6. Asian Social Institute	1	2	415	1,863
7. U.P. College of Medicine	1	1	189	864
8. Philippine Rural Reconstruction Movement	2	2	514	1,773
9. Philippine General Hospital	1	1	319	899
10. Fabella Memorial Hospital	1	1	215	870
11. Pathfinder	1	1	140	839
12. Philippine Medical Association	1	5	750	4,659
<b>Total</b>	<b>20</b>	<b>52</b>	<b>9,327</b>	<b>\$ 46,558</b>

**EXHIBIT C. FINANCIAL MANAGEMENT AUDIT PERFORMED BY**  
**PUBLIC ACCOUNTING FIRMS**  
**JULY 1, 1970 TO APRIL 25, 1972**

<u>Participating Agency</u>	<u>Cost</u>	<u>Fiscal Year 1971</u>			<u>Fiscal Year 1972</u>		
		<u>Phase 1</u>	<u>Phase 2</u>	<u>Phase 3</u>	<u>Phase 1</u>	<u>Phase 2</u>	<u>Phase 3</u>
							<u>Total Estimated Cost</u>
						(Starts mid-June)	
1. Project Office for Maternal and Child Health Clinics	\$ 2,795.00	-	-	-	-	-	\$ -
2. Institute for Maternal and Child Health Clinics	4,301.00	(1)					2,000.00
3. Province of Laguna	3,571.00	(1)	(3)	(3)			1,200.00
4. Silliman University Medical Center	3,447.00	(1)	(2)	(3)			2,000.00
5. National Nutrition Program Office	2,958.00	(1)	(3)	(3)			1,200.00
6. Social Communications Center	5,916.00		Project discontinued				-
7. Asian Social Institute	5,311.00	(1)	(3)	(3)			1,400.00
8. Responsible Parenthood Council	2,252.00	(1)	(3)	(3)			2,750.00
9. Philippine Medical Association	1,590.00	(1)	(3)	(3)			1,750.00
10. Various Agencies (Training Audit)	932.00						
11. Association of Phil. Medical Colleges	-	(1)	(3)	(3)			800.00
12. Province of Bulacan	-	(1)	(3)	(3)			800.00
13. Province of Nueva Ecija	-	(1)	(3)	(3)			800.00
14. Davao City Health Department	-	(1)	(3)	(3)			600.00
15. Bureau of Census and Statistics	-	(1)	(3)	(3)			1,200.00
16. Philippine Women's University	-	(1)	(2)	(1)			1,100.00
17. Ramon Magsaysay Award Foundation	-	(1)	(2)	(3)			440.00
18. U.P. College of Medicine	-	(1)	(2)	(3)			2,000.00
19. U.P. Research in Reproductive Medicine	-	(1)	(2)	(3)			1,400.00
20. Family Planning Organization of the Phil.	-	(1)	(2)	(3)			3,500.00
21. Department of Health/Rural Health Units	-	(1)	(3)	(3)			5,500.00
22. Office of Health Educ. & Personnel Trng.	-	(1)	(3)	(3)			1,750.00
23. National Media Production Center	-	(1)	(3)	(3)			1,500.00
24. Manila City Health Department	-	(1)	(3)	(3)			1,500.00
	<u>\$ 33,073.00</u>						<u>\$ 35,190.00</u>

(1) Completed

(2) In Process

(3) Planned this FY.

CALCULATIONS OF PROJECT EFFECTS ON  
BIRTH AND POPULATION GROWTH RATES

At this time there are still large uncertainties in the data required for computing the probable project effects on birth rates and population growth rates. First, the vital registration system of the RP does not provide data of a quality which permits calculation of current vital rates. Thus, while estimates of population growth rates based primarily on census data from censuses taken at ten-year intervals are published from time to time, disputes about the accuracy of these estimates are to be expected.

We do not know with much reliability the base point from which to compute growth rates. The average 1960 to 70 intercensal rate of growth computed from the census data is just over 3.0% per year. Previous estimates ranged as high as 3.5%. Hence, for purposes of illustrative calculations we are using an annual growth rate of 3.2% in 1972, based on an assumed birth rate of 45 and a death rate of 13.

Although there are good data on new acceptors available from the program's service statistics, the program is too new to permit highly reliable derivation of long-term fertility reductions resulting from enrollment in the program. It does appear, however, that acceptors at time of acceptance have a fertility history higher than the population as a whole and that they have about the same age distribution as the population. Also, limited data indicate that post acceptance fertility reduction is probably similar to that in other programs in Asia.

We have looked at the probable effects of the project on growth rate in two different ways. The target of the project is to enroll at least three million separate couples in the program by 1976. Current data indicate a drop-out rate of 25 to 30% the first year after acceptance and a 20 to 25% drop-out rate the second year. These data also indicate that 80 to 85% of the drop-outs plan to resume practicing family planning at some future time (usually after the termination of a planned or accidental pregnancy). There is also a significant spread of family planning activities that are channeled through non-project sources.

Under these conditions and given 3,000,000 total acceptors during the program, it seems reasonable to predict that during 1976 we will have about 1,700,000 couple years of contraceptive use. As indicated the data we have suggest that current acceptors have at least as high a fertility potential as the population as a whole and we assume that an acceptor's fertility potential without use of contraceptive is equal to that of the population as a whole.

Using estimates of births averted based on birth intervals, we get a predicted decline in the birth rate of 30%. These calculations are shown in the attached tables.

Another approach is to simplify the demographic situation by ignoring the dynamic aspects. This results in inaccuracies, but nonetheless provides a reasonable estimate of impact.

There will be about 5,200,000 married fertile age couples in 1976. The 1,700,000 couples practicing in 1976 will be predominantly using pills and IUD's, methods with high contraceptive effectiveness. We shall assume an average 90% contraceptive effectiveness for these users. The per cent decline in birth rate then is approximately:

$$\frac{1,700,000}{5,200,000} \times 0.90 = 29\%$$

The calculations give a 29% reduction in births and we are using 25% to add another measure of conservativeness. If the birth rate is 45 a year, a 25% decline will reduce it to about 34. If mortality were to remain constant at 13 this would mean a growth rate of 2.1%.

Both of these methods give essentially the same answer. With the given data this is about as accurate an estimate as can be made of probable impact. We are thus using a figure of 2.0 to 2.2% as probable growth rate at the end of the current project.

**Table No. 1. Calculation of the Number of Women Needed to be Practicing Contraception in 1976 to Reduce the Philippines' Birth Rate by 30% from 1972 Levels With a C.E.R. of 40**

Age (Years)	Projected Female Population (Millions)	Age Specific Fertility Rate/1000 1972	Expected Births 1976 (Millions)	Target: 30% Fewer Births All Ages 1976	Marital Age Specific Fert. Rate 1972	Birth Interval 1/ (6)	Births to be Averted 1976 (Millions)	Women to be Practicing 1976 (Millions)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
15-19	2.3	53	.122	.085	424	2.36	.037	.087
20-24	1.9	230	.437	.306	422	2.37	.131	.310
25-29	1.6	286	.458	.321	265	2.74	.137	.375
30-34	1.3	260	.338	.237	307	3.26	.101	.320
35-39	1.1	199	.219	.153	231	4.33	.066	.286
40-44	.9	92	.083	.056	111	0.01	.025	.225
<b>Total</b>	<b>9.1</b>		<b>1.657</b>	<b>1.158</b>			<b>.497</b>	<b>1.612</b>

**Assumptions:** 1) All estimated 1972 age specific rates would apply in 1976 in the absence of a program.

2) Marital age specific rates apply for women who accept contraception.

3) Loss and removal rates are the same in all age groups.

4) Constant number of new acceptors each year.

5) 20% of original acceptors lost each year.

6) All acceptors and losses evenly distributed in time.

645,000 acceptors needed annually to have 1,612,000 practicing in 1976.

Table No. 2. Calculation of the Number of Women  
Needed to be Practicing Contraception in 1976  
to Reduce the Philippines' Birth Rate by 30% from 1972 Levels  
With a C.B.R. of 45

Age (Years)	Projected Female Population (Millions)	Age Specific Fertility Rate/1000 1972	Expected Births 1976 (Millions)	Target: 30% Fewer Births All Ages 1976	Marital Age Specific Fert. Rate 1972	Birth Interval 1/ (6)	Births to be Averted 1976 (Millions)	Women to be Practicing 1976 (Millions)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
15-19	2.3	59	.136	.095	449	2.23	.041	.091
20-24	1.9	255	.486	.339	447	2.24	.146	.327
25-29	1.6	317	.507	.355	387	2.58	.152	.392
30-34	1.3	287	.373	.261	325	3.08	.112	.345
35-39	1.1	221	.243	.170	245	4.08	.073	.299
40-44	.9	102	.092	.064	118	8.47	.028	.237
<b>Total</b>			<b>1.836</b>	<b>1.284</b>			<b>.522</b>	<b>1.691</b>

**Assumptions:** As in Table 1

676,000 acceptors needed annually to have 1,691,000 practicing in 1976.