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PD-AAD-554-B1

Philippines

PROJECT PAPER

POPULATION PLANNING II

492-0277



*POPULATION DIVISION
OFFICE OF HUMAN RESOURCES DEVELOPMENT
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
MANILA, PHILIPPINES*

MAY 1977

TABLE OF CONTENTS

	<u>Page No.</u>
Philippine Perspectives	i
Glossary (2 pages)	ii
PP Facesheet	1
 <u>PART I: SUMMARY AND RECOMMENDATIONS</u>	
A. Facesheet	2
B. Recommendations	2
C. Description of Project	
1. Grant	3
2. Loan	5
D. Summary Findings	7
E. Project Issues	8
 <u>PART II: PROJECT BACKGROUND AND DETAILED DESCRIPTION</u>	
A. Project Background	10
B. Detailed Project Description	12
1. National Family Planning Outreach	12
2. Voluntary Surgical Contraception	16
3. Regional Logistics Operations	22
4. Information-Education-Communication	24
5. Training: Orientation-Reorientation	26
6. Demographic Measurement	27
7. Evaluation and Operations Research	30
 <u>PART III: PROJECT ANALYSIS</u>	
A. Technical Analysis Including Environmental Analysis	33
B. Financial Analysis and Plan	
1. Financial Viability	35
2. Recurrent GOP Budget	36
3. Financial Plan/Budget Tables	36

Page No.

C. Social Analysis	38
D. Economic Analysis	
1. Project Feasibility	40
2. Overall Economic Benefits	40
3. Cost-Benefit Analysis	41

PART IV: IMPLEMENTATION ARRANGEMENTS

A. Analysis of Recipients and AID's Administrative Arrangements	43
B. Implementation Plan	43
C. Evaluation Arrangements for the Project	45
D. Conditions and Covenants	46
E. GOP Response to Reviews Audits, and Assessment	47
F. Linkages of Population Planning II to other Development Projects	48

PHILIPPINE PERSPECTIVES

"We recognize the critical relationship between population growth and economic and social development. In fine balance, these two elements of the national life complement each other; however, when population accelerates too rapidly, precious resources and energies needed for development and the improvement of the quality of life are dissipated."

President Marcos, August 1975
(Message to U. N. Secretary General Waldheim)

"... May I now emphasize the fact that our population increase wipes out practically all our development and our advances in almost every field?

As you all know the whole world--all the futurologists and the demographers--have warned us that it is necessary for all leaders of every country, irrespective of size, to give emphasis to the population control program, or family planning program as we have called it, so I want each and every department now to look into the possibility of participation in this program."

President Marcos, March 1975
(Televised Cabinet Meeting)

GLOSSARY

BARANGAY	- Lowest unit of government; a geographical unit; formerly <u>Barrio</u> .
BCS	- Bureau of Census and Statistics
BSP	- Barangay Supply Point
CPO	- City Population Officer
DPO	- District Population Officer
FNRC	- Food and Nutrition Research Center
FP	- Family Planning
FTOW	- Fulltime Outreach Worker
GOP	- Government of the Philippines
IEC	- Information, Education, Communication
IPPF	- International Planned Parenthood Federation
IUD	- Intrauterine device
MCRA	- Married Couples of Reproductive Age
MPO	- Municipality Population Officer
MIS	- Management Information System
NEDA	- National Economic and Development Authority
NFPOP	- National Family Planning Outreach Project
NCSO	- National Census and Statistics Office
P/FP	- Population/Family Planning

Phase I

Activities - FP service programs of more than 40 public and private agencies jointly supported by GOP and USAID funds under predecessor project Population Planning I, from FY 1970 through FY 1975 492-0220.

PCOM - Commission on Population

PPO - Provincial Population Officer

UPPI - University of the Philippines Population Institute

UNFPA - United Nations Fund for Population Activities

PART I

SUMMARY AND RECOMMENDATIONS

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT PAPER FACESHEET		1. TRANSACTION CODE A A - ADD C - CHANGE D - DELETE		PP
3. COUNTRY/ENTITY PHILIPPINES		2. DOCUMENT CODE 3		
5. PROJECT NUMBER (7 digits) [492-0277]		6. BUREAU OFFICE A. SYMBOL PHA H. CODE [07]		4. DOCUMENT REVISION NUMBER
8. ESTIMATED FY OF PROJECT COMPLETION FY [8 0]		7. PROJECT TITLE (Maximum 40 characters) [POPULATION PLANNING II]		
		9. ESTIMATED DATE OF OBLIGATION A. INITIAL FY [7 7] B. QUARTER [4] C. FINAL FY [8 0] (Enter 1, 2, 3, or 4)		

10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$1 - **P7.5**)

A. FUNDING SOURCE	FIRST FY*			LIFE OF PROJECT		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	3572	2719	6291	14252	10584	24836
(GRANT)	(272)	(2719)	(2991)	(952)	(10584)	(11536)
(LOAN)	(3300)	(-)	(3300)	(13300)	(-)	(13300)
OTHER U.S.						
1.						
2.						
HOST COUNTRY	-	2959	2959	-	15802	15802
OTHER DONOR(S)						
TOTALS	3572	5678	9250	14252	26386	40638

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY 77		H. 2ND FY 78		K. 3RD FY 79	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) PH	400B	400	400	2991	3300	2843	10000	3209	-
(2)									
(3)									
(4)									
TOTALS				2991	3300	2843	10000	3209	-

A. APPROPRIATION	N. 4TH FY 80		Q. 5TH FY		LIFE OF PROJECT		12. IN-DEPTH EVAL. SCHEDULED
	O. GRANT	P. LOAN	H. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1) PH	2493	-			11536*	13300	MM YY [0 6] [7 8]
(2)							
(3)							
(4)							
TOTALS	2493	-			11536*	13300	

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1. NO
 2. YES

14. ORIGINATING OFFICE CLEARANCE SIGNATURE: <i>Yeni W. Kangas</i> TITLE: Chief, Pop Division		SIGNATURE: <i>Herbert W. Dodge</i> TITLE: AD/HRD		DATE SIGNED MM DD YY [0 5] [2 5] [7 7]		15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY [] [] []	
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AID 1330-4 (3-76)

*Note: Excludes U.S. Grant central contraceptives for FY 77 valued at \$2309.

A. FACESHEET (See Page 1)

B. RECOMMENDATIONS

1. It is recommended that AID fund the population/family planning (P/FF) project described in this paper. Required authorizations and actions are as follows:

-- Grant	Bilateral	\$11,536,000
	Centrally-Funded Contraceptives	2,309,000
-- Loan		<u>13,300,000</u>
	(Terms: 40 years, 10 year grace 2% during grace--3% thereafter)	
	Total new AID obligation	\$27,145,000

-- Access to GSA contraceptive procurement services for above loan

~~X~~ -- Waiver of competitive selection for ongoing consulting services. USAID to continue as contracting organization for life of project. (See contract summary annex)

-- Benefits to all American contract employees to conform to Standardized Regulations (U.S. Civilian Employees Abroad)

-- Authorization within the above grant funds, of up to \$50,000 per year for non-ProAg costs, e.g., special evaluation, invitational travel, emergency procurement, and other unforeseen requirements, at USAID discretion.

2. Because it is important to project success, USAID/Manila would urge continued AID/W grant support through Family Planning International Assistance (FPIA) and the Association for Voluntary Sterilization (AVS) to: (a) Mary Johnston Hospital, (b) Iglesia Ni Cristo, and (c) the Philippine General Hospital in Manila, including contraceptives, pharmaceuticals, and surgical kits, if necessary. Each of these institutions contributes materially and uniquely to the FP movement in the Philippines and merits sustained FPIA and AVS support.

C. DESCRIPTION OF PROJECT

1. Grant

- a) As successor to Project 492-0220, Population Planning I, this project will continue to provide needed grant assistance to the Government of the Philippines population program. The central components of this program will be the National Family Planning Outreach Project and the Surgical Contraception Project with five supporting projects.
- The National Family Planning Outreach Project will train and deploy full-time Outreach Workers and establish 54,365 Barangay Supply Points for contraceptive delivery throughout the country.
 - The Voluntary Surgical Contraception Project will train and equip physicians in male and female sterilization techniques to meet sterilization demand.
 - A Regional Logistics Operation Project will ensure uninterrupted supplies to all outlets including the Barangay Supply Points.
 - An Information-Education-Communication Project will be executed to strengthen the outreach effort and regional population office capabilities.
 - A Training Project will orient provincial governors and city mayors toward their responsibilities for program implementation, as well as re-training Outreach workers.
 - A Demographic Measurement Project will assess program progress toward goal.
 - An Operations Research Project will be undertaken to measure progress of the above activities, identify problem areas and make recommendations for corrective action, through the medium of selected small, short-term research and evaluation activities. Included under Operations Research will be evaluation studies to be carried out on regional and field levels to gather immediate feedback on program progress and receptivity.
- b) All of these activities will be coordinated by the Commission on Population. The Commission will continue to involve over

30 government and private participating agencies and increasing participation from local and provincial governments for implementation

- c) The major inputs to the Outreach project will be the replacement of part-time motivators with full-time outreach workers and the development of Barangay Supply Points (BSPs) in each barangay or village. Empirical evidence shows that the effective impact of present clinics is limited to a radius of three or four kilometers beyond which service coverage rapidly tapers off. These new inputs will bridge the critical geographical barriers to contraceptive acceptance by making pills and condoms available in every barangay.
- d) The following factors encourage optimism about the adoption of FP services under this program.
 - 1) Even the relatively modest and passive provision of services by government clinics in recent years has led to a contraceptive-use prevalence rate of about 33% within the three-to-four kilometer radius mentioned above. This is not far from the 35%-or-better rate sought by this project, and the inference is that an aggressive, well equipped, well staffed, and well administered program would have a good chance of boosting nationwide prevalence over 40% in the early 1980's.
 - 2) The invariable emergence in the past of a new clientele wherever FP services were offered would suggest that there is a latent demand for services in the rural areas which are the prime target of this project.
 - 3) Sterilization has proven increasingly popular in the Philippines and shows promise of being widely accepted by couples who want no more children.
 - 4) Opposition to FP, for religious or other reasons, is relatively light and moderate, except with respect to sterilization. (See Issues section, Part I, E.)
 - 5) Knowledge of the existence of FP and its benefits is comparatively widespread, even in rural areas.

e) Indicators of end-of-project status include:

- * - Absorption of a significant share of field program costs into provincial and charter city budgets.
- Recognition of program value at national and provincial levels of government -- by acclaim and tangible assistance.
- Well-established infrastructure and usages for P/FP program administration, evidenced by efficient routine, standardized procedures, written policies, etc.
- Integration of P/FP principles and policy into all major government programs.

2. Loan: The Government of the Philippines has undertaken a program to reduce the Philippine population growth rate by an average of one-tenth of one percent per year over the next four years. An integral part of this program is the liberal distribution of contraceptives through clinics and a newly established network of Barangay Supply Points designed to bring contraceptive supplies to the neighborhood level throughout the Philippines.

It is estimated as of May 1, 1977, that loan contraceptives valued at \$13,300,000 will be required in support of this program. Particulars will be furnished in the USAID/Manila FY 1979 annual budget submission (ABS).

All non-regulated contraceptives, such as foams and condoms, and FDA-approved contraceptives, such as orals, IUDs and injectables (pending), manufactured and packaged in the US will be eligible for loan funding.

Within the total funding level of \$13,300,000, the types and quantities of contraceptives ordered will be at GOP discretion, based upon inventories, acceptor trends, delivery leadtime, etc.

It is anticipated that procurement under this loan will conform closely to established grant procurement practices, including GSA procurement on the basis of non-obligating PIO/C instructions furnished by the GOP. USAID will assist on request in all aspects of such procurement.

Following grant-established precedents, contraceptives purchased under this loan will be made available to both government and private family planning programs, including commercial distribution schemes at GOP discretion.

GOP charges to individuals or institutions, if any, for loan-funded contraceptives will be nominal and subject to the joint approval of USAID and the Board of the Population Commission. Provision will be made for free and liberal distribution to the poor at all points in the distribution network.

USAID staff members will monitor use of loan-funded contraceptives, as an adjunct to field observation of the grant-funded FP program described elsewhere in this Project Paper.

In the course of draft project review, the Philippine Government expressed interest in the possibility of establishing a domestic contraceptive industry. This could include manufacturing or packaging of condoms, IUDs or orals, conceivably with a number of Philippine firms. If this were to materialize within the life of this project, drawdown under the above loan could be somewhat reduced.

In the above context, USAID informally suggested the possibility of one or more feasibility studies, financed out of non-population funds already at hand. If the findings were favorable, the GOP might seek U. S. loan assistance to establish a contraceptive industry. Such a request would be considered by AID on its merit as an industrial development project, rather than as a population project per se. Pending such development, the GOP is seeking a loan, through this PP, for its full contraceptive requirements for the life of this project, with the understanding the GOP has full discretion with respect to actual drawdown under the loan.

D. SUMMARY FINDINGS

The four year program will be a concerted effort to rapidly achieve low-cost country-wide rural and urban distribution of family planning services. Coinciding with this thrust will be the increasing participation of local governments in the planning, implementation and funding of population activities at the local level. Agreement has been reached that the rural population must be the primary target of family planning programs if the GOP goal to reduce the current growth rate in the Philippines by an average of one-tenth of one percent annually for the life of the program is to be achieved.

The project meets applicable statutory criteria. See attached annex.

E. PROJECT ISSUES

1. Priority of Fertility Control: The sense of urgency to reduce rapid population growth frequently expressed by the President of the Philippines has not uniformly been shared by other senior government officials. Some seem confident that the country can support a considerable expansion of population size and are reluctant to promote family planning on demographic grounds. Accordingly, there are many who tend to view population/family planning efforts in much the same light as public health services - a worthy program to be offered to the general public as resources permit; but not one to be aggressively pursued with comparatively generous resources.

At the same time, the perception at the top regarding the need to slow rapid population growth has increased markedly during this decade. For the first time, the GOP has endorsed a major program with clearly stated prevalence and fertility rate reduction goals which, to many, appear ambitious. This project assumes that GOP commitment in terms of policy and willingness to allocate adequate resources will continue to expand.

2. Institutionalization of the Outreach program will require a number of simple but formal agreements among GOP agencies such as POPCOM, the Department of Local Government and Community Development (DLGCD), the Civil Service Commission and the Commission on Audit. As of April, 1977, indications were that various national and local organizations seemed amenable to providing funding and other support for the Outreach program, but signed agreements had not yet been reached pending resolution of final details. In the absence of substantive obstructions, it is anticipated that this matter will be resolved by POPCOM and other GOP departments in time to avoid delay in signing of the FY 1977 project agreement.
3. Roman Catholic Church Attitudes: There is mounting evidence that the Church may decide to openly oppose the extension of government-supported voluntary sterilization. Church leaders are concerned that the popularization of voluntary sterilization might lead to legalization of abortion. This is a matter over which USAID, of course, has no influence and is one which must be settled between the GOP and Church hierarchy. The extent to which any church action on this issue will adversely affect program implementation is unpredictable.

4. Assumption of Contraceptive Costs after 1980. The following alternatives for funding contraceptive costs after 1980 have been discussed within the GOP although no definitive course of action has been decided upon:
 - a. local manufacture of pills and condoms and/or variations of local manufacture such as i) import raw materials for orals and tabletize and package locally ii) import condoms in bulk and locally perform testing and packaging.
 - b. GOP procurement from international sources.
 - c. Continued loan financing if loan funding from USAID or other sources is available.

The option of local manufacture or variations thereof would require full feasibility studies which USAID has offered to support under the existing feasibility study loan with the GOP. At this point, it is likely that this avenue will be pursued first and the outcome of the feasibility investigation will determine next steps.

5. POPCOM Staffing: Chronic deficiencies persist regarding technical and management staff capability in both POPCOM headquarters and regional offices. In April, 1977, approximately half of POPCOM's senior positions were vacant in Manila and included the Associate Director positions for Planning, Clinical Services and Administration. A new Deputy Executive Director position for Planning, Monitoring and Evaluation reportedly has been approved but not budgeted. Senior and staff positions in the research unit are unfilled.

The March 1, 1977 appointment of a new Executive Director with an extensive management background and general Board awareness of these problems offer promise that these deficiencies will soon be remedied. Until they are, program planning, monitoring and implementation will continue to suffer.

6. Evaluation of Population Planning I, 492-11-570-220: This project, as well as the general design of Population Planning II, was evaluated by a Family Health Care, Inc. (FHC) Team in February-March, 1977. Findings and observations noted in the FHC "Interim Report" of March 10, 1977 have been taken into account in this Project Paper.

7. A number of inflationary factors have recently gained momentum in the Philippines, notably broad salary and transportation-fare increases. As this PP is submitted, it is not known whether cost-of-living increases similar to those granted to the private sector on May 1, 1977 will be extended to government employees funded by this project. Similarly, the impact of recent fare increases on Outreach travel is difficult to assess until more field experience is acquired. This subject will be discussed in further detail in the first annual amendment to this PP.

PART II

PROJECT BACKGROUND AND DETAILED DESCRIPTION

A. PROJECT BACKGROUND

The rapid population growth of the Philippines has only recently come into focus as a development problem. After World War II when modern public health advances dramatically reduced the death rate in the country, accelerated growth occurred. During the 1960's, the population grew at a rate of approximately 3% per year, implying a doubling time of twenty-three years. Throughout this period, some physicians quietly provided contraceptives to their patients, in order to provide better health care and more freedom of choice for their patients. As awareness of the population problem became more acute, their efforts became more widely known and served as models for future programming.

In 1967, USAID at the request of the Philippine Government, began to assist in the training of family planning personnel in preparation for a more aggressive government population program. The following year, the Philippines was signatory to a Declaration on Population by World Leaders. This first official recognition of the "population problem" paved the way for the current program. Also in 1968, the Office of Maternal and Child Health was created within the Department of Health to begin family planning efforts. The next year, President Marcos appointed a Commission on Population to study and recommend a national policy.

In 1970, the Commission was given permanent status in the Office of the President and the mandate to coordinate population programming in both the public and private sectors. Since that time, the Commission on Population (POPCOM) has been responsible for directing the growth of a broad family planning infrastructure and increasing acceptability for a program once thought alien to the religious and cultural beliefs of the country.

This infrastructure now includes more than 2,400 clinics staffed by trained personnel, 11 POPCOM regional offices, more than 35 hospitals capable of training for sterilization, and a well executed program of demographic measurement activities. Levels of awareness and knowledge of family planning among the eligible sector of the population, as well as among the country's planners and decision makers have been significantly raised.

The GOP has demonstrated the priority it attaches to population planning with increased inputs and important policy changes. From approximately \$.5 million in 1971, the resources allocated by the government in support of population activities have increased

to more than \$8.0 million annually. In addition, the Philippine program has been expanded step by step by Presidential Decree to encompass all methods of family planning except abortion, which is proscribed by law. In addition, income tax and labor laws have been amended to encourage small families, and applicants for marriage license must present certification of having undergone family planning counseling by a POPCOM approved counselor.

Presidential Letter of Instruction No. 435 provides for the funding of the population program to gradually be assumed by local government authorities. (See Annexes for copies of relevant decrees, letters of instructions, etc.)

Despite progress in what has become known as "Phase I" (1971-1976) of the program, serious obstacles toward achieving program goals have been recognized.

A major problem is that while 70% of the population lives in rural areas nearly all clinics are in towns. Within three kilometers of such clinics, roughly one-third of eligible couples are regular contraceptive users. As one moves further into the rural areas, however, this prevalence level declines rapidly to less than five percent at 10 kilometers distance. The fact that easy-to-reach acceptors have been served and that the program has not thus far extended to genuine rural areas accounts in large measure for the "plateauing effect" experienced during the past three years.

Another problem has been the shift in the contraceptive method mix in favor of less effective methods. This is often caused by rumors of side-effects and restrictive distribution practices.

Recognizing these basic operational problems, the Commission on Population developed an expanded and revamped program focusing upon "Phase II: New Initiatives", with the overall goal of reducing the population growth rate by an average of .1% per year. The task for the four years covered by this project paper is to extend a full range of easily available services to the entire population.

B. DETAILED PROJECT DESCRIPTION

The GOP sector goal to which this project, in conjunction with other public and private programs, contributes is to reduce the population growth rate in the Philippines by an average of .1% annually during the life of the project. It is also an objective of the project to promote the increasing participation of local governments in the planning, implementation, and funding of population activities at the local level.

To accomplish this ambitious reduction in the growth rate will require a contraceptive prevalence rate of 35 percent among married couples of reproductive age (MCRA) by December 1980. (See Demographic Projection Annex)

Essential to achieving this increase in the prevalence of contraceptive use is the extension of services and provision of contraceptive supplies to the rural areas of the country. The National Family Planning Outreach Project (NFPOP) and the rapid expansion of voluntary surgical contraceptive services nationwide, which will account for approximately 75% of USAID support, will be cornerstones of the Phase II population program. These actions will complement the extensive service infrastructure already established under Phase I. Five additional sub-projects will offer specific support to the outreach and surgical contraception efforts. Other program activities are supported by international public and private donors.

It is envisioned that during the life of this Project Paper, other innovative projects may be developed that might also contribute to the overall goals of the program.

A December, 1976 modification of the Philippine Medicare Law allows Medicare reimbursement to participating physicians and institutions for sterilizations. This is expected to qualify about 15% of the estimated 5.4 million married couples of reproductive age in the Philippines for this service.

1. National Family Planning Outreach.

Background

Early program efforts concentrated on the opening of static family planning clinics, usually in health centers located in towns. Initially, these clinics experienced moderate success

servicing the motivated couples in close proximity to the clinics who came on their own, seeking assistance. The first attempt to move from passive to active recruitment of acceptors came with the hiring of 2,300 part-time motivators. This attempt met with only limited success because of a number of inherent weaknesses:

- a. Most motivators were recruited from the poblacions in which the clinics were located. The workers, therefore, were frequently strangers to the people in the rural barangays which decreased their acceptability and effectiveness.
- b. Transportation funds for motivators' travel to the barangays were severely limited and difficult to obtain, particularly in advance.
- c. The task to be accomplished was disproportionate to the aggregate capability of the part-time motivators. They were too few, inadequately trained and supervised, and generally concentrated in the population centers, rather than in the rural barangays and urban slums where they were needed most.
- d. Part-time motivators were poorly compensated and underutilized. There was a rapid turnover of personnel with the result that an effective cadre did not develop.
- e. The part-time motivators relied entirely upon direct personal contact with the people, rather than an intermediary infrastructure which could reach out to all married couples of reproductive age within their assigned areas of responsibility. Thus, the effectiveness of the part-time motivators was limited to the number of people with whom he or she could establish and maintain direct personal contact.

To offset these limitations and provide the Philippines with an effective means for making population and family planning services available to all married couples within an acceptable time, a new program was designed in 1976 by the Population Commission with USAID participation which:

- a. Established adequately compensated full-time outreach workers, trained and equipped to establish, support and manage an outreach network designed to bring family planning services to all married couples of reproductive age.

- b. Provided an effective management and support structure to insure proper supervision, operational funding and logistical support throughout the delivery system.
- c. Minimized ethnic difficulties by requiring that personnel at every level be recruited from within their assigned geographic areas of responsibility.
- d. Provided a revolving imprest fund to fund official project travel and other specific operating costs on an advance basis.

Funding for the National Family Planning Outreach Project began in FY 76, under predecessor project 492-0220. Project inputs in-place as a result of FY 76 funds are programmed to include:

- 51 Provincial Population Officers (PPOs)
- 95 Provincial Population Coordinators (PPCs)
- 513 District Population Officers (DPOs)
- 3,102 Full-Time Outreach Workers (FTOWs)
- 77 Trainers

80% of the above were trained and deployed as of March 31, 1977. It is expected that nearly the full complement of Outreach personnel will be deployed as of June 30, 1977 after an agreement has been negotiated with the new Metro Manila Commission (373 FTOWs and 77 DPOs). Recruitment and deployment of the remaining 88 FTOWs and 19 DPOs slated for provinces where peace and order problems persist cannot be accurately forecasted although it is hoped it will be possible to field them within CY 77.

As of March 1977, much remained to be done in order to integrate Outreach into national and local governments. (See Part I, E, Project Issues) However, recent progress in systems design and preliminary inter-agency agreement suggests that the essential elements will fall into place within CY 1977 and provide a satisfactory base for Population Planning II Outreach implementation.

Project Description (Outreach)

Together with other Philippine population efforts, the National Family Planning Outreach Project will increase the percentage of married couples of reproductive age practicing contraception from approximately 24 percent of couples of reproductive age (MCRA) at project inception to 35 percent by the end of the project.

Annual estimates, based upon March 1977 analysis by the University of the Philippine Population Institute (UPPI and POPCOM) are as follows:

1976 - 24%
1977 - 25%
1978 - 27%
1979 - 32%
1980 - 35% 1/

See annex entitled Demographic Projections through 1987.

1/ Increasing the prevalence rate from an estimated 24% in 1976 to 35% by the end of 1980 will require an average increase in prevalence of 2.5 percentage points per year. By comparison, programs in Taiwan and Korea have achieved gains of around 2.0 percentage points per year.

During earlier stages of program planning, consideration was given to setting the GOP goal for 1980 prevalence at 40%. Subsequent technical review by POPCOM, UPPI and demographic consultants however, determined that 35% was a more realistic target. USAID concurs with this judgment.

Given the generally accepted correlation between prevalence and crude birth rates, a prevalence level of 35% can be expected to yield a crude birth rate of around 30 or 31/1000. Assuming the crude death rate will not decline much below 10/1000, this means that one can reasonably anticipate an annual growth rate of 2.0 to 2.1% by 1980 and achievement of the objective of reducing the annual rate of growth by at least .1% per year during the life of the project.

Present program design calls for a total of 54,365 BSPs to become operational during the life of the project. We are aware, of course, that the pattern of one BSP per roughly 100 Married Couples of Reproductive Age may not be either uniformly achieved or required. For example, variations of this are likely to occur in high-density urban areas such as Metro Manila, Davao and Cebu City where other service facilities already exist. The final number and distribution of BSPs will be determined as experience dictates depending upon local conditions and will be a subject for special attention in the first project evaluation scheduled for the second quarter of 1978.

Project implementation actions include the following:

- a. Establish an average of 17 Barangay Supply Points (BSPs) per deployed FTOW. At these points, volunteer workers, trained and supervised by FTOW's will distribute free orals and condoms to their neighbors and maintain simple records for periodic activity and inventory reports. They will also assist on referral of IUD and sterilization candidates to FP clinics and itinerant teams.
- b. Train replacement FTOWs as necessary to maintain effective operating density.
- c. Establish a mobile inspectorate from the original cadre of Outreach trainers which will identify problem areas, recommend effective remedial action, and assist province, district and local population personnel to maintain performance standards.
- d. Evaluate the Outreach project after 20% of Barangay Supply Points have been operational for at least six months and not later than the second quarter of CY 78.

By decision of the POPCOM Board, implementation of this project will be delegated to local governments, i.e., provinces and chartered cities. Under this arrangement, as defined in individual agreements with the 72 provinces and 60 chartered cities which make up the Philippines' local government system, the Provincial and City Population Officers will be members of the Governor's or Mayor's staff and FTOWs will be local government employees. Technical guidance and requirements are to flow through POPCOM's eleven regional offices, as are POPCOM support funds. Commodity support (contraceptive supplies, surgical kits, etc.) will be procured centrally and made available to local governments by POPCOM without cost.

2. Voluntary Surgical Contraception

Background

A voluntary surgical contraception (VSC) program has been initiated as a major complement to the outreach component of the national population program.

When the Commission on Population (POPCOM) was created in 1969, voluntary surgical contraception was not included in the basic policies of the Philippine Population Program. In December, 1972, Presidential Decree No. 79 amended the 1971 National Population Act to permit the use of all methods of contraception except abortion. It was not until September, 1973, however, when the Secretary of Justice determined that sterilization was not mutilation that legal obstacles were fully removed to enable provision of sterilization services.

Given the cultural and religious environment of the Philippines, it was decided that voluntary surgical contraception programs should be carefully planned and executed. A few agencies pioneered, among them the Philippine General Hospital, the Jose Fabella Memorial Hospital, the Mary Johnston Hospital, the Southwestern University Medical Center, the Institute of Maternal and Child Health and the Family Planning Organization of the Philippines. These programs, under the auspices of the International Project of the Association for Voluntary Sterilization (IPAVS), Family Planning International Assistance (FPIA), the International Planned Parenthood Federation (IPPF), and the Pathfinder Fund demonstrated that there was substantial demand for voluntary surgical contraception in the Philippines.

On the basis of this experience and recognizing the effectiveness of voluntary surgical contraception as a contraceptive method, the POPCOM Board approved the following policy statement on May 15, 1974:

"The Commission on Population, as a matter of policy, hereby declares that modern surgical techniques of contraception are considered acceptable procedures of contraception control, provided that:

- a. these methods do not consist of abortion, as abortion is presently and commonly understood to be the termination of pregnancy before the twentieth week of gestation;

- b. the client is thoroughly informed of the medical implications of these procedures, in particular the present irreversibility of the procedure; that other methods of contraception have been explained and, that, the procedure is undertaken on a voluntary basis;
- c. a written consent of the spouse is obtained; and,
- d. the procedure is performed by a duly trained physician."

Pursuant to the above policy,* POPCOM launched a modest nationwide voluntary surgical contraception program in September, 1975 with USAID bilateral assistance. Growing public demand for VSC subsequently led POPCOM to expand support for voluntary surgical contraception and endorse it as a major service component of the current project. Still further GOP support of voluntary surgical contraception occurred in December, 1976 when the national MEDICARE program providing coverage to an estimated 800,000 married couples of reproductive age, authorized reimbursement to participating institutions and physicians for performing sterilization procedures.

Presently, voluntary surgical contraception as a family planning method has three programmatic foci: (1) the effect is principally acceptor-oriented and thus serves as a test and indication of the acceptability of the approach among the eligible publics; (2) the project is mainly directed at service providers, and thus concentrates on training a medical corps with the needed skills; and, (3) it concentrates on the "professionalization" of medical practice in this area.

By the end of CY 1976, 456 VSC service centers were in operation and approximately 684 physicians had been trained to provide male and/or female sterilization procedures. Project inputs as of June 1977 are expected to include:

- a. 75 physicians trained and equipped to perform minilap;
- b. 123 physicians trained and equipped to perform vasectomy;
- c. 97 physicians trained and equipped to perform both minilap and vasectomy;
- d. 35 government hospitals rehabilitated and equipped to provide sterilization and other family planning services;

* See cable exchange of STATE 61122 and MANILA 4210; for further detail on GOP policy regarding sterilization.

- e. 27 private hospitals staffed with trained and equipped physicians;
- f. 12 itinerant teams established to provide male and female sterilization services;
- g. 38,313 acceptors reported by service institutions and private practitioners and provided subsidy.

Project Description (Voluntary Surgical Contraception)

The purpose of this project is to increase the prevalence of more effective family planning methods by increasing the percentage of sterilizations among family planning acceptors and users. Contributing to the increase of VSC acceptors will be the efforts of outreach motivation and the availability and easy accessibility of service in rural areas. VSC acceptors are projected to account for the following percentage of total users over the 42 month project:

1977 - 8%
1978 - 11%
1979 - 13%
1980 - 15%

Specific Objectives (Project Inputs)

- a. 42 physicians trained and equipped for minilap by December 1977.
- b. 72 physicians trained and equipped for vasectomy by December 1977.
- c. 270 physicians trained and equipped for minilap and vasectomy by July 1978.
- d. 126 government hospitals rehabilitated and equipped for sterilization and other family planning services by December 1978.
- e. 256,519 sterilization procedures provided service subsidy by December 1980.
- f. Establish a fund for the treatment of medical complications arising from voluntary surgical contraception.

The schedule for physician training has been carefully prepared in collaboration with the principal service providers - the Department of Health, the Institute of Maternal and Child Health leading training centers and POPCOM. This will be closely monitored and continuously reviewed with the objective of accelerating the pace of training whenever possible. The primary constraint in implementing a more rapid training effort is not lack of training facilities or patients, but the genuine difficulty many hospitals have in releasing scarce staff for training. The 236 government emergency hospitals

for example, typically are staffed by only one physician, a midwife and sometimes one nurse and special arrangements must be made to provide physician coverage for doctors who must leave their locality for training.

Tables I-S and II-S indicate the number and type of service facilities which will become operational as a result of this project and the number of physicians trained annually and cumulatively. 66% (1,113 doctors) of physician training is programmed to be completed by the end of CY 1977.

TABLE I-S. NUMBER AND TYPE OF HOSPITALS AND CLINICS PROVIDING VOLUNTARY SURGICAL CONTRACEPTIVE SERVICES (VSC), 1975 THRU 1980

TYPE OF HOSPITAL & CLINIC	TOTAL NO.	PROVIDING VSC SERVICES BY CY										TOTAL		
		1975 ^{1/}		1976		1977 ^{2/}		1978		1979			1980	
		CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM	CY/CUM		
Prov. Hospital	61	10	10	18	28	18	46	15	61	-	61	-	61	61
Emergency Hosp.	236	6	6	27	33	52	85	95	180	56	236	-	236	236
City Hospital	15			3	3	6	9	6	15	-	15	-	15	15
Other Gov't Hosp.	55	20	20	9	29	11	40	10	50	-	50	-	50	50
SUB-TOTAL GOVT	367	36	36	57	93	87	180	126	306	56	362	-	362	362
Private Hospital	136 ^{3/}	35	35	31	66	70	136	-	136	-	136	-	136	136
TOTAL HOSPITALS	503	71		88	71	157	139	126	316	56	442		498	498
Gov't Clinics	1521	67	67	50	117	100	217	100	417	100	417	100	517	517
Private Clinics	N. A.	77	77	103	180	63	243	40	283	40	313	30	343	343
TOTAL CLINICS		144	144	153	297	163	460	140	600	130	730		130	860
TOTAL VSC SERVICE SITES		215	215	241	456	320	776	226	1042	186	1228		130	1358

1/ All VSC service sites up to December 1975.

2/ Actual data up to February 1977; Projected data for March - December 1977 and CY 78, 79 & 80.

3/ Of 280 private hospitals with 25+ bed capacity offering OB-GYN services, 136 are presently considered as priority targets for VSC services.

TABLE II-S. PHYSICIANS TRAINED FOR VOLUNTARY SURGICAL CONTRACEPTION - BY END OF CALENDAR YEAR.

END CALENDAR YEAR	TYPE OF PROCEDURE			TOTAL PHYSICIANS TRAINED	
	Male Only	Female Only	Both Male & Female	Annually	Cumulative
1975 ^{1/}	204	115	55	374	374
1976	180	78	52	310	684
1977	171	84	174	429	1113
1978	100	40	180	320	1433
1979	100	30	-	130	1563
1980	100	30	-	130	1693
TOTAL PHYSI- CIANS TRAINED	855	377	461	1693	1693

^{1/} Includes physicians trained in CY 75 and prior years.

TABLE III-S. VOLUNTARY SURGICAL CONTRACEPTION SERVICE POINTS COMPARED TO NO. OF MARRIED COUPLES OF REPRODUCTIVE AGE (MCRA).

	Y - E - A - R					
	1975	1976	1977	1978	1979	1980
VSC Service points compared to MCRA	1/23,801	1/11,567	1/7006	1/5,378	1/4703	1/4384

3. Regional Logistics Operations

Background

An expanded Outreach program will require an expanded contraceptive distribution effort. This will continue to be a complex undertaking because the Philippine population is dispersed over more than 3,100 islands. A further factor is the existence of a number of semi-autonomous public and private FP programs which are assisted with POPCOM-supplied contraceptives.

POPCOM has partially decentralized its supply system to the Regional Office level as an initial step in the strengthening its logistics system.

Project Description (Logistics)

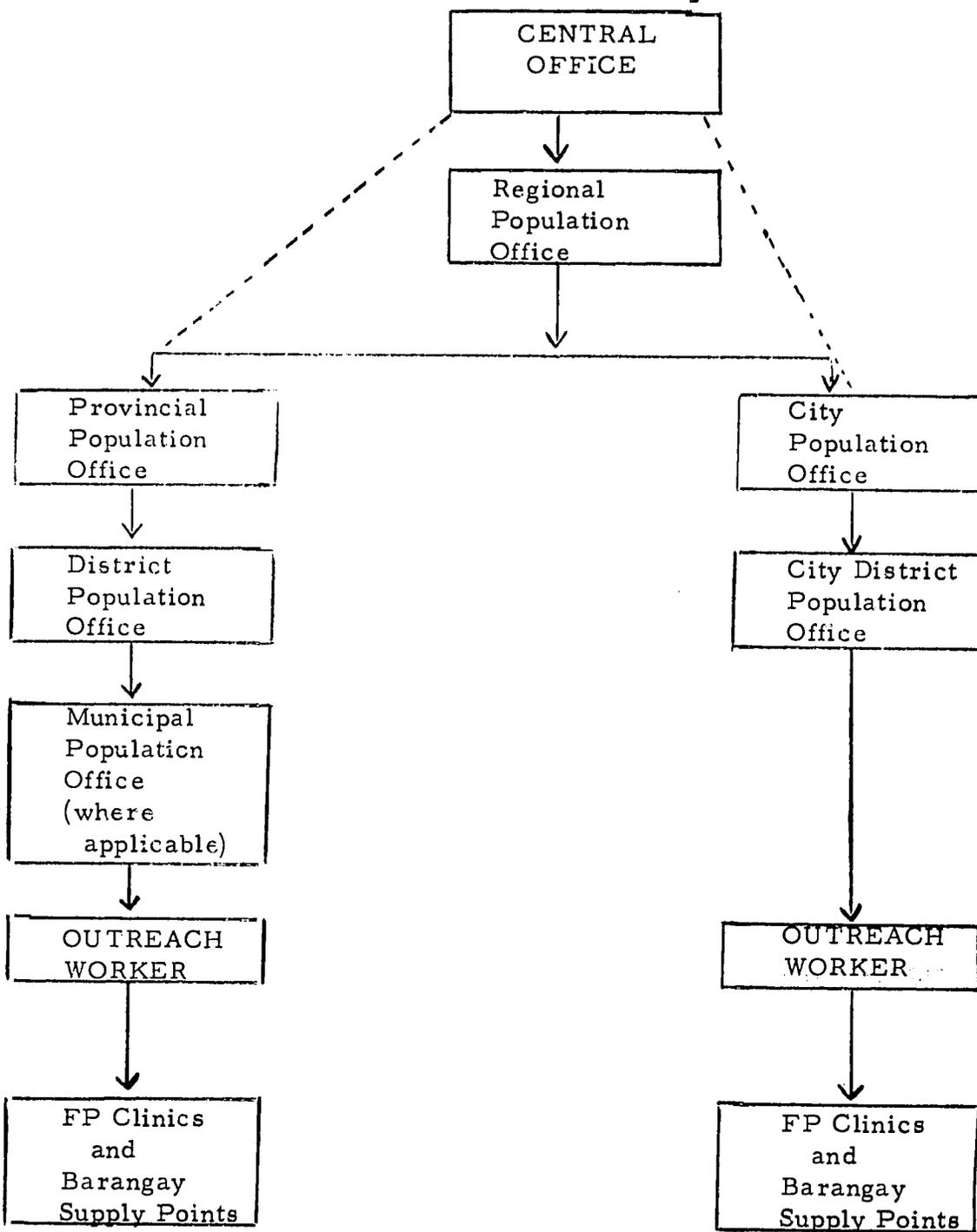
This project will further decentralize the logistics system by providing Regional Offices with increased capability to distribute commodities, equipment and supplies; to install project controls and a supply system to insure adequate storage, security, accounting and reporting of commodities; and to provide the program with the required mobility and equipment to carry out all national program activities. There will be a single, basic supply system from which all family planning programs in the POPCOM system will draw supplies. This includes existing clinics and the new Outreach Project. Commodities will flow according to the diagram on the following page.

Instructions on the logistics system will be a part of the basic training of all supervisors and other program personnel who will be dispensing, issuing or receiving supplies as a part of their normal duties.

In anticipation of the time required to recruit, train and post personnel in the Outreach Project, six months' contraceptive supplies have been placed in Regional Offices and one year's supplies have been placed in all family planning clinics throughout the country. These supplies were checked and topped-off in a nationwide distribution exercise in the last quarter of CY 1976. Accordingly, the need to resupply these clinics should be minimal during the establishment of the outreach program making it possible for logistics personnel to devote full attention to training and the provision of initial supplies to offices and personnel of the Outreach Project, i. e., to non-clinic contraceptive outlets.

One year's supply of orals and condoms will be allocated within the Outreach Project, tentatively on the following basis:

CONTRACEPTIVE DISTRIBUTION - OUTREACH NETWORK



Regional Population Offices -----	1 month
Provincial Offices -----	2 months
District Offices -----	2 months
Outreach Workers -----	3 months
Barangay Supply Points -----	<u>4 months</u>
Total Supply -----	12 months

Actual quantities will be initially based on stocking estimates calculated in the Outreach Project, as modified by subsequent operational experience.

It is estimated that a total of 124 program vehicles (excess property) will be distributed within the country during the next 4 years. These vehicles will be rehabilitated as needed, and there will be a continuing program of vehicle maintenance and motor pool management to insure maximum utility. Public transportation will be used for water travel and where needed to supplement program vehicle travel.

4. Information-Education-Communication

Background

Information/Education/Communication (IEC) activities in prior years have led to a high level of family planning awareness among the population. Over the years, hundreds of prototype materials have been developed, basic communications research has been conducted, and many trained IEC workers have been fielded.

The reorientation of the program toward rural areas dictates greater use of radio in future IEC campaigns. The diversity of Philippine culture (92 dialects spoken in the country) requires development of materials at the regional level to assure their appropriateness in the field.

Project Description (IEC)

The IEC project will continue to create and sustain the demand for family planning services with particular attention to religious and cultural values. Special efforts will be made to:

- a. Emphasize the health benefits from family planning practice.
- b. Stress child spacing and reproduction during the 20-35 year age period.
- c. Counter rumors about contraceptive side-effects, particularly concerning the pill and IUD.
- d. Explain the relative effectiveness of different contraceptive methods.
- e. Acquaint Filipino men with the advantages of FP.

To accomplish these objectives, staff development at the regional level will be stressed so that local capability can deal with unique local communication problems and needs.

The project focus is on the following three sub-projects:

- a. Radio campaign for the regional development of jingles, dramas and population features in various dialects.
- b. Print support to equip each outreach worker with appropriate materials.
- c. Training support will focus on development of regional IEC specialists.

It is anticipated that the GOP will support a more comprehensive IEC program in support of family planning, with GOP resources over and above those programmed within this project.

Implementation Plan

This plan will be implemented principally through the regional POPCOM offices with direction and guidance from the central office. Outside consultants may be utilized as needed and deployed in the regions to perform specific tasks related to the project.

5. Training: Orientation-Reorientation

Background

The training component of Population Planning I was extensive. Emphasis during the early years of the program was on the training of clinic personnel - doctors, nurses, midwives and motivators. This trained cadre is available to provide medical backstopping at clinics, which will be important to the total outreach effort. Between July 1976 and March 1977, approximately 72 governors, 603 municipal and city mayors, 1,077 barangay leaders and 855 POPCOM staff and field personnel were oriented to the new population program under FY 76 funds.

Project Description/Implementation

Training covered by this project will be in support of the National Family Planning Outreach effort. In the coming four years, the following groups will be the target of a continuing training/staff development program:

- a. Outreach Workers, including BSP officers and other community leaders: (yearly workshops/orientation)
 - 1) strengthen planning and programming capabilities of Provincial Population Officer (PPO)/District Population Officer (DPO)/City Population Officer (CPO)/Municipal Population Officer (MPO) for the task of planning and implementing population programs on various levels.
 - 2) upgrade skills of all workers in community organization.
 - 3) provide knowledge of new developments in the field of population/family planning and the Philippine population program.
 - 4) provide opportunities for assessment of performance and strategy setting.
- b. POPCOM and other GOP Staff: yearly workshops for executive and technical staff.*
 - 1) strengthen internal capabilities for project development and management, especially on the regional level.

* Technical staff includes Clinic Coordinators, Training Coordinators, Research and Evaluation Coordinators, IEC Coordinators, Project Coordinators at the regional level. Project Officers and Project Assistants on Central Office level.

- 2) provide opportunities for assessment of project performance, identification of problems and recommendation of corrective measures or alternative strategies.
- 3) reinforce and upgrade knowledge about specific contraceptive methods.
- 4) sharpen capability for imparting skills to co-workers in the field, such as outreach workers and staff of participating agencies.
- 5) build team skills.

c. Governors, Mayors, and Provincial Planning Staff:

To intensify involvement of local governments in the Program, local government officials and the planning staff on provincial level will participate in separate yearly workshops. In the first three years, there will be heavy concentration on provision of planning and programming skills required to enable them to formulate, implement and monitor Population Program plans and for them to be able to respond more quickly to the needs of outreach workers. The following year will be for strengthening and maintenance of these skills; workshops will again provide opportunities for assessment, strategy setting, sharing of experience, etc. Implementation by POPCOM regional staff and Outreach Workers.

d. Participant Training:

National training resources are generally excellent and the period of major USAID support for overseas participants has ended. A modest amount is budgeted to permit familiarization with new technology, acquisition of new skills and observation of other developing country field programs.

6. Demographic Measurement

Background

Although demographic data in the Philippines is relatively good by developing country standards, it is still difficult to determine

accurately either the prevalence of contraceptive use or the effects of such use on fertility. Vital statistic registration data (i.e., births, deaths, marriages) in the Philippines are too deficient to allow direct measurement of fertility trends over time. Survey data on fertility in the past have been generated by multi-purpose demographic surveys conducted at five- and two-year intervals. (The National Demographic Survey and the National Acceptor Survey.) As a result, it has not been possible to get rapid feedback data on the sort needed to assess program results from surveys on trends in fertility.

In the absence of adequate primary fertility data, efforts have been made to estimate fertility effects of program activities through FP program service statistics and survey data on contraceptive use effectiveness. However, survey data on use effectiveness have always been out of date by the time they became available. For instance, as of early 1977, the most recent nationwide data on use effectiveness was the 1974 National Acceptor Survey, which studied women who accepted contraceptive methods from clinics during the years 1970-1972. Moreover, by their very design, such surveys are limited to persons who have been registered in family planning clinics and therefore provide no information on non-clinic contraceptive use.

As the program moves away from the clinic-centered focus of the past and toward the community-centered focus of the Outreach Program, it becomes increasingly important to move from the measurement of clinic enrollment and contraceptive use effectiveness of clinic acceptors toward the measurement of the prevalence of contraceptive use, regardless of source of service or supply. This shift stresses current enrollment, instead of cumulative enrollment, and minimizes distortion through cumulative reporting error and enrollee attrition.

Project Description (Demographic Measurement)

The Demographic Measurement activities are designed to provide both national and regional estimates of trends in fertility and contraceptive prevalence and to determine

the correlates of fertility and prevalence, particularly those subject to family planning program control. The following activities are planned:

1. Annual rounds of the Area/Regional Fertility Surveys from 1977 through 1980. Five of the nation's eleven regions will be covered in 1977; seven regions with 64% of the population will be covered in 1979 and thereafter.
2. Annual Community Surveys of contraceptive practice and response to the family planning program from 1977 through 1980.
3. Misamis Oriental Fertility Study, to investigate the phenomenon of rapid decline of fertility in specific municipalities in that province.
4. Further analysis of data from the National Acceptor Survey 1976.

Note: The World Fertility Survey (WFS) in 1978 will provide national estimates of prevalence and fertility. The WFS will not be bilaterally funded.

Introduction of annual fertility surveys, begun in 1976, will provide more rapid feedback and more reliable information on short-term trends. The shift from surveys of clinic acceptors to surveys of the target population for the purpose of studying response to the program is expected to complement the shift of program emphasis from clinic services to community outreach.

The following types of data are to be collected and analyzed:

1. Contraceptive prevalence and method mix.
2. Regional breakdowns of data on fertility, contraceptive prevalence and use effectiveness.
3. Fertility levels and trends.
4. Correlates of contraceptive use effectiveness and prevalence.
5. Accuracy of program records.
6. Use effectiveness.

7. Correlates of fertility.
8. Target populations' perceptions concerning quality and acceptability of program services and operations.
9. Contraceptive use of acceptors before and after program enrollment.

Implementation Plan

The Community Survey will be conducted under the direction of the Population Institute, University of the Philippine System, in close cooperation and consultation with the Commission on Population. Fieldwork will be carried out by a commercial research firm or firms, to be selected through competitive bidding. The Area Fertility Surveys will be conducted jointly by the Population Institute, the Office of Population Studies (San Carlos University, Cebu City), the Mindanao Center for Population Studies (Xavier University), Cagayan de Oro City and the Davao Action Research Center. The Misamis Oriental Fertility Study will be conducted by Xavier University.

7. Evaluation and Operations Research

Background

The Family Health Care, Inc. team evaluation of the predecessor project, Population Planning I, in February and March 1977 provided reasonably detailed P/FP program data, as of the inception of Population Planning II. This information is to be supplemented by ad hoc evaluations of specific project components throughout the life of the project. Example: as indicated in the Outreach Project above, evaluation is planned for the second quarter of 1978, at which time Outreach activities will have progressed far enough to warrant evaluation but with opportunity still existing for project refinement and possible design changes.

Specific evaluation arrangements are to be incorporated in annual project agreements, based upon latest-available P/FP program information.

Care will be exercised in the course of project evaluation to make full use of Philippine evaluation capability and to conduct joint GOP/US evaluation as appropriate.

As a related matter, research plays an active role in setting program direction, priorities and operational strategies. By providing feedback information to program managers and decision-makers, research becomes a significant tool for program planning. With the new output-oriented thrust of an expanded population program, it becomes more important than ever that the program possess the capability to assess the progress of the program as a whole and its individual components so that problem areas and deficiencies are promptly identified and remedied.

Description of the Project (Evaluation and Operations Research)

Consistent with the recommendations of the above evaluation team, funds are provided for short-term, small-scale operations and evaluative research actions to:

1. Periodically check progress of discrete project activities against their specific implementation schedules.
2. Identify and analyze particularly successful performance, so that it can be replicated, and similarly identify possible problem areas/bottlenecks in project implementation and quickly offer solutions/recommendations for action to administrators and managers.
3. Determine community (recipient) support and receptivity to ongoing project activities, identify possible areas of conflict and offer recommendations for action.
4. Provide support to Regional and Provincial Population Officers in gathering feedback on program progress.
5. Provide baseline information.
6. Identify and evaluate changes in knowledge, attitudes, and practices.

PART III

PROJECT ANALYSIS

A. TECHNICAL ANALYSIS INCLUDING ENVIRONMENTAL ASSESSMENT

The concept of extending basic FP services to the neighborhood level through a nationwide network of outreach workers is well-suited to the Philippine environment and attractive from a technical standpoint. POPCOM's recent adoption of an "output-orientation" with the demographic goal of reducing the growth rate by .1% per year and achieving 35% prevalence of contraceptive use by December, 1980 has been officially endorsed by the National Economic Development Authority (NEDA) and incorporated in NEDA planning. The national outreach project and expansion of voluntary sterilization services as newly added components to the GOP program of FP services should, in the judgment of the GOP and Mission, be able to accomplish this task.

This is an ambitious undertaking and considerable trial-and-error adjustment is to be anticipated before an effective and smooth-working Outreach system emerges. Key elements expected to survive the shake-down process include: (1) distribution of free contraceptives by resident volunteers of each barangay to their neighbors, (2) a support network of 3,102 full-time outreach workers plus 659 supervisors who spend their time in the field on family planning business, (3) a referral system to hospitals and clinics for services beyond the capability of the outreach system, and (4) integration into local governments. These elements provide the necessary framework for extension of family planning services to the rural poor and others beyond the effective reach of static health and FP clinics. They also provide a potentially attractive basis for the integration of family planning with public health, nutrition, and community development at field levels, as experience dictates, with the stipulation that FP must always be the first order of business.

USAID also strongly endorses the priority and project design of the GOP's voluntary surgical contraceptive program. Sterilization acceptors as of January, 1977, accounted for 8.6% of all acceptors compared to 5.7% a year earlier. With greatly expanded facilities for voluntary surgical contraception, it seems reasonable to project that monthly case loads will reach 6,000 by early 1978 and that sterilization acceptors will account for at least 15% of all users by the end of the project.

Consequently, it seems timely to meet a proven strong public demand for sterilization at the local level wherever possible. It also seems justifiable that chronically overstrained institutional budgets be compensated for the added costs of large-scale sterilization activities. Close monitoring of this program will be required, to ensure reasonable cost/effectiveness; by its very nature, sterilization is limited to those who wish permanent contraception, and per capita costs may rise as initial numbers of ready acceptors decline.

As discussed under Project Issues (Section I, E), as of April, 1977, there was a lag in formal agreement among GOP agencies regarding the Outreach program. With higher priority accorded to this problem and in the apparent absence of substantive issues, it seems likely that this will be resolved in time for the scheduled obligation of FY 77 funds.

Despite its size, the Outreach program is not regarded as inherently difficult to administer. Accordingly, it seems likely that, after the above mentioned shakedown process, a fairly simple and routine program administration will emerge.

Other project components, e.g., logistics, demographic measurements, etc., are considered appropriate ancillary activities to the above-mentioned service programs.

Environmental Assessment

Within the memory of millions of Filipinos, barrios have become more crowded, floods have become more frequent and severe, firewood more costly, fish more scarce, and air and water more polluted. Each of these conditions reflects environmental deterioration indirectly due to population pressures. And each can be expected to grow progressively worse until the Philippines achieve a stable ecological balance between environment and population. By curbing the current rapid rate of population growth, it is anticipated that this project will alleviate to some degree environmental deterioration and enable the Philippines to solve its environmental problems while they are still manageable.

Compliance of this project with statutory requirements concerning environment is to be determined by AID/W, per STATE 43060, 26 February 1977.

B. FINANCIAL ANALYSIS AND PLAN

1. Financial Viability

Since Philippine family planning services are free to the public, they generate no income, and their long-term viability depends entirely upon GOP national and local support. It is estimated that total program costs in the early 1980's might reach \$23 million per year, assuming \$15 million direct costs and \$8 million indirect costs (Administrative costs; overhead, support to other agencies). Much of this cost can be absorbed by local governments and by cooperating agencies into which family planning is integrated, such as medicare-funded sterilization.

These are very large sums for the Philippine Government to pay on a continuing basis for a recent and still novel program. However, as government expenses go, they are relatively minor, and there is no doubt that the GOP can find the necessary resources if P/FP is accorded sufficient priority.

USAID population program advisors are confident that program results over the next four years will generate the necessary GOP support. They cite the following factors:

- Mounting population pressures and improved GOP awareness of cause and effect relationships should attract renewed high level support
- Program performance data are expected to demonstrate widespread public demand for FP services.
- There is a healthy attitude of national pride on the part of Philippine FP program officials, leading to the desire to phase out external assistance as quickly as possible and permit "a Filipino solution to a Filipino problem."

The location of the Commission on Population within the Office of the President is an important symbol of financial viability, particularly under martial law. It ensures a receptive hearing on budgetary requests and a measure of protection against across-the-board GOP budget cuts.

Similarly, the presence of four Cabinet members on the POPCOM Board ensures high level consideration and improves prospects of adequate funding.

2. Recurrent GOP Budget

GOP contributions to the Philippine P/FP program have been sporadic and variable. It appears that, notwithstanding a nominal annual budget, funds are actually released by the GOP Budget Office on a current-need basis. Contribution commitments are duly met, along with payrolls and other essential expenses, but discretionary and/or deferrable spending seems to be loosely regulated. The net effect has been generally adequate operational funding well below the "approved" POPCOM budget.

Table IV (Annex B, p. 4) of the financial tables is from a POPCOM report of February 1976. While subject to technical criticism, it reflects fairly well GOP and other donor contributions since program inception. The pattern of increased GOP contributions is notable. This trend is expected to continue, as the program expands.

Commencing in CY 1977, it is anticipated that contributions of local governments and other GOP agencies will increase significantly, particularly in support of the National Family Planning Outreach Project.

3. Financial Plan/Budget Tables

This project will require a grant contribution of \$11,536,000 over a period of four years. As indicated in the detailed financial tables, these funds will be applied principally to local costs of the Family Planning Outreach Project and the sterilization project, with relatively small complementary contributions of commodities, contract services (\$377,000, life of project, for two demographic experts and one sterilization program advisor) and participant training.

The planned loan contribution of \$13.3 million reflects contraceptive requirements through December 1980, ending with up to two years inventory of orals and condoms. See Part I-C-2 above for details.

Proposed GOP contributions to this project represent substantial increases over past contributions to the national population/family planning program. See the GOP contribution table in the financial annex.

It is anticipated that provincial level costs of the national outreach program, including outreach worker salaries and travel allowances, will be progressively absorbed by the benefitting provinces and charter cities over the life of the project. This is expected to simultaneously ease strain on the national population program budget and integrate family planning into provincial and city service programs on a permanent basis. As indicated in Section I, E, Project Issues, exact cost-sharing arrangements within the GOP were not resolved as of early April 1977.

In addition to direct project contributions identified in Financial Table I, it is estimated that the GOP will contribute approximately \$16.2 million (equivalent) to the Philippine population program, in one form or another over the life of this project. This estimate includes a) about \$9 million for POPCOM staff, at both national and regional levels, plus broad administrative costs not directly chargeable to the bilateral project; b) \$11.5 million in support of public and private P/FP programs no longer eligible for AID support, i. e., Phase I "graduate" programs; and c) \$9.9 million in other GOP agency programs, such as those of the Department of Labor, the Department of Health, and the Department of Defense (military dependents' program).

Still other complementary programs are funded by international organizations, such the International Planned Parenthood Federation, United Nations Fund for Population Activities, (Financial Table IV).

C. SOCIAL ANALYSIS

Organized efforts at national fertility reduction obviously mean social change - changes in how people perceive family size norms, the economic, social and psychological value of children, the abandonment of fatalism and the adoption of a future orientation that includes a sense of being able to control one's destiny and plan for it.

In each of these areas, the adoption of a new behavior to lower fertility will conflict with centuries-old customs and beliefs that, in the minds of traditional people, have served them well. Specifically, acceptance of new norms for delaying marriage, postponing first child birth, spacing and limiting family size will run counter to a value system that supports early marriage, encourages "proof" of virility and womanhood among newly marrieds, favors large family sizes as further evidence of fertility and as a sign of strength, security and esteem of the family and clan.

On the other hand, and particularly from the macro-planner's viewpoint, if living standards are to increase and family health and welfare improve over the long run, it is inescapable that fertility must be reduced. Ultimately, continuing social and economic viability are at stake. Ultimately, also, birth rates will have to match death rates because of the finite capacity of a nation to support a given population size.

Population Planning II, as did its predecessor project begun in 1968, will have to operate within this environment of conflict between traditional and modernizing influences. Furthermore, it will have to appeal to and reach a vast number of distinctly different social classes and groups who speak 92 dialects, live in 3,100 populated islands, who are uneducated and educated, landowners and landless, literate and illiterate. What planners perceive as being good for the nation is not uniformly shared by families who, from a short term, micro analysis point of view, in fact behave "rationally" by maintaining high fertility and large family sizes.

A middle ground is emerging, however, between these opposing values, attitudes and practices. Surveys tell us that the desired family size is four, not almost six which is today's completed

family size. The median age of marriage has reached 21.6 for females and 24.1 for males. Contraceptive prevalence incrementally increases as the program gains momentum and services are extended to people and areas that previously had been untouched. When a leading university survey group asked respondents to rank 16 government development programs in terms of popularity and usefulness, family planning was sixth, immediately after land reform and flood control and ahead of nutrition, rural electrification, and road and bridge construction.

The Outreach project of Population Planning II is designed to diffuse what has worked in cities, small towns and portions of rural areas to the entire countryside. No claims are made that it will "solve" the Philippines' population problem or that the full availability of safe, well-administered and conveniently available contraceptive measures will lead to replacement level fertility.

It is anticipated, however, that an increase in prevalence of contraceptive use from the estimated 24% in 1977 to 35% by the end of 1980 is achievable if the program is implemented with moderate vigor. Also, it is hoped that additional spread or diffusion will occur once a "critical mass" of users is established who are satisfied with their contraceptive practice and understand the benefits for themselves, their families and immediate communities. This has been the experience of Java and Bali in Indonesia, of Taiwan and Korea and the more modernized states of India. (In no country, it should be noted, has the use of family planning receded once it has begun to take hold.) In the Philippines, a nation in accelerating economic and social transition, it is reasonable to expect a similar evolution toward lowered fertility.

Note: For further analysis of the social sector, see "Communication and Change: Some Perspectives for a Total Communications Program for Family Planning in the Philippines," by Dr. Josefina S. Patror, Chairman, Department of Communication, Ateneo de Manila University, 1972. Copies on file PHA/POP/Asia and Asia/Phil. desk.

D. ECONOMIC ANALYSIS

1. Project Feasibility - There are basically two ways to measure the economic benefits of declining fertility. One is to examine the impact of a reduced population growth rate on other key economic variables, such as per capita food availabilities, employment, family and per capita income increases, education, health and nutrition. The other is through project-specific benefit/cost analysis.

As indicated below, it can be demonstrated that the reduced population growth expected to be achieved through the implementation of this project will result in considerable economic benefits, including increased per capita food availability, increased educational and employment opportunities, and improved health and nutrition.

Similarly, by 1981 the year following the project, the value of economic benefits derived are expected to increase to a ratio approximately five times that of costs at a 10 percent discount rate. Whereas the costs of the project will terminate with the project, the stream of economic benefits generated by the averted births will continue indefinitely.

2. Overall Economic Benefits - The medium series of projections from National Census and Statistics Office (NCSO) reports indicate that with no change in the present growth rate, the population of the Philippines will increase by 7 million people during the period 1975 - 1981, from 42 million in 1972 to 49 million in 1981. However, if as assumed herein, the growth rate can be reduced by 0.1 percent per year through the implementation of this project, then the population by 1981 would be around 48 million, or one million less.

The beneficial economic implications of reduced population growth are almost self-evident, but bear repeating. There will be by 1981 one million less persons to feed. In a country like the Philippines where nutritional deficiency is widespread, this provides an opportunity for increasing per capita nutritional availabilities. Alternatively, it would mean that less food would need to be produced to maintain current nutritional standards,

In view of the limited scope of expanding agricultural hectarage and the inadequate state of agricultural marketing and storage facilities, the reduced population growth alleviates the burden currently being placed on the food production sector and lowers the overall cost of meeting the country's food needs.

The reduced population growth will also have an immediate impact on the need for additional health care and medical facilities. Fewer numbers simply means less demand for health services. There is a similar though delayed impact with respect to the demand for educational facilities and, eventually, employment. There is currently an annual average growth in the labor force of around 500,000 persons annually. This heavy pressure will continue despite the projected gradual decline in fertility. The key point here, however, is that the long-term problem of a rapidly growing labor force cannot be solved except through reduced fertility. The difficulty and high cost attached to the creation of new jobs makes this alternative approach to the problem an uneconomic and unrealistic one. Presently, the bulk of new jobs being created are in the low-paying service sector. This trend, if continued, will lead to a worsening rather than improvement in the overall distribution of income.

In summary, it is clearly evident that reduced fertility which is the principal objective of this project will result in very significant overall economic benefits.

3. Cost-Benefit Analysis - Detailed calculations pertaining to a comparison of the specific benefits and costs for this project are contained in the Appendix hereto. Also included therein is a cost-effectiveness analysis (relationship between inputs or costs and project performance) and estimates of the internal rate of return (IRR).

The analysis shows a benefit-cost ratio for 1981, the year following the project, of around 5 to 1 on the basis of a 10 percent discount rate, and 3 to 1 using a 15 percent discount

rate.^{1/} These estimates reflect an internal rate of return of 30 percent for the project for 1981. Less favorable returns are shown for the early years of the project. But these early deficits are more than offset by the returns anticipated in 1981 and the years beyond.

The cost-effectiveness analysis contained in the Appendix shows expenditures needed to maintain acceptors in the program as declining from a level of \$15 in 1977 to \$13 in 1981. While higher unit costs are experienced, in cases where only a few years of protection are experienced, these levels are well within acceptable limits for a project of this kind.

The analysis of benefits and costs for the project as summarized above, appears to confirm the economic soundness of the project. In fact, the analysis indicates that the project will bring economic returns well above costs and on that basis alone, should be given a very high priority.

^{1/} Partially outdated, as a result of revised input (contribution) data. Revised analysis to accompany first PP revision.

PART IV

IMPLEMENTATION ARRANGEMENTS

A. ANALYSIS OF THE RECIPIENT'S AND AID'S ADMINISTRATIVE ARRANGEMENTS

1. Recipient: GOP

Following practices established in Population Planning I, POPCOM will be the GOP agency responsible for project coordination and implementation, the latter through a network of public and private organizations. Principal implementation agencies are expected to be the 72 provinces and 60 chartered cities of the Philippines, in the case of Outreach, and the Department of Health, in the case of voluntary sterilization. Assisting agencies will include Labor, Defense, Local Government/Community Development, and others.

2. AID/Washington

Throughout this project, AID/W inputs will be required. They include:

- Procurement or contracting action on Project Implementation Orders.
- Response to Mission requests for short-term consultants.

At present, the Mission staff is adequate for routine assistance and monitoring of project.

B. IMPLEMENTATION PLAN

This project will be an expansion of a new (Phase II) strategy in population/family planning action programs developed by POPCOM and USAID under the Population Planning project begun in FY 1976. At the initiation of this FY'77 - '80 project, the following basic infrastructure will be established:

1. A Family Planning Outreach Network.
2. Sterilization network in clinics and hospitals.
3. An established training and orientation program for provincial and local government leaders and POPCOM staff.

4. An Information, Education and Communication campaign focused on support of the Outreach and Sterilization Networks.
5. A Logistics system with 6 months of contraceptive supplies at the regional level and 1-year supply in all family planning clinics.

The first major implementation action in this project will be the signing of a Project Agreement and related loan agreement (for contraceptives) with NEDA scheduled on the planned Performance Tracking Network Chart for the July-September quarter of 1977. (See the "Performance Tracking Network Chart").

Concurrently, POPCOM and USAID will sign sub-agreements for each of the sub-projects.

POPCOM will bear the primary responsibility for the implementation of the project through various private and public participating agencies, under the technical guidance of POPCOM national and regional offices. USAID's role in the project will be primarily to monitor the project implementation and to provide technical guidance and managerial assistance as requested and ensure that USAID contributions are used in accordance with signed project agreements.

In selecting and designing the sub-projects, POPCOM and USAID worked out, in close collaboration, detailed Gantt Charts with appropriate benchmarks in terms of infrastructure outputs and quantitative contraceptive prevalence data. These Gantt Charts, updated to the time of the ProAg obligation, will serve as detailed implementation plans and basis for monitoring of the project components. As a part of the established FP service delivery networks, there will be a performance reporting system from the Barangay Supply Point Agents, Full-Time Outreach Workers and up through the field offices of POPCOM. Through its Management Information System (MIS), POPCOM will compile and compare information to the Gantt Charts on a monthly basis to help assess project implementation progress. In addition, the Evaluation sub-project will provide supplementary evaluative assessments of project components as required.

In order to provide data on project progress against goals at periodic intervals during the life of the project, a demographic measurement sub-project to assess fertility reduction will be included as an integral part of project implementation. It will constitute the core of project evaluation. Through host country contractors indicated in the analysis in Annexes, this sub-project will conduct community prevalence and fertility surveys at annual intervals.

Through data provided by the monitoring plan and the ongoing evaluation of the project, POPCOM's MIS Unit will generate the data to serve as a basis for any renegotiation between POPCOM and USAID on project design modification.

Initially, a U.S. share of funds adequate to carry out approximately three months of the project will be released by USAID to POPCOM based on accrued expenditure projections. Thereafter, quarterly reviews of planned vs. actual performance will be made, and, depending on project monthly performance, additional funds will be released by USAID to POPCOM for each subsequent quarter. Implementation details with respect to imprest fund cash flow, contingency procedures, etc. will be established in consultation with POPCOM's Finance Office and USAID's Controller's Office.

C. EVALUATION ARRANGEMENTS FOR THE PROJECT

Evaluation will be keyed to significant benchmarks in the life of the project. A major element of the introductory Outreach Project funded in FY 76, will be a contract funded evaluation to begin in the second quarter of 1978. Re-directions or adjustments will be instituted as assessment indicates. The Gantt Charts for the keystone project - Outreach and the major auxiliary Surgical Contraception Project will permit monthly operational evaluation of both projects. Similarly, other project activities will be monitored monthly or quarterly against their individual Gantt Charts. Detailed yearly evaluations are scheduled for each project, as a joint responsibility of POPCOM and USAID project officers.

The achievement of the project goal will be measured by prevalence of contraceptive use and ultimately by the rate of reduction of the population growth rate. The population growth

rate is expected to drop an average of one-tenth of one percent (0.1%) yearly throughout the life of the project. The expanding program coverage to the rural public should increase the percentage of current users of contraception among MCRA from an estimated 24% in 1976 to 35% by December 1980.

Data will be verified through census information and Annual Prevalence and Fertility Surveys. This will be an undertaking by Philippine universities with strong capabilities for population research, e. g., University of Philippines Population Institute, in close collaboration with POPCOM.

Another important indicator that the project has been successful will be the increase in financial and logistic support allocated by the Host Country to family planning activities. Provincial governors and city mayors have been authorized by Presidential Letter of Instruction to gradually assume the funding of the government population program. This information will be gathered through an analysis of programs and budgets.

To ascertain outputs, there will be frequent on-site visits by POPCOM staff and USAID personnel. Administrative monthly reports will be required from all participating agencies. Training plans will be reviewed and a periodic observation of training - orientation - re-orientation courses will be conducted.

D. CONDITIONS, COVENANTS AND NEGOTIATING STATUS

The following conditions and covenants are planned for the Project Agreement to be signed in FY 77:

1. None of the USAID funds made available under the project shall be used to pay for the performance of abortions, as a method of family planning, or to motivate or coerce any person to practice abortion.
2. The parties agree to establish an evaluation program as an integral part of the project. Except as the parties otherwise agree in writing the program will include, during the implementation of the Project and at one or more points thereafter; (a) evaluation of progress toward attainment of the objectives of the project; (b) identification and evaluation of problem areas or constraints which may inhibit such attainment; (c) assessment of how such information may be used to help overcome such problems, in this or other projects; and (d) evaluation to the degree feasible, of the overall development impact of the project.

E. GOP RESPONSE TO REVIEWS, AUDITS, AND ASSESSMENT

In recent years, a succession of reviews, audits, and assessments have called attention to apparent deficiencies in the predecessor project, Population Planning I. Generally, it has proven possible to resolve limited, discrete problems, such as contraceptive inventory imbalances, rather promptly, but more complex problems, involving broader aspects of program administration, have proven more persistent. As noted in Section I, E, Project Issues, staffing problems and other difficulties have hampered POPCOM's development of its full potential as coordinator of the GOP program.

However, there are promising signs of GOP concern and constructive actions to strengthen POPCOM abilities. They include a) appointment in March 1977 a management-oriented Executive Director, b) partial reorganization of POPCOM's Central Office, c) partial implementation of recommendations of management studies, d) development of standard operating guidelines for logistics, and e) implementation of a new FP service data reporting system, of the sort advocated by Inspector General of Foreign Assistance report of July 20, 1976.

Clearly, in the early years of Population Planning II, POPCOM will have the dual task of coordinating a burgeoning new action program while strengthening its own capacity to perform. On the basis of recent self-improvement actions and receptivity to audit and review recommendations, it would appear that this ambitious goal is feasible.

F. LINKAGES OF POPULATION PLANNING II TO OTHER DEVELOPMENT PROJECTS

The major organizational and structural change associated with Population Planning II is to tie the Outreach project to local government. The Nation's 72 provinces and 60 chartered cities will increasingly be responsible for project implementation including gradual assumption of the bulk of operating costs. Of immediate significance is the fact that the 3,102 Full Time Outreach Workers and their 659 supervisors, from the outset, will be local government employees.

This integration with local government will build upon and borrow heavily from the experience gained from the Provincial Development Assistance Project (PDAP), particularly with regard to financial management, development of operating procedures and manuals and personnel administration.

Those provinces and cities covered by the Real Property Tax Administration Project (RPTA) 492-0298 may turn out to be the local government jurisdictions which will be among the first to assume a larger share of funding responsibility for outreach costs. The Rural Service Center project (FY 1978 - 492-0304), it is hoped, will address an important dimension of planning to accommodate population growth which is not a specific concern of Population Planning II, namely, influencing the spatial distribution of people. As rural service centers become viable, they should become centers of growth themselves thereby alleviating the urban congestion surrounding "magnet" cities like Metropolitan Manila, Cebu and Davao. Also, by exerting a modernizing influence on their immediate countryside, development which occurs in these areas will have an important reinforcing effect on contraceptive acceptance and adoption of lower fertility norms.

The Barangay Health Workers of the Panay Unified Services for Health project ("PUSH", FY 1978 492-0312) should augment the activities of outreach workers and reach further into rural communities than the Outreach program is designed to do nationwide. The provision of family planning commodities, counseling and referral are but one of many tasks of the Barangay Health workers and this will be closely monitored to determine how they can provide optimum support for population objectives. No special problems regarding coordination of PUSH and Outreach activities

are anticipated and the PUSH design has placed adequate emphasis on family planning as part of the package of health care services to be rendered.

As of April 1977, there are indications that the GOP is according progressively greater weight to the population factor in development programs once thought to be outside the purview of P/FP. This perception should be aided by the population impact analysis mandated for all AID assistance under proposed Section 117 of the Foreign Assistance Act.

ANNEXES

TABLE OF CONTENTS
ANNEXES

		<u>Page No.</u>
A.	AID/Washington PRP Approval Message	1
B.	Project Technical Details	
	Note- List of bulky annexes not fully distributed with Project Paper text	2
	Summary Cost Estimate and Financial Plan	3
	Financial Table I - Bilateral Program	4
	Financial Table II - Non-Bilateral Program	4
	Financial Table III - Combined GOP Programs (Composite)	4
	Financial Table IV - Other Donors	5
	Financial Table V - Project/Sub-Project Costs	6
	Appendix to Economic Analysis Section	7
	Presidential Decree 965-Mandatory Marriage Counseling	13
	Letter of Implementation 45 - Instruction to all GOP agencies to assist the population program	16
	Letter of Instruction 435 - Local Government funding of population programs	19
	Participating Agencies	21
	Demographic Projections through 1987	23
C.	Initial Environment Examination	24
D-1	Logical Framework - Total Project	25
D-2	Outreach	26
D-3	Voluntary Surgical Contraception	27
D-4	Information/Education/Communication	28
D-5	Regional Logistics Operations	29
D-6	Training Orientation/Reorientation	30
D-7	Demographic Measurement	31
E	Project Performance Tracking	32
F	Statutory Checklist	
	Country Checklist	33
	Project Checklist	39
G	Mission Director's Certification	
H	GOP Application for Assistance	46
J	Project Authorization and Request for Allotment of Funds, Part I	47
	Part II	48
K	Description of Outreach- Excerpt of instructional manual	51
L	Contract Summary	63

ANNEX A

AID/Washington PRP Approval Message

Excerpt from STATE 43060; 26 February 1977

"For purposes of review and conformance to AID documentation guidelines, Handbook Chapter 5, Review Committee considered document submitted by Mission acceptable Project Review Paper. This message . . . authorizes USAID proceed with final PP preparation."

PROJECT TECHNICAL DETAILS

NOTE

Owing to their bulk, the following Project Paper documents are being distributed only to PHA/POP and the AID/Philippines Desk. Additional copies will be furnished on request,

1. Outreach and Voluntary Surgical Contraceptive Gantt Charts. (See PPT Annex)
2. The Filipino Woman: Her Role and Status in Philippine Society
3. Communication and Change: Some Perspectives for a Total Communication Program for Family Planning in the Philippines.

PROJECT PAPER
SUMMARY COST ESTIMATE AND FINANCIAL PLAN
 (US\$ 000)

<u>Activity</u>	S O U R C E				<u>Total</u>
	AID		GOP		
	<u>FX</u>	<u>LC</u>	<u>FX</u>	<u>LC</u>	
A. Non-Loan					
1. Outreach	2309*	7302	-	11099	20710
2. Voluntary Surgical Contraception	166	1640	-	2256	4062
3. IEC	-	237	-	363	600
4. Logistics	229	549	-	886	1664
5. Sp. Training	-	241	-	349	590
6. Demog. Meas.	372	426	-	580	1378
7. Evaluation/Ops. Res.	-	189	-	269	458
8. Contingency	-	-	-	-	-
Program Support	<u>185</u>	-	-	-	<u>185</u>
Non-Loan Sub-Total	3261	10584	-	15802	29647
Loan Sub-Total	<u>13300</u>	-	-	-	<u>13300</u>
Project Total	16561	10584	-	15802	42947

*AID/W centrally-funded oral contraceptives 12.1 million cycles.

Note: See Table IV for Other Donors Contribution to Philippine population sector.

HRD/POP:5/5/77

PHILIPPINE POPULATION/FAMILY PLANNING PROGRAMS
 JULY 1977 - DECEMBER 1980
 (\$000)

TABLE I. BILATERAL PROGRAM

U. S. FISCAL YEAR	OPERATIONAL YEAR	COST OF PROGRAM	FUNDING SOURCES			NON- LOAN TOTAL
			U. S. SUPPORT		GOP	
			Loan ^{1/}	Grant		
1977	7/77 - 3/78 (9 Mos.)	11,559	3,300	5,300*	2,959	8,259*
1978	4/1/77 - 12/31/78 (9 Mos.)	15,843	10,000	2,843	3,000	5,843
1979	1/1/79 - 12/31/79 (12 Mos.)	7,663	-	3,209	4,454	7,663
1980	1/1/80 - 12/31/80 (12 Mos.)	7,882	-	2,493	5,389	7,882
TOTAL		42,947	13,300	13,845*	15,802	29,647*

TABLE II. NON-BILATERAL PROGRAM

	TOTAL	POPCOM Secre- tariat	Phase I ^{2/}	Other GOP Agencies
1977	7,778	2,026	3,622	2,130
1978	7,589	2,167	3,079	2,343
1979	7,513	2,319	2,617	2,577
1980	7,540	2,481	2,224	2,835
TOTAL		30,420	11,542	9,885

TABLE III. COMBINED GOP PROGRAMS (I + II Composite)

	TOTAL	GOP	AID TOTAL	AID GRANT	AID LOAN
1977	19,337	10,737	8,600	5,300	3,300
1978	23,432	10,589	12,843	2,843	10,000
1979	15,176	11,967	3,209	3,209	-
1980	15,422	12,929	2,493	2,493	-
TOTAL		73,367	27,145	13,845	13,300

* Includes centrally-funded oral contraceptives valued at \$2,309,000

1/ Loan-funded contraceptives including freight to Manila; assume up to two years' inventory in country at project termination.

2/ Population/Family Planning programs no longer receiving bilateral support;
 Secretariat = POP Commission Offices; other GOP Agencies = Labor, Health, Defense, etc.

TABLE IV. SCHEDULE OF ESTIMATED FINANCIAL INPUTS
 TO THE PHILIPPINE POPULATION PROGRAM
 BY EXTERNAL DONORS Calendar Year 1977-1980
 (In 000 Pesos)

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>Total</u>
Pathfinder	900	1000	1100	1200	4200
POPCouncil	300	400	500	500	1700
I P P F	3800	3900	4000	4100	15800
F P I A	1500	1600	1700	1800	6600
Ford Foundation	1000	1100	1200	1300	4600
Others	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>400</u>
TOTAL	<u>7600</u>	<u>8100</u>	<u>8600</u>	<u>9000</u>	<u>33300</u>

(Exchange Rate: \$1 = P7.5)
 Source: Population Commission
 May 1977

TABLE V: PROJECT COSTS (EXCLUDING CONTRACEPTIVES) - SUB-PROJECTS
BY PRO-AG COST COMPONENT (\$000)

SUB-PROJECT COMPONENT	7/77-3/78 (9 months)	4/78-12/78 (9 months)	1/79-12/79 (12 months)	1/80-12/80 (12 months)	TOTAL (42 mos)
1. OUTREACH	5869	3728	5351	5762	20710
Commodities(Grant Orals)	2309				2309
Other Costs	3560	3728	5351	5762	18401
2. VOLUNTARY SURGICAL CONTRACEPTION	1249	1095	979	739	4062
Contract Services	15	25	25		65
Commodities	61				61
Participants	20	20			40
Other Costs	1153	1050	954	739	3896
3. IEC - Other Costs	114	114	186	186	600
4. LOGISTICS	297	312	426	629	1664
Commodities	75	66	44	44	229
Other Costs	222	246	382	585	1435
5. TRAINING - Other Costs	140	150	150	150	590
6. DEMOGRAPHIC MEAS.	412	293	426	247	1378
Contract Services	66	66	90	90	312
Commodities	-	30	30	-	60
Other Costs	346	197	306	157	1006
7. EVALUATION/OPS. RES. Other Costs	143	101	95	119	458
PRO-AG SUB-TOTAL -----	8224	5793	7613	7832	29462
8. PROGRAM SUPPORT	35	50	50	50	185
NON-LOAN SUB-TOTAL ----	8259	5843	7663	7882	29647
9. LOAN(CONTRACEPTIVES)	330	10000	-	-	13300
PROJECT TOTAL -----	11559	15843	7663	7882	42947
FOREIGN EXCHANGE	5881	10257	239	184	16561
Contract Services	81	91	115	90	377
Commodities					
a. Loan	3300	10000	-	-	13300
b. Non-Loan	2445	96	74	44	2659
Participants	20	20			40
Program Support	35	50	50	50	185
LOCAL COSTS (OTHER COSTS)	5678	5586	7424	7698	26386

APPENDIX TO ECONOMIC ANALYSIS SECTION ^{1/}

This Appendix contains the methodology and results of the cost-benefit, cost-effectiveness and interest rate of return analysis of the project.

A. Cost-Benefit Analysis

1. Methodology and Assumptions

The cost/benefit analysis utilized discounting rates of 10-15% to make the streams of costs and benefits comparable over time. The present value of the discounted consumption stream of the averted births was utilized as a measure of benefits and this is compared to the cost of preventing the births by the provision of family planning services and the marginal products of the birth cohorts. To calculate benefits, the following items were determined:

- a. the potential increase in savings as a result of reduced food consumption.
- b. the increase in savings by diverting resources for education to other beneficial sectors.
- c. increase in savings from reduced medical expenditures.
- d. others (such as clothing and housing).

Inputs - The inputs to the program are family planning expenses. The family planning inputs represent USAID estimates for a national program, incorporating the bilateral program envisioned with POPCOM (e.g., USAID's 4-year project paper plan for \$68,142,000) coupled with the \$64,584,000 GOP estimates for independently-financed activities (e.g., static clinic operation, integration motivation activities, POPCOM salaries and administration costs),

^{1/} Best-available analysis as Project Paper is submitted, despite partially outdated financial and demographic estimates. To be updated as part of first PP revision.

as presented in a draft 5-year POPCOM plan. Total budget for this purpose is estimated at \$132,726,000.

Benefits* - The birth cohort was survived using the National Census and Statistic's life table of 1970. The expenditure at single years of age was determined with focus on their components, food, consumption, education and health expenditure.

- a. Food consumption was estimated based on the calorie requirements for specific body weights by age and sex as determined by Intengan of the Food and Nutrition Research Center (FNRC). The FNRC estimates ₱.0013/calories for a typical menu which was applied to the calorie consumption of the stream of births. Corresponding discounting was undertaken.
- b. Educational Expenditure - The annual estimates for education were ₱130 at the elementary level, ₱385 at the secondary level and ₱1,600 in college. An assumption was made that 15% of students will drop-out before finishing elementary grade, and that of those who finish, 70% will go to high school and of those who acquired secondary education, 55% will go to college. (Adjusted from figures obtained from Presidential Commission to Study Philippine Education.)
- c. Medical expenditure utilizes on a per capita basis per year an average of ₱8 as obtained from the National Health Plan 1976-81.
- d. Program Outputs - From the population census count in 1975 (with proper adjustment to the mid-year), the population was projected using two alternative assumptions. The first assumes that the 1973 intercensal rate of growth of 2.66% prevails till 1981. The second assumes that there will be a 0.1% decline in the growth rate from 1975-1981 such that by the year 1981, the growth rate will be 2%.

* The benefits as estimated here represent savings accruing to the government sector alone from the estimated numbers of births averted between 1977 - 1981.

APPENDIX TABLE 1 - Cost Benefit Analysis of the Philippine Population Program, 1977-1981

<u>Year</u>	<u>Estimated Expenditures</u>	<u>Overall Benefits</u>		<u>Cost Benefit Ratio</u>	
		<u>At 10% Discount</u>	<u>At 15% Discount</u>	<u>10%</u>	<u>15%</u>
1977	\$22,971,000	\$ 21,332,329	\$ 13,174,016	.92	.57
1978	23,559,000	43,174,106	27,002,555	1.83	1.15
1979	25,856,000	74,646,975	46,099,383	2.89	1.78
1980	28,288,000	114,639,644	70,797,468	4.05	2.50
1981	32,052,000	164,241,071	101,429,589	5.12	3.16

APPENDIX TABLE 2 - Value of Preventing an Additional Birth, Philippine Program, 1979-1981*

<u>Year</u>	<u>Value</u>	
	<u>10%</u>	<u>15%</u>
1979	\$ 85.69	\$ 28.32
1980	104.07	46.69
1981	114.14	56.76

* - Value obtained for 1977 and 1978 were negligible in the light of relatively small number of acceptors.

APPENDIX TABLE 3 - Internal Rate of Return Estimates

<u>Year</u>	<u>%</u>
1977	11
1978	17
1979	19
1980	25
1981	30

APPENDIX TABLE 4 - Estimated Total Inputs for National Program (\$000)

<u>Year</u>	<u>Estimated Expenditures</u>
1977	\$22,971
1978	23,559
1979	25,856
1980	28,288
1981	32,052

APPENDIX TABLE 5 - Estimates of Population Size, 1977-1981

<u>Year</u>	<u>Assumption 1*</u>	<u>Assumption 2**</u>
1977	44,234,410	44,105,154
1978	45,384,504	45,119,572
1979	46,564,501	46,112,203
1980	47,775,179	47,080,559
1981	49,017,333	48,022,170

* - No change in population growth rate.

** - Decline in growth rate by .1% per year.

**APPENDIX TABLE 6 - Estimated Demographic Output, Philippine
Population Program, 1977 - 1981**

<u>Year</u>	<u>Demographic Outputs</u>				
	<u>Births Averted</u> ^{1/}	<u>Couple Years of Protection</u> ^{2/}	<u>Current Users</u> ^{3/}	<u>Prevalence Rate (% of Married Women)</u>	<u>Estimate No. of MWRA</u>
1977	142, 182	355, 455	1, 571, 908	31	5, 292, 618
1978	291, 425	728, 563	1, 786, 736	34	5, 414, 349
1979	497, 528	1, 243, 820	2, 008, 647	37	5, 533, 464
1980	764, 082	1, 910, 205	2, 237, 137	40	5, 649, 667
1981	1, 094, 679	2, 736, 698	2, 535, 570	43	5, 762, 660

1/ Obtained by taking the difference between the estimated population under 2 assumptions

2/ Obtained by multiplying the births averted by 2.5 - the average interval between births (defined as the number of years of effective practice of contraception).

3/ Obtained by multiplying prevalence rate by the eligible population.

APPENDIX TABLE 7 - Cost Effectiveness Analysis of Family
Planning Program 1977 - 1981

Cost Per Birth Averted

<u>Year</u>	<u>Cost</u>
1977	\$ 161.56
1978	80.84
1979	51.97
1980	37.02
1981	29.28

Cost Per Couple Year of Protection

<u>Year</u>	<u>Cost</u>
1977	\$ 64.62
1978	32.33
1979	20.79
1980	14.81
1981	11.71

Cost Per Continuing User

<u>Year</u>	<u>Cost</u>
1977	\$ 14.61
1978	13.19
1979	12.87
1980	12.64
1981	12.64

MALACAÑANG
Manila

PRESIDENTIAL DECREE NO. 965

A DECREE REQUIRING APPLICANTS FOR MARRIAGE LICENSE
TO RECEIVE INSTRUCTIONS ON FAMILY PLANNING
AND RESPONSIBLE PARENTHOOD

WHEREAS, the Government has adopted a national population program to achieve and maintain levels of population most conducive to the national welfare;

WHEREAS, an essential element of the population program is to inform and instruct the people on family planning and responsible parenthood; and

WHEREAS, an effective mode of implementing the program would be to require all applicants for marriage license to receive instructions and information on family planning and responsible parenthood before they are issued the marriage license, and to create the administrative machinery for giving such instructions and information;

NOW, THEREFORE, I, FERDINAND E. MARCOS, President of the Philippines, by virtue of the powers vested in me by the Constitution, do hereby order and decree;

SECTION 1. Office of Family Planning. - There is hereby created in every city and municipality an Office of Family Planning to be headed by the city or municipal health officer. He shall be assisted by the city or rural health nurse, members of the city or rural health unit, and such other personnel from the different agencies of the government involved in the family planning program, who shall perform family planning duties in addition to their regular duties. Private entities or individuals duly accredited by the Commission on Population engaged in family planning activities may also be impressed into the service.

SECTION 2. Duties of Family Planning Office. - The Office of Family Planning shall give instructions and information on family and responsible parenthood to applicants for marriage license and other interested persons in the form of personal instruction and/or handbook, pamphlets or brochures. Furthermore, such instructions and information shall be consistent with the policies of the Commission on Population.

SECTION 3. Certificate of Compliance. - Applicants for marriage license shall, upon filing an application therefor, be obliged to receive instructions and information on family planning and responsible parenthood from the Family Planning Office. Such instructions and information may be in the form of personal instruction or in the form of brochures, pamphlets or handbooks. In places where there are no health officers, any person duly accredited by the Commission on Population may give the instructions herein provided.

No marriage license shall be issued by the Local Civil Registrar unless the applicants present a certificate, issued at no cost to the applicants, by an Office of Family Planning that they had received instructions and information on family planning and responsible parenthood.

If, for any reason, the information or instructions shall not have been given within the period required by law for the issuance of a marriage license, a certification to that effect shall be given to the Civil Registrar by the Office of Family Planning and the former shall withhold the issuance of the marriage license for a period of two weeks to enable the Family Planning Office to give instructions and information and the applicants to receive the same. At the end of such period, when no instructions shall have been given, the Civil Registrar may issue the marriage license.

SECTION 4. Assistance of National Office. - Agencies of the National Government charged with the implementation of the Family Planning program shall render assistance to family planning offices herein created.

SECTION 5. Penalties. - Any member of the Office of Family Planning who fails or refuses without just cause to give the instructions and the certificate herein provided; any local Civil Registrar who issues the marriage license without the requisite certificate from the Office of Family Planning, or any person who obtains the certificate fraudulently, shall be subject to appropriate administrative or criminal charges.

SECTION 6. Rules and Regulation. - The Commission on Population shall issue rules and regulations to implement the provisions of this Decree.

SECTION 7. Repeal of Prior Law. - All laws and ordinances inconsistent with the provisions of this Decree are hereby repealed or modified accordingly.

SECTION 8. Effectivity. - This Decree shall take effect immediately.

Done in the City of Manila, this 20th day of July, in the year of Our Lord, nineteen hundred and seventy-six.

/s/
President of the Philippines

By the President:

/s/
Presidential Executive Assistant

"TRUE COPY"

MALACAÑANG
Manila

LETTER OF IMPLEMENTATION NO. 45

TO: All Government Agencies Concerned

Pursuant to Presidential Decree No. 79 and General Order No. 18, both dated December 8, 1972, and in order to further strengthen the implementation of the Philippine Population Program being implemented by the Commission on Population (POPCOM), Office of the President, you are hereby directed:

1. To assist the Commission on Population in the implementation of the Philippine Population Program so as to fully utilize all possible resources for national development with population and family planning as an integral component;
2. To provide appropriate planning inputs from your respective Department/Agencies towards the preparation of the National Population Plan.
3. To integrate relevant components of the Philippine Population Program into your Agencies' workplans, specifically in the following areas of responsibility -
 - a. information, education and communication (motivation):
 - (1) Department of Agrarian Reform
 - (2) Department of Agriculture
 - (3) Department of Education and Culture
 - (4) Department of Health
 - (5) Department of Labor
 - (6) Department of Local Government and Community Development
 - (7) Department of National Defense
 - (8) Department of Natural Resources
 - (9) Department of Public Information
 - (10) Department of Public Works, Transportation and Communication
 - (11) Department of Social Welfare
 - (12) University of the Philippines (Institute of Mass Communication)

- (13) Central Bank of the Philippines
- (14) National Media Production Center

b. delivery of clinic and non-clinic family planning services:

- (1) Department of Health
- (2) Department of Agrarian Reform
- (3) Department of Labor
- (4) Department of Local Government and Community Development
- (5) Department of National Defense
- (6) Department of Public Highways
- (7) Central Bank of the Philippines

c. training of:

- (1) motivators and community workers which shall be undertaken by regional, provincial and Municipal core of trainers coming from the different government and private agencies coordinated and/or funded by the POPCOM
- (2) bio-medical and paramedical service personnel which shall be undertaken by POPCOM-designated institutions and/or individuals.

d. research:

- (1) University of the Philippines
 - (a) U.P. Population Institute
 - (b) U.P. Institute of Mass Communication
 - (c) U.P. School of Economics
 - (d) U.P. College of Arts and Sciences
- (2) National Census and Statistics Office
- (3) National Tax Research Center

e. policy formulation and coordination with respect to population:

- (1) Civil Service Commission
- (2) Department of Justice
- (3) Central Bank of the Philippines

- (4) National Economic and Development Authority
- (5) U. P. College of Law
- (6) U. P. Law Center
- (7) U. P. College of Public Administration

4. To require your Agencies' workers at all levels including those Offices which are attached to your Department/Agency, especially at the regional and field levels, to coordinate with the Commission on Population in the planning and implementation of the Philippine Population Program;
5. To instruct your Department/Agency workers at all levels including those from the Offices which you coordinate and/or supervise, especially at the regional, provincial, municipal and barangay levels, to submit to the Commission on Population through its regional and other field offices periodic and regular POPCOM-prescribed progress reports on all population and family planning related activities;
6. To tap for family planning motivation, and whenever feasible, delivery of family planning services, the various community-based organizations which your Agencies have organized or till organize, supervise and/or monitor;
7. To recommend policies and measures to efficiently and effectively plan and implement the Philippine Population Program taking into consideration your Agencies' resources and expertise; and,
8. To designate an Action Officer in your Agency not later than March 1, 1976 who will liaison and coordinate with the Commission on Population on the specific activities which can be undertaken by your Agency.

Strict compliance herewith is hereby enjoined.

Done in the City of Manila, this 20th day of July, in the year of Our Lord, nineteen hundred and seventy-six.

/S/
President of the Philippines

By the President:

/S/
Presidential Executive Assistant

"TRUE COPY"

TANGGAPAN NG PANGULO NG PILIPINAS
(Office of the President of the Philippines)

Manila, July 22, 1976

S i r:

Enclosed, for your information and guidance, is a certified copy of Letter of Instruction No. 435 dated July 20, 1976, authorizing governors and city mayors to assume responsibility of funding the costs of all population and family planning projects and activities for their respective jurisdiction.

Very truly yours,

MELQUIADES T. DE LA CRUZ, CPSO II
Presidential Staff Director

Mr. Rafael A. Esmundo
Executive Director
Commission on Population
PCF Building, South Superhighway
Makati, Rizal

"TRUE COPY"

MALACAÑANG
Manila

July 20, 1976

LETTER OF INSTRUCTIONS NC. 435

TO: The Secretary of Local Government and Community
Development
The Secretary of Finance
The Commissioner of the Budget
The Chairman, Commission on Audit
The Chairman of the Sangguniang Pambansa, Panlalawigan,
Panlungsod, Bayan at Barangay

Pursuant to General Order No. 1 and in order to achieve the objectives of the Philippine Population and Family Planning Program, you are hereby directed to facilitate the implementation of the programs of the Commission on Population (POPCOM), Office of the President, by authorizing Provincial Governors and City Mayors to gradually and progressively assume the responsibility of funding the costs of all population and family planning related activities and projects agreed upon by the POPCOM and the Provincial Governors and City Mayors for their respective jurisdictions.

/s/
President of the Philippines

"TRUE COPY"

Participating Agencies in the Philippine Population Program

1. APMC - Association of Philippine Medical Colleges
2. ASI - Asian Social Institute
3. BOH - Bureau of Hospitals
4. DCHD - Davao City Health Department
5. DLGCD - Department of Local Government and Community
Development
6. DEC - Department of Education & Culture/Population Education
Program
7. DSW - Department of Social Welfare
8. DOH - Department of Health

NFPO - National Family Planning Office
NFPTP - National Family Planning Training Project
MCHD - Manila City Health Department
Leprosy
9. DND - Department of National Defense
10. NCSO - National Census and Statistics Office
11. NMPC/PIEO - National Media Production Center/Population
Information Education Office
12. IMCH - Institute of Maternal and Child Health
13. FPOP - Family Planning Organization of the Philippines
14. PMA - Philippine Medical Association
15. Matias-Aznar College of Medicine, Cebu City
16. Brent Hospital

17. Brokenshire Hospital
18. Children's Medical Center
19. JFMH - Jose Fabella Memorial Hospital
20. Silliman University
21. UP/PGH Population and Family Planning Center
Reproductive Biology Center
Research in Reproductive Medicine Department of Obstetrics
and Gynecology
Total Maternal Care
22. Tulungan Family Planning Mothercraft Project (TFPMP)
23. Provincial Population Offices
Province of Capiz
Province of Laguna
Province of Misamis Oriental
Province of Negros Oriental
Province of Nueva Ecija
Province of Pangasinan
Province of Southern Leyte
Province of Bukidnon
Province of Albay
Province of Bulacan
Province of Ilocos Sur
Province of Ifugao
Province of Antique
Province of Zamboanga del Norte
Province of Davao del Norte
Province of South Cotabato
Province of Camarines Sur
Province of Western Samar
Province of Cagayan

DEMOGRAPHIC PROJECTIONS THROUGH 1987

Assumptions

$CBR_{76} = 37$, $CDR_{76} = 10.6$, $PGR_{76} = 2.64$;

CDR declines from 1976 to 1987 as in Col. (5) below;

1975 Prevalence ($PREV_{75}$) = 23%;

Contraceptive effectiveness of 1975 method mix (CE_{75}) = 82%;

$PREV$ and CE change from 1976 to 1987 as in Cols. (2) and (3) below;

Crude birth rate without contraception (CBR_{max}) is obtained by formula,

$$CBR_{max} = \frac{CBR_{76}}{1 - (PREV_{75})(CE_{75})} = \frac{37}{1 - (.23)(.82)} = 45.6;$$

CDR for 1976 thru 1987 obtained by the formula,

$$CDR_t = (1 - (PREV_{t-1})(CE_{t-1}))(CBR_{max}).$$

YEAR (1)	PREV(%) (2)	CE(%) (3)	CBR (4)	CDR (5)	PGR (6)
1976	24	83	37.0	10.6	2.64
1977	25	84	36.5	10.4	2.61
1978	27	86	36.0	10.2	2.58
1979	32	88	35.0	10.0	2.50
1980	35	90	32.8	9.8	2.30
1981	38	90	31.2	9.6	2.16
1982	40	90	30.0	9.4	2.06
1983	42	90	29.2	9.2	2.00
1984	44	90	28.4	9.0	1.94
1985	46	90	27.5	8.8	1.87
1986	48	90	26.1	8.6	1.81
1987	50	90	25.9	8.4	1.75

Source: John Laing, UPPI

ANNEX C

INITIAL ENVIRONMENTAL EXAMINATION

Project Location: Philippines
Project Title: Population Planning II (0277)
Funding: All Years - \$34.113 million
Life of Project: 1977 - 1981

IEE Prepared by: ASIA/TR/200, William J. Ackerman WJA
April 28, 1977

Environmental Action Recommended: Negative Determination

Concurrence*/: T. C. Clark, Jr. 546-77
Clearance : T. C. Clark, Jr., Director, ASIA/TR Date
Rd A. W. Moore 5/5/77
A. W. Moore, Director, ASIA/PD Date

Threshold Decision by Assistant Administrator, Bureau for Asia
(Approval/Disapproval of Negative Determination
recommended on page 2 of IEE):

Approval: Michael H. B. Adler
Michael H. B. Adler, Acting AA/ASIA

Disapproval: _____

Date: 9 May 1977

*In the initial implementation of AID Environmental Procedures, IEEs for FY 77 projects are being done in AID/W rather than in Mission. Hence AID/W clearance appears here.

INITIAL ENVIRONMENTAL EXAMINATION

Population Planning II
Philippines

I. Examination of Nature, Scope, and Magnitude of Environmental Impacts

Description of Project*

This project, the successor to Population Planning I, will encompass a group of eight related and integrated subprojects. In summary they include:

1. National Family Planning Outreach - trains and deploys outreach workers and establishes 35,000 supply points for contraceptives.
2. Surgical Sterilization - trains and equips physicians in male and female sterilization techniques.
3. Regional Logistics Operations - establishes regional offices to decentralize the logistics system of the Outreach project and increase capability to distribute population commodities, equipment, and supplies.
4. Information/Education/Communication (IEC) - through a variety of audio-visual communication methods, will create new and sustain existing demand for family planning services.
5. Training - Orientation - Reorientation - provides edification on family planning and related services and skills upgrading through a variety of training methods to Outreach workers, POPCOM staff, and mid- to high-level local government officials.
6. Demographic Measurements - to establish the capability to project national and regional estimates of trends in fertility and contraceptive prevalence and their relative correlation.
7. Injectable Contraceptive Pilot Project - to include this among population control methods offered in 225 clinics and hospitals throughout the country.
8. Operations Research - provides feedback on all the related population planning activities to program managers and decisionmakers to enhance their ability to set priorities and operational strategies.

*Based on PP with cover memo dated January 18, 1977.

IEE - Population Planning II
Philippines

Identification and Evaluation of Environmental Impacts

Most of these subprojects fit readily into the definitions for projects not normally requiring Environmental Assessment preparation. No adverse environmental implications are anticipated as a result of these activities.

II. Recommendation for Environmental Action

By limiting and deferring population growth, this project should summarily reduce the amount of human activity in relevant developing areas, thus alleviating the often-adverse environmental impacts of prolonged and extensive population growth. Therefore it is recommended that a Threshold Decision of Negative Determination be made.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY 1977 to FY 1980
Total U. S. Funding \$31,263,000
Date Prepared: April, 1977

Project Title & Number: POPULATION PLANNING II 492-0277

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS						
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>1. In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program.</p> <p>2. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.6% in 1976 by 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>A-3)</p> <ol style="list-style-type: none"> 1. Quinquennial national censuses. 2. World Fertility Survey, 1978. 3. Annual Area Fertility Surveys, 1977-1980. 4. Analysis GOP local governments' funding for population/family planning. 	<p>Assumptions for achieving goal targets: (A-4)</p> <ol style="list-style-type: none"> 1. Population growth remains a foremost factor in GOP developmental planning. 2. Socio-economic conditions remain conducive to family planning. 3. Local governments able to assume funding and implementation of Outreach project. 4. Net migration will not affect population growth rate. 						
<p>Project Purpose: (B-1)</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence).</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <ol style="list-style-type: none"> 1. Prevalence among MCRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows: <table border="0"> <tr> <td>1976 - 24%</td> <td>1979 - 32%</td> </tr> <tr> <td>1977 - 25%</td> <td>1980 - 35%</td> </tr> <tr> <td>1978 - 27%</td> <td></td> </tr> </table> 2. By 1980, wide range of FP services, including sterilization, available nationally. Pills and condoms conveniently and freely available to 90-95% of all barangays. 	1976 - 24%	1979 - 32%	1977 - 25%	1980 - 35%	1978 - 27%		<p>B-3)</p> <ol style="list-style-type: none"> 1. Annual Area Fertility Surveys, 1977-1980 2. Community Outreach Surveys 3. MIS/POPCOM service statistics 4. Outreach Project evaluations. 	<p>Assumptions for achieving purpose: (B-4)</p> <ol style="list-style-type: none"> 1. Method Mix by 1980 will be: 55% pills 20% condoms 10% sterilization 10% IUD and other methods or a better combination, enhancing effect of prevalence over fertility (birth rate reduction) 2. Crude death rate constant at approx 10/1000 population 3. Program implementation progress not hampered by adverse events (natural or man-made)
1976 - 24%	1979 - 32%								
1977 - 25%	1980 - 35%								
1978 - 27%									
<p>Project Outputs: (C-1)</p> <ol style="list-style-type: none"> 1. A nationwide FP service and contraceptive distribution network, with emphasis on rural outreach. 2. A nationwide sterilization service network using government and private outlets, for all MCRA's desiring sterilization. 3. A decentralized logistics system effectively moving men, money and materials to backstop a rural outreach-oriented program. 4. An IEC system responsive to propaganda demands of rural outreach-oriented core projects. 5. A training capability to orient government officials and population personnel on program thrust. 6. Timely measures of fertility reduction and program impact. 	<p>Magnitude of Outputs: (C-2)</p> <p>Major Outputs:</p> <ol style="list-style-type: none"> 1. By 1977: Outreach infrastructure of 653 field supervisors and 3,162 workers operating personnel trained/deployed. 2. By 1977: 22 mobile teams of field inspectors to oversee outreach progress. 3. By 1978: at least 35,000 barangay contraceptive supply points existing under outreach structure. 4. By 1978: 60,000+ subsidized sterilization cases per year. 5. By 1977: An annual measure of program impact (Area Fertility Surveys) 	<p>C-3)</p> <ol style="list-style-type: none"> 1. Periodic performance reports submitted by POPCOM against approved implementation plans. 2. Field inspection and monitoring reports. 3. Periodic program evaluations. 4. Physical inventory on commodity utilization. 5. Special surveys as indicated. 	<p>Assumptions for achieving outputs: (C-4)</p> <ol style="list-style-type: none"> 1. Predecessor project (Population Planning I) outputs in place by end June 1977. 2. MCRA's equal 12% of national population. 						
<p>Project Inputs: (D-1)</p> <ol style="list-style-type: none"> 1. <u>AID</u> <ol style="list-style-type: none"> a. Providing technical assistance in carrying out project objectives. b. Providing local currency funding to help carry out specific sub-project objectives. c. Supplying program's contraceptive requirements thru loan mechanism. d. Sponsoring participants for US 3rd country training. 1. <u>GOP</u> - Providing technical/management expertise and local currency funding to carry out project objectives. 	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>Project Inputs (\$000)(Life-of-Project)</p> <ol style="list-style-type: none"> 1. <u>AID</u> - \$31,263 <table border="0"> <tr> <td>\$ 350 - U.S. procurement of vehicles, equipment and supplies.</td> </tr> <tr> <td>\$ 377 - U.S. Contract personnel</td> </tr> <tr> <td>\$ 40 - U.S./3rd Country participant training</td> </tr> <tr> <td>\$15,945 - Local currency support</td> </tr> <tr> <td>\$ 185 - (Contingency) Program Support</td> </tr> <tr> <td>\$14,366 - Loan capital for procurement of contraceptives (pills and condoms)</td> </tr> </table> 2. <u>GOP</u> - \$9,734 - Local currency costs 	\$ 350 - U.S. procurement of vehicles, equipment and supplies.	\$ 377 - U.S. Contract personnel	\$ 40 - U.S./3rd Country participant training	\$15,945 - Local currency support	\$ 185 - (Contingency) Program Support	\$14,366 - Loan capital for procurement of contraceptives (pills and condoms)	<p>D-3)</p> <ol style="list-style-type: none"> 1. Implementation Plans 2. Receiving reports/inventories on commodities and equipment. 3. Financial and audit reports. 4. USAID/POPCOM files 	<p>Assumptions for providing inputs: (D-4)</p> <ol style="list-style-type: none"> 1. GOP and AID priorities will result in continued support of the population program. 2. Local governments are receptive to and supportive of outreach thrust of population program. 3. Adverse information related to use of specific contraceptives will not be beyond program capability to counteract. 4. Predecessor project (Population Planning I) outputs in place by end June 1977.
\$ 350 - U.S. procurement of vehicles, equipment and supplies.									
\$ 377 - U.S. Contract personnel									
\$ 40 - U.S./3rd Country participant training									
\$15,945 - Local currency support									
\$ 185 - (Contingency) Program Support									
\$14,366 - Loan capital for procurement of contraceptives (pills and condoms)									

Life of Project: 4 YEARS
 From FY 1977 to FY 1980
 Total U.S. Funding: _____
 Date Prepared: April, 1977

SUB- Project title & Number: OUTREACH PROJECT

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																				
<p>Program or Sector Goal: (A-1) The broader objective to which this project contributes:</p> <ol style="list-style-type: none"> In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level. 	<p>Measure of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.4% in 1976 by 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>(A-3)</p> <ol style="list-style-type: none"> Quinquennial national censuses. World Fertility Survey, 1978. Annual Area Fertility Surveys, 1977-1980. Analysis GOP local governments' funding for population/family planning. 	<p>Assumptions for achieving Goal/Target: (A-4)</p> <ol style="list-style-type: none"> Population growth remains a foremost factor in GOP developmental planning. Socio-economic conditions remain conducive to family planning. Local governments able to assume funding and implementation of Outreach project. Net migration will not affect population growth rate. 																																				
<p>Project Purpose: (B-1)</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence).</p> <p>Project Outputs: Stage II</p> <p>A nationwide FP service and contraceptive distribution infrastructure, with emphasis on rural outreach.</p>	<p>Conditions that will indicate purpose has been achieved. End-of-Project Status. (B-2)</p> <ol style="list-style-type: none"> Prevalence among MCRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows: 1976 - 24% 1979 - 32% 1977 - 25% 1980 - 35% 1978 - 27% By 1980, wide range of FP services, including sterilization, available rationally. Fills and condoms conveniently and freely available to 90-95% of all barangays. <p>Magnitude of Outputs: Stage II (C-2a)</p> <ol style="list-style-type: none"> By 1977. Complete Outreach infrastructure of 653 field supervisors and 3,102 workers in place and operative. By 1977. 22 mobile teams of trainers/field inspectors (77 trainers) formed. By 1978. At least 35,000 barangay contraceptive supply points in place. Beginning 1977. Replacement training of FTOWs as necessary to maintain effective operating density (total of 1386 FTOWs for life of project). 	<p>(B-3)</p> <ol style="list-style-type: none"> Annual Area Fertility Surveys, 1977-1980. Community Outreach Surveys. MS, POPCOM service statistics. Outreach Project evaluation. <p>Stage II (C-3a)</p> <ol style="list-style-type: none"> POPCOM reports. Field inspections/visits. Periodic assessment/evaluations. 	<p>Assumptions for achieving Purpose: (B-4)</p> <ol style="list-style-type: none"> Method Mix by 1980 will be: 53% pills 20% condoms 15% sterilization 12% IUD and other methods or a better combination, showing effect of prevalence over fertility (birth rate reduction) Crude death rate constant at approx. 10/1000 population. Program implementation progress not hampered by adverse events (natural or man-made) <p>Assumptions for achieving Outputs: (C-4a) Stage II</p> <ol style="list-style-type: none"> MCRA's equal 12% of national population. Each national district contain approximately 10,000 MCRA's. In place from predecessor project: 51 - PPOs/CPOs 95 - PPCs/CPCs 513 - DPOs 3102 - FTOWs 77 - Trainers <u>3836</u> 																																				
<p>Project Outputs: Stage I (C-1b)</p> <ol style="list-style-type: none"> Outreach personnel operating: - Provincial & City Population Officers (PPOs/CPOs) - Provincial & City Population Coordinators (PPCs/CPCs) - District Population Officers (DPOs) - Fulltime Outreach Workers (FTOWs) Trainers functioning as mobile field inspectorate teams. Barrio Supply Points (BSPs) established and operationalized as major contraceptive distributors. 	<p>Magnitude of Outputs: Stage I (C-2b)</p> <table border="1"> <thead> <tr> <th></th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> </tr> </thead> <tbody> <tr> <td>Trained Outreach Workers</td> <td>364</td> <td>256</td> <td>304</td> <td>384</td> </tr> <tr> <td>(Replacement training as necessary)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Project Personnel paid and in-place</td> <td>3836</td> <td>3836</td> <td>3836</td> <td>3836</td> </tr> </tbody> </table>		1977	1978	1979	1980	Trained Outreach Workers	364	256	304	384	(Replacement training as necessary)					Project Personnel paid and in-place	3836	3836	3836	3836	<p>Stage I (C-3b)</p> <ol style="list-style-type: none"> Periodic POPCOM performance reports in accordance with Implementation Plan. Field inspections and evaluation reports. Periodic major program evaluations. 	<p>Assumptions for achieving Outputs: (C-4b) Stage I</p> <p>Local governments able to assume funding and implementation of Outreach Project activities.</p>																
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(Replacement training as necessary)																																							
Project Personnel paid and in-place	3836	3836	3836	3836																																			
<p>Project Inputs: (D-1)</p> <ol style="list-style-type: none"> Providing technical assistance in implementing project activities. Deploying trainers as mobile field inspectorate teams. Training and deploying replacement Outreach project personnel. Establishing and operationalizing Barangay Supply Points for contraceptive distribution. Providing three loss mechanism the contraceptive (pills and condoms) required by program. 	<p>Implementation Target: (Type and Quantity) (D-2)</p> <p>Life-of-Project Costs (\$1000)</p> <table border="1"> <thead> <tr> <th></th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>47</td> <td>49</td> <td>72</td> <td>72</td> <td>240</td> </tr> <tr> <td>Personnel in place</td> <td>2130</td> <td>2264</td> <td>3316</td> <td>3645</td> <td>11355</td> </tr> <tr> <td>Transportation</td> <td>671</td> <td>670</td> <td>893</td> <td>893</td> <td>3127</td> </tr> <tr> <td>Instruct Costs</td> <td>712</td> <td>745</td> <td>1077</td> <td>1152</td> <td>3686</td> </tr> <tr> <td>TOTAL</td> <td>3560</td> <td>3728</td> <td>5358</td> <td>5762</td> <td>18408</td> </tr> </tbody> </table> <p>Non-Loan Life of Project (\$1000) U. S. Share \$11,604 GOP Share \$ 6,975</p> <p>Loan - 10,000</p>		1977	1978	1979	1980	Total	Training	47	49	72	72	240	Personnel in place	2130	2264	3316	3645	11355	Transportation	671	670	893	893	3127	Instruct Costs	712	745	1077	1152	3686	TOTAL	3560	3728	5358	5762	18408	<p>(D-3)</p> <ol style="list-style-type: none"> Implementation Plan. Periodic financial reports. Physical inventory of contraceptives. USAID/POPCOM records. 	<p>Assumptions for providing inputs: (D-4)</p> <ol style="list-style-type: none"> In place from Predecessor Project: 51 Prov. Pop. Officers/City Pop. Officers 95 Prov. Pop. Coordinators/City Pop. Coordinators 513 District Population Officers 3102 Full Time Outreach Workers 77 Trainers (22 Teams) Local governments receptive to and will be supportive of Outreach Project.
	1977	1978	1979	1980	Total																																		
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Life of Project: FOUR (4) YEARS
 From FY 1977 To FY 1980
 Total U.S. Funding: \$2,711,000
 Date Prepared: April, 1977

Sub-Project title & Number: VOLUNTARY SURGICAL CONTRACEPTION (VSC)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																				
<p>Program or Sector Goal: (A-1) The broader objective to which this project contributes:</p> <ol style="list-style-type: none"> In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level. 	<p>Measures of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.6% in 1976 to 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>(A-3)</p> <ol style="list-style-type: none"> Quinquennial national censuses. World Fertility Survey, 1976. Annual Area Fertility Surveys, 1977-1980. Analysis of local government's funding for population/family planning. 	<p>Assumptions for achieving Goal Targets: (A-4)</p> <ol style="list-style-type: none"> Population growth remains a foremost factor in GDP developmental planning. Socio-economic conditions remain conducive to family planning. Local governments able to assume funding and implementation of Outreach project. Net migration will not affect population growth rate. 																																				
<p>Project Purpose: (B-1)</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence)</p>	<p>Conditions that will indicate purpose has been achieved. End-of-Project Status: (B-2)</p> <ol style="list-style-type: none"> Prevalence among MCRAs to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows: 1976 - 24% 1979 % 1977 - 25% 1980 - 35% 1978 - 27% By 1980, wide range of FP services, including sterilization, available nationally. Full and condoms conveniently and freely available in 90-95% of all barangays. 	<p>(B-3)</p> <ol style="list-style-type: none"> Annual Area Fertility Surveys, 1977-1980. Community Outreach Surveys. MIS/POPCOM service statistics. Outreach Project evaluations. 	<p>Assumptions for achieving Purpose: (B-4)</p> <ol style="list-style-type: none"> Method Mix by 1980 will be: 35% pills 20% condoms 15% sterilization 10% IUD and other methods or a better combination, when a g effect of prevalence over fertility (birth rate reduction). Crude death rate constant at approx 10/1000 population. Program implementation progress not hampered by adverse events (natural or man-made). 																																				
<p>Project Outputs: Stage II</p> <p>A nationwide sterilization service network using government and private outlets, for all MCRAs desiring sterilization.</p>	<p>Magnitude of Outputs: Stage II (C-2a)</p> <ol style="list-style-type: none"> By December 1977: 42 physicians trained and equipped for minitag. By December 1977: 72 physicians trained and equipped for vasectomy. By June 1978: 170 physicians trained and equipped for both minitag and vasectomy. By December 1978: 126 government hospitals rehabilitated and equipped for sterilization and other family planning services. By December 1980: 256,519 sterilizations performed with service subsidy. 	<p>Stage II (C-3a)</p> <ol style="list-style-type: none"> POPCOM Reports. Field inspections/visits. Periodic assessments/evaluations. 	<p>Assumptions for achieving Outputs: (C-4a) Stage II</p> <ol style="list-style-type: none"> MCRAs equal 12% of total national population. Each national district will contain approximately 10,000 MCRAs. 																																				
<p>Project Outputs: Stage I (C-1b)</p> <ol style="list-style-type: none"> Physicians trained for minitag and vasectomy. Government hospitals rehabilitated and equipped with Family Planning equipment. Project-subsidized sterilizations performed nationwide. Project-assisted management of sterilization establishments. 	<p>Magnitude of Outputs: Stage I (C-2b)</p> <table border="1"> <thead> <tr> <th></th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>All Years</th> </tr> </thead> <tbody> <tr> <td>No. Hospital-Clinics rehabilitated & equipped</td> <td>71</td> <td>88</td> <td></td> <td></td> <td>159</td> </tr> <tr> <td>No. Physicians Trained</td> <td>72</td> <td>101</td> <td></td> <td></td> <td>173</td> </tr> <tr> <td>No. Sterilizations</td> <td>11,340</td> <td>24,124</td> <td>21,402</td> <td>22,194</td> <td>89,060</td> </tr> <tr> <td>No. Sterilization Establishments</td> <td>471</td> <td>194</td> <td>112</td> <td>116</td> <td>1,103</td> </tr> <tr> <td>Participants Trained</td> <td>2</td> <td>8</td> <td></td> <td></td> <td>10</td> </tr> </tbody> </table>		1977	1978	1979	1980	All Years	No. Hospital-Clinics rehabilitated & equipped	71	88			159	No. Physicians Trained	72	101			173	No. Sterilizations	11,340	24,124	21,402	22,194	89,060	No. Sterilization Establishments	471	194	112	116	1,103	Participants Trained	2	8			10	<p>Stage I (C-3b)</p> <ol style="list-style-type: none"> Periodic POPCOM performance reports according to Implementation Plan. Monitoring/Assessment reports. Field inspections/visits. 	<p>Assumptions for achieving Outputs: (C-4b) Stage I</p> <ol style="list-style-type: none"> Trained project outputs in place and operative (Refer to D-4). 100 additional physicians will be trained for vasectomy in CY's 78 and 80 at no cost to the project. 100 additional physicians will be trained for minitag in CY's 77 and 80 at no cost to the project.
	1977	1978	1979	1980	All Years																																		
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Participants Trained	2	8			10																																		
<p>Project Inputs: (D-1)</p> <ol style="list-style-type: none"> Providing technical assistance in implementing sterilization project activities. Training and equipping doctors for sterilization. Rehabilitating and equipping government hospitals. Providing subsidy for sterilization cases. Providing assistance in management of sterilization establishments. Spousing participants for sterilization training/observation. 	<p>Implementation Targets (Type and Quantity) (D-2)</p> <p>(US\$-OF-PROJECT, IN 1977)</p> <table border="1"> <tbody> <tr> <td>AID</td> <td></td> </tr> <tr> <td>Contract Services</td> <td>9 85</td> </tr> <tr> <td>Commodities</td> <td>41</td> </tr> <tr> <td>Participants Training</td> <td>40</td> </tr> <tr> <td>Local Currency (Direct costs)</td> <td>1,248</td> </tr> <tr> <td></td> <td>\$2,711</td> </tr> <tr> <td>GDP</td> <td></td> </tr> <tr> <td>Local currency (Direct & indirect)</td> <td>1,152</td> </tr> <tr> <td>TOTAL</td> <td>\$4,246</td> </tr> <tr> <td></td> <td>\$2,246</td> </tr> </tbody> </table>	AID		Contract Services	9 85	Commodities	41	Participants Training	40	Local Currency (Direct costs)	1,248		\$2,711	GDP		Local currency (Direct & indirect)	1,152	TOTAL	\$4,246		\$2,246	<p>(D-3)</p> <ol style="list-style-type: none"> Implementation Plan. Periodic financial reports. Physical inventory of commodity equipment. USAID/POPCOM files. 	<p>Assumptions for providing inputs: (D-4)</p> <ol style="list-style-type: none"> In place from predecessor project: 888 physicians trained and equipped for minitag, 488 physicians trained and equipped for vasectomy, 191 physicians trained and equipped for both minitag and vasectomy. 38 government hospitals rehabilitated and equipped to provide sterilization and other family planning services. 27 private hospitals staffed with trained and equipped physicians. 12 itinerant teams established to provide male and female sterilization services. 																
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Life of Project: 4 Years
 From FY 1977 To FY 1980
 Total U.S. Funding: \$175,000
 Date Prepared: April 1977

Sub-Project title & Number: INFORMATION/EDUCATION/COMMUNICATION (IEC)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																										
<p>Program or Sector Goal: (A-1) The broader objective to which this project contributes:</p> <p>1. In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program.</p> <p>2. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.6% in 1976 to 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>(A-3)</p> <p>1. Quinquennial national censuses. 2. World Fertility Survey, 1978. 3. Annual Area Fertility Surveys, 1977-1980 4. Analysis GOP local governments' funding for population/family planning.</p>	<p>Assumptions for achieving Goal Targets: (A-4)</p> <p>1. Population growth remains a function of the GOP developmental planning. 2. Socio-economic conditions remain conducive to family planning. 3. Local governments able to assume funding and implementation of Outreach project. 4. Net migration will not affect population growth rate.</p>																																										
<p>Project Purpose: (B-1)</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence).</p>	<p>Conditions that will indicate purpose has been achieved. End-of-Project Status: (B-2)</p> <p>1. Prevalence among MCRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows:</p> <table border="1" data-bbox="650 608 969 655"> <tr> <td>1976 - 24%</td> <td>1979 - 32%</td> </tr> <tr> <td>1977 - 25%</td> <td>1980 - 35%</td> </tr> <tr> <td>1978 - 27%</td> <td></td> </tr> </table> <p>2. By 1980, wide range of FP services, including sterilization, available nationally.</p> <p>Pills and condoms conveniently and freely available in 90-95% of all barangays.</p>	1976 - 24%	1979 - 32%	1977 - 25%	1980 - 35%	1978 - 27%		<p>(B-3)</p> <p>1. Annual Area Fertility Surveys, 1977-1980. 2. Community Outreach Surveys. 3. MIS/POPCOM service statistics. 4. Outreach Project evaluations.</p>	<p>Assumptions for achieving Purpose: (B-4)</p> <p>1. Method Mix by 1980 will be: 55% pills 20% condoms 15% sterilization 10% IUD and other methods or a better combination, enhancing effect of prevalence over fertility (birth rate reduction)</p> <p>2. Crude death rate constant at approx 19,1000 population.</p> <p>3. Program implementation program not hampered by adverse events (natural or man-made).</p>																																				
1976 - 24%	1979 - 32%																																												
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<p>Project Outputs: Stage I</p> <p>A multi-media approach IEC system supportive of Outreach thrust, with 12 regional components.</p>	<p>Signposts of Outputs: Stage II (C-2a)</p> <p>1. By 1978: An adequate IEC system operative and keyed to Outreach thrust of program. 2. By 1978: Decentralized, regional IEC expertise developed and keyed to indigenous characteristics of population. 3. By 1978: An IEC system geared to combat family planning rumors/misconceptions and emphasizing more effective methods. 4. By 1978: 12 regional IEC distribution systems developed and operative. 5. By 1977: 95 Regional POPCOM and agency personnel trained on IEC.</p>	<p>Stage II (C-3a)</p> <p>1. Field inspection reports 2. POPCOM reports</p>	<p>Assumptions for achieving Outputs: (C-4a) Stage II In place from FY 76 Predecessor Project:</p> <p>1. One locally-produced documentary film on Outreach motivation. 2. Two locally-produced commercial developmental films on family planning. (Replication GOP-funded outside of this project)</p>																																										
<p>Project Outputs: Stage I (C-1b)</p> <p>12 regional strategies for radio and print productions developed and operationalized</p> <p>12 regional distribution systems developed and operationalized</p> <p>95 IEC workers trained on new thrust Outreach information materials</p>	<p>Signposts of Outputs: Stage I (C-2b)</p> <p>Radio: At least 150 weekly drama programs developed per region per year broadcast on primetime.</p> <p>At least 4 radio spots/ingles developed per region per year for broadcast on primetime 3-4 times weekly.</p> <p>Print: Total 12 million copies of leaflets, flyers, posters produced by 12 regions over 4-year period.</p> <p>12 monthly issues of "Population Forum" (POPCOM publications) keyed to Outreach thrust, over 4-year period.</p> <p>Training: Number of IEC workers trained as follows: 1977-22; 1978-22; 1979-11; 1980-40</p>	<p>Stage I (C-3b)</p> <p>1. Periodic POPCOM performance reports Against Implementation Plan. 2. Field inspection and monitoring reports 3. Production monitoring.</p>	<p>Assumptions for achieving Outputs: (C-4b) Stage I</p> <p>1. No significant cultural barriers exist in the regions. 2. Project implementation not hampered by adverse events (natural or man-made).</p>																																										
<p>Project Inputs: (D-1)</p> <p>AID Providing local currency funding to support project objectives.</p> <p>GOP</p> <p>1. Providing technical/management expertise, (central and 12 regional offices) to carry out project objectives (at no cost to this project)</p> <p>2. Providing local currency funding to implement project.</p>	<p>Implementation Target: (Type and Quantity) (D-2)</p> <p>Life-of-Project (\$000)</p> <table border="1" data-bbox="650 1361 969 1549"> <thead> <tr> <th></th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>AID</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Local Currency Support</td> <td>49</td> <td>83</td> <td>125</td> <td>106</td> <td>363</td> </tr> <tr> <td>GOP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Local Currency</td> <td>55</td> <td>51</td> <td>61</td> <td>80</td> <td>247</td> </tr> <tr> <td>Technical/management expertise</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>\$114</td> <td>114</td> <td>186</td> <td>186</td> <td>500</td> </tr> </tbody> </table>		1977	1978	1979	1980	Total	AID						Local Currency Support	49	83	125	106	363	GOP						Local Currency	55	51	61	80	247	Technical/management expertise						TOTAL	\$114	114	186	186	500	<p>(D-3)</p> <p>1. Implementation Plan 2. POPCOM Reports 3. USAID/POPCOM Records</p>	<p>Assumptions for providing inputs: (D-4)</p> <p>1. GOP is/will be supporting a more comprehensive FP/IEC program.</p>
	1977	1978	1979	1980	Total																																								
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TOTAL	\$114	114	186	186	500																																								

Life of Project: 4 YEARS
 From FY 1977 To FY 1978
 Total U.S. Funding: \$1,200,000
 Date Prepared: April 1977

Sub-Project title & Number: REGIONAL LOGISTICS OPERATIONS

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																				
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>1. In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program.</p> <p>2. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level.</p>	<p>(A-1) Measures of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.4% in 1974 to 0.4% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1975 to all provinces by 1980.</p>	<p>(A-3)</p> <p>1. Quinquennial national censuses.</p> <p>2. World Fertility Survey, 1978.</p> <p>3. Annual Area Fertility Surveys, 1977-1980.</p> <p>4. Analysis GOP local governments' funding for population/family planning.</p>	<p>(A-4) Assumptions for achieving Goal Targets:</p> <p>1. Population growth remains a foremost factor in GOP developmental planning.</p> <p>2. Socio-economic conditions remain conducive to family planning.</p> <p>3. Local governments able to assume funding and implementation of Outreach project.</p> <p>4. Net migration will not affect population growth rate.</p>																																				
<p>Project Purpose:</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence).</p>	<p>(B-1) Conditions that will indicate purpose has been achieved. End-of-Project Status: (B-2)</p> <p>1. Prevalence among MCRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows:</p> <table border="1"> <tr> <td>1976 - 24%</td> <td>1977 - 32%</td> </tr> <tr> <td>1977 - 25%</td> <td>1980 - 35%</td> </tr> <tr> <td>1978 - 27%</td> <td></td> </tr> </table>	1976 - 24%	1977 - 32%	1977 - 25%	1980 - 35%	1978 - 27%		<p>(B-3)</p> <p>1. Annual Area Fertility Surveys, 1977-1980.</p> <p>2. Community Outreach Surveys.</p> <p>3. MIS/POPCOM service statistics.</p> <p>4. Outreach Project evaluation.</p>	<p>(B-4) Assumptions for achieving Purpose:</p> <p>1. Method Mix by 1980 will be: 55% pills 20% condoms 15% sterilization 10% IUD and other methods or a better combination, enhancing effect of prevalence over fertility (birth rate reduction)</p> <p>2. Crude death rate constant at approx 10/1000 population.</p> <p>3. Program implementation progress not hampered by adverse events (natural or man-made)</p>																														
1976 - 24%	1977 - 32%																																						
1977 - 25%	1980 - 35%																																						
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<p>Project Outputs: Stage II</p> <p>A fully decentralized Logistics system with a single, basic supply network for supplying all family planning projects within the POPCOM system with contraceptives, equipment and other materials.</p>	<p>(C-2a) Magnitude of Outputs: Stage II (C-2c)</p> <p>By 1978: 12 regional depots operative.</p> <p>By 1978: Adequate storage/controls/security/accounting/reporting systems.</p> <p>By 1978: Adequate supply of contraceptives available at all dispensing points at any one time.</p> <p>By 1978: Logistics system fully decentralized and operating in support of Outreach thrust.</p> <p>By 1980: A total of 124 surplus vehicles rehabilitated and distributed to end users.</p>	<p>(C-3a) Stage II</p> <p>1. Field monitoring/inspection reports.</p> <p>2. Periodic POPCOM reports, including computer print-outs.</p>	<p>(C-4a) Assumptions for achieving Outputs: Stage II</p> <p>1. Project implementation not hampered by adverse events (natural or man-made).</p> <p>2. Minimum of 35,000 Barangay supply points (Outreach project grassroots distribution mechanism) established as scheduled.</p> <p>3. Conventional family planning clinic outlets operative.</p>																																				
<p>Project Outputs: Stage I (C-1b)</p> <p>1. Regional depots, provincial, city and district supply points established and maintained.</p> <p>2. Storage, controls, security, accounting and reporting systems established. (logistics systems components)</p> <p>3. Property vehicles procured thru excess property mechanism and rehabilitated.</p>	<p>(C-2b) Magnitude of Outputs: Stage I (C-2b)</p> <table border="1"> <thead> <tr> <th>Com. Outputs</th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. regional depots</td> <td>11</td> <td>12</td> <td>12</td> <td>12</td> <td>12</td> </tr> <tr> <td>2. provincial/city supply points</td> <td>346</td> <td>346</td> <td>346</td> <td>346</td> <td>346</td> </tr> <tr> <td>3. district supply pts.</td> <td>513</td> <td>513</td> <td>513</td> <td>513</td> <td>513</td> </tr> <tr> <td>4. Logistic components fully developed and operating.</td> <td>4</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>5. vehicles rehabilitated</td> <td>60</td> <td>76</td> <td>100</td> <td>120</td> <td>120</td> </tr> </tbody> </table>	Com. Outputs	1977	1978	1979	1980	Total	1. regional depots	11	12	12	12	12	2. provincial/city supply points	346	346	346	346	346	3. district supply pts.	513	513	513	513	513	4. Logistic components fully developed and operating.	4	5	5	5	5	5. vehicles rehabilitated	60	76	100	120	120	<p>(C-3b) Stage I</p> <p>1. Periodic POPCOM reports against implementation plan.</p> <p>2. Project monitoring reports.</p> <p>3. Field inspection reports.</p>	<p>(C-4b) Assumptions for achieving Outputs: Stage I</p> <p>1. Excess property vehicles procured on schedule.</p>
Com. Outputs	1977	1978	1979	1980	Total																																		
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4. Logistic components fully developed and operating.	4	5	5	5	5																																		
5. vehicles rehabilitated	60	76	100	120	120																																		
<p>Project Inputs: (D-1)</p> <p>AID</p> <p>1. Providing technical assistance in carrying out project objectives (at no cost to this project)</p> <p>2. Providing surplus property vehicles.</p> <p>3. Providing local currency funding support.</p> <p>GOP</p> <p>1. Providing technical/management expertise to carry out project objectives.</p> <p>2. Providing local currency funding to carry out project objectives.</p>	<p>(D-2) Implementation Target: (Type and Quantity)</p> <table border="1"> <thead> <tr> <th>AID</th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Commodities (vehicles)</td> <td>75</td> <td>66</td> <td>66</td> <td>66</td> <td>229</td> </tr> <tr> <td>2. Local currency (direct costs)</td> <td>175</td> <td>178</td> <td>258</td> <td>340</td> <td>891</td> </tr> <tr> <td>Sub-total</td> <td>190</td> <td>244</td> <td>322</td> <td>364</td> <td>1120</td> </tr> <tr> <td>GOP Local currency (direct)</td> <td>107</td> <td>68</td> <td>124</td> <td>205</td> <td>544</td> </tr> <tr> <td>TOTAL</td> <td>297</td> <td>312</td> <td>426</td> <td>629</td> <td>1664</td> </tr> </tbody> </table>	AID	1977	1978	1979	1980	Total	1. Commodities (vehicles)	75	66	66	66	229	2. Local currency (direct costs)	175	178	258	340	891	Sub-total	190	244	322	364	1120	GOP Local currency (direct)	107	68	124	205	544	TOTAL	297	312	426	629	1664	<p>(D-3)</p> <p>1. Implementation plans and PID/C's</p> <p>2. USAID/POPCOM records</p> <p>3. Financial reports</p>	<p>(D-4) Assumptions for providing inputs:</p> <p>In place from FY 76 Predecessor Project, no outreach infrastructure of 3938 workers trained in Outreach Logistics, i.e.:</p> <ul style="list-style-type: none"> 31 Provincial Population Officers/City Population Officers (PPOs/CPOs) 95 Provincial Population Coordinators/City Population Coordinators (PPCs/CPCs) 513 District Population Officers (DPOs) 3102 Full-Time Outreach Workers (FTOWs) 77 Trainers
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Life of Project: 4 Years

From FY 1977 To FY 1980

Total U.S. Funding: \$222,000

Date Prepared: April 1977

Sub-Project title & Number: TRAINING ORIENTATION/RE-ORIENTATION

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR:	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																																						
<p>Program or Sector Goal: (A-1) The broader objective to which this project contributes:</p> <ol style="list-style-type: none"> In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level. 	<p>Measure of Goal Achievement: (A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.4% in 1976 by 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>(A-3)</p> <ol style="list-style-type: none"> Quinquennial national censuses. World Fertility Survey, 1978 Annual Area Fertility Surveys, 1977-1980. Analysis GOP local governments' spending for population/family planning. 	<p>Assumptions for achieving Goal Targets: (A-4)</p> <ol style="list-style-type: none"> Population growth remains a dominant factor in the developmental planning. Socio-economic conditions remain conducive to family planning. Local governments able to assume funding and implementation of outreach project. Net migration will not affect population growth rate. 																																																						
<p>Project Purpose: (B-1)</p> <p>To increase the participation of married couples of reproductive age practicing contraception (prevalence).</p>	<p>Condition that will indicate purpose has been achieved. End-of-Project Status: (B-2)</p> <ol style="list-style-type: none"> Prevalence among MGRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows: <table border="1" data-bbox="642 572 963 627"> <tr> <td>1976 - 24%</td> <td>1979 - 32%</td> </tr> <tr> <td>1977 - 25%</td> <td>1980 - 35%</td> </tr> <tr> <td>1978 - 26%</td> <td></td> </tr> </table> <ol style="list-style-type: none"> By 1980, wide range of FP services, including sterilization, available nationally. <p>Pills and condoms conveniently and freely available in 90-95% of all barangays.</p>	1976 - 24%	1979 - 32%	1977 - 25%	1980 - 35%	1978 - 26%		<p>(B-3)</p> <ol style="list-style-type: none"> Annual Area Fertility Surveys, 1977-1980 Community Outreach Surveys MIS/POPCOM service statistics. Outreach Project evaluations. 	<p>Assumptions for achieving Purpose: (B-4)</p> <ol style="list-style-type: none"> Method Mix by 1980 will be: 55% pills 20% condoms 15% sterilization 10% IUD and other methods of a better combination, enhancing effect of prevalence over fertility (birth rate reduction) Crude death rate constant at approx 10/1000* population. Program implementation progress not hampered by adverse events (natural or man-made). 																																																
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<p>Project Outputs: Stage II (C-1a)</p> <p>A training program capable of orienting and re-orienting adequate numbers of local government officials, outreach personnel and other population staff on new population thrust.</p>	<p>Magnitude of Outputs: Stage II (C-2a)</p> <p>By 1977: 3761 Outreach field personnel provided with refresher training annually</p> <p>By 1977: 603 local government officials (government, mayors) oriented/re-oriented annually</p> <p>By 1978: 155 other program personnel oriented/re-oriented annually</p>	<p>(C-3a)</p> <p>Stage II</p> <ol style="list-style-type: none"> POPCOM reports Field inspection/evaluation reports Annual review of training program. 	<p>Assumptions for achieving Outputs: (C-4a)</p> <p>Stage II</p> <p>Low-level drop out rate maintained within core training teams.</p>																																																						
<p>Project Outputs: Stage I (C-1b)</p> <ol style="list-style-type: none"> Outreach field personnel (DPOs/CPOs, PINGs/CPCs, DPOs, FTOWs) oriented/re-oriented to program thrust. Local government officials oriented/re-oriented to program thrust. Other program personnel oriented/re-oriented to program thrust. 	<p>Magnitude of Outputs: Stage I (C-2b)</p> <table border="1" data-bbox="621 1034 973 1223"> <thead> <tr> <th></th> <th>1977</th> <th>1978</th> <th>1979</th> <th>1980</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Outreach Personnel</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPO/PPC/PI-Os</td> <td>659</td> <td>659</td> <td>659</td> <td>659</td> <td>2636</td> </tr> <tr> <td>FTOWs</td> <td>3182</td> <td>3182</td> <td>3182</td> <td>3182</td> <td>12648</td> </tr> <tr> <td>Local Government Officials</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Officials</td> <td>603</td> <td>603</td> <td>603</td> <td>603</td> <td>2412</td> </tr> <tr> <td>Other Program Personnel</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Personnel</td> <td>75</td> <td>155</td> <td>155</td> <td>155</td> <td>540</td> </tr> <tr> <td>TOTAL</td> <td>6439</td> <td>6519</td> <td>6519</td> <td>6519</td> <td>17996</td> </tr> </tbody> </table>		1977	1978	1979	1980	Total	Outreach Personnel						DPO/PPC/PI-Os	659	659	659	659	2636	FTOWs	3182	3182	3182	3182	12648	Local Government Officials						Officials	603	603	603	603	2412	Other Program Personnel						Personnel	75	155	155	155	540	TOTAL	6439	6519	6519	6519	17996	<p>(C-3b)</p> <p>Stage I</p> <ol style="list-style-type: none"> Periodic POPCOM performance reports against Implementation Plan Field inspection/monitoring reports 	<p>Assumptions for achieving Outputs: (C-4b)</p> <p>Stage I</p> <ol style="list-style-type: none"> Local governments receptive to and supportive of Outreach thrust of program. About 3500 Barrio Supply Points/Community leaders trained/oriented to program objectives annually using local government funding.
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<p>Project Inputs: (D-1)</p> <p>AID</p> <ol style="list-style-type: none"> Providing technical assistance to carry out project objectives (at not cost to this project) Providing local currency support to implement project. <p>GOP</p> <ol style="list-style-type: none"> Providing technical/management expertise to implement project. Providing local currency funding to implement project. 	<p>Implementation Target: (Type and Quantity) (D-2)</p> <p>(Life-of-Project Costs, \$000)</p> <p>AID</p> <p>Local currency funding - \$222</p> <table border="1" data-bbox="621 1395 963 1434"> <tr> <td>1977 - 47</td> <td>1979 - 64</td> </tr> <tr> <td>1978 - 54</td> <td>1980 - 57</td> </tr> </table> <p>GOP</p> <p>Local currency funding - \$135</p> <table border="1" data-bbox="621 1473 963 1513"> <tr> <td>1977 - 46</td> <td>1979 - 27</td> </tr> <tr> <td>1978 - 21</td> <td>1980 - 43</td> </tr> </table> <p>TOTAL: \$357</p>	1977 - 47	1979 - 64	1978 - 54	1980 - 57	1977 - 46	1979 - 27	1978 - 21	1980 - 43	<p>(D-3)</p> <ol style="list-style-type: none"> Implementation Plan Financial reports POPCOM/USAID records 	<p>Assumptions for previous levels: (D-4)</p> <ol style="list-style-type: none"> FY 76 Predecessor project training outputs in place: 72 Governors 603 Municipal/City Mayors 1077 Barangay leaders 855 POPCOM staff and field personnel 2607 Total GOP providing additional local funding for training Outreach Barrio Supply Points and community leaders. 																																														
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Life of Project: 4 years
 From FY 1977 To FY 1980
 Total U.S. Funding: \$517,000
 Date Prepared: April 1977

Project Title & Number: DEMOGRAPHIC MEASUREMENT

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <ol style="list-style-type: none"> In conjunction with other public and private programs, to reduce the Philippine population growth rate by an average of one-tenth of one percent annually for the life of the program. To promote the increasing participation of local governments in the planning, implementation and funding of population activities at the local level. 	<p>Measures of Goal Achievement:</p> <p>(A-2)</p> <p>Reduction of the Philippine population growth rate from an estimated 2.6% in 1976 by 0.1% per year.</p> <p>Increase in number of provinces assuming funding responsibility for population and family planning-related activities at the local level from 7 in 1976 to all provinces by 1980.</p>	<p>(A-3)</p> <ol style="list-style-type: none"> Quinquennial national censuses. World Fertility Survey, 1978. Annual Area Fertility Surveys, 1977-1980. Analysis GOP local governments' funding for population/family planning. 	<p>Assumptions for achieving Goal Targets: (A-4)</p> <ol style="list-style-type: none"> Population growth remains a foremost factor in GOP developmental planning. Socio-economic conditions remain conducive to family planning. Local governments able to assume funding and implementation of Outreach project. Net migration will not affect population growth rate.
<p>Project Purpose:</p> <p>(B-1)</p> <p>To increase the percentage of married couples of reproductive age practicing contraception (prevalence).</p>	<p>Conditions that will indicate purpose has been achieved. End-of-Project Status:</p> <p>(B-2)</p> <ol style="list-style-type: none"> Prevalence among MCRA's to increase from 24% in 1976 to at least 35% in 1980. Annual progress as follows: 1976 - 24% 1979 - 32% 1977 - 25% 1980 - 35% 1978 - 27% By 1980, wide range of FP services, including sterilization, available nationally. <p>Pills and condoms conveniently and freely available to 90-95% of all barangays.</p>	<p>(B-3)</p> <ol style="list-style-type: none"> Annual Area Fertility Surveys, 1977-1980 Community Outreach Surveys MIS/POPCOM service statistics Outreach Project evaluations. 	<p>Assumptions for achieving Purpose: (B-4)</p> <ol style="list-style-type: none"> Method Mix by 1980 will be: 55% pills 20% condoms 15% sterilization 10% IUD and other methods or a better combination, enhancing effect of prevalence over fertility (birth rate reduction) Crude death rate constant at approx 10/100 population. Program implementation progress not hampered by adverse events (natural or man-made).
<p>Project Outputs: Stage II</p> <p>(C-1a)</p> <ol style="list-style-type: none"> A capability within national program to determine, allocate and manage resources required to provide timely measures of fertility reduction and program impact. 	<p>Magnitude of Outputs: Stage II (C-2a)</p> <ol style="list-style-type: none"> By 1977 - Annual rounds of Area Fertility Survey initiated. Report 6 months after fielding. By 1978 - Community Outreach Surveys initiated. Report 6 months after fielding. By 1977 - Misamis Oriental Fertility Study initiated. Report 6 months after fielding. By 1977 - Final report on 1976 MAS. 	<p>Stage II (C-3a)</p> <ol style="list-style-type: none"> Program records. Independent reports/evaluation/expert judgment. 	<p>Assumptions for achieving Outputs: Stage II (C-4a)</p>
<p>Project Outputs: Stage I</p> <p>(C-1b)</p> <ol style="list-style-type: none"> Longitudinal surveys and corresponding reports on Area Fertility Survey. Surveys and corresponding reports on Community Outreach. Longitudinal surveys and corresponding reports on Misamis Oriental Fertility Study. Reports on further analysis, 1976 National Conceptor Survey. Other specific reports as necessary. 	<p>Magnitude of Outputs: Stage I (C-2b)</p> <ol style="list-style-type: none"> Quarterly and Annual Reports, Area Fertility Study for 1977, 1978, 1979, 1980. Quarterly and Annual Reports, Community Outreach Surveys, 1978, 1979, 1980. Quarterly and Annual Reports on Misamis Oriental Fertility Study for 1977, 1978, 1979, 1980. Final Report on National Conceptor Survey, 1976. 	<p>Stage I (C-3b)</p> <ol style="list-style-type: none"> Field inspection reports. Independent evaluations/reports/expert judgment. POPCOM and USAID records. 	<p>Assumptions for achieving Outputs: Stage I (C-4b)</p> <p>No natural calamities to impede progress of field surveys.</p>
<p>Project Inputs:</p> <p>(D-1)</p> <p>AID</p> <ol style="list-style-type: none"> Providing technical assistance in carrying out specific project activities. Equipping research institutions with data processing equipment. Providing local currency funding to carry out survey objectives. <p>GOP</p> <ol style="list-style-type: none"> Providing technical/management expertise and local currency funding to carry out survey objectives. 	<p>Implementation Target: (Type and Quantity) (D-2)</p> <p>(D-3)</p> <p>Life-of-Project Costs (\$000)</p> <p>AID</p> <p>Contract Services (U.S. Technicians) - 312</p> <p>Commodities (Data Processing Equip) - 60</p> <p>Other Costs* (Direct Local Currency Costs) - 625</p> <p>GOP</p> <p>Local Currency* (Direct and Indirect) - 381</p> <p>* Area Fertility Survey - 726</p> <p>U. P. Pop. Inat. Contract - 200</p> <p>Misamis Oriental Fertility Study - 80</p>	<p>(D-3)</p> <ol style="list-style-type: none"> Signed project activity agreements/implementation plans. Surveys in the field as scheduled. Contract personnel in place as scheduled. 	<p>Assumptions for providing inputs: (D-4)</p> <p>Continuing need to measure program impact on fertility.</p>

Project Performance Tracking

Major components of this project have been designed around Gantt charts developed jointly by POPCOM and USAID/Manila to forecast monthly implementation activity and related costs. In one chart, for example, the following events are projected over the life of the project: recruit trainers; train/deploy training teams; recruit PPO's; recruit PPC's; recruit DS's; recruit FTOW's; psychological testing; train/deploy PPO's, PPC's, DS's, and FTOW's (separate lines for each); deployed cumulative - cost per month/cumulative cost; BSP/Barangay Outreach, net and cumulative net; net increase continuing users; % MCRA now using; total training and salary cost; financial support; total monthly peso cost; and total peso cost cumulative. The chart is 26 inches by 52 inches in size and is not well suited to photo-reduction. Accordingly, in response to AID Handbook 3 PPT requirements, USAID is furnishing two sets of Gantt charts for this project to AID/W. one for PHA/POP files and one for the Philippine Desk. Revisions will follow as appropriate.

The following expenditure forecast data is derived from the above-mentioned Gantt charts. It includes both U.S. and GOP contributions.

(\$000)

	CY77 Jul-Sept (3)	CY77 Oct-Dec (4)	CY78 Jan-Mar (1)	CY78 Apr-Jun (2)	CY78 Jul-Sept (3)	CY78 Oct-Dec (4)	CY79 1-4	CY80 1-4
<u>Grant</u>								
Outreach	1186	1186	1188	1242	1242	1244	5351	5762
Vol. Surgical Contraception	457	396	396	365	365	365	979	739
Logistics	149	74	74	148	82	82	429	629
Demog. Meas.	137	137	138	117	88	88	426	247
IEC	38	38	38	38	38	38	186	186
Training	48	46	46	50	50	50	150	150
Eval/Oper. Res.	47	48	48	33	34	34	95	119
Project Support	11	12	12	18	16	16	50	50
<u>Loan</u>								
Outreach Contraceptives		3300				3300	6700	-

STATUTORY CHECKLIST

COUNTRY CHECKLIST

GENERAL CRITERIA FOR COUNTRY

1. FAA Sec. 116. Can it be demonstrated that contemplated assistance will directly benefit the needy? If not, has the Department of State determined that this government has engaged in consistent pattern of gross violations of internationally recognized human rights? Yes.

2. FAA Sec. 481. Has it been determined that the government of recipient country has failed to take adequate steps to prevent narcotics drugs and other controlled substances (as defined by the Comprehensive Drug Abuse Prevention and Control Act of 1970) produced or processed, in whole or in part, in such country, or transported through such country, from being sold illegally within the jurisdiction of such country to U.S. government personnel or their dependents, or from entering the U.S. unlawfully? No. GOP cooperates with U.S. in combating drug abuse.

3. FAA Sec. 620 (a). Does recipient country furnish assistance to Cuba or fail to take appropriate steps to prevent ships or aircraft under its flag from carrying cargoes to or from Cuba? No.

4. FAA Sec. 620 (b). If assistance is to a government, has the Secretary of State determined that it is not controlled by the international Communist movement? Yes.

5. FAA Sec. 620 (c). If assistance is to government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) debt is not denied or contested by such government? No.

6. FAA Sec. 620 (e) (1). If assistance is to a government, has it (including government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned. No.

by them without taking steps to discharge its obligations toward such citizens or entities?

7. FAA Sec. 620 (f); App. Sec. 108. Is recipient country a Communist Country? Will assistance be provided to the Democratic Republic of Vietnam (North Vietnam), South Vietnam, Cambodia or Laos? **No to both questions.**
8. FAA Sec. 620 (i). Is recipient country in any way involved in (a) subversion of, or military aggression against, the United States or any country receiving U.S. assistance, or (b) the planning of such subversion or aggression? **No.**
9. FAA Sec. 620 (j). Has the country permitted, or failed to take adequate measures to prevent, the damage or destruction, by mob action, of U.S. property? **No.**
10. FAA Sec. 620 (l). If the country has failed to institute the investment guaranty program for the specific risks of expropriation, inconvertibility or confiscation, has the AID Administrator within the past year considered denying assistance to such government for this reason? **NA**
11. FAA Sec. 620 (o); Fishermen's Protective Act, Sec. 5. If country has seized, or imposed any penalty or sanction against, any U.S. fishing activities in international waters.
- a. has any deduction required by Fishermen's Protective Act been made?
- b. has complete denial of assistance been considered by AID administrator?
12. FAA Sec. 620 (q); App. Sec. 504. (a) is the government of the recipient country in default on interest or principal of any AID loan to the country? (b) Is country in default exceeding one year on interest or principal on U.S. loan under program for which App. Act appropriates funds, unless debt was earlier disputed, or appropriate steps taken to cure default? **(a) No. (b) No.**

13. FAA Sec. 620 (s). What percentage of country budget is for military expenditures? How much of foreign exchange resources spent on military equipment? How much spent for the purchase of sophisticated weapons systems? (Consideration of these points is to be coordinated with the Bureau for Program and Policy Coordination, Regional Coordinators and Military Assistance Staff (PPC/RC).
14. FAA Sec. 620 (t). Has the country severed diplomatic relations with the United States? If so, have they been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?
15. FAA Sec. 620 (u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the AID Administrator in determining the current AID Operational Year Budget?
16. FAA Sec. 620A. Has the country granted sanctuary from prosecution to any individual or group which has committed an act of international terrorism?
17. FAA Sec. 666. Does the country object, on basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. there to carry out economic development program under FAA?
18. FAA Sec. 669. Has the country delivered or received nuclear reprocessing or enrichment equipment, materials or technology, without specified arrangements on safeguards, etc.?
19. FAA Sec. 901. Has the country denied its citizens the right or opportunity to emigrate?

Less than 17% of the national budget goes into defense. The amount of foreign exchange spent on military equipment is negligible. To the best of our knowledge no funds have been spent on sophisticated weapons.

No to first question.

The country is not in default vis-a-vis its U.N. dues and assessments.

No.

No.

No.

No.

FUNDING CRITERIA FOR COUNTRY

1. Development Assistance Country Criteria

- a. FAA Sec. 102(c), (d). Have criteria been established, and taken into account,

Yes, criteria have been established and will be

to assess commitment and progress of country in effectively involving the poor in development, on such indexes as: (1) small-farm labor intensive agriculture, (2) reduced infant mortality, (3) population growth, (4) equality of income distribution, and (5) unemployment.

b. FAA Sec. 201 (b) (5), (7) & (8); Sec. 200; 211(a) (4), (7). Describe extent to which country is:

- (1) Making appropriate efforts to increase food production and improve means for food storage and distribution.
- (2) Creating a favorable climate for foreign and domestic-private enterprise and investment.
- (3) Increasing the public's role in the developmental process.
- (4) (a) Allocating available budgetary resources to development.

(b) Diverting such resources for unnecessary military expenditures and intervention in affairs of other free and independent nations.
- (5) Making economic, social, and political reforms such as tax collection improvements and changes in land tenure

refined in FY 78 under an AID financed project entitled "Economic and Social Impact Analysis."

The GOP's Four-Year Development Plan (74-77) states that increased food production is a priority goal.

The GOP has created and does maintain a favorable climate for both foreign and domestic investment.

The GOP has embarked upon a land reform program to transfer ownership of land to small farmers. Also, through the local governments, the GOP is trying to encourage increase local participant in planning and development.

About 65% of the national budget is allocated for economic and social development.

Less than 17% of national budget is spent on defense.

The Philippines has traditionally espoused the basic principles

arrangements, and making progress toward respect for the rule of law, freedom of expression and of the press, and recognizing the importance of individual freedom, initiative, and private enterprise.

of a free and open society. On Sept. 22, 1972, Pres. Marcos, citing a serious threat from both the extreme left and right, invoked martial law. Ruling by decree, he ordered accelerated implementation of needed reforms designed to reduce widespread crime and corruption and to speed development efforts aimed especially at the lower income groups. In this regard he strongly encouraged the rural electrification program and inaugurated a national all-encompassing land reform program. Efforts were also aimed at strengthening local and provincial government units and increasing government revenues through tax reform and improved tax administration. However, under martial law, political activity and freedom of the press have been curtailed, and certain organizations and activities (e.g., those involving organized labor or students) are closely watched.

- (6) Otherwise responding to the vital economic, political, and social concerns of its people, and demonstrating a clear determination to take effective self-help measures.

Over the past six years the Philippine government has placed increasing emphasis on rural development in an effort to narrow the gap between the rich and the poor, to increase employment opportunities, raise the income levels of the rural population, and to improve the level of living. Heavy invest-

ments are being made in Rural Electrification, transportation, irrigation agrarian reform, farmer support services, agriculture production, nutrition, and education. Greatly increased external assistance from various bilateral and international donors over the past four years has been directed almost entirely to the rural sector.

c. FAA Sec. 201(b), 211(a). Is the country among the 20 countries in which development assistance loans may be made in this fiscal year, or among the 40 in which development assistance grants (other than for self-help projects) may be made?

Yes.

d. FAA Sec. 115. Will country be furnished, in same fiscal year, either security supporting assistance, or Middle East peace funds? If so, is assistance for population programs, humanitarian aid through international organizations, or regional programs?

No.

Security Supporting Assistance Country Criteria

a. FAA Sec. 502B. Has the country engaged in a consistent pattern of gross violations of internationally recognized human rights? Is program in accordance with policy of this Section?

N/A

b. FAA Sec. 531. Is the Assistance to be furnished, to a friendly country, organization, or body eligible to receive assistance?

N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

N/A

PROJECT CHECKLIST
Statutory Criteria

A. GENERAL CRITERIA FOR PROJECT

1. App. Unnumbered; FAA Sec. 653 (b)

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure plus 10%)?

- a) Committees notified by FY 1977 CP (new project).
- b) No

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U. S. of the assistance?

Not applicable.

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

Not applicable.

4. FAA Sec. 611(b); App. Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per Memorandum of the President dated Sept. 5, 1973 (replaces Memorandum of May 15, 1962; see Fed. Register, Vol. 38, No. 174, Part III, Sept. 10, 1973)?

Not applicable.

5. FAA Sec. 611(c). If project is capital assistance (e. g., construction), and all U. S. assistance for it will exceed \$1 million, has Mission Director certified the country's capability effectively to maintain and utilize the project?

Not applicable.

6. FAA Sec. 209, 619. Is project susceptible of execution as part of regional or multi-lateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. If assistance is for newly independent country, is it furnished through multi-lateral organizations or plans to the maximum extent appropriate? No.
7. FAA Sec. 601(a); (and Sec. 201(f) for development loans). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. Not applicable.
8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise). Not applicable.
9. FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services. Project design calls for large and progressively higher GOP contributions to local costs, which are principally for personal services and transportation costs.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency and, if so, what arrangements have been made for its release?

There is no excess or near excess-U.S.-owned foreign exchange in the Philippines.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(c); Sec 111; Sec. 281a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production, spreading investment out from cities to small towns and rural areas; and (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions?

Not applicable.

b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: (2) (104) for population planning or health; if so, extent to which activity extends low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and poor;

National Family Planning Outreach component is designed to extend free family planning services nationwide, especially to rural areas and poor. The Voluntary Surgical Contraception component similarly provides services to rural areas and the poor.

c. FAA Sec. 110(a); Sec. 208(e). Is the recipient country willing to contribute funds to the project, and in what manner has or will it provide assurances that it will provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be

GOP to contribute both cash and in kind to present project, over and above sizeable contributions to other FP programs. Project budget calls

furnished (or has the latter cost-sharing requirement been waived for a "relatively least -developed" country)?

for more than 25% GOP contribution, with major GOP contributions from inception. Annual project agreements will provide means of securing appropriate GOP funding commitments.

d. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing?

Not applicable.

e. FAA Sec. 207; Sec. 113. Extent to which assistance reflects appropriate emphasis on: (1) encouraging development of democratic, economic, political, and social institutions; (2) self-help in meeting the country's food needs; (3) improving availability of trained worker-power in the country; (4) programs designed to meet the country's health needs; (5) other important areas of economic, political, and social development, including industry; free labor unions, cooperatives, and Voluntary Agencies; transportation and communication; planning and public administration; urban development, and modernization of existing laws; or (6) integrating women into the recipient country's national economy.

(1) By easing population pressures, this project contributes to economic, political, and social welfare and facilitates development in these areas; (2) N/A; (3) this project provides a trained cadre of FP outreach workers; it also reduces attrition of trained women workers through unplanned parenthood; (4) important affinities exist between GOP health and FP programs, particularly in area of maternal-child-health; FP/health teamwork expected to improve markedly through this project; (5) Outreach portion of this project affords a rare opportunity for the GOP to

reach the rural poor with vital services. It can also serve as a model for other development-oriented programs and combine with them as experience warrants; (6) through planned parenthood women have greater opportunity to participate in the labor force.

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development, and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

g. FAA Sec. 201(b)(2)-(4) and -(8); Sec. 201(e); Sec. 211(a)(1)-(3) and -(8). Does the activity give reasonable promise of contributing to the development: of economic resources, or to the increase of productive capacities and self-sustaining economic growth; or of educational or other institutions directed toward social progress? Is it related to and consistent with other development activities, and will it contribute to realizable long-range objectives? And does project paper provide information and conclusion on an activity's economic and technical soundness?

Public interest in family planning is demonstrated by the fact that about 24% of eligible couples are already enrolled in GOP family planning programs. Higher participation is sought through an expanded network of service outlets.

By reducing dependency burden, this activity assists in the generation of savings for application to economic development. See PP Economic Analysis annex. The project is fully consistent with GOP development objectives and with AID development assistance.

h. FAA Sec. 201(b)(6); Sec. 211(a)(5), (6). Information and conclusion on possible effects of the assistance on U. S. economy, with special reference to areas of substantial labor surplus, and extent to which U. S. commodities and assistance are furnished in a manner consistent with improving or safeguarding the U. S. balance-of-payments position.

No substantive effects contemplated.

2. Development Assistance Project Criteria (Loans)

a. FAA Sec. 201(b)(1). Information and conclusion on availability of financing from other free-world sources, including private sources within U. S.

The Philippine population/family planning program is also assisted on a grant basis by the United Nations Fund for Population Activities (UNFPA), the International Planned Parenthood Federation, Family Planning International Assistance, and other international donors. Their activities complement those of this project.

b. FAA Sec. 201(b)(2); 201(d). Information and conclusion on (1) capacity of the country to repay the loan, including reasonableness of repayment prospects, and (2) reasonableness and legality (under laws of country and U. S.) of lending and relending terms of the loan.

No difficulties anticipated in repayment or legality.

c. FAA Sec. 201(c). If loan is not made pursuant to a multilateral plan, and the amount of the loan exceeds \$100,000, has country submitted to AID

GOP loan request pending. (See Annex.H of Project Paper.)

an application for such funds together with assurances to indicate that funds will be used in an economically and technically sound manner?

d. FAA Sec. 201(f). Does project paper describe how project will promote the country's economic development taking into account the country's human and material resources requirements and relationship between ultimate objectives of the project and overall economic development?

Yes

e. FAA Sec. 202(a). Total amount of money under loan which is going directly to private enterprise, is going to intermediate credit institutions or other borrowers for use by private enterprise, is being used to finance imports from private sources, or is otherwise being used to finance procurements from private sources?

Entire loan to purchase contraceptives and transportation from private sector.

f. FAA Sec. 620(d). If assistance is for any productive enterprise which will complete in the U. S. with U. S. enterprise, is there an agreement by the recipient country to prevent export to the U. S. of more than 20% of the enterprise's annual production during the life of the loan?

Not applicable.



46

REPUBLIC OF THE PHILIPPINES
NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY
P.O. Box 1115, Manila

Tel. 50-39-71
Cable Address: NEDAPHIL

May 19, 1977

Mr. Charles C. Christian
Acting Director, USAID Mission
M a n i l a

Dear Mr. Christian,

I wish to refer to your letter of April 29, 1977 presenting the Project Paper for the Population Planning II Project.

I endorse this project and its components. It is my understanding that the cost figures indicated in the Project Paper are planning figures and that they will be subject to refinements when a more detailed determination of requirements for each activity shall have been determined.

Sincerely yours,

GERARDO P. SICAT
Secretary of Economic Planning
(Director-General)

Received USAID May 24, 1977

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I		1. TRANSACTION CODE <input type="checkbox"/> A ADD <input type="checkbox"/> C CHANGE <input type="checkbox"/> D DELETE	PAF 2. DOCUMENT CODE 5
3. COUNTRY/ENTITY PHILIPPINES		4. DOCUMENT REVISION NUMBER <input type="checkbox"/>	
5. PROJECT NUMBER (7 digits) <input type="checkbox"/> 492-0277	6. BUREAU/OFFICE A. SYMBOL PHA B. CODE <input type="checkbox"/> 07	7. PROJECT TITLE (Maximum 40 characters) <input type="checkbox"/> POPULATION PLANNING II	
8. PROJECT APPROVAL DECISION <input type="checkbox"/> A APPROVED <input type="checkbox"/> D DISAPPROVED <input type="checkbox"/> DE DEAUTHORIZED		9. EST. PERIOD OF IMPLEMENTATION YRS. <input type="checkbox"/> 0 <input type="checkbox"/> 3 QTRS <input type="checkbox"/> 2	

10. APPROVED BUDGET AID APPROPRIATED FUNDS (\$000)										
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY 77		H. 2ND FY 78		K. 3RD FY 79		
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN	
(1) PH	400B	400		2991		2843		3209		
(2)										
(3)										
(4)										
TOTALS				2991		2843		3209		

A. APPROPRIATION	N. 4TH FY 80		O. 5TH FY		LIFE OF PROJECT		11. PROJECT FUNDING AUTHORIZED		A. GRANT	B. LOAN
	C. GRANT	P. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	(ENTER APPROPRIATE CODE(S))			
(1)	2493				11536		1 - LIFE OF PROJECT		1	
(2)							2 - INCREMENTAL LIFE OF PROJECT			
(3)										
(4)										
TOTALS	2493				11536					

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED (\$000)			13. FUNDS RESERVED FOR ALLOTMENT		
A. APPROPRIATION	B. ALLOTMENT REQUEST NO.		TYPED NAME (Chief, SR/PPM/PSD) SIGNATURE DATE		
	C. GRANT	D. LOAN			
(1) PH	2991				
(2)					
(3)					
TOTALS	2991				

14. SOURCE/ORIGIN OF GOODS AND SERVICES 000 941 LOCAL OTHER _____

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

This PAF authorizes grant funds only. It is anticipated that authorization for loan funds for contraceptives will be submitted as Revision 1, upon resolution of preliminary procurement and funding details.

FOR PPC/PIAS USE ONLY	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE	18. ACTION REFERENCE (Optional)	19. ACTION REFERENCE DATE
		MM DD YY		MM DD YY

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDSPART II

Name of Country/Entity: Philippines Name of Project: Population Planning II
 Number of Project: 492-0277

Pursuant to Part I, Chapter I, Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize Grant to the Republic of the Philippines, the "Cooperating Country", of not to exceed 2,991 million United States Dollars (\$2,991,000), the "Authorized Amount" to help in financing certain foreign exchange and local currency costs of goods and services required for the project as described in the following paragraph.

The project consists of an Outreach sub-project, design to extend basic family planning services to the neighborhood level throughout the Philippines, a Voluntary Surgical Contraception sub-project, and assistance in related logistics, training, demographic measurement, evaluation, and information/education activities (here-in-after referred to as the "Project").

I approve the total level of AID appropriated funding planned for this project of not to exceed 11,536 million United States Dollars (\$11,536,000), which will be Grant funded, including the funding authorized above, during the period FY 1977 through FY 80.

I hereby authorize the initiation of negotiation and execution of the Project Agreement by the officer to whom such authority has been delegated in accordance with AID regulations and Delegations of Authority subject to the following essential terms and covenants and major conditions; together with such other terms and conditions as AID may deem appropriate:

a. Source and Origin of Goods and Services

Except for Ocean Shipping, goods and services financed by AID under the project shall have their source and origin in the Cooperating Country or in the United States, except as AID may otherwise agree in writing. Ocean Shipping financed under the Loan shall be procured in any eligible source country except the Cooperating Country.

b. The following waivers to AID regulations are hereby approved. Waiver of competitive selection for ongoing consulting services (Population Council; Management Sciences for Health -- one consultant each) USAID to continue as contracting organization.

c. Borrower/Grantee shall covenant: 1)
2)
3)

	<u>Typed Name</u>	<u>Office Symbol</u>	<u>Date</u>	<u>Initials</u>
Clear-	A.			
ances	B.			
	C.			
	D.			
	E.			
	F.			

Signature: _____

Typed Name of Authorizing
Officer:

Office Symbol

The materials found in Annex K were taken from the Resource Book for Full Time Outreach Worker (FTOW), dated January 19, 1977, as prepared for the Commission on Population by the Economic Development Foundation. This resource manual was provided to all Outreach trainees.

1/
OUTREACH PROJECT STRUCTURE

This paper is intended to give Project personnel an insight into how and why the Outreach organization was evolved. An understanding of this particularly critical in the first year or two of the Project, during which the organizational network will be laid.

P r e m i s e s

The most basic objective of the Outreach Project is the organization of the Family Planning of Population program such that it can operate indeed as a response to people's needs.

As such, the Outreach structure that is to be developed by the project is based on the distribution of the population whose needs are being served, namely, Married Couples of Reproductive Age (MCRAs).

More than asking, what are the political or geographical or other existing delineations and structures through which the program can be delivered -- Outreach starts with the question: Who are the people? Where are they? What is their situation? And from these, it proceeds to define an organizational and delivery structure.

By following this method, Outreach bases its structure on the natural distribution of the population--the people. In other words, it is premised on the existence of human settlements and it adjusts its structure and seeks through its services, to enrich these human settlements.

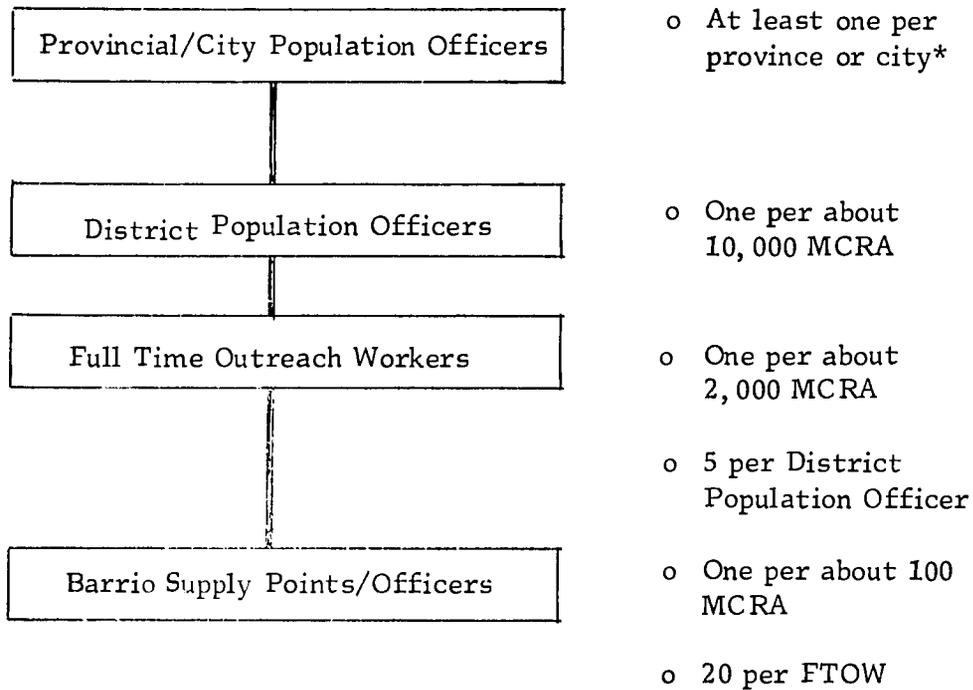
On the basis of information available, about one-eighth of the national population falls within the category MCRA. This ratio of 1:8 was taken and made the working premise for the programming and budgeting of the Outreach Project as well as for evolving the organizational network for its nationwide implementation.

Two other important premises that were used, which are based on management principles and on field experience are the following:

- o supervisory ratios (span of control) should be kept to a maximum of 1 supervisor to not more than 8 supervisees; and ideally, this should average at about 1:5.
- o Fieldworkers (the Full Time Outreach Workers or FTOWs) should be fielded at the rate of 1:2,000 MCRA provided community aides (Barrio Supply Points or BSPs) are mobilized to assist in motivation in the delivery of supplies to users,

1/ Prepared by Gil S. Garcia, Economic Development Foundation.

From these, the basic Outreach Structure was developed as shown below:



To assist them in both supply, information and follow-up, it is suggested that the BSPs be trained to organize Satisfied Users Clubs (SUCs) from among the users they service. Cells of about 10 users per club with one leader are recommended, so that under the BSP would be another sub-structure as follows:

BSP

SUCs

- o One per 10 MCRA
- o 10 per BSP

Within the FTOWs area, therefore, there would be aside from 20 BSPs, about 200 SUCs.

* To maintain span of control limits, in provinces or cities with a large number of DPOs, a Provincial or City Population Coordinator (PPC or CPC) is appointed to assist the PPO or CPO. On the other hand, in small provinces or cities, where only one or two or three DPOs are needed, no PPO or CPO is appointed, but only a PPC or CPC. In this latter case, the PPC or CPC has functions like that of the PPO or CPO.

Blending With Present Structures

As we are aware, the political structure -- which is normally the basis for delivery of other local government services to the people -- is delineated along geographic boundaries that were set in a more or less arbitrary manner.

At specific levels (that is, barangays and municipalities), the Outreach structure and these may not exactly coincide. The key unit for Outreach programming is actually the District unit. One district should cover approximately 10,000 MCRA, meaning a total population of about 80,000. The districting method is to group contiguous municipalities in such a way that the sum of their populations approximates 80,000 or 10,000 MCRA.

As a result of such programming, no municipality is divided so that it is partly covered by one district and partly by another. Similarly, at the provincial level, no district is divided so that part of it is in one province and part in another. This maintains unity of responsibility and command within each province.

The point about districts being made consistent with the boundaries of a group of municipalities bears careful note. It is quite possible that the grouping of the MCRA's within a district (about 2,000/FTOW) may not coincide with the number of municipalities nor follow municipal boundaries. Thus, one FTOW may be serving MCRA of two or three municipalities. While this should be ideally avoided, the likelihood of its happening is strong.

The implication is that the brunt of relating with Municipal Mayors should be with the DPOs. That is, the person to coordinate with municipal mayors, insofar as the Outreach Project is concerned, is the DPO.

This does not mean that the FTOW should not at all be concerned with coordinating with the mayor. However, it does mean that when he or she coordinates with the mayor, he or she will be doing so as a delegate or representative of the DPO. That is, the DPO can delegate the authority to coordinate to the FTOW. And this he/she will have to do considering the number of municipalities he/she has to handle the fact that Outreach Project work is a day-to-day, hour-to-hour activity.

This relationship should be very clear, both to the DPO, the FTOW and the municipal mayors concerned. And it holds in the case of PAs and other offices that are municipality based.

Organizational Linkages

Stress again must be laid on the fact that the basic Outreach Structure just explained is a Provincial Government and not a National Agency Structure.

The PPO reports to and is responsible to the Provincial Governor. The CPO reports to and is responsible to the City Mayor.

Since the FTOWs report to the DPO and are responsible to the DPO; and the DPO to the PPO, both the FTOWs and the DPOs also are ultimately responsible to the Governor. They are Provincial government personnel deployed to assist Municipal Mayors, but by no means are they, as yet, municipal government employees.

What then is the role of POPCOM and RPO?

To answer this, consider the role of funding agencies. Funding agencies provide funds for purposes that help them pursue their agency objectives. Thus, normally, when they make funds available to recipient or implementing agencies or agents, they do so with certain provisions, stipulations and controls. Normally, these include a stipulation of activities to be undertaken, objectives that are to be met, standards of performance and a monitoring and control system. Program auditing teams may be fielded and reports required. Many times, aside from cash funds, equipment as well as technical personnel may be included in the package of assistance.

These provisions, stipulations and controls are needed to make sure that the funds are utilized for the objectives for which they were made available in the first place. The agency funded has all the prerogative to accept or not to accept the package of funds and provisos. Once it accepts, then the funds become a resource and the provisos an obligation.

In the case of Outreach, POPCOM is funding provincial governments, so that provincial governments can set up a network for Family Planning and Population program coordination and service delivery down to community levels. Since the network consists of personnel, the funds being made available are mainly for salaries and the expenses (especially transportation expenses) that these personnel are expected to incur in their operations. And, since the network is new and trained personnel who can do the work are scarce or not available, a good portion of the funds is also being made available for the recruitment and training of program personnel.

The funding agency is therefore POPCOM; the recipient agency is the provincial government. The Regional Population Office (RPO), which is the organizational unit of POPCOM in the region, represents the Commission in all negotiations with the provincial

government. It is also responsible for seeing to it that the funds are used in accordance with the Sub-Agreement (the funding contract) entered into between POPCOM and the province. RPO resources are also made available for technical support to the provincial governments.

Considering that the Total Integrated Development Approach (TIDA), which is the basis of the Outreach project, has as its objectives decentralization, localization of services and self-reliance, the ideal situation is for the province to manage the Outreach structure on its own. The training for the Provincial Population Officer and his District Population Officers, therefore, should attempt to make them as organizationally autonomous as possible. However, this should not preclude their requesting for strong management assistance from RPO if needed, especially at the initial stages of the project, considering that the major program-experienced resource in any region is RPO.

Figure 1 (see main text under Organization System) provides a schematic diagram of relationships.

Some Structural Implications

The structure of Outreach is the first of its kind to be attempted on a nationwide basis. Its implications must be considered in the light of the very strong national direction towards decentralization, localization of services, and development of linkages down to the community level as well as in the light of the policies on human settlements. Consider also the thrust towards the integration of services and the processes involved in developing self-reliance among communities.

Among the major obstacles to the achievement of these directional goals is the problem of local governments lacking fund and expertise resources for developing the necessary structures -- without which these goals cannot be attained.

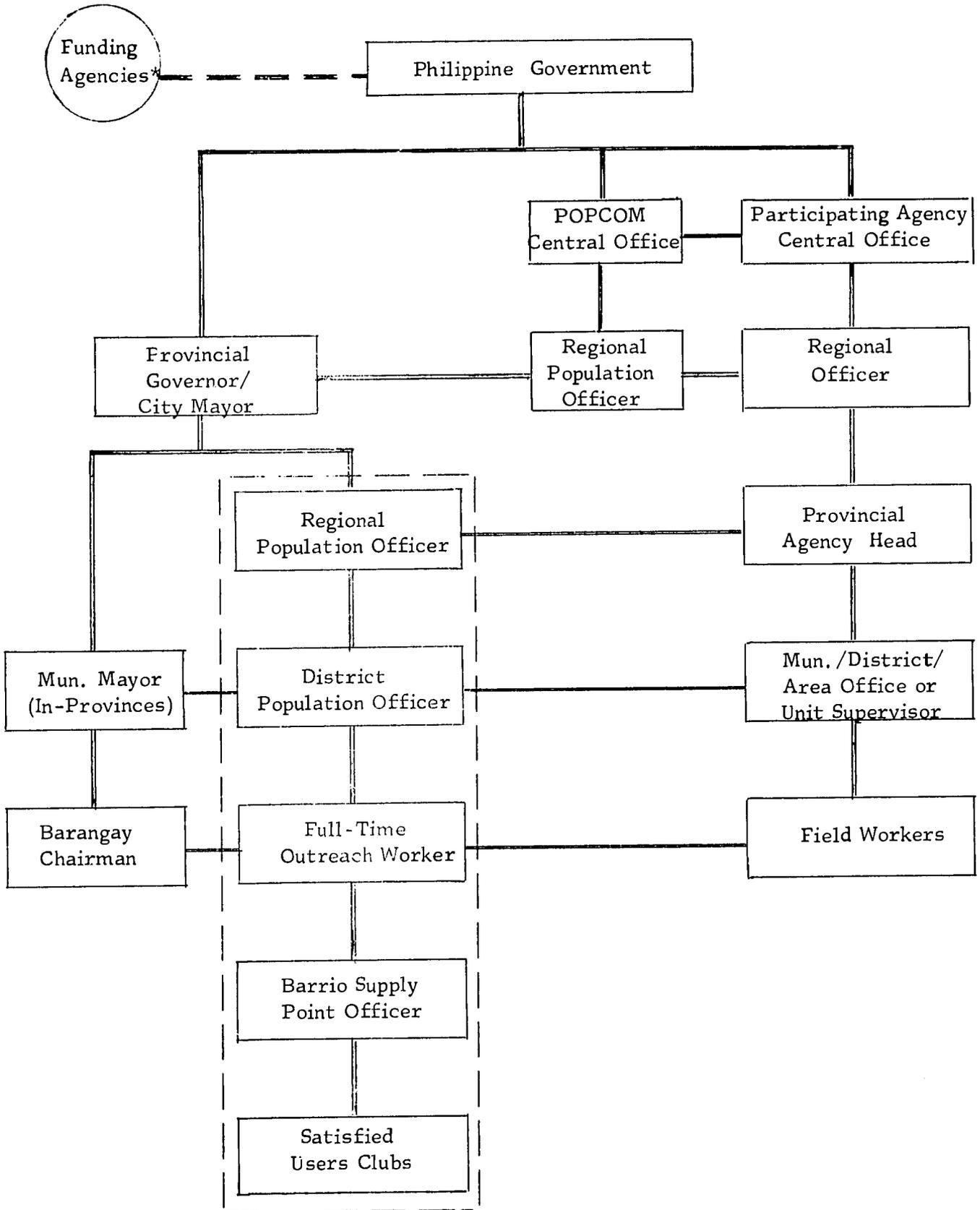
As a national agency, POPCOM has seen that it cannot possibly achieve these directional goals as it pursues its agency goals of FP and Population, unless it first helps local governments develop these structures. As a matter of strategy, therefore, POPCOM evolved the Outreach Project concept. Through the Outreach Project, resources are being made available for two key objectives:

1. To assist local governments develop and perfect a management and service delivery structure that can effectively integrate program resources into their total development efforts; and,
2. To provide services and other types of support for population and family planning activities.

If the first objective is met, then the structure established can be utilized by local governments to integrate all other programs into their development programs. As such, the Outreach structure should evolve from a structure heavily oriented to family planning services to a truly total integrated development structure.

Being organized based on population characteristics and distribution (e. g., 1 DPO per 80,000 population), it becomes indeed a tool for reaching out towards human settlements objectives and the ultimate objective of all government and human activities which is QUALITY OF LIFE.

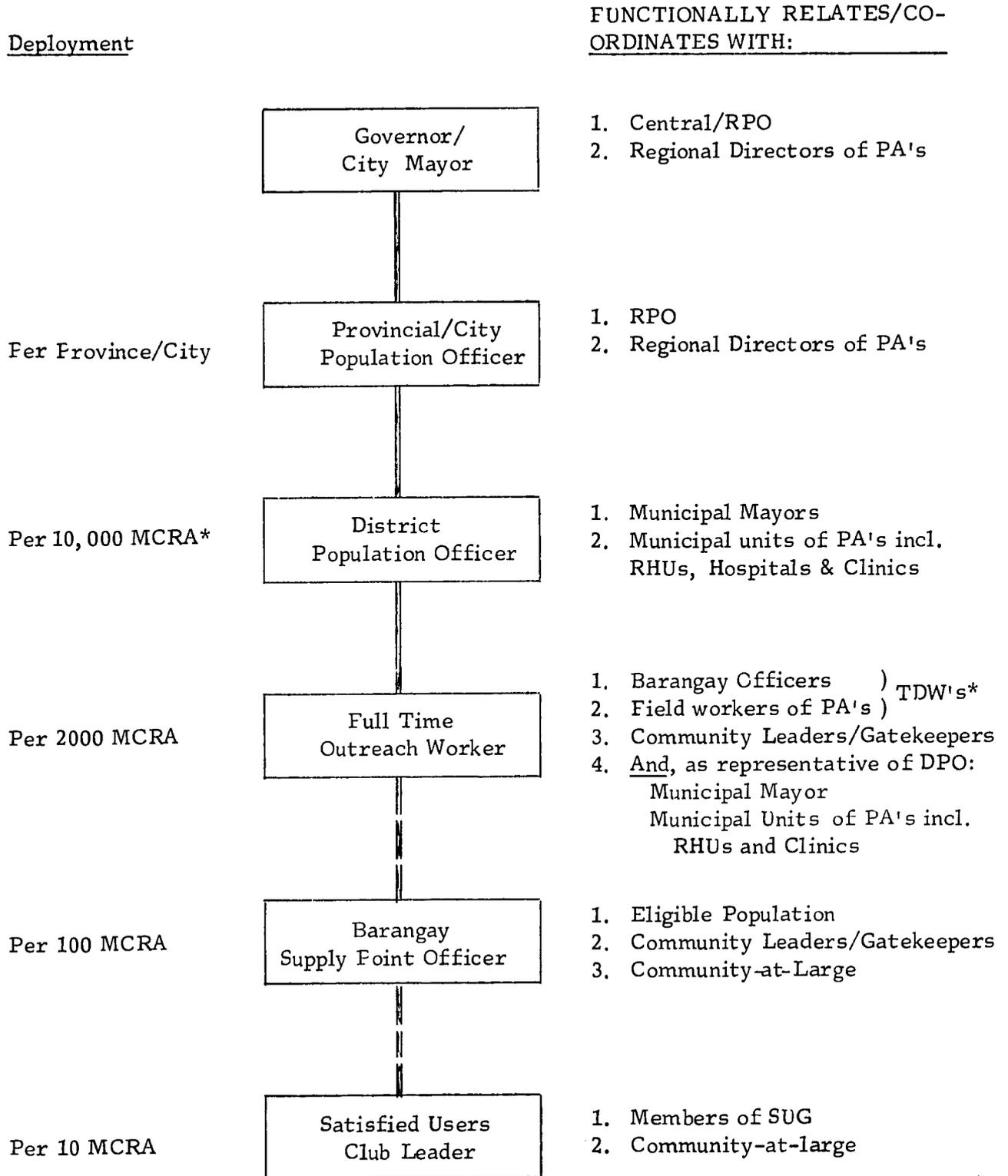
Figure 1
OUTREACH AND POPULATION PROGRAM STRUCTURE



*Including USAID (representing the US government) which courses its funding and other support for the Outreach Project through NEDA (representing the Philippine Government).

Figure 2

OUTREACH PROJECT INTERNAL STRUCTURE



* Teams of development workers.

TASKS AND FUNCTIONS OF THE
PROVINCIAL POPULATION OFFICER (PPO)

1. Gathers relevant data/strategies from municipal plan for provincial population plan as a support to Municipal Population Plan.
2. Formulation of provincial policies for enactment of Sanguniang Bayan and Governor (in keeping with national policies).
3. Facilitates the development of analytical and interpersonal skills of the DPO/FTOW in relation to functions of DPO/FTOW; evolve a program to satisfy training needs of FTOW.
4. Evolves a yearly population plan from inputs of municipal plan; works towards the integration of such plan as an integral component of the Provincial Development Plan/Budget.
5. Initiates and/or helps maintain the functioning of a TDW on the provincial level, acts as POP/FP specialist in development planning.
6. See to it that the DPO gain a thorough experiential understanding of the operations in the barangay/municipal level.
7. Facilitate the flow of service to the barangay, part of these which are not available on the lower level.
8. Regular feedback; reports to the Governor.
9. Evaluates performance of DPO/FTOW according to given structure and workplan

TASKS AND FUNCTIONS OF THE
DISTRICT POPULATION OFFICER (DPO)

1. Facilitate the development of analytical and interpersonal skills of the FTOW in relation to functions of FTOW as stated in the list of Tasks and functions; evolve a program to satisfy training needs of FTOWs.
2. Assists FTOW in establishing rapport in the different socio-economic political structures.
3. Assists the FTOW in the mobilization of TDWs in each municipality.
4. Gains thorough experiential understanding of the operation in the barangay/municipal level.
5. Evaluate performance of FTOW according to given structure and workplan.
6. Maintains an overview and on-going analysis of the intercorrelation of FP-related and other development programs for better direction of FTOW.
7. Assists in the mobilization of service flow to the community.
8. Mobilizes resources needed on the barangay/municipal level and which are not available on said level.
9. Reports responsibility (refer to Monitoring System).
10. Assists the FTOW in the integration of FP plan into the municipal FP plan/project.
11. Holds responsibility for the integration of municipal plan into the provincial development plan through the PPO, vice-versa.

TASKS/FUNCTIONS OF THE
FULL-TIME OUTREACH WORKER (FTOW)

I. BARANGAY LEVEL

A. CO Functions

- mapping) Analysis of implica-
- identification of leaders and leadership patterns) tions for resource
- survey of resources) mobilization and iden-
- maintenance of viable structures) tification of training
- continuing skills development of) needs/organization of
- community leaders) training program
- facilitate services flow to community) towards leadership
- training

B. FP-Related Functions

- demographic data gathering
- inventory of users/drop-outs/eligible
- pill/condom dispensing (occasionally) mobilize and maintain
service flow to BSPs mobilize service teams other methods
(itinerant) referrals to hospitals/clinics referrals of com-
plications for management to service point.
- mobilize BSPs/and train BSP/leaders in pill and condom
dispensing; simple record keeping, referrals, motivation
of acceptors, follow-up remotivate drop outs.
- continued education to the concept of small family size; skills
development in pill and condom dispensing.

II. MUNICIPAL LEVEL

A. With Participating Agencies

- initiates and/or helps maintain the mobilization/organization/
functional team of development workers (TDW) which in-
cludes the following vital function:

A thorough understanding of the projects/organizational
functioning of PAs, orient PA of FTOW functions and
projected plans through interpersonal approach.

ANNEX

- catalyzes the integrated planning/organizing and flow of services to the community (includes FP project) feedback regularly to one another.
- CO functions on barangay level and same for this TDW community of workers, however, the flow of services is towards the community.
- FP related reports responsibility. (refer to monitoring system.)

B. Functions in relation to Supervisor

- maintains a two-way communication process between FTOW/ Supervisor.
- monthly operational reports of accomplishments/problems as per workplan (skills for yearly planning only).
- evolves yearly population plan of municipality.
- assists in evolving a continuing Staff Development Program.
- performs such other task as maybe assigned from time to time by the Supervisor/Mayor.
- works out a monthly workplan in consultation with the supervisors.

C. In relation to Mayor/ Municipal Government

- works towards the integration of the population/FP as an integral component of Municipal Development Plan/Budget.
- regular feedback.

CONTRACT SUMMARY

CONTRACT	PURPOSE	SUB-PROJECT	PROJECT FUNDING
Management Sciences for Health (AID-pha-c-1130, Incumbent: Peter Rouselle)	Improve POPCOM Management Information System's capability to collect/analyze FP performance data.	Demographic Measurement	\$169,000
Population Council of New York (AID-492-958, Incumbent: John Laing)	Assist University of Philippines Population Institute in analysis of fertility change	Demographic Measurement	143,000
Dr. Theresa van der Vlugt (AID-492-955)	Advise USAID/Manila on medical/public health aspects of P/FP	Voluntary Surgical Contraception	65,000
			<u>\$377,000</u>

NOTE: Above contracts established under predecessor project Population Planning II. They are expected to continue as indicated, on comparable terms and conditions.