

U N C L A S S I F I E D

AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington, D. C. 20523

PROJECT PAPER

PHILIPPINES: FAMILY PLANNING ASSISTANCE PROJECT
(492-0396)

FEBRUARY 1990

U N C L A S S I F I E D

PROJECT PAPER

**FAMILY PLANNING ASSISTANCE PROJECT
492-0396**

February, 1990

Manila, Philippines

PROJECT PAPER
FAMILY PLANNING ASSISTANCE PROJECT
492-0396

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PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

Philippines

3. PROJECT NUMBER

492-0396

4. BUREAU/OFFICE

ASIA NEAR EAST

04

5. PROJECT TITLE (maximum 40 characters)

FAMILY PLANNING ASSISTANCE

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 1 | 2 | 3 | 1 | 9 | 4 |

7. ESTIMATED DATE OF OBLIGATION
 (Under "B." below, enter 1, 2, 3, or 4)

A. Initial FY 90

B. Quarter 1

C. Final FY 93

8. COSTS (\$000 OR EQUIVALENT \$) =

A. FUNDING SOURCE	FIRST FY 90			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	2.240	2.382	4.622	29.808	10.192	40.000
(Grant)	(2.240)	(2.382)	(4.622)	(29.808)	(10.192)	(40.000)
(Loan)	()	()	()	()	()	()
Other U.S.	1.					
	2.					
Host Country	-	4,485	4,485	-	22,427	22,427
Other Donor(s) UNFPA	-	-	-	-	-	-
TOTALS	2,240	6,867	9,107	29,808	32,619	62,427

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE 1. Grant 2. Loan	D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
			1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) Ph	44	440	-	-	40,000		40,000	
(2)								
(3)								
(4)								
TOTALS					40,000		40,000	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BWH	RPOP	TNG	PVON	PVOU	INTR
B. Amount	21,197	767	3,750	2,500	1,090	6,673

13. PROJECT PURPOSE (maximum 480 characters)

To increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.

14. SCHEDULED EVALUATIONS

Interim MM YY 0 | 6 | 9 | 2 | MM YY 0 | 9 | 9 | 2 | Final MM YY 0 | 9 | 9 | 4 |

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a page PP Amendment)

1/ Special evaluation to measure impact of information and education campaign on contraceptive use

NOTE: The provisions of the payment verification policy regarding methods of implementation and financing, financial capability of recipients and adequacy of audit coverage have been addressed in this document.

J.C. Stanford, Controller

17. APPROVED BY

Signature

Malcolm Butler for Acting

Title

Malcolm Butler
Director

Date Signed

MM DD YY
0 | 2 | 1 | 6 | 9 | 0 |

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

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(492-0396)
PROJECT PAPER
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PROJECT AUTHORIZATION

Name of Country: Philippines Name of Project: Family Planning Assistance
Number of Project: 492-0396

1. Pursuant to the Section 104 of the Foreign Assistance Act of 1961, as amended (the "FAA"), I hereby authorize the Family Planning Assistance Project (the "Project") for the Republic of the Philippines (the "Cooperating Country") involving planned obligations of not to exceed \$40,000,000 in grant funds over a four year period from the date of authorization, subject to the availability of funds in accordance with A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of the Project is five years from the date of initial obligation.
2. The purpose of the Project is to increase the availability and utilization of family planning services in the Philippines through support to the National Population Program which includes supply of contraceptives and other commodities, technical assistance, training, research, and operational support costs.
3. The Project Agreement, which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.
4. a. Source and Origin of Commodities, Nationality of Services
Commodities financed by A.I.D. under the Project shall have their source and origin in the Cooperating Country or in the United States, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the Cooperating Country or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.
- b. The Agreement will include covenants against the use of project funds for abortion and the performance of involuntary sterilizations.

c. Conditions Precedent

Prior to the issuance of documentation pursuant to which disbursement will be made for other than procurement of contraceptive commodities, the Grantee will furnish to A.I.D. in form and substance satisfactory to A.I.D. an annual implementation plan specifying the activities to be funded for the year and the budget required to implement those activities.

Signature: *R.A. Johnson for (acting)*
Malcolm Butler
Mission Director
USAID/Philippines
FEB 16 1990

Date: _____

Clearances:

<u>Name</u>	<u>Initial</u>	<u>Date</u>
OPHN:WHJohnson	<i>WHJ</i>	<i>1/2</i>
ORAD:KAPrussner	<i>KAP</i>	<i>1</i>
OCP:RJordan	<i>RJ</i>	<i>1/19</i>
PESO:BCornelio	<i>BC</i>	<i>1/2/90</i>
OFFPVC:BGeorge	<i>BG</i>	<i>1/6/90</i>
OD/PE:PRDeuster	<i>PR</i>	<i>1-17-90</i>
OFM:JCStanford	<i>JCS</i>	<i>1/23/90</i>
OLA:LChiles	<i>LC</i>	
DRM:JAPatterson	<i>JAP</i>	
OD:RAJohnson	<i>RAJ</i>	

LIST OF ACRONYMS

A.I.D. AID/W AOCs	Agency for International Development Agency for International Development, Washington, D.C. Advices of Charge
BUCEN COA CITs	Bureau of Census (U.S.) Commission on Audit Comprehensive Itinerant Teams
CPR	Contraceptive Prevalence Rate (Program contraceptive methods only)
CPs CPS	Conditions Precedent Contraceptive Prevalence Survey
CSM CTC CY	Contraceptive Social Marketing Central Training Committees Calendar year
DOH DOLE DRM	Department of Health Department of Labor and Employment Office of Development Resources Management, USAID/Philippines
DSWD EO/CSD	Department of Social Welfare and Development (GOP) Office of the Executive Office, Contracts Services Division, USAID/Philippines
EO/LOG	Office of the Executive Office, Logistical Support Division, USAID/Philippines
FPOP FPRP FSN	Family Planning ORganization of the Philippines Family Planning and Responsible Parenthood Foreign Service National employee
FPAP FPS FY	Family Planning Assistance Project Family Planning Service (DOH) Fiscal Year
GOP IBRD IECM	Government of the Philippines International Bank for Reconstruction and Development Information, Education, Communication and Motivation
IMCCSDI	Integrated Maternal and Child Care Services and Development, Inc.
IMCH IUD	Institute of Maternal and Child Care Health Intrauterine Device
JHU-PCS	Johns Hopkins University-Population Communication Service (JHU-PCS)
JICA LOP	Japan International Cooperation Agency Life-of-Project

MCRA(s)	Married Couple(s) of Reproductive Age
NDS	National Demographic Survey
NEDA	National Economic Development Authority
NFP	Natural Family Planning
NFPP	National Family Planning Program
NPP	National Population Program (GOP)
NGO(s)	Nongovernmental Organization(s)
NSO	National Statistics Office
OFM	Office of Financial Management, USAID/Philippines
OLA	Office of Legal Advisor, USAID/Philippines
OPHN	Office of Population, Health and Nutrition, USAID/Philippines
PACD	Project Activity Completion Date
PCF	Population Center Foundation
PIHES	Public Information and Health Education Service (DOH)
PILs	Project Implementation Letter(s)
PIO/C	Project Implementation Order/Commodities
PIO/T	Project Implementation Order/Technical Services
PLCPOD	Philippine Legislators' Committee on Population and Development Foundation, Inc.
PLS	Procurement and Logistics Service (DOH)
PNGOC	Philippine NGO Council on Population, Health and Welfare
POMCH	Project Office for Maternal and Child Health
POPCOM	Population Commission
PP III	Population Planning III Project
PVOs	Private and Voluntary Organizations
RIG/A	Regional Inspector General/Audit
RPFS	Republic of the Philippines Fertility Survey
RTC	Regional Training Committee
S&T	Bureau for Science and Technology, AID/W
S&T/POP	Bureau for Science and Technology, Office of Population
TA	Technical Assistance
TCPR	Total Contraceptive Prevalence Rate (includes nonprogram contraceptive methods)
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UPPI	University of the Philippines Population Institute
USAID	United States Agency for International Development, Manila, Philippines

FAMILY PLANNING ASSISTANCE PROJECT (FPAP)
PROJECT PAPER
SUMMARY AND RECOMMENDATIONS

1. Grantee: The Government of the Philippines (GOP)
2. Implementing Agency: The Department of Health (DOH)
3. Grant Amount: U.S. \$40 million
4. Source of Funds: Development Assistance: Health and Population Account
5. Project Purpose: to increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.
6. Project Definition: The proposed project will support the National Population Program in the core area of delivery of family planning services. In general, other assisted areas are supportive of service delivery. The following are the components of the GOP program to be supported by FPAP:
 - Expansion of Family Planning Service Delivery
 - Training
 - Information, Education, Communication and Motivation (IECM)
 - Logistics
 - Contraceptives
 - Monitoring, Evaluation and Audit
 - Research
7. Grantee Contribution: The GOP is expected to contribute the total amount of \$22,427,000 (equivalent) over the five year life-of-project.
8. Grant Request: The GOP has requested A.I.D. to participate in providing funding to the National Population Program (see Annex A).
9. Mission Views: The Mission Project Committee recommends that the Project Paper be approved and the project authorized.
10. Statutory Requirements: All statutory requirements have been met. See Project Statutory Checklist, Annex B.
11. Initial Environmental Examination: Negative Determination, see Annex F6.
12. Recommendation: That a grant in the amount of \$40,000,000 be authorized on terms and conditions as set forth in the Draft Authorization included in this Project Paper.
13. Project Committee:

OFM:RTan	OPHN:BE01dwine
OD/PE:JMiller	:EAquino
OLA:LChiles	:EEDespabiladeras
EO/CSD:WReynolds	:WHJohnson
DRM/DI:GHInnoff	

I. PROJECT RATIONALE AND DESCRIPTION

A. PROJECT RATIONALE

The Government of the Philippines (GOP) announced a new population policy in 1987. The National Population Program (NPP), based on that policy, is set forth in a five-year plan for 1989 to 1993. Two aspects of the plan are of particular interest to A.I.D. -- the emphasis on family planning services and private sector participation in the program.

Recent analyses of past surveys conclude that the fertility rate in the Philippines has been declining without interruption for the past two decades and that the cause of the decline is the increased use of contraception rather than changes in nuptiality or breastfeeding practices. Surveys reveal that about half of married women of reproductive age, whether contraceptive users or not, say that they want no more children -- an accepted measure of unmet need for contraception services. Studies have also documented that health care providers and women at risk alike have unfounded, irrational fears and beliefs about various effective contraceptive methods. Further, the positive impact on health, i.e., reductions of maternal, infant and child mortality and morbidity attributable to birth spacing and limitation measures are relatively new and are not yet well known among program staff and the general public.

The justification for the support proposed in this project is that the planned changes in the GOP's program approach will address much of the unmet need. Specifically, these changes are:

upgraded clinical service providers with reliable information on the positive health impact of child-spacing and an accurate understanding of the safety of contraceptives and how to use them;

expanded availability and accessibility of information and services to more people; and

a public information campaign through the mass media and the use of extension personnel focussing on the increased health risks of pregnancies that are too early, too late, too close or too many.

1. Population Statistics

The Philippine population grew from 19 million in 1948 to 48 million in 1980 and to an estimated 60 million in 1989 (the U.S.-based Population Reference Bureau estimates the mid-1989 population of the Philippines at nearly 65 million). The United Nations (UN) estimates that the Philippines is 17th in the world in population size and 12th in the absolute increments it adds to its population each year (nearly 1.5 million currently). The population density, estimated to be 203 per square kilometer (or 526 per square mile), is more than twice the Southeast Asian average.

Philippine population growth rates in the 1950s and 1960s averaged an unprecedented 3.0 percent annually while the mortality rate declined rapidly. In the 1970s, the average annual growth rate moderated to 2.7 percent. The University of the Philippines Population Institute (UPPI) estimates the population growth rate in the 1984-1987 period at 2.38 percent per year, a figure generally supported by USAID estimates (see Annex G). This growth rate, if sustained, would double the population of the Philippines by the year 2017. By comparison, the UN growth estimate for Asia for the period 1985-1990 is 1.63 percent and for Southeast Asia, 1.39 percent, with doubling times of about 43 years and 37 years, respectively.

Given the inherent momentum of population growth, the population of the Philippines will continue to grow until the latter half of the 21st century whether fertility declines rapidly or not in the next 25 years. Because of high fertility in previous years, the International Bank for Reconstruction and Development (IBRD) estimates 16 million new persons will enter the Philippine labor force in the next 15 years. Given present economic trends, it will be extremely difficult for the economy to absorb this number of new job seekers and especially difficult to move toward full employment at rising real wages in order to lower the incidence of poverty. A projection, based on data up to the year 1982, indicates that if replacement-level fertility were reached by the year 2010, the population would reach zero growth rate only in the year 2075. At that time, the Philippines would have a population of 127 million -- 2.6 times the 1980 population! A delay in achieving replacement-level fertility ensures larger population numbers sooner and continued growth for an even longer period.

2. Program Background

There have been a number of private and public sector entities directly or indirectly involved in family planning assistance activities in the Philippines. The Population Commission (POPCOM), a GOP administrative unit which was established in 1969 as an independent agency (and later attached to the Ministry of Social Welfare and Development), was instrumental in launching the Philippine National Population Program in 1970, a program designed to reduce the rate of population growth. Prior to that, private voluntary agencies were providing family planning services, some as early as the 1950s. In addition, the UPPI was established in 1964 for demographic research and education. In 1968 the Project Office for Maternal and Child Health was created in the Department of Health (DOH) to offer family planning services.

a. Clinic-Based Approach

From its start in 1970, the NPP adopted a clinic-based strategy for delivery of family planning services. Couples who decided to practice family planning went to the clinic for information and supplies offered by clinic personnel. Nongovernmental organization (NGO) clinics continued to provide services, significantly supplementing those available in the DOH clinical network.

b. Community-Based Approach

The 1973 analysis of the National Demographic Survey (NDS) found that most clients using clinical services lived within a three-mile radius of a clinic, and concluded that the clinic-based strategy produced inadequate accessibility of services for the majority of the people. To remedy this problem, the GCP launched the National Population and Family Planning Outreach Project ("Outreach") in 1976. This Project, directed by POPCOM, was designed to increase demand for services and resupply users with contraceptive materials through trained volunteers based in the community. The DOH and the NGOs continued their clinical services, but received relatively little attention while POPCOM was preoccupied with getting Outreach established as a local government undertaking through provincial governors and city mayors.

As planned, by 1986, nearly 95 percent of local governments were financing Outreach staff and operational costs. Even following two changes in local government leadership in the tumultuous period of 1986-87, as many as 65 percent of local governments were still supporting Outreach in 1988. USAID expects to support efforts to build on this base of grassroots commitment to increase local government leaders' understanding of the implications of unrestrained population size and growth. At the same time, FPAP will give major attention to upgrading the quality of clinical services that have been neglected for nearly a decade.

c. Achievements

Although abundant resources were invested in support of the Philippine National Population Program and the Outreach Program, the realized declines in fertility rates and the population growth rate are generally considered disappointing, both in the failure to achieve proposed program goals and in comparison to the experience of other Southeast Asian countries. These outcomes may be attributed to several factors:

- Quantified program goals were sometimes based on incorrect baseline statistics and therefore were unrealistic and unattainable;
- Political and bureaucratic resolve have not been consistent over the program period with program managers changing frequently;
- Changes in program strategy required considerable amounts of time to become operational and, as roles and relationships shifted, affected the degree of commitment felt by various agencies and personnel involved; and
- Attempts to communicate with the public suffered from ambivalence about what could be said without stimulating counterproductive actions from family planning opponents.

Nevertheless, these efforts have had a significant impact on fertility. Demographers from Brown University and the UPPI made an integrated analysis of data from surveys conducted in 1963, 1973, 1978 and 1983. Their findings indicate a steady decline in fertility, albeit at slower pace than that observed in other East and Southeast Asian countries. Overall changes in women's age at marriage during that period were too small to have had a significant effect on the total fertility rate (TFR), the cross-sectional estimate of the average number of children a woman will have during her lifetime. The shortened periods of breastfeeding produced a fertility-increasing influence. The principal determinant of the declining fertility, therefore, was the increasing use of contraceptives, especially the more effective contraceptive methods. This can be attributed to the National Population Program, since the commercial sector has had a minor role, heretofore, as a source of contraceptives for the target group. ✓

Because the findings of the 1983 NDS and the 1986 Contraceptive Prevalence Survey (CPS) appeared to be inconsistent, USAID financed an independent demographic assessment of the data, including the 1973 NDS and the 1978 Republic of the Philippines Fertility Survey (RPFS). This analysis, too, concluded that fertility has declined as contraceptive use has increased. The March 25, 1988 report of this assessment is attached as Annex G. This report recommends the TFR and the contraceptive prevalence rate (CPR) -- the percentage of MCRAs who are using program-endorsed contraceptives -- as the most appropriate measures of program impact. ✓

The report also points out that the population growth rate and the crude birth rate are of dubious value as measures of family planning program accomplishment, because both are influenced by changes in the age distribution, sex ratio, marriage rate, death rate or migration -- factors beyond the influence of the National Population Program. ✓

The TFR, while not the only measure of fertility change, is a more direct measure of the impact of the National Population Program. The CPR, which directly influences the TFR, includes the use of program-promoted methods only. The term "total contraceptive prevalence rate" (TCPR), as used in this paper, includes users of nonprogram methods as well, methods that are notably unverifiable and, for the most part, ineffective. ✓

The analysis reported in Annex G shows the following monotonic increase in the CPR and decrease in the TFR over the past two decades:

Chart 1

CHANGE IN CONTRACEPTIVE PREVALENCE RATE AND TOTAL FERTILITY RATE

	<u>CPR</u> (program <u>methods</u> only)	<u>TFR</u>
1968-72 (1973 NDS)	-	5.90
1973 (1973 NDS)	18.4	-
1973-77 (1978 RPFS)	-	5.20
1978 (1978 RPFS)	25.2	-
1978-82 (1983 NDS)	-	4.96
1983 (1983 NDS)	26.5	-
1982-86 (1986 CPS)	-	4.65
1986 (1986 CPS)	31.8	-

Although the decline in fertility and the increase in the prevalence of contraceptive use have been uninterrupted, the pace of these changes has not been steady. The findings of the 1988 NDS should reveal whether the apparent accelerated increase in prevalence reported in 1986 has been sustained and if its effect is reflected in reduced fertility. These findings should be available by January, 1990. ✓

3. Present GOP Population Policy and Responsibilities

In May 1987, the GOP issued a Population Policy Statement (attached as Annex I) that cites the 1986 Philippine Constitution as its basis. The statement calls for a "...broadening of population concerns beyond fertility reduction to concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration and population structure." The constitutional provisions regarding the family are to be pursued according to these basic principles:

- an orientation toward total family welfare, not just fertility reduction;
- respect for the rights of couples to determine the size of their families and to choose voluntarily their spacing methods;
- promotion of family solidarity and responsible parenthood;

- rejection of abortion for fertility control;
- recognition of socio-cultural variations;
- promotion of self-reliance through community-based approaches;
- the need for coordination and integration of development efforts;
- participation of NGOs; and
- maximum utilization of participative and consultative approaches.

The policy statement identifies program approaches to make these principles operational. Delivery of health, nutrition and family planning services are to be integrated and treated as a vital component of comprehensive maternal and child health. Couples are to be given complete information on medically approved and legally acceptable family planning services to ensure a sound basis for their free, informed choices. And accessibility and availability of family planning services should be assured by governmental and nongovernmental agencies responsible for service delivery.

The policy statement made progress towards delineating the respective roles of GOP population-related agencies. It states POPCOM's unique role in the GOP bureaucracy lies with policy concerns of population growth and distribution. POPCOM is primarily responsible for coordinating, monitoring and formulating policies related to family planning. The statement further elaborates that POPCOM, as coordinator, will ensure that program strategies, projects and activities are consistent with the basic operating principles and the program thrust. POPCOM is directed to promote initiative and flexibility among implementing GOP agencies and NGOs, who have "the sole responsibility" for program implementation.

Role definition was further clarified when, during its meeting on August 31, 1988, the Board of Commissioners of POPCOM designated the DOH as the lead agency in the delivery of family planning services. To carry out this task, the DOH is assuming two principal roles:

- as provider of family planning services through its institutional network; and
- as mobilizer of participating agencies, both governmental and nongovernmental, for the various aspects of service delivery.

Details of DOH's functions and relationships to become operational as lead agency for the delivery of family planning activities are specified in a resolution approved by the POPCOM on January 17, 1989 (attached as Annex H).

President Aquino reiterated her administration's support for family planning in her State of the Nation address before a joint session of the Philippine Congress on July 24, 1989. She said,

"As we emerge from a singular preoccupation with economic recovery, we must remind ourselves of initiatives that will have a major impact now and profound implications tomorrow. Three particular priorities are: the protection of the environment, the promotion of family planning and responsible parenthood, and the development of science and technology".

4. The GOP's 1989-1993 Program

The NPP, as described in its plan for 1989-1993, has two complementary programs designed to make the population policy operational and to achieve its stated goal of improved quality of life: i) The Family Planning and Responsible Parenthood Program; and ii) The Integrated Population and Development Program.

a. Family Planning and Responsible Parenthood Program

As stated previously, delivery of family planning information and services is the responsibility of the DOH. As such, the DOH will emphasize the preventive health rationale for making contraceptive services more widely and more easily available, underscoring the adverse impact of high fertility on child and maternal health and survival.

Family planning has not generally been presented in the past as the essential public health measure it is, either in the training of health and medical personnel or in the information aimed at the general public. The DOH plans to correct this omission. The DOH's general objectives are stated as increasing the number of MCRA's practicing family planning by expanding program coverage and improving service quality; and promoting the values of responsible parenthood, including responsible sexuality, delayed marriage, child spacing and small family size.

b. Integrated Population and Development (POPDEV) Program

This aspect of the national program addresses the need to ensure that policymakers and planners at all levels understand and take into account the interactions between population-related variables and social and economic development efforts. Examples include the impact of the increasing size and the distribution of the population on natural resources, environmental integrity, adequacy of funds to meet the increased need for social services, and for the creation of new jobs, expanded infrastructure and industrial and agricultural development.

POPCOM is responsible for coordinating, monitoring and evaluating the program efforts to integrate population concerns into development planning and for expanding and disseminating knowledge of POPDEV dynamics. Assisting POPCOM will be several task forces (on institution building, advocacy and innovative approaches), comprised of representatives of pertinent governmental and academic agencies, and by a POPDEV National Committee made up of the

chairs and the vice-chairs of the task forces. Similar coordinating bodies are proposed at regional and local levels.

FPAP will direct the preponderance of U.S. support to the Family Planning and Responsible Parenthood program of the GOP National Population Program, as requested by the GOP. The United Nations Population Fund (UNFPA) will be the principal donor for the POPDEV program.

5. Private Sector Participation in GOP National Program

Private-sector participation in the national program will be supported under this project through several channels. Project funds will move directly to a number of the major Philippine NGOs. Support of the programs of small, local NGOs may be channeled through a subgranting agency such as the DOW or the Philippine NGO Council on Population, Health and Welfare (PNGOC). Other assistance avenues to be used are direct USAID grants to U.S. NGOs to help local NGOs to develop their capabilities and buy-ins to centrally funded projects, usually for specialized technical assistance.

Another private-sector resource is represented by for-profit businesses and industries. Expanding their involvement in extending integrated health and family planning services into the work place is also provided for under the FPAP.

6. A.I.D.'s Assistance to Population Sector During FY 1989

A.I.D.'s previous project, Population Planning III (PP III), ended on December 31, 1988 (the AIDS component, however, will continue until June 30, 1990). During the period leading up to that date, the realignments of roles and the interrelationships among the concerned Philippine agencies had not yet been fully defined. Accordingly, the GOP was not yet ready to specify the assistance it would like to have from A.I.D. In the absence of a formal, active project, U.S. contributions during 1989 were:

- a total of \$2.5 million to finance U.S. Bureau of the Census (BUCEN) support to the Philippine National Statistics Office (NSO) in its 1990 Census of Population and Housing and in expanding its statistical capability;
- a total of \$1.5 million in grants to the Asia Foundation to assist the organizational development of PNGOC; Family Planning Organization of the Philippines (FPOP) for clinical services; and the Population Center Foundation for support of youth centers;
- a total of \$6 million to support child-spacing activities under the Child Survival Program;
- Technical assistance via Mission buy-ins to several AID/Washington-funded central contracts; and

- a total of \$1.5 million (equivalent) was provided to support peso expenditures of POPCOM under the Support for Development Program.

7. Relationship to A.I.D. Development Assistance Strategy

The GOP NPP and its operating principles enunciated in the Population Policy Statement are entirely consistent with A.I.D.'s policy on population assistance, which recognizes assistance for voluntary population and family planning programs to be an essential part of a cost-effective program of U.S. development assistance. Further, the FPAP conforms to specific legislative requirements related to abortion, voluntary sterilization and natural family planning methods. All contraceptives to be provided under the FPAP will be approved by the Food and Drug Administration for use in the U.S.

USAID's development goal is to work with the Philippine public and private sectors to improve living standards in the country's rural areas. One way the Mission supports this goal is by increasing the coverage and effectiveness of basic social services. The FPAP is a project that together with the recently signed Child Survival Program (492-0406) are elements of USAID's assistance focused on safe motherhood and child survival. The FPAP addresses to modify the fertility-related health risks that also have a demographic impact. This project will lower the overall cost of achieving that objective and reduce the dilution of incremental gains toward that objective. Too rapid population growth undermines macro-economic gains and strains the ability of the government and the private sector to create socio-economic progress. High population growth strains the absorptive capacity of labor markets, creating downward pressure on wages and upward pressure on underemployment and unemployment. High population growth also means that basic social services needed to maintain living standards have to be extended to a rapidly expanding number of people. Finally, high population growth means that any economic gains have to be divided among a rapidly expanding number of people, which makes improvements in per capita living standards much more difficult. By expanding the delivery of family planning services in rural areas, and by improving the efficiency of the delivery of such services throughout the Philippines, the project will contribute to achievement of the goal outlined in the Interim Strategy Statement.

The project design is guided by the three principles outlined in USAID's Interim Strategy: ongoing policy dialogue, expanded use of the private sector to achieve development objectives, and decentralization. The project's NGO component expands the use of the private sector in the delivery of family planning services and its support of the Philippine NGO Council will facilitate the decentralization of resources. In addition, the family planning and population and development components of the project reflect continuing policy dialogue concerning the need to moderate population growth.

8. Other Donor Assistance

The principal donors to the population sector in the Philippines have been UNFPA, IBRD and A.I.D. Coincidentally, all three donors had ongoing projects

which were originally scheduled for completion in December, 1986. Due to the "People Power" Revolution of 1986, a series of GOP reorganizations, and the development of a new population policy and implementation guidelines for program responsibility, each donor extended assistance under existing projects for the year 1987. Subsequently, UNFPA and A.I.D. extended their projects an additional year, through 1988. During this period, coordination between IBRD, UNFPA and A.I.D., regarding future input planning, was extensive. The three donors worked together in terms of understanding GOP program intentions, interpreting policies and analyzing implementation capacities. A.I.D. conducted planning reviews in 1987, a demographic assessment in 1988 and another planning exercise in 1989. UNFPA conducted a needs assessment in 1987 and their Country Programme Plan of 1988 incorporated the support intentions of A.I.D. as outlined in the Population Sector Support Project New Project Description submitted to AID/W in February, 1988. Coordination with IBRD has taken the form of planning the Maternal and Child Health component of the IBRD Philippines Health Development Program. In addition, UNFPA and A.I.D. will be cooperating closely with IBRD in coordinating specific implementation arrangements in early 1990. /

In summary, planning for donor inputs has been well coordinated to date. Implementation activities for both UNFPA and A.I.D. to support the National Population Program are sufficiently distinct and are not considered critical to the success of the other donor's project. Consultation will be important, but coordination necessitated by interdependence of project components will not be an issue. /

a. UNFPA

For the period 1989-1993 the UNFPA Third Country Program will provide \$25 million to the GOP Population Program. This is a major expansion of UNFPA's previous assistance to the program. As in the past, much of the UNFPA assistance will be targeted towards NGOs and towards helping other GOP agencies include population factors in their development communications. The GOP has requested UNFPA to be the major contributor to the new Population Development (POPDEV) efforts for which POPCOM will be the lead agency. A major shift in the UNFPA support is the provision of assistance to the DOH. Much of the assistance which will be provided to the DOH is expected to result in the expansion of service delivery in the four areas the DOH has selected for advanced implementation of family planning programs, namely, Regions III, VII, X and XI. These inputs do not duplicate the planned A.I.D. inputs to the DOH for the rest of the country. In the later years of the project, UNFPA may also be an additional source of contraceptive methods to supplement those given by USAID. The fact that UNFPA has a resident representative in Manila facilitates the close cooperation that prevails among USAID, the UNFPA and the DOH. /

b. International Bank for Reconstruction and Development (IBRD)

The IBRD has developed a \$70 million Health Development Project loan with the DOH. Included in this loan is the provision to strengthen the maternal

and child health institutional capability through funding the employment of an additional 2,000 midwives throughout the DOH system. Since midwives are the front-line family planning service providers within the DOH system, this component will be a valuable complement to FPAP inputs for family planning services within the DOH's maternal and child care program.

c. Private Sector Donors

There are numerous external private donors that work principally with the Filipino private-sector recipients. For many years, the International Planned Parenthood Federation has assisted the FPAP to provide family planning information and services throughout the country. In 1989, the S.H. Cowell Foundation, a private U.S. foundation, began to provide assistance to the PNGCC and the smaller population NGOs. At the end of 1989, over half-a-dozen AID/Washington-financed agencies, under the terms of their grants or contracts are helping over 20 projects in the Philippines operated by private-sector agencies, institutions or professional associations. These projects fall largely in the area of training, IECM, research, technical assistance and institutional development. It is expected that this level of activity will expand over the life of the project, largely through Mission buy-ins. A status report on the currently active projects is presented in Annex J. Prior USAID and host country concurrence is required for each of the AID/W-funded activities, so that coordination can be maintained.

Except for A.I.D., there are no bilateral donors involved in this sector.

9. Risks Involved

There are managerial as well as political risks involved in the implementation of FPAP. In FPAP, the DOH will be the channel through which A.I.D. funds will support the GOP program. This includes any POPCOM-related activities that are included in the project. Although the DOH has offered family planning services in its clinical network from the beginning of the GOP national program, its assumption of sole responsibility for providing, managing, and monitoring all family planning services in the country is enormously complex. Building the necessary capacity will take time and careful attention. Of particular importance will be the following functions that have been POPCOM's responsibility until recently:

- Management information: up-to-date service statistics and supply data reported regularly and promptly fed back to managers at all levels for monitoring and planning purposes;
- Social Marketing and education: including demand creation and establishing a basis for informed choices among the general public; improving the capability of program staffs; and advocacy and;
- Managing the logistics function so that public- and private-sector service points are reliably supplied. A two-year transitional period is planned during which POPCOM, heretofore in charge of the

contraceptive supply system, transfers the function to the DOH as the latter's expanded capability is phased in.

Further, the restoration of democratic rule under Corazon Aquino in 1986, with the strong support of Manila's Archbishop Jaime Cardinal Sin and the Catholic Church, has conferred on the Church even greater influence on matters of direct concern to it -- including birth control. The FPAP will be implemented in this politically-charged environment. However, with the strong leadership at the DOH and the commitment of the NGO community, it is expected that the family planning program will expand over the next few years, CPR will continue to increase and the TFR will decline.

10. Conclusion

The activities to be supported by FPAP, described in detail in the next section, are consistent with both GOP and A.I.D. policies on population assistance and are a logical progression from A.I.D.'s previous assistance, which has been oriented mainly towards facilitating the availability of information and quality services to couples who wish to exercise control over their fertility. The proposed project faces managerial and political risks -- risks that are not thought to be insurmountable at this time.

The penalties of delay in reducing population growth are great. The planned focus of U.S. assistance on family planning services has the appeal of being directly related to accelerating the declining rate of the population growth. At the same time, it can fill the unmet need of the significant numbers of nonpracticing couples who say they want no more children or who want to delay the birth of children. And it is a powerful intervention for safe motherhood and child survival.

B. PROJECT DESCRIPTION

FPAP obligations are planned for five years, FY 1990 - 1994, with an A.I.D. contribution of up to \$40 million and GOP counterpart inputs estimated at the equivalent of \$23 million, exclusive of recurring personnel, operational and maintenance costs of DOH. Although the GOP program plan was written for the years 1989 - 1993, negotiations with funding agencies were delayed pending approval of the plan by the POPCOM Board. The GOP plan will be operational for the years 1990 - 1994.

1. Project Goal

The project goal is to assist the GOP to continue progress toward meeting the national family planning goal of reducing the total fertility rate.

2. Project Purpose

The purpose of the Project is to increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.

The WFP calls for the reduction of the TFR from an estimated 4.31 in 1990 to 3.74 in 1994. To achieve this performance, corresponding CPR program methods will need to increase from 36 percent in 1990 to 50 percent in 1994 as follows:

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
CPR (percent of MCRA)	36	39	42	46	50
TFR	4.31	4.21	4.05	3.90	3.74

As noted earlier, CPR, as used in this paper, includes program-promoted methods only. By comparison, the GOP's objective is to increase the TCPR, which includes nonprogram methods such as withdrawal, total abstinence, folk remedies and others, from 43.5 percent in 1990 to 55.4 percent in 1994.

To place these objectives in the context of past experience, method-specific contraceptive prevalence rates (percent of married women age 15-44 practicing contraception) at the time of several recent national surveys are presented on the following page.

3. Project Components

The areas of program activity that USAID proposes to support are essential to the achievement of the purpose and the goal of this project. The core activity is the delivery of family planning services. In general, the other assisted areas are supportive of service delivery. The following are the components of the GOP program to be supported by FPAP:

- Expansion of Family Planning Service Delivery
- Training
- Information, Education, Communication and Motivation (IECM)
- Logistics
- Contraceptives
- Monitoring, Evaluation and Audit
- Research

a. Expansion of Family Planning Service Delivery

The considerable national network of DOH health stations, clinics and hospitals is already in place and operational. The DOH regards family planning program counseling and services as integral to its on-going public health program, not an extra add-on. The basic operating costs of the general family planning program, aside from contraceptives, are therefore already an established part of the GOP budget.

Chart 2

CONTRACEPTIVE PREVALENCE
(Percent of MORT)

	<u>1973</u> <u>NDS</u>	<u>1973</u> <u>RPFS*</u>	<u>1983</u> <u>NDS</u>	<u>1986</u> <u>CPS</u>
A. Reversible Clinical Methods	9.5	7.2	8.1	8.3
Pill	6.9	4.8	5.5	5.2
IUD	2.6	2.4	2.5	2.4
Injection	-	-	0.1	0.3
B. Sterilization	0.9	5.3	9.5	10.6
Ligation	NA	4.7	9.1	10.1
Vasectomy	NA	0.6	0.4	0.5
Total Effective Methods (A&B)	10.4	12.5	17.5	19.4
C. Other Program Methods	8.0	12.7	8.9	12.8
Condom		1.0	3.8	1.3
Calendar Rhythm	7.0	8.9	5.4	8.8
Rhythm Combinations	-	-	2.2	3.3
D. Nonprogram Methods	6.0	11.8	5.5	11.7
Withdrawal	4.0	9.5	4.3	9.0
Withdrawal and Condom	-	-	0.2	0.1
Sustained Abstinence	-	1.8	1.0	1.6
Other	-	2.0	0.5	0.1
Total Less Effective Methods (C&D)	14.0	24.5	14.5	24.5
Total Program Methods (A&B&C) (CPR)	18.4	25.3	26.5	32.2
Total All Methods (A&B&C&D) (TCPR)	24.4	37.1	32.1	43.9

* Republic of the Philippines Fertility Survey

The program aspects that most need strengthening and that are main concerns of this project are: a) the quality of services available, largely a function of training as discussed below; and b) the extent of their availability and accessibility. There are several approaches to dealing with the latter. DOH facilities which are not presently offering family planning services will add them. The FPAP will assist in both the training and the equipment that will be needed. The project will also help in maintaining comprehensive itinerant teams that are now operational in areas hard to service because of topography or settlement patterns and with formation and equipping of additional CITs. Funds will be available to test promising approaches to extending information, resupply and referral services into communities, beyond the clinics.

The DOH plans to differentiate its approach to strengthening service delivery between areas of high unmet needs and those already meeting a demonstrated demand for service. In the first group of ten regions, intensive efforts will be made especially in the first two years to increase service outlets; improve the quality of services; and communicate better with couples who need the services, including testing innovative approaches to outreach. USAID's FPAP resources for developing and expanding the DOH's service delivery capacity are to be concentrated in these areas.

The remaining four regions -- Regions III, VII, X and XI -- are generally more developed and have good family planning performance records. The family planning program benefits from above-average program infrastructure, supportive political will and administrative competence. The DOH will focus UNFPA service-delivery support (\$14.7 million in the 1989-1993 period) in these regions. It will expand service delivery capability and conduct the needed training and also gain experience and develop skills in coordinating with other agencies and relating family planning and population concerns to comprehensive social and economic development. These advanced regions will also be a laboratory for improving monitoring techniques and gaining a wide range of experience applicable to the rest of the country.

Consistent with DOH's position that family planning is an established, ordinary service of the DOH, no earmarked payments are planned for the actual costs to the clinics and hospitals of performing surgical sterilization and other clinical procedures, which are available without charge to the clients. Rather, the additional costs of expendable supplies will be budgeted in the annual operating cost appropriation. Funds will be budgeted in FPAP, however, to cover special costs of clinical services such as treatment of complications and laboratory test fees. NGOs, in particular, often have a limited capability of financing all the clinical services requested of them.

Four private-sector avenues have been identified through which FPAP resources can make useful contributions to the Philippine Population Program.

- o Commerce and Industry. According to a study by the Population Center Foundation (PCF), companies with a work force between 200 and 1,000 employees are more likely not to be in compliance with the requirement that family planning services be available in their clinics (20 to 26 percent) than firms with 1,200 to 4,000 employees (12 percent).

To begin to overcome that deficiency and to gain new knowledge on the most efficacious approaches, FPAP proposes to help selected companies in Regions III, VII, X and XI (DOH's targeted areas) to develop in-plant family planning services. According to DOLE records, there are 53 companies in the four regions with work forces in the 200 to 1,000 range whose clinics do not offer family planning. Of these, 34 employ from 65 to 75 percent female workers. The project proposes to initiate family planning in these 34 clinics early in the project implementation period, expanding to the others in the fourth and fifth years if the earlier outcomes warrant. In addition, 40 firms in the National Capital Region will also be targetted as recipients of family planning activities. ✓

Some experience has been gained in USAID's predecessor project, Population Planning III, under which PCF established family planning services in 30 Metro Manila companies. An AID/Washington contractor, John Snow, Inc., through the Enterprise Project, had a similar project in the Cebu area. FPAP will benefit from these earlier efforts. Indeed, it is expected that as PCF is the only Philippine PVO with sufficient experience in providing family planning services to rural areas of the Philippines, the DOH will contract with PCF to direct this subproject, in cooperation with DOLE. The project will finance the formation of family welfare committees in the plants, selection and training of volunteer in-plant communicators, training of clinic staff, equipping the clinics, and the recurring costs of PCF's management of the activity. ✓

- o Contraceptive Social Marketing (CSM). Social marketing is selling a socially useful idea using standard marketing techniques. In CSM, products are also involved, usually reversible contraceptive methods, that are sold through existing for-profit marketing networks at prices to increase their accessibility to low-income people. ✓

FPAP proposes to buy into the centrally funded SOMARC (Social Marketing of Contraceptives) Project operated by The Futures Group. A feasibility study will be conducted by the Futures Group in the early 1990 that will form the basis for a family planning CSM effort in the Philippines. FPAP will provide technical expertise in CSM on a long-term basis. The large number of private, for-profit health facilities and private pharmacies throughout the country, most of which do not promote family planning or sell contraceptives, may be a valuable resource for extending the availability of family planning services. SOMARC will investigate that possibility and will also survey advertising and market research facilities. ✓

- o The NGO Community. The assistance now under way with the A.I.D. grant to The Asia Foundation to assist the PNGOC develop personnel and financial management capability is intended to enable the PNGOC to qualify for direct financial support from USAID and administer subgrants to member NGOs.

USAID expects that from the second year of the FPAP, it will enter into a cooperative agreement or a contractual arrangement with a U.S.-based private and voluntary organization to continue the organizational development effort with PNGOC. A long-term resident resource person will be supplemented from

time to time by short-term visits of representatives of the U.S. PVO. The long-term aim is for the PNGOC to be capable of helping local NGOs plan and operate effective projects and programs, to allocate and administer grant monies to NGOs, and to develop plans for partial self sufficiency -- for itself and for its NGO members. ✓

USAID expects that the PNGOC will be able to administer approximately 10 NGO subgrants successfully by the end of the project. The U.S. PVO will also serve as a conduit for FPAP support of part of the program costs of the major national NGOs, such as the FPCP, the Institute of Maternal and Child Health (IMCH) and the Integrated Maternal and Child Care Services and Development, Inc. (IMCCSDI).

- o Franchising Family Planning and Health Care. In early 1990, central AID/W funds will finance a needs assessment and feasibility study by John Snow, Inc. under its Enterprise Project on franchising a health care benefits package that includes family planning...

The recommendations of this study, together with the Mission's experience in working with Medicare and two large health maintenance organizations may lead to two or three pilot approaches to be funded under the FPAP. The aim of this approach is to extend services to underserved areas, low-income urban and rural. Attractions for the medical and paramedical personnel involved include clinical equipment, loan guarantees, and access to low-cost and subsidized consumable commodities. One feature of the scheme is a repayment plan that enables the medical persons to repay their loans, retain a profit, and eventually become self-supporting.

b. Training

Training of staff is key to meeting the most urgent needs of the national program -- upgraded and expanded family planning services. As noted earlier, there has been a long period during which little training of DOH personnel took place. In the meantime, attrition has taken its toll on medical and paramedical personnel who had been trained earlier, and there have been many new developments in contraceptive technology and in worldwide experience with family planning programs that have not systematically been made known to program managers, trainers and service providers in the Philippines. ✓

U.S. technical expertise from Johns Hopkins University, under the PP III Project, has assisted medical, nursing and midwifery schools update their curricula on human reproduction and fertility management. Complementing this initiative and to ensure that the planned in-service training is consistent with the new pre-service course content, a full-time resident expert from the Margaret Sanger Institute in New York has been programmed for two years with UNFPA funding. This person will work with the DOH on revision of the basic and refresher training curricula for clinical and community-based staff and on training of trainers in the revised content. The FPAP provides up to 15 months of short-term expert consultation over the life of the project to deal with specialized contraceptive- and program-related subjects as they concern training. ✓

The FPAP will support in-service and pre-service training of large numbers of family planning program personnel based in regions other than the special emphasis regions III, VII, X and XI, in which UNFPA assistance will cover training. This contribution will supplement training funds budgeted by the DOH.

Training will cover a broad spectrum of subjects:

--Clinical skills: surgical sterilization and insertion and removal of the new Copper T 380A intrauterine device (IUD), which has a different technique from that of the previously used IUD and updated knowledge on oral contraception. Training in skills required for other new methods that may be introduced during the project, such as contraceptive implants, will also be supported. Service providers from the DOH, NGOs and other GOP departments/agencies are eligible for this training.

--Information and skills related to the health benefits of family planning, the safety of modern contraceptive methods and the case management of contraceptive users, including users of natural family planning. This training will be available to the DOH, other GOP agency and NGO personnel involved in the delivery of family planning information and services.

--Management, supervision and evaluation in family planning programs.

--Communication skills, both for those who design materials and campaigns and for the clinic and community staff who communicate directly with the program's clients.

--The new Field Health Services Information System: training especially designed for the GOP and NGO personnel who will have to record and report service statistics and supply levels.

--Supply management and logistics, principally for the DOH staff who will be responsible for the contraceptive commodities newly added to the DOH supply system.

FPAP funds are planned for short-term training and observation study tours offshore as well. Attendance at short-term courses, such as program management and technical family planning subjects, is planned for 10 person-months per year during the project. Up to four person-months of study tours per year for opinion leaders and decision makers are anticipated.

The DOH plans to form a Central Training Committee (CTC) comprised of representatives of the Family Planning Service and the Health Manpower Development and Training Service units of the DOH, POPCOM, other GOP agencies and NGOs. The CTC will set standards for accreditation of trainers, training institutions, surgical service providers, field training areas and training programs. Regional Training Committees (RTCs), similarly constituted, will ensure adherence to the standards. Previous certifications and accreditations

conferred by the POPCOM Technical Committee, of which the DOH was a member, will still be valid.

c. Information, Education, Communication and Motivation (IECM)

Informing and educating people about family planning and responsible parenthood is an essential component of the project. It complements the principal program thrust of expanding the accessibility of high-quality services. Intensified informational campaigns will use the full range of media, giving specific information about the contraceptive methods and where they are available, correcting misinformation and countering rumors, and educating the public on the health benefits to families of regulating fertility. These messages will be reinforced by the personal communications to clients by clinic staff and community-based outreach workers to improve the continuation rates among people who adopt contraception. How to communicate, as well as what to communicate, will be a part of the training of service personnel of the public- and private-sector programs. UNFPA plans to give substantial support to training of clinical personnel in interpersonal communications.

The DOH plans to grant FPAP funds to one or more NGOs with the specialized capability of producing IECM materials to serve the needs of NGO and industrial programs. Such materials will be reviewed by the DOH and its national coordinating committee on IECM to ensure compatibility with national program strategy.

Administrative and technical responsibility for IECM lies with the four-person IECM unit of the Family Planning Service, assisted by two persons of the Public Information and Health Education Service of DOH.

Aside from communication-related training and the adolescent-targeted information programs of the multi-service youth centers, the bulk of FPAP communication support will be provided through a buy-in to the centrally funded A.I.D. contract with Johns Hopkins University-Population Communication Service (JHU-PCS). A long-term resident specialist and several short-term experts will assist the responsible DOH and NGO personnel in the creation, production and distribution of materials and the mass media placement of media campaigns that will be funded by the DOH and the FPAP.

The planned information and education campaign will build on the lessons learned from the Demand Generation Campaign funded under PP III. The new program will be specific about contraceptive methods and comprehensive in its treatment of the benefits of controlled fertility. Special care is to be taken to improve the communication skills as well as the message content of clinical service personnel and others who talk to clients. An evaluation is planned, therefore, to measure the impact of the campaign and identify areas for improvement.

d. Logistics

The responsibility for family planning logistics has shifted to the DOH from PCPCOM. During the first two years of the project, attention will be focused on the orderly transition to assure an uninterrupted flow of contraceptive supplies to the program's clients.

One of the first tasks facing the DOH will be to identify and adopt a logistics system that can be accommodated in its existing system for medical supplies and equipment and yet meet the unique requirements of the family planning program. Among the latter are the U.S. source of contraceptives, which requires an extended lead time, and the need for buffer stock at each level of the system. Other factors include the sheer bulk of the commodities and the need for their prompt movement from wharf to high-quality storage to preserve product quality.

The FPAP will support several actions to enable the DOH to manage the family planning logistics function. The project will also bear part of the system's operating costs. Through a buy-in to the AID/W Family Planning Logistics Management Project for up to two years, USAID will provide a long-term expert to help the DOH design a system and make it operational. During the same period, under an agreement with DOH, PCPCOM will contribute its experience in designing the system, help with the training of logistics personnel and continue to distribute the contraceptive supplies already in country that are in POPCOM warehouses. The DOH will hire additional personnel on a contract basis, including a family planning logistics coordinator, with contributions from FPAP.

In addition, at an estimated cost of \$250,000, the DOH will contract with a private firm to clear and nationally distribute the contraceptives during the first two years of the project. A decision will be made during the third year whether the logistics system and available equipment would permit the DOH to assume these services directly.

e. Contraceptives

The project will continue to fund the annual contraceptive inventory status report for the first two or three years, after which it is expected that the new Family Health Service Information System (FHSIS) will be an adequate and reliable source of supply-level information. USAID will share with the DOH costs of storage, distribution, vehicle and equipment maintenance, training, additional staff and coordination meetings. The largest project expenditure will be for U.S.-procured contraceptives at an estimated value of \$11,537,000.

f. Monitoring, Evaluation, and Audit

The DOH will carry out its on-going function of monitoring current program operations and project-supported actions by two principal means: one is the FHSIS; the other is a program of regular site visits by DOH validation teams to assess quality of services, accuracy of reporting and clients' satisfaction with services (see Section IV for a fuller description).

The FHSIS has been revised recently with the USAID-funded participation of WHO and a BUCEN specialist. It is already in operation from service point to provincial level and is due for expansion to regional and national levels by the end of CY 1989. The project will support the training and printing costs to introduce the FHSIS to the other GOP agencies and the NGOs who will be reporting their service and commodity statistics to the DOH. UNFPA will budget for computers needed at the DOH Central Office. FPAP will budget for four computers for the NGO community. Funds will also be programmed for special studies to supplement data regularly generated by FHSIS. The regular FHSIS reports from the DOH will be USAID's main source of information on user and contraceptive offtake levels and trends.

FPAP will contribute in the first two years of the project to the refinement of the validation team supervisory effort. This will include funding a fellowship to a short-term course in the U.S. on management, supervision and evaluation. Longer range assessments to be financed include several external project evaluations, a special evaluation of the IECM component, a contraceptive prevalence survey in 1991, analysis of the 1993 national demographic survey data, and audits.

g. Research

Committees on research and development at national and regional levels, comprised of representatives of DOH, POPCOM, National Economic and Development Authority (NEEDA), other GOP agencies and several NGOs, have the responsibility for setting research priorities and coordinating family planning and population research. Areas of study for which project support is planned include, but are not limited to, contraceptive use and safety, sociological research on the use of family planning and the different kinds of services, and data analysis. Training funds will be available for short-term courses to expand research capability.

FPAP support for developing DOH, NGO and other GOP capability to monitor and assess their respective programs is subsumed under the training component.

In addition, a buy-in to The Futures Group centrally funded contract is envisioned to support a continuation of RAPID III (Resources for Awareness of Population Impacts on Development) project activities in the Philippines, begun prior to the FPAP project. The goal of these activities is to improve the policy climate for all population and family planning activities at national and local levels throughout the country. Thus, these RAPID III interventions are expected to provide an important base of support for the other FP-RP service-oriented activities funded by the FPAP.

In 1989, POPCOM began to develop the RAPID model for the Philippines, in collaboration with the University of the Philippines, NSO, DOLE, the Department of Environment and Natural Resources and other GOP agencies. Building on this initial A.I.D. investment of \$35,000, the RAPID III buy-in under this project is anticipated to begin soon after the FPAP agreement is

signed and to run for approximately three years. This buy-in will support technical assistance provided by the RAPID III project staff to finalize the RAPID model, to train presenters, develop a booklet presenting the information, and to fund a subcontract with POPCOM to carry out 50 workshops--two at the national level for legislators, cabinet members, legislative aides and other policymakers and the other 48 aimed at population program and local government leaders as well as civic and business leaders throughout the country.

Another buy-in to the Futures Group is intended to support the activities of the Philippine Legislators' Committee on Population and Development Foundation, Inc, (PLCPD), a foundation organized by members of the Philippine Congress with the following objectives:

- to establish a forum for the analysis and evaluation of issues involving the interrelationships between population and development to deepen the awareness of PLCPD members, government officials and the public at large on the relevance of these matters to national development;
- to call on the members of Congress to take an active advocacy role in the formulation of a viable policy on population and socio-economic development;
- to advocate as a matter of State policy the integration of the population factor into national development plans and programs;
- to evaluate regularly, in aid of legislation, the efficacy of government programs on population and development;
- to encourage the participation and involvement of all sectors of Philippine society in the implementation of population programs consistent with the Constitution;
- to undertake sustained research and studies which would support needed legislation; and
- to develop continuing linkage with local and foreign agencies as well as international organizations with similar objectives.

The buy-in to the Options for Population Policy (OPTIONS) Project of The Futures Group will provide technical and financial support to the PLCPD for pursuing its objectives.

4. Beneficiaries

In addition to the estimated 8,610,000 MCRAs who are expected to benefit through their participation under the project, a number of others are expected to benefit directly and indirectly including:

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- Service delivery personnel who have been trained and received updated information on contraceptive technology;
- NGOs who will be administratively and functionally sound;
- private sector firms which will have family planning services available; and
- policy and decision-makers who have been provided information to make informed choices about family planning.

5. Project Outputs and End of Project Status

Besides the increased use of contraceptives as outlined earlier, conditions that will indicate that the project purpose has been achieved include:

- Family planning information and service available in over 3,000 clinics and voluntary sterilization services available in over 200 district hospitals;
- Between 20,000 and 25,000 service delivery personnel trained;
- Contraceptives available at over 3,000 service delivery sites;
- 98 additional firms to establish family planning services for their personnel; and
- New outreach structures operational.

II. COST ESTIMATE AND FINANCIAL PLAN

A. COST ESTIMATE

As detailed in Table 1, the total estimated cost of the project is \$62,427,000. A.I.D. will finance \$40,000,000 or approximately 64 percent; the DOH will contribute \$22,427,000, or 36 percent exclusive of the DOH's regular budget for personnel, capital and operating costs.

Before adding contingencies and inflation, the distribution of A.I.D. project costs over the project life are: expansion of service delivery, 16 percent; IECM, 10 percent; logistics, 5 percent; contraceptives, 30 percent; private sector, 22 percent; training, 13 percent; research 2 percent; and monitoring/evaluation/audit, 2 percent. The project's summary budget follows:

Table 1

GOP FAMILY PLANNING/RESPONSIBLE PARENTHOOD PROGRAM
BUDGET SUMMARY (\$000)

<u>Component</u>	<u>USAID</u>	<u>DOH</u>	<u>Total</u>
Expansion of Service Delivery	\$ 6,152	\$ 2,433	\$ 8,585
IECM	3,960	725	4,685
Logistics	2,100	13,697	15,797
Contraceptives	11,537	--	11,537
Private Sector			
a) In-Plant program	2,200	--	2,200
b) SOMARC	2,500	--	2,500
c) NGO support	3,590	--	3,590
d) Franchising	521	--	521
Training	5,000	5,000	10,000
Research	767	269	1,036
Monitoring/Evaluation and Audit	673	303	976
Contingency/Inflation*	<u>1,000</u>	<u>--</u>	<u>1,000</u>
TOTAL	<u>\$40,000</u>	<u>\$22,427</u>	<u>\$62,427</u>

*Note: Contingency/Inflation is included on each budget line item under DOH

B. FINANCIAL PLAN

The summary cost estimate of the A.I.D. dollar commitments and Philippine Peso commitments are detailed in Table 2. Projections of expenditures for the project by fiscal year are shown in Table 3. A.I.D.'s largest expenditures will be in project years 2, 3 and 5 when the required TA will be in-country and the Advice of Charges (ACCs) for the contraceptives are received.

Table 2

SUMMARY OF COST ESTIMATES AND FINANCIAL PLAN (U.S. \$000's)

Source/Use	AID		GOP		TOTAL
	FX	LC	FX	LC	
Expansion of Service Delivery	\$6,152	-	-	\$2,433	\$ 8,585
IECM	1,460	2,500	-	725	4,685
Logistics	590	1,510	-	13,697	15,797
Contraceptives	11,537	-	-	-	11,537
Private Sector					
In-Plant	-	2,200	-	-	2,200
SOMARC	2,500	-	-	-	2,500
NGO Support	3,590	-	-	-	3,590
Franchising	521	-	-	-	521
Training	410	4,590	-	5,000	10,000
Research	375	392	-	269	1,036
Monitoring/Evaluation					
Audit	673	-	-	303	976
Contingency/Inflation	<u>1,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,000</u>
	<u>\$28,808</u>	<u>\$11,192</u>	<u>-</u>	<u>\$22,427</u>	<u>\$62,427</u>

1. Financial Sustainability

In order to ensure long-term availability of family planning services in the Philippines, the project requires the GOP to share the cost of the major components of the project -- namely, in-country training, logistics support, monitoring and supervision and the cost of research and demographic activities. Further, the project has a major private sector component which will ensure that family planning services remain available through private (commercial and non-profit) organizations.

Table 3

Projection of Project Expenditure by U.S. Fiscal Year
(U.S. \$000's)

<u>Source</u>	FY 90		FY 91		FY 92		FY 93		FY 94	
	AID	GOP	AID	GOP	AID	GOP	AID	GOP	AID	GOP
Expansion of Service Delivery	670	487	1,190	496	1,600	488	1,750	490	942	488
IECM	790	145	1,580	144	600	143	500	143	490	144
Logistics	752	2,648	752	2,650	200	2,650	198	2,646	198	2,648
Contraceptives	-	-	2,995	-	2,021	-	-	-	6,521	-
Private Sector										
In-Plant	440	-	440	-	440	-	440	-	440	-
SOMARC	500	-	800	-	600	-	400	-	200	-
NGO Support	718	-	718	-	900	-	627	-	627	-
Franchising	-	-	105	-	150	-	133	-	133	-
Training	750	1,000	1,000	990	1,250	1,000	1,250	980	750	1,000
Research	175	54	337	55	190	56	65	64	-	54
Monitoring/Evaluation/ Audit	27	152	100	150	235	148	161	162	150	152
Contingency/Inflation	-	-	250	-	250	-	250	-	250	-
TOTAL	<u>4,822</u>	<u>4,486</u>	<u>10,267</u>	<u>4,485</u>	<u>8,436</u>	<u>4,485</u>	<u>5,774</u>	<u>4,485</u>	<u>10,701</u>	<u>4,486</u>

According to discussions held with GOP representatives on this topic, budgetary sustainability does not appear to be a problem. The DOH budget for 1990 is P7 billion or approximately \$333 million; the 1991 budget is P7.7 billion or \$366 million. The total cost of FPAP, \$52,427,000, represents less than 19 percent of the 1990 annual budget of the DOH (see Annex F-3).

2. Methods of Implementation and Financing

The chart below shows planned implementation and financing methods for each A.I.D.-financed project component:

Chart 3

<u>Component</u>	<u>METHOD OF IMPLEMENTATION AND FINANCING</u>		<u>App. Amount (000)</u>
	<u>Method of Implementation</u>	<u>Method of Financing</u>	
Expansion of Service Delivery	HC-Contract	Reimbursement/ Direct Payment	\$ 6,152
IECM	AID Direct Contract/ HC-Contract	Direct Payment	1,460
		Reimbursement/ Direct Payment	2,500
Logistics	AID Direct Contract/ HC-Contract	Direct Payment/ Reimbursement/ Direct Payment	590
			1,510
Contraceptives	AID Direct Contract	Direct Payment	11,537
Private Sector In-Plant	HC-Contract	Reimbursement/ Direct Payment	2,200
SOMARC NGO Support/ Franchising	AID Direct Contract AID Direct Grant/ AID Direct Contract	Direct Payment	2,500
		Advance/Liquidation	3,590
		Direct Payment	521
Training Short-term T/A	AID Direct Contract/ HC-Contract	Direct Payment/ Reimbursement	150
		Reimbursement/ Direct Payment	4,540
Off-shore Training	AID Direct Contract	Direct Payment	310
Research	HC-Contract	Reimbursement/ Direct Payment	767
Monitoring/ Evaluation/Audit	HC-Contract/ AID Direct Contract	Reimbursement/ Direct Payment	673
Contingency/Inflation	-	-	1,000
TOTAL			<u>\$40,000</u>

In general, A.I.D. will reimburse the GOP its share of the local currency costs implemented by the GOP. Under this procedure, the GOP disburses its own funds to pay for operating requirements against implementation plans agreed upon by the A.I.D. and the GOP. The GOP is reimbursed for the A.I.D.'s share on accomplishments and certified financial reports to be submitted.

a. Support to NGOs

A.I.D.'s financial support to NGOs will be disbursed through the advance payment mechanism. As most NGOs have limited financial resources but with the potential to augment and extend government service delivery system to the prospective beneficiaries, the advance payment mechanism is suggested.

However, payment will be applicable only to NGOs that:

are duly registered with A.I.D.;

have acceptable financial management and accounting systems for control and use of A.I.D. funds; and

have the ability to maintain procedures that will minimize the time elapsing between the transfer of funds and their disbursements.

Under this mechanism, A.I.D. will provide to qualified NGOs a cash advance equivalent to 30 days cash needs. The maximum cash advance that A.I.D. may provide to qualified NGOs will be equivalent to 90 days cash needs. Cash advances in excess of the 30 days cash needs are subject to review and approval of the Mission Controller. Request for cash advance must show projected cash needs for the period by budget line items. Liquidation of the first advance is not necessary prior to release by A.I.D. of the second cash advance. However, no third advance will be approved unless the first advance is liquidated within 30 days from the close of the period from which the advance was made. Normally, liquidation reports are submitted on a quarterly basis and may be treated as separate reports from the cash advance request.

b. Host-Country Contracting Capabilities

In the recently concluded assessment of host-country implementing agencies' contracting capabilities conducted by the two local CPA firms, the contracting capabilities of DOH and POPCOM central offices were reviewed. Their ratings were "Excellent" and "Very Good" respectively. Likewise, the contracting capabilities of DOH and POPCOM's regional offices I to XII were assessed and their ratings range from "Good" to "Excellent".

Based on the rating for each of the agency's contracting capabilities, the A.I.D.-Host Country contracting approval levels are determined as follows:

<u>Rating</u>	<u>AID-HCC Approval Level</u>
Excellent	\$100,001 and up
Very Good	75,001 and up
Good	50,001 and up
Fair	10,001 and up
Poor	Not eligible for HCC

The objectives of the assessments were:

To determine the overall adequacy of the Host Country implementing agencies' accounting and USAID vulnerability in sharing project implementation and administration responsibilities, as in the case of Host Country contracts, without imposing unrealistic burdens on USAID personnel; and

To determine the levels of Host country implementing agencies contracting, monitoring and invoice examination capabilities.

The assessments showed that both DOH and POPCOM, central and regional offices have demonstrated adequate contracting capabilities with AID-HC Contract approval levels ranging from \$50,001 and up.

3. Audits

Primary responsibility for audits of A.I.D.-financed projects lies with the Regional Inspector General for Audit (RIG/A); however, non-federal auditors may be contracted by the RIG/A for the purpose. Of the total grant funds, \$50,000 is budgeted for non-federal audit services which may be rendered by U.S. and/or local accounting firms. It is anticipated that these reviews will cover the financial and compliance aspects of the project.

III. IMPLEMENTATION PLAN

A. IMPLEMENTATION SCHEDULE

1. Pre-Obligation Actions

The project is designed with nearly a five-year implementation period. It is expected that authorization by the Mission will take place not later than the end of December, 1989, leaving a month for the Mission to negotiate and sign the project agreement by the end of January, 1990. Thus, the project's Project Activity Completion Date (PACD) is December 31, 1994.

There are several actions the Mission will undertake prior to obligation that will give the project a head start and expedite implementation. These will be routine actions that will involve no expenditures or commitments by A.I.D. Such actions include, but are not limited to, the following:

- a. Agreement with the DOH on the terms of reference (TOR) for the short-term and long-term technical assistance advisors;
- b. Preparation of a PIO/C for the initial procurement of contraceptives to be delivered in mid-1991.

2. Calendar of Major Events

Following is a table of major implementation events and the approximate time they will take place, using the date of project agreement as a reference:

<u>Action</u>	<u>Timing (months)</u>
Project authorization	- 1
Pre-Obligation actions and negotiations with GOP	- 1
Project Agreement signed	0
Conditions Precedent satisfied	+ 1
First Annual Implementation Plan submitted	+ 1
Issue PIO/T for buy-in for TA services	+ 2
Issue PIO/C for contraceptives	+ 4
SOMARC assessment completed	+ 5
Contraceptive prevalence and demographic surveys conducted	+12 and +36
Subsequent Annual Implementation Plans submitted	+13, +25, +37, +49
Contraceptives arrive	+13
Annual contraceptive inventory taken	+14
Observational tours begin	+16
Issue PIO/C for second contraceptives procurement	+16
Issue PIO/T for short-term TA buy-in	+15 through +44
IECM evaluation	+24

<u>Action</u>	<u>Timing (months)</u>
Contraceptives arrive	+25
Issue PIO/T for evaluation services	+25
Subsequent contraceptive inventories taken	+25, +38, +50
Issue PIO/C for third contraceptives procurement	+28
Mid-Term project evaluation	+30
Special Evaluation on impact of education and information campaigns	+33
Contraceptives arrive	+37
Issue PIO/C for fourth contraceptives procurement	+40
Contraceptives arrive	+37
Close out procedures initiated	+54
Final impact evaluation commences	+56
PACD	+59

B. PROJECT MANAGEMENT

1. Overview

The three major participants in project implementation and monitoring -- USAID, the GOP and the TA consultants, will coordinate closely at all stages of the project. Collaboration will be essential as each will have a related role to play as dictated by the agreements and contracts that govern their relationships. Therefore, a coordinating mechanism, such as regular meetings to assess progress, identify and relieve constraints, will be adopted.

Within this collaborative framework, the roles of the three major participants are discussed below.

2. USAID/Philippines

USAID will assign the Mission's Population Officer as the project officer. She will be assisted by two FSN population specialists. Together, they will assist the GOP in project implementation, oversee project monitoring, work closely with GOP counterparts and be the main contact point between the GOP, the TA consultants and USAID. The USAID Project Officer will assist in developing a detailed project implementation plan and will monitor project progress based on that plan. She will be assisted by USAID staff personnel in DRM, EO/CSD, OFM, EO/LOG, OLA and other Mission offices.

The Project Officer and her staff will carry out all pre-obligation actions, will work to see that conditions precedent are met and will get procurement and training plans expedited. The Population staff will liaise with TA consultants and will be responsible for internal project progress reports.

3. Regional and AID/Washington Assistance

USAID may require the services of personnel in the areas of training, preparation of development of specifications, etc. These services will be provided directly by AID/W.

To the extent possible, the project will use the services of a number of the centrally-funded S&T projects, in particular those dealing with communications, logistics and CSM.

4. Participating Agencies/Organizations

This section provides introductory descriptions of the implementing agencies that will be involved under the project.

a. Department of Health (DOH)

The DOH's public health activities, including categorical family planning services, are integrated throughout the system down to and including the volunteer service delivery agents at the grassroots level--the Barangay Health Workers. Responsibility for the technical aspects of the family planning service delivery rests with Family Planning Service (FPS), a unit that is under the Office of Public Health Services in the DOH structure. The FPS is supported by central units responsible for all DOH training, public information/health education, logistics, service statistics, finance and accounting. The Secretary of Health assigned officers in all these units to work intensively with USAID in the planning of this project.

For coordination and implementation of family planning service delivery, the DOH has designated individuals already on the public health staff at the Regional Health Offices and the Integrated Provincial Health Offices to be Family Planning Coordinator. Most of these individuals are medical doctors or supervising public health nurses and most have responsibility for more than one categorical program.

Clinical facilities in the DOH network include the following:

<u>Type of Facility</u>	<u>Total Number</u>	<u>With Family Planning</u>	
		<u>Number</u>	<u>Percent</u>
Hospitals	537	318	59
Regional Comprehensive FP Centers	5	5	100
Rural Health Units	2,072	1,871	90
Other clinics*	89	45	51
	2,703	2,239	83

*Includes social hygiene, skin, chest and other specialized clinics.
Source: DOH Family Planning Services, 1989

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The DOH plans to offer family planning services in all rural health units and most hospitals by the end of the project period. Currently, the DOH operates eight comprehensive itinerant teams (CITs) to extend outpatient services, including family planning, in remote areas. During the project period, DOH plans to field another 39 CITs.

In addition, some of the approximately 8,000 Barangay Health Stations, staffed by DOH or local government midwives, provide such outreach family planning services as supply of pills and condoms, counseling, referrals and supervision of the network of barangay volunteers.

The DOH has also assumed responsibility for certification of facilities and service providers, including training centers for surgical sterilization.

b. Private Sector

Nongovernmental organizations continue to play a significant role in the Philippine national program - as the source of family planning services to new adoptors and to continuing users, as credible sources of information, and as legitimizers of nontraditional behavior. Through collaboration in the DOH-led program, NGO programs will benefit from FPAP contributions to the overall program, notably as recipients of contraceptive supplies and medical kits, and through their access to DOH training, IECM and management information support. They may also participate as proponents of operations research, studies and as operators of pilot projects.

There are several NGOs that are prominent on the national family planning scene. The FPOP, the pioneer agency in family planning, has 26 chapters that sponsor clinical and community-based services. FPOP has a strong record in public information and education, advocacy for a forward-looking population policy and cooperation among nongovernmental agencies. The Population Center Foundation (PCF), a private-sector body established in 1972 to create a stronger bond between the public- and the private-sector programs, has developed professional competence in training, operations and evaluation research, information and education and in testing new program approaches.

The IMCH and the IMCCSDI each has a network of between 80 and 100 clinics in which fertility counseling and services are integral to the maternal and child health care provided. Both have strong training capability.

The Department of Labor and Employment (DOLE) is the GOP agency responsible for ensuring compliance with laws going back to 1973 that require commercial and industrial firms with over 200 employees to maintain on-site clinics or dispensaries and to include family planning information and services among the services offered. A PCF survey in 1988 of 1,091 of the over 4,000 companies that meet the size requirement indicates that 77.6 percent of them have clinics, of which just over half offer family planning. The project makes funds available to start services in selected clinics in the four regions in which the DOH is placing special emphasis.

In 1987, leading NGOs organized themselves into the Philippine NGO Council on Population, Health and Welfare (PNGOC). The Council now has 23 member NGOs. The purposes are to be a forum for discussion of common program concerns, to serve as a focal point for dialogue with the government and other entities and to strengthen the NGOs' advocacy and public education roles. Under a 1989 Operations Program Grant from USAID, The Asia Foundation is working with the PNGOC staff and officers to develop its capability to become a subgranting conduit for FPAP funds to assist the many locally based NGOs around the country to introduce or to improve their family planning services.

Provision is included in this project for the Mission to buy into centrally funded projects for two other private-sector initiatives. One is to test the feasibility and to operate, if indicated, a project for the social marketing of contraceptives -- using commercial networks and techniques to sell reversible methods at subsidized prices. The other idea to be tested is the franchising approach to health care, including family planning, through one or more of the large health maintenance organizations in the Philippines.

c. Population Commission (POPCOM)

POPCOM's current policy and coordination roles have been described above. Although POPCOM is an attached agency of the Department of Social Welfare and Development (DSWD), its responsibilities are interdepartmental in scope. The Secretary of DSWD chairs the POPCOM Board of Commissioners comprised of representatives of public and private agencies concerned with population policies and programs. The Commission is served by a Secretariat staff headed by an Executive Director. There are POPCOM offices at the regional level.

POPCOM has operated the contraceptive supply logistics system under USAID's previous project. It will continue to administer the system for the contraceptives presently in country and will assist the DOH to develop the capability to incorporate the FPAP commodities into the DOH supply system.

USAID project support for activities under the auspices of POPCOM, such as the education of policymakers on population-development interactions, will be coursed through the DOH to simplify financial arrangements with the GOP and, in some cases, through centrally funded A.I.D. contractors.

5. Sustainability Concerns

FPAP will provide long-term technical assistance in two of the three areas that are critical to the sustainability of the GOP National Population Program -- IECM and in logistics management. UNFPA will provide the long-term technical assistance in the third area -- training. FPAP will also provide short-term skills based training in clinical skills, management, supervision and evaluation of family planning programs, IECM and logistics management. This training will be provided to family planning service providers in the public and private sectors. Additionally, workshops designed to improve the policy climate for family planning programs and the interrelationships between population growth and the development process are planned for policy makers and legislators at the national and provincial levels.

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By the year 1994, family planning services will be available in over 2,000 medical facilities operated by the DOH. Family planning services will be fully integrated into the maternal and child health delivery system at the provincial and district levels.

C. CONTRACTING ARRANGEMENTS

Several procurement actions will be undertaken in connection with this project. There will be procurement of technical assistance, commodities (including contraceptives) and training by the following manner:

1. Buy-ins to ST/POP centrally funded projects

FPAP will execute five buy-ins for technical assistance. These buy-ins will be to 1) Family Planning Logistics Management Project (John Snow, Inc) for a long term advisor for contraceptive logistics and for specialized short term technical services related to logistics management; 2) JHU-PCS for long- and short-term technical assistance related to the development and production of IECM materials for the DOH; 3) Technical assistance from SOMARC (Social Marketing for Contraception, The Futures Group) to develop and implement a social marketing activity; 4) two additional buy-ins to The Futures Group; one to the RAPID (Resources Awareness for Population Impacts on Development) Project to continue the development of the RAPID model for dissemination to Philippine policy makers and other influentials at both the national and sub-national levels and an additional one to the Options Project to assist public and private sector institutions in conducting policy analyses to support the development of national and operational policies.

2. Host Country Grants

This mechanism will enable the DOH to use bilateral funds to make grants to the NGOs and other GOP agencies whose programs complement the family planning program of the DOH.

3. Direct Grants to NGOs

FPAP will make direct grants to those NGOs who are certified eligible to receive USG funds and whose programs are complementary to those of the DOH.

4. Invitation for Application

Under this mechanism, USAID will invite U.S. PVOs, who are involved in developing countries in the promotion of family planning information and services, to develop a collaborative assistance project to aid Filipino NGOs to strengthen their management capability as they begin to move toward some degree of self sufficiency in implementing their own programs. Philippine family planning NGOs are very strong in service delivery, but are almost 100 percent dependent on donor assistance.

5. Training

It is envisioned that training under the FPAP will be handled in the same manner as training arrangements under PP III. In-country training is initially funded by the DOH. Upon receipt of vouchers for approved training courses, as outlined in the implementation plan, USAID will reimburse the DOH for a portion of the approved cost of training. Off-shore training will be handled differently. The FPS-DOH will disseminate training information regarding foreign scholarships/fellowships to GOP agencies and NGOs. Each participating agency will nominate their own candidates. A training committee composed of representatives of NEDA, the FPS-DOH and USAID will determine the approved training courses for that implementation year and select the candidates for training. The DOH-Foreign Assistance Coordination Service (DOH-FACS) and NEDA will secure all necessary GOP clearances. Upon receipt of NEDA's endorsement, the USAID Training Office will issue the PIO/Ps to obligate funds, initiate travel procedures and secure the required visas.

6. Procurement of Commodities

For off-shore, A.I.D. direct procurement, OPHN will issue funded PIO/Cs to A.I.D./W for the contraceptives and medical kits that are to be purchased under the FPAP for delivery to the FPS-DOH. A.I.D./W will order and ship the commodities to the consignee, i.e., the FPS-DOH. A.I.D./W advances the cost of these commodities and charges USAID/Philippines by way of AOCs, citing the PIO/Cs as references. For local procurements under host country procurement arrangements, OPHN will issue PILs earmarking and committing funds which will cover the cost of the commodities. The Procurement and Logistics Service (PLS) of the DOH will solicit bids, issue purchase orders and receive the deliveries of the commodities. USAID/Philippines will pay the suppliers directly, after PLS forwards the necessary documents.

In addition, a host country contracting mode will be used to procure the services of a private firm to clear and nationally distribute the contraceptives during the first two years of the project. During the third year, the DOH will decide whether the logistics system and available equipment would permit them to assume these services directly.

7. Gray Amendment Alert

All technical assistance, as well as most of the commodities required under the project, will be procured from buy-ins to S&T/POP existing contracts. The project has fully considered the potential involvement of small and/or economically disadvantaged enterprises for these and other procurements but at this time does not see a significant role for such firms in the procurement of contraceptives or technical assistance required under the project. However, efforts will be made to award contracts to small and/or disadvantaged firms for project evaluation needs.

IV. MONITORING AND INFORMATION PLAN

For current monitoring of project operations and the introduction and use of planned resources, there are several sources of administrative intelligence. A primary tool for monitoring by the DOH, whose needs are similar to those of the USAID project managers, is the recently revised FHSIS. This system is designed to provide rapid feedback on service and commodity statistics for all of the public health programs of the Department, including family planning. Developed with the technical cooperation of BUCEM and WHO under a USAID Mission health project, this system is managed by the Health Intelligence Service of the DOH.

After nationwide introduction, expected by the end of CY 1989, the FHSIS will generate current data on new and continuing contraceptive users by method as well as basic commodity data for each service facility in the DOH system. The FHSIS will also collect service statistics and commodity data from the NGOs and other GOP agencies. USAID's receipt from the DOH of monthly and quarterly reports on temporary methods of contraception and monthly reports on permanent methods will be among the provisions of the Project Grant Agreement.

The DOH will use the FHSIS reports in the operation of another of its monitoring tools: the visits of validation teams. Although province-based, the teams will include officers from the central and the regional offices. In these visits, program managers will be able to verify the statistics reported and to assess the quality of the program through observation and interviews with DOH service staff and selected clients. Similarly, USAID Population staff will make site visits to confer with program personnel.

Other information on the status of project actions are such implementation documents as agreements, Project Implementation Orders, Project Implementation Letters and bills of lading. Reimbursement vouchers submitted by the DOH will be signed by the authorized GOP signatory. The supporting documents that are indicative of the uses made of project resources will remain in the FPS-DOH, available for audit by the USG for the Life of the Project (LOP). Supplementing these documents will be frequent ad hoc meetings with DOH program managers to discuss program- and project-related matters.

The USAID Mission's normal monitoring needs are served by Quarterly Project Status Reports and periodic review meetings with management staff.

Longer-term monitoring needs deal with such matters as the effectiveness, the efficiency and the impact of the project and the program. Such information is yielded by special evaluations and, commonly in population and family planning projects, demographic studies. Midterm and final external evaluations are planned, as is a special evaluation of the effects of the communication approach used in the project. The demographic impact and progress towards FPAP goal and purpose achievement will be measured by a contraceptive prevalence survey in 1991 and a national demographic survey in 1993. These two studies will continue a series of similar studies over the past two decades, which is a valuable record of recent demographic history. The decennial census of 1990 will be useful cross-reference for findings of the other studies.

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V. SUMMARIES OF ANALYSES

A. TECHNICAL ANALYSIS

USAID's predominant support for the family planning portion of the national program (vs. the population and development component of the national program) is justified on the grounds that the Philippines' declining fertility is found to be attributable mainly to the effective use of contraception, and, further, that it is the area of expertise and competence that A.I.D. has developed to a greater extent than other donors. In addition, improved voluntary family planning is the most cost-effective among morally acceptable and legal means to lower fertility.

B. FINANCIAL ANALYSIS

The operating financial systems under the project are familiar to both A.I.D. and the GOP and pose no anticipated problems. The large cash outlays for major components of the project will strengthen GOP commitment to ensure the project's sustainability after donor inputs have ceased.

C. ECONOMIC ANALYSIS

Economic justification for the project consists of its relevance to the country's economic development and the likelihood of sufficient economic benefits. The economic rationale is composed of two arguments. The first concerns imperfect information about and access to the means of fertility control. The second argument arises from the existence of externalities due to the divergence between private and social costs and benefits of having many children. Specifically, the social costs of large families and the resulting high population growth are higher than the private costs.

Too rapid population growth impedes development in a number of ways. High population growth negatively affects human capital development and savings rates at the family level, and thus adversely affects the human and capital resources available for investments and growth. Pressure on a limited land area depletes resources and leads to deforestation and erosion in rural areas and congestion in urban centers. A major macroeconomic cost of rapid population growth is the strain such growth puts on the absorptive capacity of the labor market. Such labor force expansion, in addition to exerting downward pressure on real wages, makes productivity gains through capital "deepening," or raising the amount of capital per worker, more difficult. There is also a heavy fiscal burden associated with extending services to a rapidly growing population.

Because so many of the benefits of a population project relate to health, environment and quality of life, quantifying values of such benefits is extremely difficult. In addition, most of the benefits of a successful population project will be realized long after the project is completed. However, calculations show that this project is justifiable on a budgetary

basis. The minimum number of averted births needed to provide savings in social services spending equal to the cost of FPAP would be reached during the eighth year of the project. Using a different method, the net present value of budgetary savings on social services spending over twenty years due to FPAP exceeds the cost of the project by over eight million dollars. Finally, over a twenty year period the project showed an internal rate of return of 13 per cent.

The FPAP's cost-effectiveness is enhanced by its emphasis on child spacing and its increased utilization of NGOs. Child spacing can result in improved maternal health, lower infant mortality and lower child morbidity. The latter two are likely to decrease desired family size and reinforce efforts to reduce fertility. NGOs in the Philippines have a proven record in the delivery of family planning services and information. Utilization of them will therefore, improve the efficiency of this project.

Many components of this project -- including its emphasis on the private sector, training, and IECM -- contribute to its sustainability. Also, the recurrent costs to the DOH should not pose a problem. However, the issue of the long-term supply of contraceptives is a negative feature as far as sustainability is concerned.

D. SOCIAL SOUNDNESS ANALYSIS

The analysis notes that the current use of contraception is less than one would expect because: (a) research findings indicate that Filipinos generally have favorable attitudes towards family planning and modern program methods of contraception; and (b) many women who say they want no more children are not using contraception. The conclusion is that greater accessibility of services and more accurate information about program methods and the benefits of family planning among both the service providers and the general public will narrow the gap between attitude and need, on the one hand, and contraceptive use on the other.

E. ADMINISTRATIVE ANALYSIS

The National Economic and Development Authority (NEDA) will be the signatory on the Project Grant Agreement. Project resources will flow from USAID to the operating agencies: the DOH, local NGOs, U.S. cooperating agencies and a U.S. PVO through an Invitation for Application. The administrative arrangements for transferring, using and accounting for project resources have already been used satisfactorily under the predecessor population project. No problems in these areas are anticipated. There is some concern about the need to strengthen the DOH capability for the recently transferred functions of logistics, IECM and training. The project resources will assist the DOH to strengthen its capability in the first two areas, while the UNFPA will assist the DOH to strengthen the latter.

F. ENVIRONMENTAL CONCERNS

The IEE, attached as Annex F6, concludes that: the project will moderate the existing and projected adverse influence of rapid population growth on the environment; project activities per se will not impact significantly on the environment. Therefore, a negative determination is provided.

VI. EVALUATION ARRANGEMENTS

Evaluations are planned of the project design, operation and management and of progress toward achievement of objectives. The plan includes both special evaluation events at specified times during the life of the project and also the day-to-day attention to implementation that is integral to program management and to administration of program assistance.

- o Two external project evaluations are planned. One is a process evaluation at the midpoint of the project to identify problems, recommend solutions and determine if changes in project design or objectives are needed. The end-of-project external evaluation will look for lessons learned and for impact. These evaluations are tentatively planned for June, 1992 and September, 1994.
- o A special evaluation study will be conducted in September, 1992 to measure the impact of the refocused information and education campaigns on contraceptive use. The new campaigns are expected to give accurate method-specific information on relative risks and benefits and, especially, to educate the public on the health benefits for mothers and children of avoiding high-risk pregnancies. The special study will evaluate the implementation of this approach.
- o A CPS, scheduled for FY 1991, and an NDS in 1993 will continue the series of periodic demographic and contraceptive prevalence surveys going back to 1968. Further, the results of the 1988 NDS will be available in early 1990. The 1991 and 1993 surveys will give the most direct measurement available of progress towards achievement of the project's purpose.
- o The 1990 Population and Housing Census and the 1988 and 1993 NDSs as well as the 1991 CPS will provide measurements of progress such as the measure of TFR.
- o Concurrent evaluative activities will proceed as a matter of course. The service statistics to be reported by the DOH-FHSIS, supplemented by site visit observations of project operations, staff morale and performance and client satisfaction, will give program managers much of the day-to-day information they need to identify and rectify problems and facilitate efficient operations. Continuation of the annual national contraceptive inventory will be a useful check on the operation of the logistics systems, on the level of contraceptive offtake as implied by the service statistics reports, and on the wastage factor during movement and storage of supplies.

The overall evaluation plan is summarized in the chart which appears on the next page.

Chart 4

EVALUATION PLAN SUMMARY

ACTIONS	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
Surveys		CPS		NDS	
Evaluations		Midproject	IECM Eval- uation		Final Eval- uation
Census	Population, Housing				
Monitoring	FHSIS	FHSIS	FHSIS	FHSIS	FHSIS
	Contra- ceptive Inventory	Contra- ceptive Inventory	Contra- ceptive Inventory		
	Field Visits	Field Visits	Field Visits	Field Visits	Field Visits

52

VII. CONDITIONS PRECEDENT, COVENANTS AND WAIVERS

A. CONDITIONS PRECEDENT AND COVENANTS

In addition to regular Conditions Precedent (CPs), these CPs will be included in the Project Agreement:

1. CP to Initial Disbursement of Funds

Prior to the issuance of documentation pursuant to which disbursement will be made, the Grantee will furnish to A.I.D. in form and substance satisfactory to A.I.D. an annual implementation plan specifying the activities to be funded for the year and the budget required to implement those activities.

2. Soecial Covenants

Project Evaluation. The AID and the GOP will agree to establish an evaluation program as part of the Project. Except as the AID/GOP 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; and
- (d) Evaluation, to the degree feasible, of the overall development impact of the Project.

Exclusion of Funds for Abortions. The AID/GOP will agree that none of the funds made available under the Agreement will be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.

Voluntary Sterilization Policy. The GOP will agree that surgical sterilization activities supported in whole or in part by funds made available under the Agreement will conform to A.I.D. sterilization policy guidelines set forth in Section II of A.I.D. Policy Determination 3, dated September 1982.

Voluntary Informed Consent. The GOP will agree to assure that all individuals participating in family planning programs (whether involving distribution of contraceptives or sterilization, or both) supported in whole or in part by funds provided hereunder, do so on the basis of an informed consent voluntarily given with knowledge of the benefits, risks, principal effects and available alternatives. The GOP will further assure that no individual is coerced to practice methods of family planning inconsistent with his or her moral, philosophical or religious beliefs.

Contraceptive Inventories. The GOP will conduct nation-wide contraceptive inventories annually, or at such other times as may be mutually agreed upon with A.I.D.

Timely Procurement of Project Commodities. The GOP will furnish to A.I.D. project implementation orders on a timely basis with respect to contraceptive commodities which the GOP wishes to be procured on its behalf by agencies of the United States to ensure the efficient and cost effective procurement of such commodities by agencies of the United States Government.

B. WAIVERS

At this time there are no waivers contemplated under the proposed project.

ANNEXES

- A. GOP Request for Assistance
- B. Statutory Checklist
- C. PID Approval Cable
- D. Logical Framework
- E. Gray Amendment Certification
- F. Analyses
 - 1. Technical
 - 2. Financial
 - 3. Economic
 - 4. Social Soundness
 - 5. Administrative
 - 6. Environmental
- G. Population Statistical Background
- H. Operationalization of DOH
- I. GOP Population Policy Statement
- J. Status of Centrally-Funded Projects

Annex A
GOP Request for Assistance



NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY

NEDA sa Pasig, Amber Avenue, Pasig, Metro Manila

ANNEX A

Cable Address: NEDAPHIL
P.O. Box 419, Greenhills
Tels. 673-50-31 to 50

ACTION TAKEN	
MAN	Other
Type	No.
Date	Initials

1-406

Mr. Malcolm Butler
Mission Director
USAID Manila

Attention: Mr. John Patterson
Associate Director

USAID/C&R

Jan 16 3 29 PM '90

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Dear Director Butler:

We wish to convey the request of the Government of the Philippines (GOP) for USAID grant assistance in the amount of \$40 million to finance the Family Planning Assistance Project. The said five-year (FY 1990 - 1994) project is envisioned to be a major component of the National Family Planning Program approved by the Department of Health and the Commission on Population. The lead GOP implementing agency for the project will be the Department of Health (DOH).

USAID's favorable consideration of this request for grant assistance will be highly appreciated. Meanwhile, GOP will be prepared to pursue further discussions with USAID regarding the proposed project.

Thank you and best regards.

Very truly yours,

Cayetano W. Paderanga, Jr.
CAYETANO W. PADERANGA, JR.
Acting Director-General

- cc: Secretary Alfredo R.A. Bengzon, DOH
- Exec. Director Carmen Garcia, POPCOM
- Exec. Director Ramon Tagle, Jr., PNGOC
- Director Fleur De Lys Torres, NEDA-SDS

Received in DRM 1/16/90
 Clearance Action Log
 Document No. 80
 Assigned to FM

December 22, 1989

Hon. Jesus Estanislao
Secretary & Director General
National Economic & Development
Authority
Pasig, Metro Manila

Dear Director General Estanislao:

We would like to recommend that NEDA endorse the Family Planning Assistance Project (FPAP) for USAID assistance. The FPAP is a major component of the National Family Planning Program approved by the Department of Health and the Population Commission. It involves about \$38 million of USAID grant assistance over five years from 1990 to 1994.

We also wish to note that the project is a continuation of USAID assistance in the population sector, assistance that was interrupted in 1989 due to the re-orientation of our population policies. In the light of the designation of DOH as the lead agency in family planning, USAID undertook the preparation for this project in close consultation with DOH managers at the central and field level. Our Department, therefore, urges prompt action by NEDA so that the uncertainties and gaps experienced by the family planning program in the past 2 years can be progressively addressed. We were informed that a draft of the FPAP was already provided to NEDA since November so we hope response to this recommendation is immediately forthcoming.

Thank you and Merry Christmas.

Very truly yours,


ALFREDO R. A. BENGZON, M.D.
Secretary of Health

UNCLASSIFIED STATE 026136

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USAID/O&R

UNCLAS STATE 026136

AIDAC

E.O. 12958: N/A

TAGS:

SUBJECT: COUNTRY CHECK LIST--PHILIPPINES

THE DESK HAS BEEN INFORMED BY AID/GC/LP THAT COUNTRY CHECK LIST WILL NOT BE AVAILABLE UNTIL THE END OF THE MONTH. HOWEVER, ON QUICK REVIEW, GC/ANE HAS NOT FOUND ANY REASON TO ANTICIPATE A SUBSTANTIAL CHANGE IN THE FY 90 CHECKLIST QUESTIONS. ITEMS CALLING FOR THE ADMINISTRATOR TO "TAKE INTO CONSIDERATION" HAVE BEEN DEALT WITH THROUGH THE FY 90 "TAKING INTO CONSIDERATION" EXERCISE, WHICH WAS COMPLETED IN ADMINISTRATOR APPROVAL OF AN ACTION MEMO ON DECEMBER 27, 1989 AND DOES NOT INDICATE ANY PROBLEMS FOR THE PHILIPPINES. SUBJECT TO RLA'S OPINION, GC/ANE WOULD SUGGEST USE OF FY 89 COUNTRY CHECKLIST UNTIL THE FY 90 CHECKLIST BECOMES AVAILABLE IF USAID IS UNABLE TO WAIT. BAKER

BT
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UNCLASSIFIED STATE 026136

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Received: _____ 1/24
_____ 1/27
_____ 1/20

Annex B
Statutory Checklist

SC(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to: (A) FAA funds generally; (B)(1) Development Assistance funds only; or (B)(2) the Economic Support Fund only.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

See Country Checklist included in Agrarian Reform Support Program (192-0431), Annex E, approved August, 1989.

1. FY 1989 Appropriations Act Sec. 578(b).
Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

2. FAA Sec. 481(h); FY 1989 Appropriations Act Sec. 578; 1989 Drug Act Secs. 4406-07. (These provisions apply to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, narcotics education and awareness, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs are transported, or through which significant sums of drug-related profits are

laundered with the knowledge or complicity of the government): (a) Does the country have in place a bilateral narcotics agreement with the United States, or a multilateral narcotics agreement? and (b) Has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without Congressional enactment, within 45 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (1) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals agreed to in a bilateral narcotics agreement with the United States or in a multilateral agreement, to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, to prevent and punish drug profit laundering in the country, and to prevent and punish bribery and other forms of public corruption which facilitate production or shipment of illicit drugs or discourage prosecution of such acts, or that (2) the vital national interests of the United States require the provision of such assistance?

3. 1986 Drug Act Sec. 2013; 1988 Drug Act Sec. 4404. (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to Congress listing such country as one (a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the

government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

4. FAA Sec. 620(c). If assistance is to a government, is the government indebted to any U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity?
5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including any 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 by them without taking steps to discharge its obligations toward such citizens or entities?
6. FAA Secs. 620(a), 620(f), 620D; FY 1989 Appropriations Act Secs. 512, 550, 592. Is recipient country a Communist country? If so, has the President determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism? Will assistance be provided

either directly or indirectly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, South Yemen, Iran or Syria? Will assistance be provided to Afghanistan without a certification, or will assistance be provided inside Afghanistan through the Soviet-controlled government of Afghanistan?

7. FAA Sec. 620(i). Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property?
8. FAA Sec. 620(l). Has the country failed to enter into an investment guaranty agreement with OPIC?
9. FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? (b) If so, has any deduction required by the Fishermen's Protective Act been made?
10. FAA Sec. 620(d); FY 1989 Appropriations Act Sec. 518. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1989 Appropriations Act appropriates funds?
11. FAA Sec. 620(s). If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of

Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.)

12. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?
13. 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 A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the "Taking into Consideration" memo.)
14. FAA Sec. 620A. Has the President determined that the recipient country grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism or otherwise supports international terrorism?
15. FY 1989 Appropriations Act Sec. 568. Has the country been placed on the list provided for in Section 6(j) of the Export Administration Act of 1979 (currently Libya, Iran, South Yemen, Syria, Cuba, or North Korea)?
16. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures?

17. FAA Sec. 666(b). Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA?

18. FAA Secs. 669, 670. Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.)

19. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device?

20. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the "Taking into Consideration" memo.)

21. FY 1989 Appropriations Act Sec. 527. Has the recipient country been determined by the President to have engaged in a consistent pattern of opposition to the foreign policy of the United States?

22. FY 1989 Appropriations Act Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance?

23. FY 1989 Appropriations Act Sec. 540. Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin?

8. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria

FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy?

FY 1989 Appropriations Act Sec. 536. Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performance of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

2. Economic Support Fund Country Criteria

FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest?

FY 1989 Appropriations Act Sec. 578(d). Has this country met its drug eradication targets or otherwise taken significant steps to halt illicit drug production or trafficking?

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

Yes.
Yes.

A. GENERAL CRITERIA FOR PROJECT

1. FY 1989 Appropriations Act Sec. 523; FAA Sec. 634A. If money is sought to obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?
1. A CN was submitted in November, 1989.
2. FAA Sec. 611(a)(1). Prior to an obligation in excess of \$500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?
2. Yes.
3. FAA Sec. 611(a)(2). If legislative action is required within recipient country, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?
3. No further legislative action required.

4. FAA Sec. 611(b); FY 1989 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.) 4. N.A.
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively? 5. N.A.
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. 6. No.
7. FAA Sec. 601(a). Information and conclusions on whether projects 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. 7. Private, non-governmental organizations will benefit from the project through training and commodities.
8. FAA Sec. 601(b). Information and conclusions 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). 8. It is planned that procurement will be from private U.S. trade services.

- 9. FAA Secs. 612(b), 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 in lieu of dollars. 9. GOP contribution to local costs, travel, research projects, and in-country training are on a shared basis.
- 10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? 10. No.
- 11. FY 1989 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? 11. N.A.
- 12. FY 1989 Appropriations Act Sec. 549. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? 12. N.A.
- 13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other 13. No.

wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?

- 14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? 14. N.A.

- 15. FY 1989 Appropriations Act. If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? 15. N.A.

- 16. FY 1989 Appropriations Act Sec. 535. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.? 16. All PVOs receiving assistance under the Project will be duly registered.

- 17. FY 1989 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has prior approval of the Appropriations Committees of Congress been obtained? 17. N.A.

- 18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision). 18. This section will be complied with upon signing of the Pro-Ag.

3. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1989 Appropriations Act Sec. 552
(as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers?

a. N.A.

b. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental

a. Project will make family planning services available to all couples who desire them.

b. N.A.

institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.

- c. FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1989 Appropriations Act (Development Fund for Africa). Does the project fit the criteria for the source of funds (functional account) being used?
- d. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?
- e. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?
- f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

c. Project supports the on-going family planning program.

d. Many training opportunities under the project are geared toward female nurses, midwives and program managers.

e. N.A.

c. Yes.

d. N.A.

e. Pro-Ag will commit GOP to contribute more than 25% of total costs.

f. Yes. Project provides family planning services to those residing in remote areas and extends services into poor urban areas of the country.

g. FRA Sec. 291(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 civil education and training in skills required for effective participation in governmental processes essential to self-government.

g. The project will reduce the documents evidence of unmet need for family planning services and utilize the technical-research capability of Filipino professionals in implementing project activities.

h. FY 1989 Appropriations Act Sec. 536. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?

h. No.

Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?

No.

Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

No.

i. FY 1989 Appropriations Act. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization?

i. No.

If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services?

No.

- j. FAA Sec. 601(a). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
- k. FY 1989 Appropriations Act. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?
- l. FAA Sec. 119(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded by helping to increase

j. Yes.

k. N.A.

l. IEE indicates a negative finding. In promoting a reduced population growth rate, the project improves all opportunities for conservation of natural resources.

production on lands already cleared or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k) utilize the resources and abilities of all relevant U.S. government agencies?

m. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b) take full account of the environmental impacts of the proposed activities on biological diversity?

m. N.A.

- n. FAA Sec. 119(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? n. (a) No.
(b) No.
- o. FAA Sec. 119(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development? o. (a) No.
(b) No.
(c) No.
(d) No.
- p. FY 1989 Appropriations Act. If assistance will come from the Sub-Saharan Africa DA account, is it (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) being provided in accordance with the policies contained in section 102 of the FAA; p. N.A.

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(c) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa;

(d) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups;

(e) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

9. FY 1989 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same general region as originally obligated, and have the Appropriations Committees of both Houses of Congress been properly notified? q. N.A.

2. Development Assistance Project Criteria (Loans Only)

- a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. a. N.A.
- b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? b. N.A.
- c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? c. N.A.

3. Economic Support Fund Project Criteria

- a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA? a. N.A.
- b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? b. 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? c. N.A.

5C(3) - STANDARD ITEM CHECKLIST

Listed below are the statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. PROCUREMENT

- | | |
|---|------------------------|
| 1. <u>FAA Sec. 602(a)</u> . Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? | 1. To extent possible. |
| 2. <u>FAA Sec. 604(a)</u> . Will all procurement be from the U.S. except as otherwise determined by the President or determined under delegation from him? | 2. Yes. |
| 3. <u>FAA Sec. 604(d)</u> . If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company? | 3. N/A. |
| 4. <u>FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a)</u> . If non-U.S. procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) | 4. N/A. |

5. FAA Sec. 604(c). Will construction or engineering services be procured from firms of advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those countries which receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries.) 5. N.A.
6. FAA Sec. 603. Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates? 6. N.A.
7. FAA Sec. 621(a). If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? Will the facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? 7. Yes.
8. International Air Transportation Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available? 8. Yes.
9. FY 1989 Appropriations Act Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? 9. Yes.

10. FY 1989 Appropriations Act Sec. 524. If assistance is for consulting service through procurement contract pursuant to 5 U.S.C. 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)? 10. Yes.

B. CONSTRUCTION

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services be used? 1. N.A.
2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? 2. N.A.
3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the CP), or does assistance have the express approval of Congress? 3. N.A.

C. OTHER RESTRICTIONS

1. FAA Sec. 122(b). If development loan repayable in dollars, is interest rate at least 2 percent per annum during a grace period which is not to exceed ten years, and at least 3 percent per annum thereafter? 1. N.A.
2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? 2. N.A.

3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries? 3. Yes.
4. Will arrangements preclude use of financing:
- a. FAA Sec. 104(f); FY 1989 Appropriations Act Secs. 525, 536. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; or (4) to lobby for abortion? a. Yes.
- b. FAA Sec. 483. To make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated? b. Yes.
- c. FAA Sec. 620(a). To compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President? c. Yes.
- d. FAA Sec. 660. To provide training, advice, or any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? d. Yes.
- e. FAA Sec. 662. For CIA activities? e. Yes.

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- f. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained? f. Yes. See Annex K.
- g. FY 1989 Appropriations Act Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for prior or current military personnel? g. Yes.
- h. FY 1989 Appropriations Act Sec. 505. To pay U.N. assessments, arrearages or dues? h. Yes.
- i. FY 1989 Appropriations Act Sec. 506. To carry out provisions of FAA section 209(d) (transfer of FAA funds to multilateral organizations for lending)? i. Yes.
- j. FY 1989 Appropriations Act Sec. 510. To finance the export of nuclear equipment, fuel, or technology? j. Yes.
- k. FY 1989 Appropriations Act Sec. 511. For the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights? k. Yes.
- l. FY 1989 Appropriations Act Sec. 516; State Authorization Sec. 109. To be used for publicity or propaganda purposes designed to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, or for any publicity or propaganda purposes not authorized by Congress? l. Yes.
5. FY 1989 Appropriations Act Sec. 584. Will any A.I.D. contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U.S. marine insurance companies have a fair opportunity to bid for marine insurance when such insurance is necessary or appropriate? 5. Yes.

Annex C

PID Approval Cable

THE MISSION IS AUTHORIZED TO REPROGRAM EXISTING FUNDS AS
NECESSARY TO STRENGTHEN THE IMPLEMENTATION OF THE PROJECT
(INCLUDING CHILD SURVIVAL ACTIVITIES) WITHIN THE CURRENT
PACD. AID/V IS PREPARED TO RECONSIDER A REQUEST FOR
PACD EXTENSION AT A LATER DATE, BASED ON THE PACE OF NEW
ACTIVITIES AND MISSION JUSTIFICATION. HOWEVER, OUR
PREFERENCE IS TO COMPLETE PROJECT ON CURRENT SCHEDULE
WE'LL DESIGNING NEW CHILD SURVIVAL PROJECT TO INCORPORATE
EXISTING AND NEW CHILD SURVIVAL INITIATIVES. MISSION
SHOULD DEOB FUNDS IN EXCESS OF NEEDS TO COMPLETE
ACTIVITIES IN CURRENT PROJECT. END FTI SEULTZ
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UNCLASSIFIED STATE 279421

ORIGIN: AID-5 INFO: AMB DCM AA ECON/10

ZCMLI
 RR RUEHC
 DE RUEHML #1768 272 **
 ZNR UUUUU ZH
 R 290758Z SEP 89
 FM AMEMBASSY MANILA
 TO SECSTATE WASHDC 9943
 BT
 UNCLAS MANILA 31768

CLASS: UNCLASSIFIED
 CERGE: AID 9/26/89
 APPRV: OD:MPUTLER
 DRFTD: DRM:GMIMECFF:APS
 CLEAR: 1) OPEN: BOLDWINE
 2) OPEN: WJOHNSON
 3) OD: RAJOHNSON
 DISTR: AID (DRM-3 OPEN
 OD CSR)

AIDAC

E.O. 12356: N/A
 SUBJECT: FAMILY PLANNING ASSISTANCE PROJECT (FPAP)
 - - - (492-0396)

REF.: 88 STATE 079421

SUMMARY - THE PURPOSE OF THIS CABLE IS TO INFORM THE BUREAU OF THE MISSION'S PLANS TO COMPLETE THE DESIGN AND ~~AUTHORIZE~~ THE SUBJECT PROJECT DURING THE FIRST QUARTER OF FY 1990.

1. DURING FY 1989, THE MISSION INITIATED ACTIONS TO DESIGN THE POPULATION SECTOR SUPPORT PROJECT (PSSP). THE BUREAU REVIEWED A NEW PROJECT DESCRIPTION FOR PSSP DURING PROGRAM WEEK IN FEBRUARY 1988 AND DELEGATED AUTHORITY TO THE MISSION TO REVIEW AND APPROVE THE PID AND PP WITHOUT FURTHER BUREAU REVIEW (SEE REFTEL). THE MISSION PREPARED, REVIEWED AND APPROVED A PID-LIKE DOCUMENT IN APRIL 1988 AND PROCEEDED TO DEVELOP THE PP. UNFORTUNATELY, AS THE MISSION WAS NEARING COMPLETION OF THE PP, THE GOP INITIATED ACTIONS TO REDEFINE THE RESPONSIBILITIES OF LINE DEPARTMENTS/AGENCIES TO PLAN AND IMPLEMENT POPULATION PROGRAMS AND PROVIDE SERVICES. THE MISSION SUSPENDED FURTHER PP DEVELOPMENT UNTIL ISSUES RELATED TO GOP IMPLEMENTING RESPONSIBILITIES WERE CLARIFIED. AFTER MONTHS OF DISCUSSION, AND THE SUBMISSION OF AN IMPLEMENTATION PLAN BY THE GOP, THE MISSION NOW BELIEVES THAT THESE ISSUES HAVE BEEN ADDRESSED AND THAT FURTHER PROJECT DEVELOPMENT CAN RECOMMENCE AT THIS TIME.

2. THE PROJECT WILL BE MODIFIED SLIGHTLY FROM THAT INCLUDED IN THE PID TO REFLECT THE ORGANIZATIONAL CHANGES WITHIN THE GOP FOR RESPONSIBILITY OF FAMILY PLANNING ACTIVITIES. ON AUGUST 31, 1988, THE POPULATION COMMISSION (POPCOM) OFFICIALLY RECOGNIZED THE DEPARTMENT OF HEALTH (DOH) AS THE LEAD SERVICES AGENCY FOR FAMILY PLANNING. THEREFORE, THE PREDOMINANT IMPLEMENTING AGENCY FOR FPAP WILL BE THE DOH. THE PROJECT'S GOAL AND PURPOSE WILL REMAIN BASICALLY THE SAME AS THAT INCLUDED IN THE FORMER PSSP. PROJECT COMPONENTS ARE EXPECTED TO INCLUDE TECHNICAL ASSISTANCE, TRAINING, COMMODITIES, EVALUATION/AUDIT, GRANTS AND CONTINGENCY/INFLATION. THE GRANTS COMPONENT WILL BE THE ONLY SIGNIFICANT

MODIFICATION TO THAT INCLUDED IN THE PSSP DESIGN AND IS DISCUSSED BELOW.

3. IN ORDER TO SUPPORT DECENTRALIZATION EFFORTS OF THE GOV AND ENHANCE THE ROLE OF THE PRIVATE SECTOR IN THE POPULATION SECTOR, IT IS ENVISIONED THAT A "GRANTS" COMPONENT WILL BE MADE AN INTEGRAL PART OF THE NEW PROJECT. IT IS EXPECTED THAT THE DOH WILL ENTER INTO A NUMBER OF GRANTS WITH NATIONAL AND PROVINCIAL NGOS TO PROVIDE SERVICES IN SUPPORT OF FAMILY PLANNING INTERVENTIONS FINANCED UNDER THE PROJECT. IT IS ALSO ENVISIONED THAT "BUY-INS" TO S&T/POP CENTRAL PROJECTS WILL BE DESIGNED TO ENHANCE THE ROLE OF THE FOR-PROFIT SECTOR TO DELIVER FAMILY PLANNING INFORMATION AND SERVICES UNDER THE PROJECT.

4. CONSULTANTS DALLAS YORAN AND SALLY CRAIG-HUBER ARE IN COUNTRY AND ASSISTING THE MISSION IN DEVELOPING THE PP. GARY LEINEN OF S&T/POP IS ALSO IN COUNTRY AND WILL GUIDE THE MISSION IN DEVELOPING PRIVATE SECTOR INTERVENTIONS. THE MISSION BELIEVES THAT GIVEN THE CURRENT MOMENTUM OF THE PP DESIGN, AUTHORIZATION OF THE SUBJECT PROJECT IS EXPECTED BY LATE NOVEMBER 1989.

5. ACTION REQUESTED: AT THIS TIME THERE IS NO ACTION REQUESTED OF THE BUREAU. THE MISSION WILL KEEP THE BUREAU APPRAISED OF DEVELOPMENTS AS WE COMPLETE THE PP AND AUTHORIZE THE SUBJECT PROJECT IN THE FIELD. A CONGRESSIONAL NOTIFICATION CABLE WILL BE PROVIDED IN OCTOBER 1989. IN FUTURE COMMUNICATIONS, REQUEST THAT NEW PROJECT TITLE, FAMILY PLANNING ASSISTANCE PROJECT BE USED IN LIEU OF POPULATION SECTOR SUPPORT. PROJECT NUMBER WILL REMAIN UNCHANGED.

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Annex D
Logical Framework

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 90 to FY 94
Total U.S. Funding \$40,000,000
Date Prepared: 12/14/89

Project Title & Number: Family Planning Assistance Project (492-0396)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS												
<p>Program or Sector Goal:</p> <p>To assist the GOP to continue progress toward meeting the national family planning goal of reducing the total fertility rate.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Total Fertility Rate reduced to 3.74 by 1994</p> <table border="1"> <thead> <tr> <th></th> <th>1990</th> <th>1991</th> <th>1992</th> <th>1993</th> <th>1994</th> </tr> </thead> <tbody> <tr> <td>TFR</td> <td>4.31</td> <td>4.21</td> <td>4.05</td> <td>3.90</td> <td>3.74</td> </tr> </tbody> </table>		1990	1991	1992	1993	1994	TFR	4.31	4.21	4.05	3.90	3.74	<p>(A-3)</p> <p>Contraceptive Prevalence Survey 1991 & the National Demographic Survey 1993 compared with the 1988 NDS and the trends documented in similar surveys in 1968, 1973, 1978 and 1983 and the 1990 Population Census.</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <ol style="list-style-type: none"> 1. Increased numbers of couples will choose the more effective methods of contraception & use them effectively. 2. The GOP commitment to making all medically safe and legally available contraceptives to couples will not wane over the life of the project.
	1990	1991	1992	1993	1994										
TFR	4.31	4.21	4.05	3.90	3.74										
<p>Project Purpose: (B-1)</p> <p>To increase the availability and utilization of family planning services in the Philippines through support to the National Population Program.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>Use of Contraceptive methods promoted in the program increased as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>1990</th> <th>1991</th> <th>1992</th> <th>1993</th> <th>1994</th> </tr> </thead> <tbody> <tr> <td>CPR</td> <td>36</td> <td>39</td> <td>42</td> <td>46</td> <td>50</td> </tr> </tbody> </table>		1990	1991	1992	1993	1994	CPR	36	39	42	46	50	<p>(B-3)</p> <p>1991 Contraceptive Prevalence Survey & the 1993 National Demographic Survey. Inferences in the interim from the FHS routine contraceptive data & logistics information. Routine monitoring visits at family planning service sites.</p>	<p>Assumptions for achieving purpose: (B-4)</p> <ol style="list-style-type: none"> 1. Clearer information on the health benefits of family planning and the safety of contraceptive methods will increase use of program methods of contraception. 2. The GOP will expand availability of services for program methods.
	1990	1991	1992	1993	1994										
CPR	36	39	42	46	50										

Project Outputs: (C-1)

1. Family Planning Information & services expanded in the DOI, GO, & IIGO clinics network.
2. DOI, GO & IIGO staffs have required level of knowledge & skill.
3. DOI contraceptive logistics system operating with acceptable efficiency/effectiveness.
4. IECH materials developed & distributed throughout the DOI & IIGO network.
5. PIIGOC Council able to administer funds & award grants for projects.
6. Family planning information and services available in the workplace in Regions III, VII, X and XI.
7. Contraceptive Social Marketing Program operational.

Magnitude of outputs: (C-2)

1. FP information and service available in over 3,000 clinics in the GO & IIGO network, YSS available in 200+ district hospitals.
2. 20,000-25,000 service delivery personnel in the DOI, GOs & IIGOs have been trained in updated contraceptive technology & information.
3. Contraceptives available at over 3,000 service delivery sites.
4. Method specific & generic family planning brochures available to clients throughout the GO & IIGO clinic network; at least 3 media campaigns implemented.
5. PIIGOC administratively & functionally sound & awards grants.
6. 90 additional factories have family planning services available to IEs workers.
7. Subsidized contraceptives available for sale in retail outlets, & private physicians' offices.

(C-3)

1. Routine progress reports from IIGOs; data from FHSIS & site visits, vouchers for reimbursement.
2. Vouchers for reimbursement, site visits.
3. Contractor reports; FHSIS; contraceptive inventory.
4. Site visits; contractor reports; IIGO reports.
5. PIIGOC reports, site visits, evaluation.
6. DOLE & IIGO reports, site visits.
7. Contractor reports, site visits.

Assumptions for achieving outputs: (C-4)

1. FHSIS is adequate for monitoring contraceptive users & supplies.
2. FP training will be appropriately designed to impart necessary skills.
3. Contraceptive inventory is conducted in a timely manner in 1990 and 1991, DOI & USAID staff routinely visit clinic sites.
4. DOI leadership continues to view family planning as an important preventive maternal & child health intervention.
5. PIIGOC will become eligible to receive USG funds and become a registered IIGO.
6. Business & industry recognize family planning as a preventive health measure and will comply with GOP regulations.
7. A CSII program that is culturally sensitive will be successful in the Philippines.

<p>8. Selected research studies/ projects completed.</p> <p>9. Policy makers understand population development interactions.</p>	<p>8. New outreach structures operational.</p> <p>9. Policy makers support the right of individuals to have sufficient information to make informed choices about family planning.</p>	<p>8. Contractor reports, vouchers for reimbursement, site visits.</p> <p>9. Contractor reports, site visits.</p>	<p>8. Appropriately designed research will narrow the existing gap between high knowledge & low practice.</p> <p>9. GOP leaders will continue to allow all medically safe & legally available contraceptives be used in the program.</p>								
<p>Project Inputs: (D-1)</p> <p>1. Expansion of Service Delivery - locally hired project manager - short-term technical assistance, medical kits, clinic equipment, comprehensive itinerant teams, special clinical services including laboratory test fees, design test outreach system.</p> <p>2. IECH - long and short term technical assistance, materials development, production and distribution mass media campaigns.</p> <p>3. Logistics - long and short term technical assistance warehouse maintenance and rental, maintenance and rental, distribution of contraceptives, utility vehicles, national contraceptive inventory.</p> <p>4. Contraceptives - IUDs, condoms, pills</p>	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>Summary of Cost Estimates (all years) \$000</p> <table border="1"> <tr> <td>1. Expansion of Service Delivery</td> <td>\$ 6,152</td> </tr> <tr> <td>2. IECH</td> <td>3,960</td> </tr> <tr> <td>3. Logistics</td> <td>2,100</td> </tr> <tr> <td>4. Contraceptives</td> <td>11,537</td> </tr> </table>	1. Expansion of Service Delivery	\$ 6,152	2. IECH	3,960	3. Logistics	2,100	4. Contraceptives	11,537	<p>(D-3)</p> <p>1. Buy-ins executed, project manager hired, equipment arrives, CIs operating, appropriate lab tests conducted; new outreach systems in place.</p> <p>2. Buy-ins executed, materials available at clinic sites, media spots aired and published.</p> <p>3. Buy-ins executed, leases executed contraceptives available throughout the DDI, GO and HGO network.</p> <p>4. PIO/Cs executed.</p>	<p>Assumptions for providing inputs: (D-4)</p> <p>1. DDI continues to view family planning as an important preventive maternal and child health intervention.</p> <p>2. Family planning messages which stress the health benefits and safety of contraception will increase contraceptive use and prevalence.</p> <p>3. A well managed logistics system will ensure availability of contraceptives and clinic supplies.</p> <p>4. Same as above.</p>
1. Expansion of Service Delivery	\$ 6,152										
2. IECH	3,960										
3. Logistics	2,100										
4. Contraceptives	11,537										

<p>5. <u>Private sector</u> - long and short term technical assistance cooperative agreement with U.S. PVO, grants with local NGOs, development of a social marketing program.</p>	<p>5. Private sector</p>	<p>8,811</p>	<p>5. Buy-ins, cooperative agreement with U.S. PVO and grants to local NGOs executed. Contraceptive social marketing program operational.</p>	<p>5. Expansion of the private sector role in family planning will ensure that family planning services are available to all couples who desire and need them.</p>
<p>6. <u>Training</u> - short term technical assistance, short term skills-based training in clinical skills, management, supervision and evaluation of family planning training, fellowships and observation study tours.</p>	<p>6. Training</p>	<p>5,000</p>	<p>6. Joint USAID/DOH/NEDA training plan approved, PIO/P's executed.</p>	<p>6. Appropriate skills based training will enable health personnel to deliver quality family planning services.</p>
<p>7. <u>Research</u> - Demographic surveys, data analysis, operations, research - areas of study include contraceptive use and safety and sociological research on use of family planning.</p>	<p>7. Research</p>	<p>767</p>	<p>7. National Demographic and Contraceptive Prevalence surveys completed and data analyzed; research findings disseminated.</p>	<p>7. Demographic measurement of the national family planning program will assist program managers to measure the impact of the program. Operations research activities will enable program managers to design and implement culturally acceptable family planning activities.</p>
<p>8. <u>Monitoring, Evaluation and Audit</u> - short term technical assistance, support for the Family Health Service Information System and validation teams to monitor project progress.</p>	<p>8. Monitoring, Evaluation and Audit</p>	<p>673</p>	<p>8. Buy-ins executed, NGOs and GOs use MIS to report service statistics, reimbursement vouchers for validation teams.</p>	<p>8. Lessons learned will be incorporated into the remaining project activities and/or a follow-on project.</p>
<p>9. <u>Population and Development</u> - short-term technical assistance; workshops, development of educational materials.</p>	<p>9. Contingency</p>	<p><u>1,000</u></p>	<p>9. Buy-ins executed, materials developed, workshops held in all regions.</p>	<p>9. Education about the interrelationships between population growth and development goals will spur policy makers and opinion leaders to be more proactive in their support of the national family planning program.</p>
		<p><u>\$40,000</u></p>		

Annex E

Gray Amendment Certification

ANNEX E

CERTIFICATION PURSUANT TO UTILIZATION OF GRAY AMENDMENT ORGANIZATIONS

I, MALCOLM BUTLER, Director of the Agency for International Development in the Philippines, having taken into account the potential involvement of small and/or economically and socially disadvantaged enterprises, do hereby certify that in my judgment the technical assistance required under this project can best be procured through existing contracts. For project evaluations, efforts will be made to award contracts to small and/or economically and socially disadvantaged firms. My judgment is based on the recommendations of the Project and Mission Review Committees.



MALCOLM BUTLER

Director, USAID/Philippines

Annex F

Analyses

1. Technical
2. Financial
3. Economic
4. Social Soundness
5. Administrative
6. Environmental

TECHNICAL ANALYSIS

This analysis presents the rationale for selecting the program components to be assisted in the Family Planning Assistance Project.

The population policy announced by the new government in 1987 has two main thrusts: family planning and responsible parenthood and incorporation of population factors into development planning. The government policy also redefined the mandates of some of the principal population agencies, as described in Section I.A.3. of this paper.

USAID has chosen to put the bulk of its support into the family planning and responsible parenthood part of the program for two sets of reasons: i) AID has a comparative advantage and; ii) it works.

During its two decades of population assistance, A.I.D. has concentrated heavily on the fertility reduction aspects of population programs. It is the area of experience and competence that A.I.D. has developed to a greater extent than other donors.

Secondly, a fresh analysis of data from a series of surveys beginning in 1968 concludes that fertility in the Philippines has been declining steadily since 1960s and the principal cause is the increasing use of contraceptives, especially the more effective modern methods.* The study confirms, however, that the pace of the Filipino fertility transition is comparatively slow by East and Southeast Asian standards.

There are new factors upon which to base an expectation that the fertility decline may accelerate during the project period. New knowledge about the safety of hormonal contraceptives and about health benefits of regulated fertility should allay the apprehensions of both the service providers and contraceptive users. Training of program staff will enable them to give better support and guidance to users than in the past and improve the use-effectiveness of the methods. The focussed IEC efforts that are planned will make the reassuring information widely known.

The choice of agencies to support is of course determined by the GOP's division of responsibilities. It is technically feasible for the DOH to intensify, expand and improve the quality of its family planning services, both in its clinic network and through its community outreach activities.

*Trends in Fertility in the Philippines: An Integrated Analysis of Four National Surveys", Final Report, by John B. Casterline, Brown University, Lita J. Domingo and Zelda C. Zablan, UPPI, May 1988. This research was supported by the Population Council under an A.I.D.-funded program of international research on the determinants of fertility.

Project support to POPCOM will help it perform its mandated role of integrating population concerns into the development process.

Planned support to the for-profit private sector will expand its ability to provide an alternative source of family planning information and services for those couples who are willing and able to pay for contraception. Similarly, the NGO community's initiative in organizing to rationalize and expand the private-sector effort merits support because it will expand accessibility of high-quality services.

FINANCIAL ANALYSIS

The Family Planning Assistance Project (FPAP) is primarily a "human infrastructure" project that does not lend itself to the commonly used method of financial analysis which take the value of money and time into account.

The operating financial systems under the project are familiar to both A.I.D. and the GOP and pose no anticipated problems. The large cash outlays for major components of the project will strengthen GOP commitment to ensure the project's sustainability after the donor inputs have ceased.

1. A.I.D. Financing

The \$40,000,000 (64 percent of total project costs) A.I.D. funding support to the FPAP will be grant. A.I.D. will finance foreign exchange costs of the project such as long- and short-term technical assistance, commodities including contraceptives and off-shore training. This will be done mostly through "buy-ins" through ST/POP centrally funded projects. Partial local currency costs for host country procurement, in-country training and others will also be provided. For the local currency costs, PILS will be issued to earmark and commit funds.

Planned obligations of A.I.D. funds are scheduled as follows:

<u>Year of Obligation</u>	<u>Annual Obligation (In US \$000)</u>	<u>Cum. Obligation (In %)</u>
FY '90	\$ 16,136	40%
FY 91	4,840	52%
FY 92	4,226	63%
FY 93	10,748	90%
FY 94	4,050	100%
Total	<u>\$ 40,000</u>	

2. GOP Contribution

The GOP counterpart contribution of \$22.4 million, exclusive of recurring personnel, operational and maintenance costs of DOH represents 34 percent of the total project costs. The GOP contribution satisfies the statutory requirement for counterpart share of the life of project costs. The GOP contribution which are all in local currency will finance GOP's share of the local costs such as expendable supplies to be used in strengthening service delivery; in-country training; IECM material research; monitoring of current programs; storage distribution, vehicle and equipment maintenance; additional staff; coordination meetings and others.

3. Flow of Funds and Financial Reporting

GOP

Upon execution of the Project Agreement by A.I.D. and NEDA, the official representative of the GOP for foreign assisted projects, the DOH as the implementing agency for the FPAP will receive the A.I.D. grant funds through the authorization from the GOP Department of Budget and Management (DBM).

When DOH receives the GOP appropriation for the project, based on its work and financial plans, it will assume responsibility for paying contractors/vendors directly. DOH, likewise, will transfer funds directly to its regional offices for its operational costs. DOH will request reimbursement from USAID. USAID will reimburse DOH for all USAID funded costs upon submission of the accomplishment and certified financial reports.

To facilitate reimbursement, financial reports duly certified by COA should be submitted on a quarterly basis. Disbursement reports are prepared by regional offices to be certified by the corresponding regional COA auditors as valid and in accordance with the provisions of the Project Agreement. The regional financial reports will be consolidated by the DOH Central Office to be submitted to USAID for reimbursement within forty five (45) days from the close of each quarter.

Reimbursement will be promptly acted by USAID upon receipt of the DOH consolidated disbursement report. Since reports from the regional offices have already passed through the regional COA, the consolidated report requesting for reimbursement will be acted upon even without COA's verification in the DOH Central Office. The consolidated report should be duly signed by the DOH authorized representative and a copy furnished to USAID for reimbursement purposes and another copy to COA-DOH Central Office for verification. A copy of the audited consolidated disbursement report will be submitted by DOH Central Office to USAID for reconciliation and verification that the amount reimbursed is valid and proper. In case of any discrepancy between the amounts reimbursed by USAID and the audited consolidated disbursement report, USAID will advise DOH of any adjustments to be made by USAID in their subsequent reimbursement requests.

Documents to support disbursements such as paid vouchers, receipts, etc. should be on file with DOH central and regional offices and be made available to USAID authorized representatives for review purposes.

USAID

Once funds for the project have been obligated, earmarking and commitment of project funds will be made based on an annual implementation plans. Disbursements will follow depending on the project's pace of implementation activity. Reimbursements to the GOP for local currency costs, will be coursed through the Bureau of Treasury for the account of the implementing agency.

Upon request by DOH and other implementing agencies and subject to approval, USAID may make direct payments to suppliers/contractor under host-county contracts.

ECONOMIC ANALYSIS

1. Rationale

The economic rationale for public policy seeking to address the population problem is twofold. The first argument stems from the imperfect information about and access to the means of fertility control. In the Philippines, information about the health risks to mothers and children of many and closely spaced children is not universally available to family planning program managers, policy makers or clients. In addition, information about how to access and utilize knowledge of the means to control fertility is lacking, even among those who have such knowledge. According to the 1983 NDS survey, 63 percent of currently married women aged 15-19 who were interviewed did not know of the existence of the Barangay Services Point from which they could obtain contraceptives.

The second rationale for policy intervention stems from the existence of externalities due to the divergence between private and social costs and benefits of having many children. Children are valued by their parents for a number of reasons, including the pride and satisfaction they bring, their productive labor, and for the security in their parents' old age that they represent. The costs to parents of children are often perceived to be relatively low, particularly in rural areas where they do not go to school as long as and engage in productive activities earlier than do children in urban areas.

However the social costs of rapid population growth are quite high. It is commonly accepted that population growth of more than 2 percent per year is more likely to impede than promote development. High population growth negatively affects human capital development and savings rates at the family level, and thus adversely affects the human and capital resources available for investment and growth. Pressure on a limited land area depletes resources and leads to deforestation and erosion in rural areas and congestion in urban centers. The mathematics of per capita income dictate that substantial real growth is required simply to maintain, let alone improve, living standards. A major macroeconomic cost of rapid population growth is the strain such growth puts on the absorptive capacity of the labor market. A recent study by the Asian Development Bank estimated that the Philippine labor force will expand by approximately 25 million people between 1985 - 2010. Such an expansion, in addition to exerting downward pressure on real wages, will make productivity gains through capital "deepening," or raising the amount of capital per worker, more difficult.

A final and most crucial social cost of rapid population growth is the fiscal burden associated with the extension of social services to a rapidly expanding number of people. A recent study by the World Bank estimated that if present per capita levels of spending are to be maintained, the GOP will by 2000 save 8 percent on expenditures for basic social services, 12 percent on primary and secondary education, 28 percent on nutrition, and 8 percent on health if it achieves a "rapid" fertility decline (net reproduction rate of 1 achieved by year 2000) as opposed to a "slow" fertility decline (NRR of 1 achieved by 2020). The strain on fiscal resources caused by rapid population growth, and the potential of a successful program to achieve substantial budgetary savings, is one strong justification for the FPAP. Budgetary savings from reduced population growth will then be available for other purposes, including the improvement and expansion of services to the rural poor.

2. Cost Effectiveness

Two aspects of the FPAP contribute to its cost effectiveness: its emphasis on child spacing and its plan to expand the utilization of NGOs in the delivery of family planning services. These aspects of the project design will encourage the achievement of the greatest reduction in fertility for the cost of the project.

The GOP's new population policy calls for increased attention to maternal and child health, child survival, and morbidity rates in addition to fertility reduction. The training and IECM components of the project include a campaign to educate health workers and women of childbearing age of the significant health benefits to mothers and children of spacing children at least two years apart. Child spacing can improve maternal health by lowering the incidence of such pregnancy-related illnesses as hemorrhage, toxemia and sepsis infection. Child spacing of less than two years may result in maternal depletion and resulting low birth weight babies, shortened breastfeeding periods, and competition between young children for food. A recent study by the Center for Population and Family Health estimated that about 18 percent of infant deaths in the Philippines could be averted through child spacing. In addition to the clear social benefit (identified by the GOP) of improved child and maternal health, lower infant mortality and child morbidity is likely over time to decrease desired family size and thus reinforce efforts to reduce fertility.

A second aspect of the project which will contribute to its cost effectiveness is its plan to expand the utilization of NGOs in the delivery of family planning services and information. By all accounts, NGOs in the Philippines have a proven record in this area. According to a recent World Bank study, the family planning clinics operated by NGOs had an average of 79 acceptors per clinic in 1985, compared to only 22 per DOH-operated clinics; and NGO-operated clinics served 35 percent of all acceptors although they represented only 12.5 percent of all clinics. PCPCOM reported that in calendar year 1988, NGOs were prominent as the source of the most effective methods, extending services for 93.1 percent of male sterilizations, 44.9 percent of female sterilizations, 43.8 percent of IUDs and 72.2 percent of injectibles. However, NGOs in recent years have had to compete with Outreach Project officers for supplies and other materials. This project, by assisting the NGOs directly and strengthening the NGO Council, will assist the efficiency of service delivery.

3. Fiscal Benefits

It is extremely difficult to quantify the value of the benefits of a population project, in part because so many of the benefits relate to such unquantifiable concerns as health, environment and quality of life. In addition, most of the benefits of a successful effort towards progress in addressing the population problem will be realized long after the project is completed. For instance, only after at least 15 years will the effects of fewer labor market entrants be felt. The total benefit of an investment in fertility reduction made today will not be fully realized for at least a generation.

However, one aspect--the fiscal benefits of providing a smaller amount of social services than otherwise needed--can be examined. The amount of fiscal savings needed to justify the cost of the project can be estimated. This amount, in turn, allows an estimation of the minimum number of averted births needed to justify the project, at least in a financial sense. A comparison of the minimum needed number of averted births to the number likely under the project, then, allows judgment as to the justifiability of the FPAP. Alternatively one can calculate the present value of the savings over a set period, e.g. twenty years, and compare this to the cost of the project. Difficulties with this approach include converting the project's goals as stated in terms of decreasing the total fertility rate to changes in the population growth rate and making assumptions concerning demographic changes within the population.

Calculations show that the minimum number of averted births needed to justify the project is achieved. The necessary number of births was arrived at by dividing the total cost of the FPAP by the net present value of per capita spending on social services over a ten-year period. This minimum number of births would be reached during the eighth year of the project (based on calculations of population growth described below).

Using the other method, calculations of the net present value indicate that the likely fiscal savings of having fewer people for whom to provide social services do justify the cost of the project over a twenty year period. To calculate estimates of population with and without the FPAP, it was assumed that a population growth rate of 2.16 percent would be achieved gradually over a five-year period. This figure corresponds to the achievement of a total fertility rate of 3.97, more conservative than the FPAP's goal of 3.74 in 1994. Next, the net present value of budgetary savings of lower social services expenditures, due to fewer births, over a twenty-year period was calculated. The net present value of budgetary savings exceeded the total cost of the project by over eight million dollars. Finally, the project showed an internal rate of return of 16 percent over a twenty year period.

In addition, the point must be made that the fiscal benefits of having to extend social services to fewer people are cumulative and extend far beyond the analysis period. Also, total budgetary savings will reflect reduced expenditures in areas other than social services, for example,

infrastructure. Total fiscal savings, therefore, will be far greater than the cost of the program in the long term. In its 1988 study on poverty, the World Bank calculated that if the Philippines is successful in achieving a "rapid" fertility decline, the fiscal savings for social services expenditures alone would be \$300 million by the year 2015.

4. Sustainability

The issue of sustainability addresses whether or not the progress and accomplishments of the FPAP can be continued after its completion. Many of the components of this project are quite beneficial as far as sustainability is concerned. One of the major ones is the emphasis on the private sector. Since the NGOs are not dependent on the FPAP for their existence, they will be able to use their strengthened family planning capabilities to continue providing services after the project has ended. The involvement of business clinics and for-profit sales of family planning services will provide longer-lasting benefits as well.

Training is another component contributing to the sustainability of this project. The trained personnel will be able to utilize their newly-acquired knowledge for many years after the FPAP has been completed. Similarly, the establishment of the logistics system in DOH, to provide family planning services nationwide, will provide a logistical foundation which will likely make future family planning initiatives easier to implement as well as more successful.

The IECM component is an additional source of sustainability. Changing the attitudes of Filipinos towards family planning will make them more receptive to family planning services both during and after the FPAP. Finally, the support of the POPDEV component is beneficial as its goal of improving the climate for all family planning and population activities in the Philippines can result in a positive impact on all efforts in this policy area.

As far as budgetary or financial sustainability is concerned, the question is whether or not the GOP has the ability to handle and can finance the recurrent costs of the FPAP. According to USAID analysts who attended a meeting with GOP representatives on this topic, budgetary sustainability does not appear to be a problem. The DOH budget for 1990 is P7 billion or approximately \$333 million; the 1991 budget is P7.7 billion or \$366 million. The total cost of FPAP, \$62,427,000 represents less than 19 percent of the 1990 annual budget of the DOH.

The major negative feature of the FPAP concerning sustainability is the provision of the contraceptives. The success of fertility reduction and family planning programs requires a continuous supply of contraceptives. If this supply is not maintained, the users will have no real alternatives--other than abstinence--to the effective methods of contraception offered through this project. Although the FPAP does develop the DOH's logistics system, it does not address the issue of the long-term supply of contraceptives. Therefore, the DOH will have to continue using the United States as its source of contraceptives or find a new source at the termination of the project if it hopes to sustain the FPAP's gains.

SOCIAL SOUNDNESS ANALYSIS

1. The Environment

The Philippines is an archipelago of more than 7,000 islands. It has a total land area of about 300,000 square kilometers, 93.5 percent of which is contained within the 11 largest islands. The country is divided into three major island groups -- Luzon, Visayas and Mindanao -- and is further subdivided administratively into 14 regions, 73 provinces, 60 cities and around 1,500 towns with over 42,000 barangays (the smallest political units in the country).

The Filipinos, a people of mixed racial type, are a product of intermarriage between the original population and such groups as the Chinese, the Indians, the Arabs, the Spaniards and the Americans. As a result of more than four centuries of Spanish rule, the country is predominantly Catholic (83 percent in 1980). Nine percent belong to other Christian denominations. About five percent of the population, most of them residing in Mindanao, are Muslims. The rest profess either Buddhism or some kind of animist beliefs.

Despite advancement towards industrialization, the Philippines remains basically an agricultural country. Despite the trend towards urbanization, the country remains predominantly rural (about 68 percent of the population, according to the 1980 census).

The 1989 population has been estimated at 60.4 million (high assumption). The annual population growth rate reached a peak (3.06 percent) during the 1948 - 1960 period but has declined since then. During the 1980 - 1985 period, it was estimated at 2.44 percent, the highest in Southeast Asia.

The population age structure has changed slightly over the years. The proportion of those below 15 years old has declined while the median age, which reached a low level of 16.9 years in 1970, has increased to over 19 years.

The sex ratio, according to 1980 census data, indicates nearly equal number of males and females, with the very young ages having more males and older ages generally having more females. Regional 1980 data show that agricultural regions had the males outnumbering the females while the more urbanized regions had more females than males. These data reflect the emerging trend of female-dominated migration towards urbanized areas.

The crude birth rate declined dramatically from 1960 to 1975 but the rate of decline decelerated from 1975 to 1985. This phenomenon is due to the increase in the proportion of women in the child-bearing ages and a decline in the mean age at marriage. On the other hand, the crude death rate which declined considerably from 1970 to 1975 remained relatively stable since 1980.

With international migration being a comparatively insignificant component, the Philippine population growth rate is therefore primarily the result of an interplay between decreasing mortality and still high but slowly declining fertility.

2. Family Planning in the Philippines

Modern family planning is said to have been introduced in the Philippines in the 1920s by a Methodist missionary. As a national movement, however, it burst into the scene in the 1960s, with the private sector in the vanguard. Through the combined efforts of the pioneering private individuals, social scientists from the academe, medical experts and the mass media, the controversial family planning movement gained legitimacy. By the end of the 60s, the government was ready to adopt it as a national program.

During the 1970s, the population/family planning program enjoyed strong legal and political support. Numerous legislative and executive fiats were passed, all aimed at strengthening the program. POPCOM was created and regional offices were established to coordinate the nationwide implementation of the program by government agencies and NGOs. Program strategies changed from the purely static clinic-based approach to a community-based approach, operationalized as the Outreach Project, which made use of nonmedical personnel to motivate the people to practice family planning.

The early 1980s saw the full-blast implementation of the Outreach Project but the latter 80s, especially after the EDSA Revolution, has been a time of confusion for the program, as the conservative elements in Philippine society -- the Catholic Church, religious and lay groups and individuals -- have begun to wield greater influence in the policy-making and the implementation of the program, aside from waging an aggressive anti-family planning campaign in the mass media.

But how has the ordinary Filipino accepted the population/family planning program?

A nationwide study conducted in July 1987 by the Philippine Information Agency on public awareness and perception of government programs revealed that family planning was ranked number one by the respondents as the most helpful government program.

More specifically, the Filipino's attitude towards and acceptance of family planning can be gauged from the various national studies that have been conducted: the National Demographic Surveys in 1968, 1973 and 1983; the Republic of the Philippines Fertility Survey in 1978; and the Contraceptive Prevalence Survey in 1986. All these surveys revealed the respondents' favorable attitude towards family planning and preference for small family size.

In particular, the 1986 survey revealed that:

- * the desired family size of all women surveyed was 3.6 children, down from 5.1 in 1968 and 3.9 in 1978;

- * on the other hand, women in their early years of childbearing expressed a desire of 2-3 children at the end of their reproductive careers;
- * about 84.5 percent of the women did not want to have an additional child at least during the next two years;
- * fully 54 percent did not want any more children at all.

These findings indicate that there is a large reservoir of unmet needs for family planning waiting to be tapped, which is a strong justification for the USAID-supported Family Planning Assistance Project.

In addition, in February 1989, the Ateneo Weather Station Public Opinion Survey revealed that:

- * 82 percent of the nationally sampled respondents were aware of the government's family planning program;
- * of those who were aware, 80 percent were satisfied with the government's program as against nine percent who were dissatisfied;
- * 84 percent agreed with the opinion that a small family size would help improve family life as against four percent who disagreed;
- * on the other hand, only 33 percent agreed with the opinion that having many children would help parents in their livelihood activities, as against 46 percent who disagreed;
- * 69 percent agreed with the government's intervention in family planning as against 14 percent who disagreed;
- * of those who disagreed with the government's position on family planning, only four percent cited "against God" as the reason;
- * on the other hand, asked whether they agreed or disagreed with the Church's position on family planning, 40 percent agreed while 33 percent disagreed;
- * of those who disagreed, 31 percent said that family planning was not "Church business."

In short, the social and cultural environment is favorable to the continued implementation of the population/family planning program, despite the renewed and sometimes noisy opposition being waged by certain conservative elements in Philippine society.

The major task confronting the program today is how to narrow the gap between low practice and favorable attitude, to motivate the sizable number of nonprogram method users into accepting the more effective methods and to improve the continuation rates among people who adopt contraception.

To achieve this, an appropriate program intervention is needed, and this should include the following elements: a responsive organizational structure; an array of contraceptive methods more widely available to more people; an adequate number of committed and sufficiently trained service providers who can counsel and motivate potential acceptors as well as provide correct and detailed information on the various contraceptive methods; an effective IEC support system to correct rumors and misconceptions on program methods still prevalent in the field and to generate demand for program services; and a functional management information system that will provide data on program performance in a timely manner.

The Family Planning Assistance Project has been designed to assist the DOH to respond to these needs.

With the various program components in place, and given the favorable social and cultural environment, the Philippine population program should be able to contribute more meaningfully to Philippine national development efforts.

ADMINISTRATIVE ANALYSIS

The National Economic and Development Authority (NEDA) will be the signatory for the Government of the Philippines on the Project Grant Agreement to undertake the Family Planning Assistance Project. Implementing agencies will be the Department of Health and the Population Commission for services, supporting activities, coordination and policy formulation in the public sector. The Philippine Nongovernmental Organization Council (PNGOC) on Population Health and Welfare, other NGOs and the Futures Group, will implement private sector family planning activities.

The procedures by which USAID and the population grantees reach agreement on annual implementation plans and formalize their respective commitments have proven to be functional during many years of previous USAID population assistance projects. They will be continued in this project.

The implementing agencies and USAID negotiate the details of the work to be undertaken each year, their respective budget commitments and the administrative procedures to be followed. These mutual understandings are made binding by the agencies' signatures on the annual implementation plans. The signed plans become a part of the annual Project Implementation Letter (PIL), which will be jointly signed by NEDA and USAID.

Many of the DOH's program activities are decentralized and managed by its regional offices. Remittances of funds through regional to subordinate levels and the latter's documented reporting of expenditures at higher levels are established procedures. FPAP-funded activities will be carried out by the DOH with GOP-advanced funds. USAID will reimburse its agreed share to the Treasury on the basis of vouchers of expenditures, signed by the authorized GOP signatory. The supporting documentation of expenditures will remain in the Family Planning Service, available for audit by the USG for the life of the project. This reimbursement procedure has been in use in with the DOH since 1988, the final year of the PP III Project and is therefore familiar to DOH personnel.

Under FPAP, the DOH will eventually manage the contraceptive logistics system. The DOH plans to execute a Memorandum of Agreement with POPCOM for continued assistance over the first two years of the project for storage of contraceptives that are already in country. The GOP has agreed to make budget allocations for storage and distribution of new contraceptives. FPAP will provide a long term expatriate advisor and a long term Filipino logistics coordinator to assist the DOH to develop and manage the contraceptive logistics system required, to ensure that contraceptives and related equipment are always available at DOH service sites throughout the country.

Organizationaly, technical aspects of the DOH portion of the project will be handled by the concerned technical or support units within the DOH; namely, Family Planning Services (FPS), Health Intelligence Service (HIS) and the Public Information and Health Education Service (PIHES). DOH's Finance Service will handle the financial aspects of the project. Specialized technical assistance in training and IECM is provided for under FPAP. The project also makes provision for a Filipino Project Liaison Officer who will be housed in the FPS Unit to facilitate project implementation.

The project anticipates that the activities currently being implemented with the Asia Foundation to strengthen the management capability of the PNGOC will enable the latter organization to become a registered NGO with USAID, capable of receiving USG funds. As a registered NGO, PNGOC will be able to be a grant awarding agency and a source of technical assistance to its affiliated members. An Invitation For Application will be issued to enable a U.S. PVO to provide collaborative assistance to aid the NGO community as they plan to move toward some degree of self-sufficiency in the implementation of their family planning programs.

To implement the family planning program in businesses and industries, the DOH will make a grant to the Population Center Foundation who will carry out this activity in cooperation with the Department of Labor and Employment.

USAID's Office of Population, Health and Nutrition (OPHN) is the cognizant technical office for FPAP. Its professional staff for administering the assistance consists of one U.S. Direct Hire Population Officer and two Foreign Service Nationals who are professionals in the population field. OPHN also has full time procurement and financial personnel who assist the project officers. External consultants or AID/Washington expertise will be secured for project evaluations.

EXAMINATION OF THE NATURE, SCOPE AND MAGNITUDE OF THE ENVIRONMENTAL IMPACT

A. DESCRIPTION OF THE PROGRAM:

The Family Assistance Planning Project is a continuation of U.S. support to the Philippine national population program. Its purpose is to increase the prevalence of contraceptive use among married couples of reproductive age to lower the fertility rate and slow the rate of population growth.

The project will finance technical assistance, commodities (mostly contraceptives), short-term training, a grants component and audit/evaluation requirements. At this time there is no construction contemplated. It is envisioned that training will include the proper disposition of contraceptives.

B. RECOMMENDED ENVIRONMENTAL ACTION:

A categorical exclusion from AID's Environmental Procedures is proposed in accordance with AID Regulation 16, Section 216.2(c) (2) (viii), which provides for such an exclusion for "programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water systems, waste water treatment, etc.)." The proposed Project meets these criteria.

According to Section 2.16.2(e) of AID Regulation 16, the categorical exclusions under Section 216.2(c)(2) are not applicable to assistance for the procurement or use of pesticides. AID project funds will not be used for pesticide procurement under the Family Planning Assistance Project.

INITIAL ENVIRONMENT EXAMINATION

- (A) COUNTRY: Philippines
- (B) ACTIVITY: Family Planning Assistance Project (FPAP)
Project No. 492-0396
- (C) TOTAL A.I.D. FUNDING: \$40,000,000
- (D) LIFE OF PROJECT: FY 1990 - FY 1994
- (E) STATEMENT PREPARED BY: *E. Estene Odawine* *Gery M. Imhoff*
By: Estene Odawine and Gery M. Imhoff
USAID/Philippines
- (F) ENVIRONMENTAL ACTION:
RECOMMENDED: Categorical Exclusion under A.I.D.
Regulation 16, Section 216.2(c)(2)(viii)
- (G) ENVIRONMENTAL OFFICER:
CLEARANCE: *Kevin A. Kushing*
Office of Rural and Agricultural Development
USAID/Philippines
- (H) USAID/PHILIPPINES
DIRECTOR'S DECISION: APPROVED: *Victoria Lorde*
DISAPPROVED: _____
DATE: OCT 28 1989
- (I) ANE ENVIRONMENTAL OFFICER'S
DECISION: APPROVED: *Henry K. [Signature]*
DISAPPROVED: _____
DATE: 10-31-89

Annex G

Population Statistical Background

REPORT TO USAID

Thomas W. Pullum
Population Research Center
The University of Texas
Austin, Texas 78712

March 25, 1988

1. Introduction

This report has two purposes, one looking toward the past and the other toward the future. The first purpose is to reconcile and revise various existing estimates of the crude birth rate, the total fertility rate, and the contraceptive prevalence rate in the Philippines during the past several years, in order to develop baseline estimates of fertility and contraception for the next phase of the national family planning program. The second purpose is to recommend measures of fertility and contraception which can be used to specify targets and monitor progress in the future, as well as data sources to produce ongoing estimates of change.

The report was prepared during a March 6-26, 1988 visit to the Philippines. Valuable support was provided by the Population Institute of the University of the Philippines, the Office of Population Studies at the University of San Carlos, and USAID/Manila.

2. Reconciliation and Revision of Earlier Estimates

2.1 The Problem

During the past few years, it is probably fair to say that most observers of reported levels and changes in Philippine fertility and contraception have sensed two levels of inconsistency. First, the successive estimates have not seemed to agree with one another, with the result that various surveys have been partially or temporarily discredited at one time or another. Second, some reported changes have not corresponded well with other evidence, some of which is admittedly impressionistic, and some of which is relatively firm, about the success of the family planning program.

Attention has focussed primarily on the Crude Birth Rate (CBR), the Total Fertility Rate (TFR), and the Total Contraceptive Prevalence Rate (TCPR; this rate includes non-program methods and is calculated for currently married women). The main sources of estimates have been the 1973 National Demographic Survey (1973 NDS); the 1978 Republic of the Philippines Survey (1978 RPFS), conducted jointly with the World Fertility Survey program; the 1983 NDS; and the 1986 Contraceptive Prevalence Survey (1986 CPS). The fertility estimates from those surveys are centered on 1970, 1975, 1980, and 1984, respectively, and the prevalence estimates are current at the time of each survey. As of

this date, only preliminary results have been released for the 1986 CPS, and it is specifically those results which have prompted this review.

The sequence of estimates is as follows, including published estimates from the first three surveys and preliminary estimates from the CPS:

	1970	1975	1980	1984
CBR	39.2	34.8	36.3	31.8
TFR	5.90	5.20	4.96	4.84
	1973	1978	1983	1986
TCPR	24.4	37.1	32.1	43.9

The estimates from the first two surveys were generally accepted at the time when they were released. The reported decline in fertility and increase in contraception between the two surveys were regarded as good news. However, when the estimates from the 1983 NDS became available, there was considerable surprise that (apparently) the CBR had risen and the TCPR had fallen since the mid 1970s. This was unexpected, partly because it is unusual for a decline in fertility and a rise in prevalence to reverse once begun, and partly because the late 1970s had been a period of heavy inputs into the national family planning program. There was an inclination to reject the 1978 RPFs because it broke the trend. This was difficult because of the international expertise and high standards of the World Fertility Survey which had been utilized in that survey, yet if the 1983 NDS were accepted in preference to the RPFs, then it appeared that the CBR had fallen by only three points in ten years.

The apparent increase in the CBR from 1975 to 1980, at the same time the TFR was dropping slightly, was attributed to changes in the age distribution, which increased the relative size of the most fertile age groups of women. Analysts recommended that the program pay more attention to the TFR than to the CBR, because the TFR is not affected by changes in the age-sex distribution and nuptiality, factors which are outside the purview of the program. However, the CBR retained its prominence, partly because it is a direct input into population and economic projections, and partly, perhaps, because it gave support to the critics of the program.

When the results from the 1986 CPS became available at the very end of 1987, they were perplexing for the opposite reason. They showed a large decline in the CBR and an increase in the TCPR which indicated another reversal in direction. These changes did not correspond with the widely held impression that the program was stagnating in the early and middle 1980s. In order to restore consistency, it was tentatively suggested that the 1983 NDS take the role of an outlier and be discarded.

Our reconciliation effort has been limited in certain ways because of the brief time available. We will be concerned solely with national estimates. It would be desirable to replicate the analysis for regions and important

subgroups, such as urban/rural place of residence and various educational levels. Furthermore, both the 1973 NDS and 1978 RPFS will be accepted as baselines and the estimates from those surveys will not be revised. A more complete analysis would go back to the raw data files from the RPFS, at least, and possibly the 1973 NDS.

Extension to subgroups, and possible minor revisions to the estimates presented here, will be issued by the University of the Philippines' Population Institute (UPPI) within a reasonable period of time. It is strongly recommended that the new estimates be issued under the auspices of UPPI, rather than be attributed to the present author. Everything possible should be done to enhance the legitimacy of UPPI as a source of technical expertise and reliable figures. Little is to be gained by issuing revisions which are closely identified with USAID and foreign advisors.

A further reason for not issuing revisions at this time is that a much more extensive reconciliation of the 1973, 1978, and 1983 surveys is currently underway. That analysis is being conducted primarily by John Casterline of Brown University, under USAID and Population Council support. The present author is a consultant to that project, which is examining trends in breastfeeding, nuptiality, and the timing of the first birth, as well as fertility and contraception. Dr. Casterline kindly furnished draft copies of the tabulations and report for possible use. We have not in fact made much use of that material, and it remains for UPPI (and Casterline and Pullum) to integrate these separate efforts.

2.2 Weights for the 1986 CPS

An immediate observation is that all of the preliminary regional and national estimates from the CPS are in error because they were calculated without weights to correct for the different sampling fractions used in the survey's 25 strata (an urban and a rural stratum for each of the twelve regions, plus a stratum for Metro Manila, which is all urban). The original sample design called for approximately 2,000 ever-married women in each region and in Metro Manila, a total of about 26,000 respondents. The reason for the unusually large survey--in fact, the largest ever conducted in the Philippines--was to permit the calculation of continuation rates for specific methods in each region, and this interest in regional estimates required approximately the same sample size for each region. Thus the smaller regions were over-sampled, and the larger regions were under-sampled. In addition, the urban/rural balance within each region is different in the sample from the what it is in the population.

There was apparently a misunderstanding between UPPI staff and the consulting sampling statistician over whether or not weights were required. The bulk of the responsibility for this misunderstanding rests with the statistician, since he should not only have made it clear that weights were required, but should have calculated the values of those weights and furnished them to UPPI. But UPPI shares in the responsibility, because it was obvious from the

uniform distribution of the sample across regions that the sample was not self-weighting.

The author has calculated weights which will bring the percentage distribution of ever-married women aged 15-49 in the CPS, across the 25 strata, into exact agreement with the corresponding distribution in the NDS. These weights should then be applied to everyone in the respective strata, regardless of whether they appeared in the household survey or in the survey of ever-married women. Minor modifications could be made to these weights, on the basis of projected changes from 1983 to 1986 in the relative sizes of the 25 strata in the actual population. It is possible that UPPI staff will choose to make such modifications, but at this point we are not aware of satisfactory data to permit such a projection, and we do not believe that minor adjustments to the weights that have already been calculated would make much difference.

The net effect of using these weights is to reduce the estimated levels of fertility and to raise the estimated levels of contraceptive prevalence, thereby increasing the evidence of change between the NDS and the CPS. Thus, re-weighting alone will reduce the estimated TFR for 1984 from 4.84 to 4.65.

2.3 Consistency of the NDS and CPS Birth Histories

The central question, in terms of data quality, is whether the 1983 NDS and 1986 CPS agree with one another. It is difficult to resolve this question for the estimates of current contraceptive use, but relatively straightforward for the estimates of fertility, because the pregnancy histories in both surveys include information on the years before 1983. (These will be referred to as birth histories because no use is actually made of the non-live births in the pregnancy histories.) Differences could conceivably occur because of biases in the inclusion of women, or because of under-reporting of births in one survey relative to the other, or because of differences in the reported timing in one survey relative to the other. In checking for possible discrepancies of these types, we shall present three key comparisons in which there theoretically should be perfect agreement--except perhaps for factors such as higher maternal mortality for women of higher parity, which over time would produce an under-representation of such women, and possible systematic misreporting of age. Because the two surveys were only three years apart, these effects should be negligible. Deviations will be expressed in the form of a CPS figure minus the corresponding NDS figure, but only occasionally in these comparisons is it possible to say which of the two surveys is closer to "the truth," or whether the truth lies somewhere in between.

The household-surveys, rather than the surveys of ever-married women, can be used to compute the number of women born in 1933, 1934, ..., 1971, who were age 15-49 at the time of interview for the NDS or the CPS, without regard to their marital status. For easier presentation, in most of the analysis these single-year cohorts will be summarized into six five-year groupings of cohorts which appeared in both surveys: 1938-42, 1943-47, 1948-52, 1953-57, 1958-62, and 1963-67.

The distributions of the relative sizes of these cohorts were themselves checked for consistency. The following table gives the percentage in each five-year cohort out of the 15,982 women from the NDS and the 29,419 women from the CPS who were born between 1938 and 1967, and the difference (CPS minus NDS).

Cohort	Percentage in each Cohort		
	NDS	CPS	CPS-NDS
1938-42	10.5	10.2	-0.2
1943-47	10.7	11.2	+0.5
1948-52	13.4	14.7	+1.3
1953-57	17.1	17.3	+0.2
1958-62	21.8	21.5	-0.3
1963-67	26.5	25.0	-1.5
TOTAL	100.0%	99.9%	0.0%

These figures, like others reported below, are rounded from numbers with more decimal places, accounting for minor discrepancies. The calculated value of chi-square for this comparison is 25.9, with 5 degrees of freedom, which is highly significant statistically. Moreover, there is a pattern to the discrepancies. The "excess" of the CPS over the NDS is greatest for the 1948-52 cohort, and steadily declines for the earlier and subsequent cohorts.

Although the deviations between the two surveys are significant and follow a pattern, we do not believe they are serious. First, the comparison is based on a combined total of 45,401 cases, an extremely large case base for a chi-square statistic, and the value of chi-square is proportional to the size of the sample. Second, the fact that the deviations are most positive for the middle cohorts (or age groups) and most negative for the earliest and latest cohorts implies that the mean or median is almost exactly the same in the two surveys. Finally, age-specific rates and sums such as the TFR will not be affected at all by variations in the sizes of denominators, and a crude rate will be only slightly affected by deviations which average only seven-tenths of a percent in absolute value.

Next consider the first of the three comparisons which use the birth histories. For each birth cohort, we calculate the number of births through 1982 from the birth histories. The ratios for these cohorts (the number of births divided by the number of women) will be the mean cumulative number of children ever born (CEB) for each cohort. The same procedure is then applied to the CPS. We then verify whether there is agreement between the two estimates of the mean numbers of children born through 1982. The number of children ever born is not, in fact, one of the most important measures of fertility, because it refers to a long period of time, but it is a natural starting point for a comparison.

Chi-square was used to test for the statistical significance of any discrepancies in the mean number of children born through 1982. The following table gives the results of this comparison.

Cohort	Mean CEB through 1982		CPS-NDS	Chi Square
	NDS	CPS		
1938-42	6.63	5.28	-1.35	341.7
1943-47	4.79	4.48	-0.31	23.6
1948-52	3.47	3.30	-0.16	11.2
1953-57	2.16	2.13	-0.03	0.8
1958-62	0.79	0.84	+0.05	7.6
1963-67	0.08	0.10	+0.02	7.6

Chi-square can be calculated for each cohort; each term has one degree of freedom. The total chi-square, 392.4, has six degrees of freedom. If there were perfect agreement between the two surveys except for sampling error, then the expected value of the chi-square statistic would be equal to its degrees of freedom. The total chi-square and each component, except that for 1953-57, is much larger than expected and highly significant.

The discrepancy is most serious, by far, for the oldest cohort, although it is also substantial for the 1943-47 cohort. The CPS figure of 5.28 for the 1938-42 cohort is probably closer to the truth than the NDS figure of 6.63. The latter figure is 1.84 children higher than the recorded CEB of 4.79 for the next younger cohort in the NDS. Even allowing for the difference in age and cohort, it is highly unlikely that a difference as large as 1.84 children could be correct. At the end of 1982, women born in 1938-42 were roughly 40-44 years of age; at the time of the RPFS, women aged 40-44 (of all marital durations) had had an average of 6.06 children, which was 1.06 more than the women aged 35-39.

There is a definite pattern to the deviations, whether or not the oldest cohort is included. The CPS is lower than the NDS for the older cohorts and then crosses over, becoming higher for the younger cohorts, although by a small amount. Because of this crossover, the means aggregated over the cohorts 1943-67 are essentially the same: the CEB for those cohorts is 1.72 in the NDS and 1.74 in the CPS, with a non-significant chi-square of 2.3 with one degree of freedom. The relative deviation (expressed as the ratio of the deviation to the estimate from either the NDS or the CPS) increases monotonically, with the CPS being about 20% lower than the NDS for the oldest cohort and about 20% higher than the NDS for the youngest cohort. Expressed in this way, the deviation is definitely non-trivial.

We do not have a satisfactory explanation for the pattern of deviations. If there were high maternal mortality, and it increased with parity, then a

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similar pattern would appear; however, we observe too much of a shortfall in CEB for the later survey, given that the two surveys were only three years apart, and this kind of mechanism could not account for an actual surplus of births, relatively speaking, in the younger cohorts in the second survey. We shall later propose a possible explanation for this surplus. Comparisons with the RPFS are called for to determine whether the observed pattern characterizes other surveys.

The second comparison is the same as the preceding one except that the numerator of each ratio is the number of births recorded for the five years 1978-82. This is the more critical interval in which there should be agreement, because it is the most recent five-year interval which is common to both surveys. Fortunately, good agreement is found, except for a type of inconsistency which we believe can be explained. The following table gives the results of the comparison.

Cohort	Mean CEB 1978-1982		CPS-NDS	Chi Square
	NDS	CPS		
1938-42	0.61	0.60	-0.01	0.3
1943-47	0.96	0.94	-0.02	0.9
1948-52	1.19	1.17	-0.02	0.6
1953-57	1.25	1.22	-0.03	1.0
1958-62	0.68	0.73	+0.05	7.6
1963-67	0.08	0.10	+0.02	7.3
TOTAL	0.71	0.73	+0.02	6.7

Each of the chi-square statistics given in the table has one degree of freedom. The sum of the cohort-specific chi-squares is 17.7 with 6 degrees of freedom. This is highly significant, but is based on a very large number of cases--a total of 45,401 women and 32,903 births. It appears that fertility during the five years 1978-1982 was not significantly different in the NDS and CPS for the cohorts spanning 1938-57; the differences for 1958-67, however, are large enough for us to conclude that they are not random, and they cause the overall difference to be significant.

What could be the source of the discrepancy for the 1958-67 cohorts? In order to investigate this, the data for these cohorts were disaggregated into ten single-year cohorts and five single-years of births. The fifty ratios of numbers of births to numbers of women were then classified into seven groups according to the approximate age of the woman at the time of the birth and re-aggregated. The age at birth was estimated as the year of childbirth (1978 through 1982) minus the year of the woman's birth (1958 through 1967). The following table gives the age groups, the rates for those age groups in the NDS and CPS, the difference, and the value of chi-square for that line.

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Age Group	Mean CEB 1978-1982		CPS-NDS	Chi Square
	NDS	CPS		
21. and above	0.180	0.186	+0.006	0.4
20	0.147	0.165	+0.018	4.3
19	0.108	0.115	+0.007	0.9
18	0.060	0.075	+0.015	7.4
17	0.030	0.041	+0.011	7.4
16	0.014	0.019	+0.004	2.9
15 and below	0.002	0.003	+0.001	3.9

It is proposed that the CPS estimate of fertility during 1978-82 is consistently higher than the NDS estimate for the following reason. Births in both surveys were obtained solely from the questionnaires for ever-married women, with the denominators coming from the household surveys. The criterion for eligibility for the full questionnaire was whether or not the woman was ever-married, not whether she had ever had a birth. Thus, if a young woman had had an illegitimate birth during 1978-82 and was not married at the date of the NDS, then her birth would be omitted from the NDS. However, if she became married during the interval between the surveys, then as of the date of the CPS that birth would be recorded. We suspect that some young women, mainly at ages 17-18, had illegitimate births in 1978-82, were not married in 1983, but had become married or claimed to be married by 1986.

In view of the criterion for eligibility for the survey of individual women, and the fact that pre-marital fertility does exist in the Philippines, although at low levels, it is to be expected that any later survey will tend to show more births for any specific cohort and period, and that this effect will be most observable for young women. If this explanation is correct, then similar discrepancies should exist between all surveys, with every survey under-estimating the fertility of young women. In particular, the CPS has probably under-estimated the fertility of young women during the 1983-86 interval. It is recommended that this hypothesis be examined further using earlier surveys.

At any rate, the two surveys agree closely for the years 1978-82 even if the difference is greater than could occur by chance. The NDS undercount of births to young women is not serious enough to prevent close agreement on the Crude Birth Rate for 1978-82, as will be seen below.

The third comparison is based on the ratio of children born in the five years 1978-1982 to children born through 1982. This particular check does not actually utilize the distribution of women from the household survey and would therefore be particularly suited to a check for internal consistency in the birth histories even if there were biases in the denominators-- that is, different patterns of inclusion and omission of women.

The following table presents the results of this comparison.

Cohort	CEB 1978-1982 / CEB through 1982		CPS-NDS	Chi Square
	NDS	CPS		
1938-42	0.112	0.114		
1943-47	0.201	0.211	+0.002	0.1
1948-52	0.343	0.357	+0.010	3.1
1953-57	0.579	0.575	+0.014	4.5
1958-62	0.865	0.869	-0.004	0.2
1963-67	0.994	0.990	+0.004	0.3
			-0.004	0.1

The sum of the chi-square terms in this table, each of which has one degree of freedom, is 8.7, with six degrees of freedom. This chi-square is far from being statistically significant. There is also no pattern to the deviations. We conclude with this comparison that the NDS and CPS do not differ significantly in their relative allocation of births to the interval 1978-82 and the years before 1978.

A final comparison was based on the ratio of ever-married women to all women in each cohort. This was calculated for each of the single-year cohorts, and then a three-year lagged comparison was made because the NDS and CPS were three years apart. That is, the proportion ever-married in the 1933 cohort in the NDS was compared with the proportion ever-married in the 1936 cohort in the CPS; etc.; and finally the proportion ever-married in the 1967 cohort in the NDS was compared with the proportion ever-married in the 1970 cohort in the CPS. Those proportions will not be presented here, and no statistical test will be given, because there is no reason why the lagged proportions should agree exactly. These are not, strictly speaking, two different estimates of the same population quantity, and they could differ because of trends in age-at-marriage between 1983 and 1986. However, the level of agreement was remarkably close, even for the young cohorts, which we interpret as evidence that there were no differential biases in the two surveys in the definition of marital status.

2.4 Revision of Crude Birth Rates

The preliminary estimates of the CBR and TFR for 1984 both showed declines from the 1980 levels, and in fact the apparent decline in the CBR was much steeper than the decline in the TFR. This pattern did not appear to correspond with the changes from 1975 to 1980, during which the CBR allegedly rose at the same time that the TFR fell, supposedly because of changes in the age distribution. It did not seem reasonable that the explanation for a divergence between 1975 and 1980 could abruptly reverse itself. We therefore attempted to re-estimate the CBR for both 1980 and 1984. The 1975 figure was taken unchanged as an anchor, because it was calculated with the methodology of the World Fertility Survey.

Although this may not be obvious to non-demographers, a fertility survey is not well-adapted to the estimation of a Crude Birth Rate. The main difficulty

is that the denominator of the CBR is the total population, and fertility surveys deal primarily with the sub-population of women of reproductive age. The detailed survey of these women is preceded by a household survey, but that is mainly a screening device for identifying eligible respondents, and cannot be relied upon for good estimates of the size and characteristics of the population at large.

Rather than re-apply the methodology used at UPPI for estimating the CBR, we developed a new procedure. The reasoning behind the procedure will be described briefly because the results are an important part of our conclusions.

The basic requirements for an annual CBR are the number of births to a population during a year, and the total size of the population at the middle of the year. The ratio of the first to the second, multiplied by 1000, will be the usual single-year CBR. For greater stability, it is normal to replace the numerator of the rate with the average of three or five years of births. In our approach, the entire household sample is regarded as a mini-population, so to speak, whose annual numbers of births and total size must be re-constructed for the years before the survey. Ten is probably the maximum number of years which can be safely re-constructed.

The following quantities are required as inputs to the procedure. First, the birth histories of the women are used to calculate the reported numbers of births in each calendar year preceding the survey. The year of the survey itself is not used, because it is incomplete and each woman has less than a full year of exposure, depending on her date of interview. (With more time I could include it as well.) A small number of births are supplemented to these counts because the birth histories are only collected for women aged 15-49, and this means that there is a progressive loss of information on the fertility of older women.-- For example, we will have no information on the fertility five years before the survey of women then aged 45-49, because those women will be over age 49 by the time of the survey. The number of births which must be added in is relatively very small, because the fertility of the omitted ages is low and those women are a small part of the population, particularly in the Philippines. They are estimated simply by extrapolating backwards the pattern of late fertility for the women on whom we have complete information.

The second quantity which is required is an estimate of the current size of the mini-population at the date of the survey. This could be obtained from the total (weighted) size of the household survey, but we have instead taken the number of women aged 15-49 (of all marital statuses) and divided it by .2399, which is the ratio of all women aged 15-49 to the total population of the Philippines in the 1980 census. This ratio appears to be relatively stable over time, and in any case has exactly the correct date for a 1980 estimate.

We then project these quantities backwards. The number of births to the mini-population must be slightly inflated as we go back in time because the births to women who died before the survey will not be recorded in the

survey. To inflate the birth count we simply assume that the death rate for women aged 15-49 is 40% of the Crude Death Rate for the total population, the CDR. (The next paragraph includes a discussion of the CDR.) This percentage was generated by examination of standard tables of model populations with fertility and mortality conditions comparable to the Philippines; however, the percentage is relatively stable within a range of fertility and mortality conditions.

Next we project the total size of the mini-population backwards. This count will of course get smaller as we go backwards, corresponding exactly to the total national population. We apply the basic equation of population growth (omitting terms for migration since our only interest is natural increase). That is, for example, the population on Jan. 1, 1982 is equal to the population on Jan. 1, 1983, minus the births in 1982 plus the deaths in 1982. The births come from the preceding paragraph. The deaths are estimated by assuming specified levels of the Crude Death Rate. We assume a constant CDR of 9.0 during the entire interval. The results are not highly sensitive to the specification of the level or pattern of change in mortality.

	1975	1980	1984
RPFS	34.8		
NDS	35.3	33.9	
CPS		33.8	30.8

The estimate of 34.8 for 1975 comes from the RPFS and was not re-calculated. The other four numbers in this table are new. When the procedure is applied to the NDS to get retrospective estimates of the CBR for 1975 and 1980 (actually the usual five-year estimates for 1973-77 and 1978-82), the estimates are 35.3 and 33.9, respectively. The CPS produces estimates of 33.8 for 1980 and 30.8 and 1984 (the latter estimate is pooled for 1983-85).

To verify that the results are not highly sensitive to the estimate of the Crude Death Rate, the procedure was re-applied with the CDR estimated at 7 continuously since 1973, and again with an estimate of 11 continuously since 1973. According to Wilhelm Flieger of the Office of Population Studies, University of San Carlos, a range from 7 to 11 is virtually certain to bracket the true level of the CDR throughout this period. The point estimates of the CBR in the preceding table will then be replaced by the following interval estimates: 35.3 will be replaced by the range 35.0 to 35.7; 33.9 will be replaced by 33.8 to 34.0; 33.8 will be replaced by 33.6 to 34.1; and 30.8 will be replaced by 30.8 to 30.9.

The high level of agreement between the estimates for 1975 and between the estimates for 1980 serves to validate both the methodology and the complete set of surveys. The estimates are not statistically significantly different. Moreover, the single-year estimates for the years 1978-1982, calculated from

both the NDS and the CPS, show similar year-to-year changes. Those numbers will not be presented here because we do not believe they would sustain the degree of interpretation which would probably be placed on them.

We therefore estimate that the CBR was 35 in 1973-77; 34 in 1978- 82; and 31 in 1983-85. We propose 30 as the 1988 baseline figure for the next phase of the population program.

This new procedure has been programmed by the author in Fortran and can be used by UPPI to generate regional and other estimates of the CBR as desired.

2.5 Re-calculation of Fertility Rates

The age-specific and total fertility rates issued already by UPPI for the CPS appear to be essentially correct except for the matter of the weights. That is, the rates within strata appear to be correct. The reason for accepting the rates is that they were calculated with the same computer program that was used for both the RPFS and the NDS and there is no evidence of inconsistencies. The author has left at UPPI a new computer program which may simplify the calculation of fertility rates in the future, but at the time of this report that program was not yet operational and cannot be used as a check on the rates which have been issued. Instead, for this report we have simply re-calculated the urban, rural, and national rates by applying the tentative sampling weights to the 25 strata.

The following table gives the revised estimates of these rates for 1984, per 1000 women. As calculated by UPPI, these rates are approximately five-year rates and are centered on Jan. 1, 1984, rather than July 1, 1984.

	Urban	Rural	Total
15-19	27	55	44
20-24	145	225	194
25-29	192	271	241
30-34	174	228	287
35-39	114	179	155
40-44	52	84	72
45-49	11	20	17
TFR	3.58	5.31	4.65

Relative to the 1980 estimates, published elsewhere, there is a decline for almost every age and residence group, amounting to a decline of 5.3% for urban women, 6.0% for rural women, and 6.3% for all women (it is not strictly necessary mathematically for the overall decline to be in the range of the declines for the two subgroups). This is even more of a decline than appeared with the unweighted TFR.

As a final confirmation of the decline in fertility, we have simply calculated for the NDS and CPS the ratio of the average number of births in the three calendar years before each survey to the total number of women age 15-49, regardless of marital status, at the time of each survey. This measure is an approximation of the General Fertility Rate. For the NDS, using years 1980-82, the ratio is $7208/(3 \times 10843) = .2216$. For the CPS, using years 1983-85, the ratio is $13323/(3 \times 22149) = .2005$. The ratio is 9.5% smaller for the CPS than for the NDS. Even if there were systematic patterns of date displacement or of omission of illegitimate births, for example, the decline of 9.5% would be unaffected (so long as the patterns of displacement or omission were the same in both surveys). The magnitude of this decline differs from the decline in the TFR because the time periods are different.

As a conservative extrapolation of the observed trend, we suggest that the baseline TFR for mid-1988 be estimated as 4.5.

2.6 Contraceptive Prevalence

Following established practice in the Philippines, methods will be grouped into four categories: (A) Reversible Clinical Methods (pill, IUD, injection), (B) Sterilization (ligation, vasectomy), (C) Other Program Methods (condom, rhythm, vaginal methods), and (D) Non-Program Methods (withdrawal, abstinence, other). Here, (C) includes combinations of program and non-program methods, with the mysterious exception that the combination of withdrawal and condom is counted as a non-program method.

The Total Contraceptive Prevalence Rate (TCPR), the percentage of currently married women using any of the above methods, has been reported from the successive surveys as 24.4 for 1973, 37.1 for 1978, and 32.1 for 1983. The discontinuity associated with 1978, which was noted earlier, is due entirely to the inclusion of non-program methods. The percentage using program methods, which will be referred to as simply the Contraceptive Prevalence Rate (CPR), follows the sequence 18.4, 25.2, and 26.5. In the CPR there was therefore a monotonic increase over time, although the apparent change from 1978 to 1983 was negligible.

The women in categories (A), (B), and (C) can be weighted by the approximate use-effectiveness of the methods in those categories, 0.8, 1.0, and 0.6, respectively. The index of contraceptive protection thus produced follows the sequence 13.3, 18.7, and 21.3; improvements in method mix from 1978 to 1983--mainly the increase in the percentage sterilized, from 5.3% to 9.5%--somewhat offsets the impression of stagnation during the interval.

The reported fluctuation in use of non-program methods, particularly the relatively high percentages in the 1978 and later in the 1986 surveys, is difficult to take at face value but is also difficult to account for. The questionnaires are all virtually identical, at least in their English versions. We suspect that in the surveys with higher figures there may have been additional probes or explanations which do not appear in the

questionnaires themselves. It is important that training manuals, interviewer guidelines, etc., be similar from one survey to another and be retained as part of the basic documentation for each survey. We have not had the opportunity to compare such documents.

In the 1986, the increase in non-program methods was due to increased reporting of withdrawal. We understand that on Luzon, the Tagalog word for withdrawal is the same as the word for "natural," and with the increasing emphasis on Natural Family Planning it is possible that some confusion arose. Such linguistic cues should be checked further.

At any rate, we do not accept the reported levels or fluctuations in non-program methods. Such methods are known to have very low use-effectiveness; and the family planning program should not be given credit for increases in those methods or be held responsible for declines in those methods.

To examine the changes from 1983 to 1986 as reported in the NDS and CPS we have produced new tabulations broken down by five-year age groups. The figures for 1986 will differ somewhat from those in the preliminary UPPI reports because of our use of weights. However, for some reason our figures also differ slightly from those already reported for 1983--our figures are slightly lower. We have used currently married women for the denominators, and it is possible that the published rates omit currently pregnant women or women who do not believe they can have more children, etc., which would reduce the denominators and raise the rates. Assuming that the difference could be clarified with more time, we defer to the published figures and just offer the new ones here for comparability with the weighted CPS estimates, which also refer to currently married women.

The following table gives the estimated weighted percentage of women using program methods in each survey, the increase from 1983 to 1986, and the relative increase from 1983 to 1986.

Age Group	1983 NDS	1986 CPS	Increase	Relative Increase
15-19	7.5	9.1	1.6	21%
20-24	17.1	21.0	3.9	23%
25-29	27.5	33.1	5.6	20%
30-34	33.6	40.0	6.4	19%
35-39	33.0	40.0	7.0	21%
40-44	24.7	35.5	10.8	44%
45-49	13.2	20.0	6.8	52%
ALL AGES	24.9	31.8	6.9	28%

Looking at all ages, the prevalence rates for methods of types (A), (B), (C), and (D) appears to have increased from 7.1 to 7.8; 8.5 to 10.6; from 8.0 to

11.4; and from 4.7 to 10.7. Ignoring the fourth category, and again using weights 0.8, 1.0, and 0.6 for the first three categories, our weighted index of contraceptive effectiveness increased from 20.0 to 25.2, for a relative increase of 26%. Thus the method mix changed very little, and the index increased by virtually the same relative amount as the prevalence rate for program methods.

It is some indication of consistency that apparently fertility fell and prevalence increased at the same time. If fertility had declined without an increase in prevalence, then the mechanism behind the fall would be unclear and the decline would be suspect. Similarly, an increase in prevalence without a decline in fertility would be difficult to accept.

However, it is important to note that the impact of contraception should properly be observed AFTER the contraception, rather than before. A possible sequencing would look like this:

	Program Prevalence	TFR
1968-72 (1973 NDS)		5.90
1973 (1973 NDS)	18.4	
1973-77 (RPFS)		5.20
1978 (RPFS)	25.2	
1978-82 (1983 NDS)		4.96
1983 (1983 NDS)	26.5	
1982-86 (CPS)		4.65
1986 (CPS)	31.8	

The apparent increase in prevalence in 1986 should actually show up in reduced recent fertility in the 1988 NDS, which will soon go into the field. The table can soon be extended with results from that survey.

We have also calculated the median age of the program methods as reported for

1983 and 1986:

Methods	1983 NDS	1986 CPS
Reversible	30.3	30.0
Sterilization	35.9	36.2
Other program	32.3	33.3
Non-program	32.7	30.1

Roughly speaking, to the extent that the data can be taken at face value, a rise in the median age means that earlier adopters have simply aged and/or the new users are older and therefore will have less impact. The two noteworthy changes here are that (1) the median age of "other program" users went up by one year and (2) the median age of "non-program" users fell by 1.6 years. These changes could have resulted from transfers between the two categories, or incorrect classification in one category rather than the other. One positive interpretation which could be placed on the young age of the non-program users is that they may be in a preparatory phase to moving into the recognized program categories.

We conclude that the prevalence rate for program methods was 32% in 1986. As a baseline figure for 1988 and the new phase of the program, we propose an only slightly higher figure of 33%.

2.7 Interpretation

It will be difficult for some persons to accept that there may have been a decline in fertility and a rise in prevalence during the early 1980s, and it will be difficult for them to accept that this trend can be extrapolated through the middle 1980s. Their hesitation will be based on the low level of political commitment to family planning during the interval, alleged problems in the management of the program, the stagnation of the economy, increasing religious conservatism, etc. The author himself did not expect to reach these conclusions, although as the leader of a team which reviewed the population program in January 1986, he (with the rest of the team) was more positive than USAID about the management and probable impact of the program. USAID may choose to defer accepting the estimates offered here until they have been confirmed by further analysis, perhaps even by the results of the 1988 NDS; the author would not argue with this kind of caution.

We have focussed here upon data reconciliation, but will now suggest a possible reconciliation of the quantitative results with the other more impressionistic evidence that fertility decline is unlikely in the recent and present political and economic climate.

Bear in mind that our results do not dispute that fertility is high and prevalence is low in the Philippines, compared with most other countries in the region. We do not doubt that the Crude Rate of Natural Increase is

presently above 2% per year, although we believe it is closer to 2% than to 3%. We are simply presenting evidence that there has been a slow monotonic pattern of change since the early 1970s--in fact, since the mid 1960s, if the results from the 1968 NDS were included in the sequence.

It is possible that too much of a mental linkage has been constructed between the pace of fertility change and the inputs into the program. The program has primarily served to make information, methods, and facilities available to the population and secondarily to change attitudes--for example, to convince parents that the health and education of their children are more important than the sheer number of their children. Both of these emphases, on means and on goals, are important. However, we propose tentatively that there are other important forces of change in attitudes toward fertility and fertility control, apart from the program. These are connected with the urbanization of the population, its high level of literacy and exposure to the mass media, and the deep penetration of Western ideas, including the concepts of economic and political self-determination. Many aspects of the Filipino culture are very far indeed from the stagnation which is alleged to have characterized the family planning program--or even the economy--during the past several years. These cultural changes may have played a role in the steady changes noted here. It would be helpful to examine changes in the reported desire for additional children, which this report has not considered at all.

In short, the family planning program should not be credited single-handedly with responsibility for either the success or the failure which may be attached to the un-interrupted decline in fertility and the increase in the prevalence of effective contraception. The program is not the only agent of change.

3. Recommendations for the Program

We now turn toward the future and offer some recommendations for the next phase of the program which will begin in 1989.

3.1 Specifying Target Measures

It is one thing to monitor the Philippine population and project future changes; it is something quite different to set targets and objectives. Confusion has consistently arisen in the past because program targets have not been distinguished from estimates and projections based simply on the extrapolation of previous trends. Further confusion has arisen because objectives have been specified in terms of the growth rate or the crude birth rate, quantities which are affected by factors beyond the purview of the program.

It is strongly recommended that targets be specified in terms of the cross-sectional estimate of the completed number of children a woman will have, that is, the Total Fertility Rate. Other quantities are sensitive to

changes in the age distribution, the sex ratio, the marriage rate, the death rate, or migration. It is possible to translate a change in the TFR into a change in the CBR or the growth rate, making reasonable assumptions about future levels of the other factors. But it is unreasonable to hold the family planning program responsible for changes in the age distribution, etc. It is particularly unreasonable to set targets for declines in the Crude Death Rate and then hold the family planning program responsible for the effect of such a decline upon the Crude Rate of Natural Increase.

We understand that the Total Fertility Rate is in fact the measure of fertility which is used in the Philippine development plan.

The target of the program should be in terms of a steady reduction in the Total Fertility Rate, at a rate of .1 to .2 of a child per year. A reduction of more than .2 per year would be difficult to achieve, considering the levels of change observed in other countries; a reduction of less than .1 per year may well occur with minimal program inputs, looking at the changes since 1970, and may not be sufficiently ambitious.

The main measure of contraceptive prevalence should be the percentage of currently married women who are currently using program methods. Data on non-program methods such as abstinence or withdrawal should definitely be collected, but these methods should not be included in the rate. It is truly ironic that the greatest criticism of the program has been based on the apparent fluctuation in the use of methods which are not publicized or served by the program and which have the lowest level of verifiability and efficacy. The central fact is that the prevalence of program methods has risen steadily--although not as rapidly as hoped.

The usual prevalence rate is a crude rate, in the same sense as the Crude Birth Rate, because it is undifferentiated with respect to age. Obviously, use in the ages of higher fertility will have more impact than use in the ages of lower fertility, and a sterilization at a lower parity will have more impact than sterilization at a higher parity. Moreover, methods differ in their use-effectiveness. Measures which adjust for age and/or parity composition and for the mix of use-effectiveness will better serve to evaluate the likely effect upon the Total Fertility Rate and the success of the program. A variety of such measures can be developed; the simplest would be an age-standardized contraceptive effectiveness (CE) rate, in which each user would be weighted by the effectiveness of her method.

It is reasonable to aim at an annual increase of approximately two points in the percentage of currently married women who are using program methods. A model should be used to ensure compatibility between the targetted changes in fertility and contraception.

3.2 Monitoring the Program

: We are pleased that a 1988 NDS will be conducted soon. This will continue a

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sequence stretching back to 1968 and will provide better estimates of fertility at the beginning of the next phase of the program. Results from this survey should be available by the middle of 1989; emphasis should be placed on quick preparation of a preliminary report. On the basis of that survey, it should be possible to make a good pre-censal estimate of the 1990 population. Another NDS should be planned for 1993.

It is recommended that another CPS be conducted in 1989 or at the latest in 1990. The main emphasis of such a survey should be on fertility and contraception, as with the 1986 CPS, avoiding the addition of blocks of information which are included in the NDS. Such a survey need not be on the same scale as the 1986 CPS, in terms of sample size, if the cost of a large sample would jeopardize the survey. Method-specific continuation rates at the regional level are helpful but are a good deal less important than good estimates of fertility and current prevalence.

Complete pregnancy histories should be collected in all surveys. At an earlier time this author would have recommended just going back five calendar years before the survey. However, it is clearly quite important in the Philippines to be able to calibrate each survey with the ones which preceded it, as attempted earlier in this report. It will be difficult to accept unexpected results unless such calibration is possible.

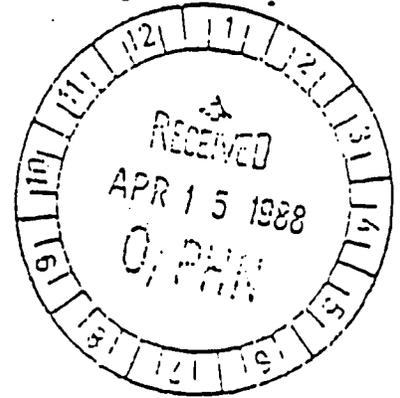
Another source of data for monitoring the program, the Commission on Population's management information system, needs to be strengthened. An independent review of that system is under way and we will not make any specific recommendations here.

UPPI should continue to play the major role in the analysis of future surveys, if they continue to be interested in doing so. Moreover, USAID and other agencies should be receptive to proposals from UPPI which will assist in its institutional development. A particularly serious problem exists at this time in the level of data processing technology at UPPI. They are relying on the UP mainframe computer, an IBM 370/138, whose only forms of data input are Hollerith cards and 800 bpi tapes. The tape drives and card reader are approximately 20 years old and are monuments to the resourcefulness of the UP computer maintenance staff. Access to this machine, obsolete though it is, is further limited by its heavy use for administrative data processing at UP. A relatively small investment in equipment, of the order of \$50,000, would vastly increase the research capability of the UPPI staff.

Future analysts, at UPPI or elsewhere, are strongly encouraged to analyze each new survey with reference to the ones which preceded it. The Philippines has an unusually rich sequence of national surveys. New computer programs and demographic methods should always be checked and calibrated against earlier surveys. Distributions and rates should always be compared with their earlier values and with subsequent estimates or projections. Departures from anticipated levels should be carefully explored before they are accepted as real. Comparison and reconciliation should be a part of every new analysis.

THE UNIVERSITY OF TEXAS AT AUSTIN
Population Research Center
Austin, Texas 78712
April 5, 1988

Mr. Ed Muniak, Population Officer
Health and Population
USAID, 17th Floor
Magsaysay Center
Roxas Boulevard
Manila, Philippines



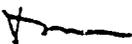
Dear Ed,

Enclosed is a brief discussion of the compatibility between the estimates of the Crude Birth Rate, Total Fertility Rate, and Contraceptive Prevalence Rate, in response to the question you raised at the March 25 de-briefing. I will send separate copies to Bill Johnson and to John McWilliam at ISTII. It is written in such a form that you can simply incorporate it in my March 25 report, if you wish.

I would like to repeat what I said before, that it might be best to treat the evidence of a fertility decline between the NDS and CPS with some caution until the preliminary results from the 1988 NDS are out. I think I made all the checks that I reasonably could have made in the time and with the computing facilities available, and I think anyone else would have come to the same conclusions. I have spent a little more time over here, with better computer software, verifying the close correspondence between the two surveys in their estimates of fertility from 1978 to 1982. However, to be frank, there is some residual doubt in my mind over the conclusions, simply because the rate of change in three years does not correspond with the indicators of program strength and because it is hard to reconcile with the very small apparent change during the preceding interval, when the program was stronger. Perhaps there is more of a lag than we thought between program effort and program impact.

My thanks to you and Bill for the opportunity to do this work. I hope you will keep me in mind for the future. I would be particularly interested in helping to speed up the preliminary results from the 1988 NDS, either with an advance plan similar to the one I worked up in July 1983 for the 1983 NDS or by helping soon after the data entry has been completed. With regards,

Sincerely,


Thomas W. Pullum
Professor
cc: William Johnson

ADDENDUM TO REPORT OF MARCH 25, 1988
(May be added as a section of Part 2.)

Thomas W. Pullum
Population Research Center
University of Texas
Austin, Texas 78712

April 4, 1988

2.x Comparisons with other countries

The estimated 1988 baseline figures are 30 for the Crude Birth Rate, 4.5 for the Total Fertility Rate, and 33 for the Contraceptive Prevalence Rate (the percentage of currently married women using program methods). For another check on the internal compatibility of this set of numbers, they will be compared with estimates developed by the World Fertility Survey for eighteen countries which participated in the WFS program during the middle and late 1970s. The following list includes all of the countries described in WFS Comparative Analyses #9 and #11 except for Jordan, which is an outlier with a TFR of 6.99. (Other countries are reported in later WFS publications, but they are mainly in Africa, the Middle East, and Latin America, and are less representative of the levels of fertility and contraception found in the Philippines.) The list includes the Philippines. Fertility estimates refer to the three years before the survey--which in the case of the Philippines was the 1978 RPFS, and because of the different reference period the estimates of the TFR and CBR differ slightly from the ones presented earlier for 1973-77. (Note: the estimates for the Philippines of TFR=4.845, and particularly CSR=32, are lower than other figures we have seen from the RPFS.) Current use of contraception is divided into "Inefficient" and "Efficient" methods, which correspond roughly to non-program and program methods, respectively.

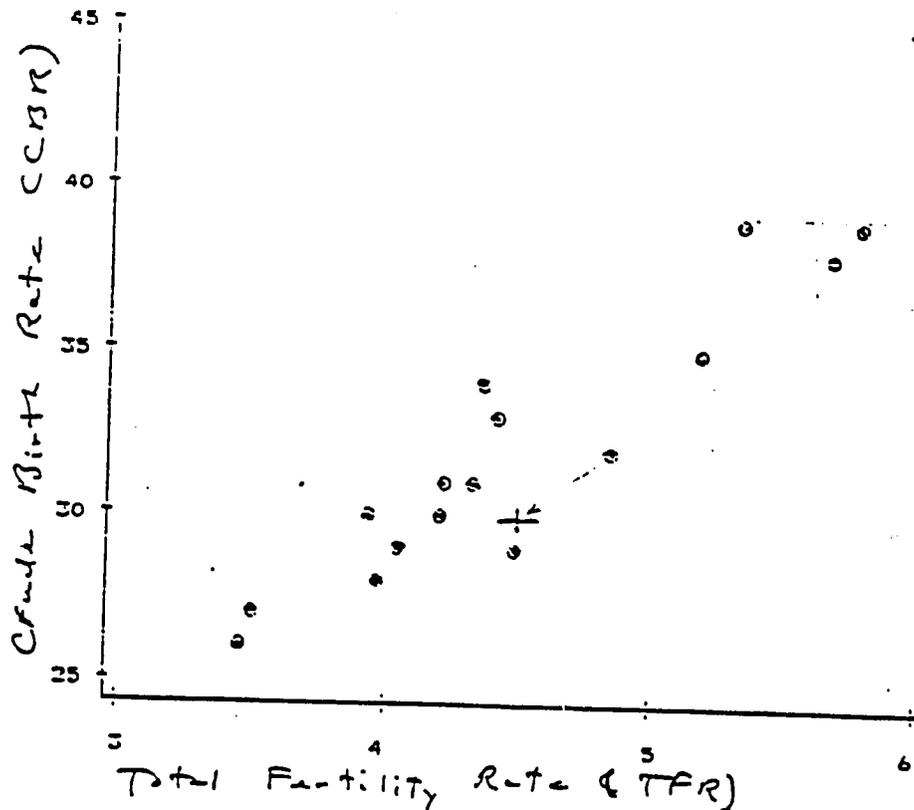
Contraceptive Prevalence (Percentage of Currently Married Women who are currently using -indefinite or efficient methods). Total Fertility Rate and Crude Birth Rate (for the three years prior to each survey)

	Cont. Prevalence		TFR	CBR
	Ineff.	Eff.		
Bangladesh	3	5	6.055	43
Fiji	6	35	3.930	30
Indonesia	3	22	4.210	31
Korea	8	27	4.040	29
Malaysia	9	24	4.320	31
Nepal	0	2	5.955	45
Pakistan	1	4	5.770	39
Philippines	20	15	4.845	32
Sri Lanka	13	19	3.455	26
Thailand	3	30	4.200	30
Colombia	12	31	4.415	33
Costa Rica	11	50	3.500	27
Dom. Republic	6	26	5.320	39
Guyana	7	25	4.355	34
Jamaica	3	37	4.465	30
Mexico	7	23	5.660	38
Panama	8	46	3.970	28
Peru	20	11	3.170	25

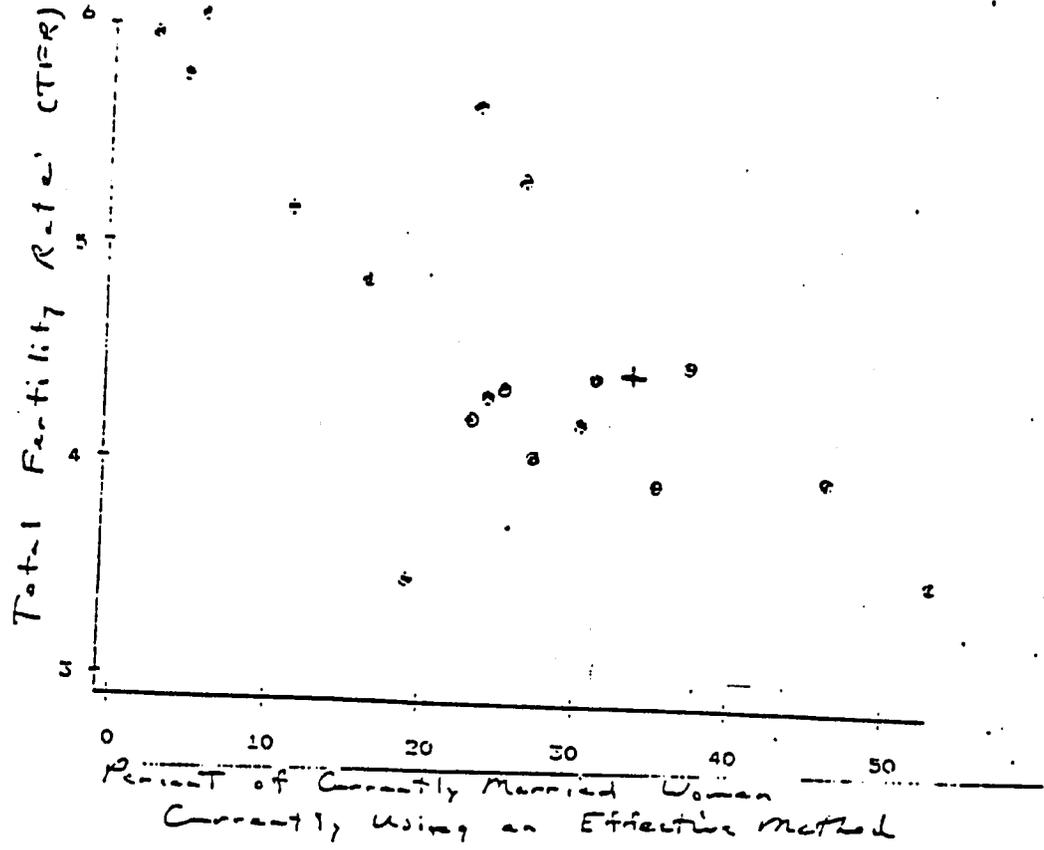
*Source: from countries participating in the World Fertility Survey, generally in the late 1970s. Prevalence figures from WFS Comparative Study No. 9 (June 1981), p. 46. TFR and CBR from WFS Comparative Study No. 11 (May 1980), p. 15.

The following three figures show (1) the observed combinations of the CBR and TFR; (2) the TFR and the percentage of currently married women using an efficient method, referred to as the CPR; and (3) the TFR and the percentage of currently married women using any kind of method, referred to as the TCPR. On the first two figures, the estimated combination of values for the Philippines in 1988 is indicated with a cross. It is clear that the estimated combinations are comfortably within the range observed in other countries. The third figure is included simply because the TCPR has been used in the Philippines in the past, although its use in the future is not recommended.

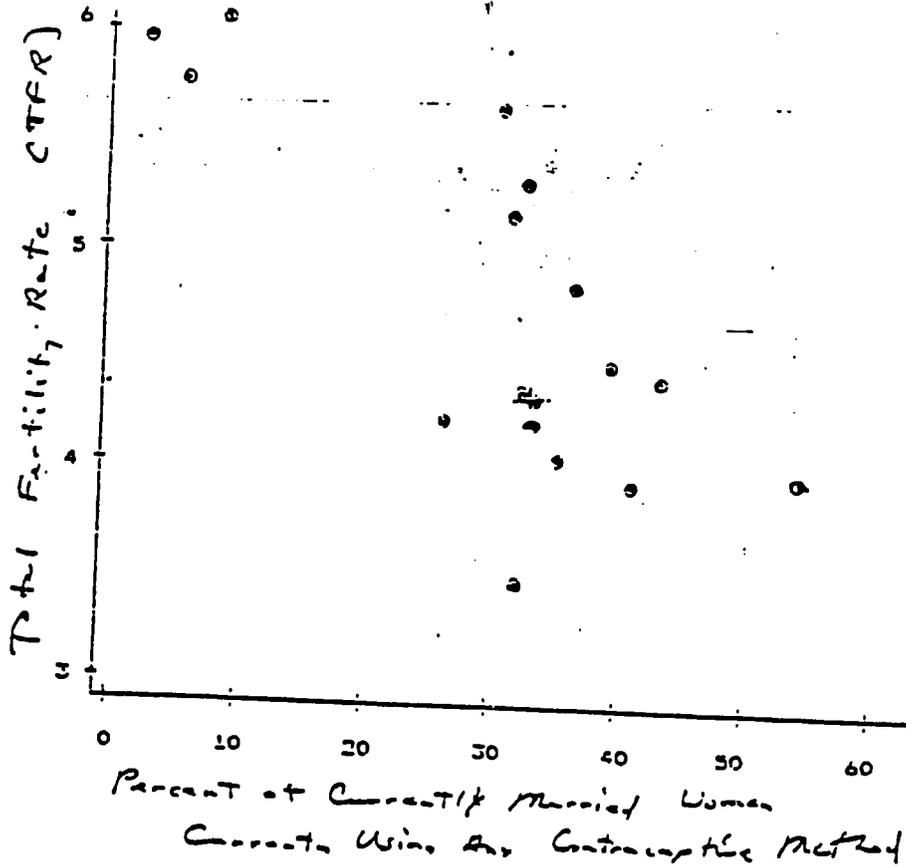
(1)



(2)



(3)



When the CBR is regressed upon the TFR, the best-fitting line through the 18 points is $CBR = 3.79 + 6.34 \times TFR$ (with $R^2 = .90$). That is, a decrease in the TFR of one child corresponds to a reduction of 6.3 in the CBR; a reduction in the TFR of half a child corresponds to a reduction of 3.2 in the CBR; and so on. On this best-fitting line, a TFR of 4.5 would imply a CBR of 32 rather than 30. However, all the possible combinations of the CBR and TFR which have been reviewed here are below the line; apparently the Philippines is consistently below the line, probably because of the low fertility of the large category of women 15-19 relative to other developing countries.

When in turn the TFR is regressed upon the CPR (efficient methods only), the best-fitting line is $TFR = 5.74 - .045 \times CPR$ (with $R^2 = .56$). Thus an increase of 10 points in the CPR corresponds to a decrease of approximately half a child (.45) in the Total Fertility Rate. This relationship establishes the correspondence in targets for change in the CPR and the TFR. If 33% of currently married women were using efficient methods--which is not quite the same as program methods--then the TFR implied by the regression line would be 4.3. Although not the same as 4.5, this estimate is close, given that program methods in the Philippines include some methods with low use effectiveness.

Using the 18 countries in the WFS Comparative Analyses, we have also calculated the correlations among these quantities. Although the correlation between the TFR and the proportion using efficient methods is quite strong, at $-.75$, the correlation between the TFR and inefficient methods is much weaker, only $-.28$. Also, the correlation between the proportion using efficient methods and the proportion using inefficient methods is only $.09$. The returns from inefficient methods, either in terms of impact upon the TFR or in terms of spillover to efficient methods, are small--although it is possible that women shift to more efficient methods over time.

Annex H
Operationalization of DOH

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

7 January 1989

Board of Commissioners
Population Commission

S U B J E C T : Operationalization of DOH Role in
Family Planning

Honorable Commissioners:

Consistent with the Board decision to designate the DOH as the lead agency in family planning, we would like to propose the attached draft resolution specifying the roles and functions of DOH. This is necessary to operationalize the DOH role.

For Board consideration and approval.

Very truly yours,

~~ALFREDO R. A. BINGZON, M.D.~~
ALFREDO R. A. BINGZON, M.D.
Secretary of Health

Note: Approved in its' entirety by POPCOM BOARD,
Jan. 11, 1989

DRAFT

Board Resolution No. _____
Series of 1969

Whereas Section 6 of the amended Presidential Decree No. 79, as further amended by Executive Order No. 160 states that all functions and powers of the Population Commission shall be vested in and exercised by a Board of Commissioners, herein referred to as the Board;

Whereas the Board in April 1967 approved a 5 year national population plan providing for policies and programs to achieve the population policy of the country;

Whereas the Board at its meeting on August 31, 1968 designated the Department of Health as the lead agency in family planning services, a major component of the national population plan;

Whereas in the interest of promptly operationalizing these Board decisions, the specific role and function of the Department of Health needs to be detailed, considered and affirmed;

Now, therefore, be it resolved, as it is hereby resolved that the following specifications shall guide all concerned agencies regarding the role of DOH as lead agency in family planning services within the national population plan.

1. The Department of Health (DOH) shall perform the two roles as (a) an implementing agency in delivering family planning services and (b) a coordinating agency of participant implementing agencies involved in delivering family planning services.
2. As an implementing agency, the DOH shall assume responsibility for the provision of family planning services through its field units, hospitals and facilities.
3. As a coordinating agency, the DOH shall consult, organize, guide, monitor and lead other participating agencies, both (government and non-government) performing various roles in the delivery of family planning services.
4. The principal focus of DOH effort shall be family planning services for married couples of reproductive age (MCPA's).

5. In order for DEH to adequately perform these roles, it shall have the following activities and functions:

- 5.1 It shall finalize and approve a national family planning service delivery program (in accordance with guidelines and policies of POPCOM Board) Such program shall encompass DOH as well as other participating agencies both government and non-government.
- 5.2 It shall program resources and allocate funds in consultation with participating agencies and in accordance with approved plans.
- 5.3 It shall mobilize resources by initiating project and program proposals for funding by government or donor agencies provided these are consistent with approved policies and plans.
- 5.4 It shall estimate, specify and procure the necessary commodities required by the family planning program in consultation with participating agencies.
- 5.5 It shall receive and administer these required commodities (with the support and assistance of regional POPCOM offices.)
- 5.6 It shall monitor and report the receipt, movement, use and disposition of commodities in behalf of all interested parties.
- 5.7 It shall promulgate, in consultation with POPCOM secretariat and participating agencies, the program policies and standards governing the following: delivery of FP services to MORA's; Information, Education, Communication and Motivation (IECM) related to FP for MORA's; training of health professionals and community outreach workers on FP; accreditation of participating agencies, institutions and professionals in family

planning; monitoring and reporting requirements of participating agencies in FP; ~~re-~~ search and development towards better FP services; field supervision and coordination among participating agencies.

5.8 It shall define operational monitoring and reporting requirements in accordance with the demands of effective program management and as needed for other policy requirements of POPCOM Board.

5.9 It shall organize and implement common multi-agency annual evaluation of the national family planning program involving NCDA, POPCOM secretariat and donor agencies.

5.10 It shall contract, assign or designate such cooperating agencies as may be in the best position to perform any functions in the program.

POPCOM *
6. In order to support DOH in carrying out its role in the family planning program, POPCOM secretariat shall assist in the following manner:

6.1 POPCOM regional directors, in the exercise of delegated authority, shall enter into agreement with their counterparts in DOH on the basis of the most effective and efficient manner of cooperation in the field in order to maximize support for family planning service delivery to MCHL.

6.2 POPCOM secretariat staff shall convene with their DOH counterparts at most 4 times a year during the next 2 years (1989 & 1990) in order to jointly tackle operational issues, under the supervision of the Secretary of Health.

6.3 In resolving issues involving the matters covered by this resolution, all concerned agencies shall respect the agreements of the POPCOM and DOR regional directors. If agreement is not reach at this level, the POPCOM Executive Director shall resolve such issues. If such resolution is found unsatisfactory, the Secretary of Health shall review and decide on these matters. Unless or until the Board modifies or countermands these decisions, concerned agencies shall comply with the appropriate resolution.

/enn
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Annex I

GOP Population Policy Statement

Population Policy Statement

The ultimate goal of population policy is the improvement of the quality of human life in a just and humane society. More specifically, the 1986 Philippine Constitution provides that: "The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all." (sec. 9, Article II)

The achievement of this goal requires a recognition of the close interrelationship among population, resources and environmental factors. For population factors affect and are, in turn, affected by the availability of resources and environmental conditions. Recognition of these interrelationships involve a broadening of population concerns beyond fertility reduction to concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration, and population structure.

The Philippine population is characterized by continued rapid growth, a deceleration in fertility and mortality decline, and unbalanced distribution. Given these demographic trends; the deterioration in income and its distribution, employment and overall economic growth under the past administration; and serious resource constraints, the country faces a tremendous challenge in alleviating poverty and improving the quality of life of the Filipino people. If such trends continue, the pursuit of these objectives will become doubly difficult in the future, as rapid population growth exerts more and more pressure on scarce resources as well as on an environment that is already showing signs of strain.

Accordingly, part and parcel of the Government's population policy is the provision of support to the efforts directed toward achieving consistency between the country's population growth rate and the state of her resources, as well as a more balanced population distribution within the context of human and family welfare, as provided for in the 1986 Philippine Constitution and the Medium Term Philippine Development Plan, 1987-1992.

In particular, such efforts will be guided by the following provisions of the 1986 Philippine Constitution:

ARTICLE XV, Sec. 3.1: The State shall defend the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.

ARTICLE XV, Sec. 1: The State recognizes the family as the foundation of the nation. Accordingly, it shall strengthen its solidarity and actively promote its total development.

ARTICLE XV, Sec. 3.4: The State shall defend the right of families or family associations to participate in the planning and implementation of policies and programs that affect them.

ARTICLE II, Sec. 12: The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the government.

They will be pursued in accordance with the following basic principles:

1. Orientation towards the overall improvement of family welfare, not just fertility reduction.
2. Respect for the rights of couples to determine the size of their family and choose voluntarily the means which conform with their moral convictions and religious beliefs.
3. Promotion of family solidarity and responsible parenthood.
4. Rejection of abortion as a means for controlling fertility.
5. Recognition of socio-cultural variations among regions and among localities within regions.
6. Promotion of self-reliance through community-based approaches.
7. Coordination and integration of development efforts at various levels of government.
8. Enhancement of public-private sector partnership through the complementary participation on non-government organizations (NGOs).
9. Maximum utilization of participative and consultative approaches.

Based on these basic principles, the program thrusts in the area of population growth and distribution will consist of the following:

1. Integrated approach to the delivery of health, nutrition and family planning services, a subset of which is the integration of value formation, responsible parenthood and family planning as a vital component of comprehensive maternal and child health.
2. Conduct of information, education and motivation in the promotion of responsible parenthood and family planning services in tandem with other development programs, taking personal beliefs and cultural values into consideration.
3. Provisions of full and sustained information on medically-approved and legally acceptable family planning services as the couple's basis for free choice.
4. Assurance of accessibility and availability of family planning services.
5. Support to programs enhancing the status and role of women.
6. Advocacy of policies and measures which can reduce the imbalances in population distribution as this relates to inequities in the social structure.

Since the goal of population welfare is, in fact, the concern of the whole government machinery, it is essential to define the role of POPCOM vis-a-vis the government departments, the Cabinet, Cabinet Committees and other government agencies in order to avoid overlapping and duplication of efforts.

POPCOM's uniqueness within the government bureaucracy lies in the population growth and distribution component of population policy. Thus, POPCOM will be primarily responsible for coordinating, monitoring and formulating policies on these aspects of population policy. Program implementation will be the sole responsibility of the appropriate government agencies and NGO's.

As coordinator, POPCOM will ensure that program strategies, projects and activities are consistent with the above mentioned basic principles and program thrusts, particularly the recognition of the family as the foundation of the nation and the strengthening of family solidarity through the promotion of its total development. Within this framework, POPCOM will promote initiative and flexibility among implementing government agencies and NGO's.

Annex J

Status of Centrally-Funded Projects

Table 1. Summary of Centrally Funded Projects
in Health and Nutrition
USAID/Philippines/OPHII
(Status as of December 31, 1989)

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST./PERSONS	U.S. INST./PERSONS	STATUS/REMARKS
1. Impact of Vitamin A Supplementation on the Reduction of Childhood Mortality and Morbidity in the Philippines - Hospital based study	The project aims to investigate the impact of Vitamin A treatment on in-hospital mortality from measles. Specifically, the study will compare the efficacy of high dose (200,000 I.U.) vs low dose (3,000 I.U.) programs of Vitamin A supplementation of 6 months - 5 year old children in reducing overall mortality by at least 25% as well as determine the impact of periodic supplementation with Vitamin A on childhood morbidity.	\$100,000 5/86-4/90	DOH, Helen Keller Int'l.	Johns Hopkins University	Extended for another year to meet sample requirements.
2. Alternative Strategies to Improve Vitamin A Status Among Preschool Children in Urban and Rural Communities	Four projects are being undertaken jointly by the Department of Health and Helen Keller International in an effort to reduce Vitamin A deficiency through the integration of Vitamin A supplementation into existing Primary Health Care activities and the development of an effective low cost method of achieving long term adequate Vitamin A status among preschool children. Each project is described as follows: 2.1 Service Delivery/Capsule Distribution. The Project aims to integrate periodic vitamin A supplementation with existing health services, as well as intensify	\$900,000/ 1987-1990	DOH-Nutrition Service, Helen Keller Int'l.	Helen Keller International	Endline survey was conducted in Antique. Vitamin A capsules are

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST/PERSONS	U.S. INST/PERSONS	STATUS/REMARKS
	<p>and improve nutrition education aimed at changing behaviors which compromise the Vitamin A status of children. Integration is being done through trainings of health personnel in case detection, treatment, management and prevention. This project, initiated in a depressed rural area (Antique) and in an urban slum (Las Pinas), aims to provide urban and rural models for the integration of Vitamin A activities for each setting.</p> <p>2.2 Vitamin A Dosage and Side Reaction Study. This project was planned in response to claims of toxicity for vitamin A supplementation during the Bicol Mortality Study in 1986. The study will examine the extent and severity of side reactions with three dosage strengths of Vitamin A preparation on preschoolers. Study results will be used to help the DOH in the formulation of a policy regarding the appropriate dose of vitamin A supplementation within the Philippine context.</p>		<p>in collaboration with FHRI</p>		<p>given to children with xerophthalmia and those to be identified at high risk.</p> <p>FHRI completed the study and presented the results and recommendations to DOH, members of the academe (UP College of Pharmacology), professional organizations (Medical Assistance Group), etc. The DOH has finalized its policy on Vitamin A dosage for therapeutic and prophylactic purposes. Guidelines on prevention still under review.</p>

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST/PERSONS	U.S. INST/PERSONS	STATUS/REMARKS
	<p>2.3 Social Marketing Strategies to Prevent and Control VAD. This project aims to improve consumption of locally available vitamin A rich foods among mothers and preschoolers through the implementation of a communications strategy as well as to develop institutional capability in planning and implementing social marketing programs within the DOH. It is being conducted in Region VI to complement the service delivery activities in Antique, as well as to pave the way for the expansion of Vitamin A activities in the entire region.</p> <p>2.4 Nutrification as a Strategy to Prevent VAD. This project aims to assist the DOH in assessing nutrification as a strategy to prevent vitamin A deficiency. The key foodstuff being considered is monosodium glutamate (MSG) due to its extensive consumption in the Philippines, the promising results indicated by reports from the Indonesian experience, and the Philippines' own role as a pioneer in MSG fortification.</p>				<p>Vitamin A messages are being aired on radio stations regionwide.</p> <p>Consumption survey is underway</p>

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST/PERSOONS	U.S. INST/PERSOONS	STATUS/REMARKS
3. PRICOR/Philippines	The objectives of the project are: (1) to identify and resolve a number of key operational problems in the delivery of PIC services, particularly child survival services; (2) to improve DHI capabilities in managing research, both in-house and that carried out by other agencies and organizations in its behalf.	\$300,000/ 11/87- 6/90	Department of Health	PRICOR	Ongoing. Project proposals for OR are being assessed/ conducted.
4. Determinants of Post-Neonatal Mortality	This a case-control study which will develop a scoring system for identifying infants at high risk of post neonatal mortality. Risk factors for post neonatal mortality will be identified and their relationships quantified in order to facilitate the planning, implementation and evaluation of infant care. It is envisioned that the high risk infants identified through this scoring system shall be given proper care and shall be monitored until the risk is reversed.	\$24,935.77 3/1/89- 2/28/90	U. P. College of Public Health Dr. Haridel Borja	Asia Pacific Academic Consortium for Public Health	Ongoing
5. Regional Training Center for Vitamin A	The general goal of the project is to expand the overall U.S. resource base able to provide technical assistance in Vitamin A training in AID-assisted countries. The project consists of two phases. The first phase is developmental, including the design of Vitamin A curriculum and development of a package of course materials. The second phase is field testing in the AIE region including collaboration with counterpart institution, curriculum revision, finalization of training protocol, and evaluation.	\$300,000 7/89-11/90	Nutrition Center of the Phil ippines, IRI Philippines	Howard Univer- sity, IRI, New York	Ongoing. Training modules are being developed in preparation for a course to be held by the first quarter of 1990.

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST/PERSONS	U.S. INST/PERSONS	STATUS/REMARKS
<p>6. A comparison of Utilization Pattern, the Health Care Process, and the Effectiveness of Four Prenatal Health Services in a Provincial Community</p>	<p>The study is a 2-phase research to determine and compare utilization patterns, the process of helping and the level of effectiveness of four sources of prenatal health care in a provincial community in the Philippines. It is expected that the results of the study will serve as significant inputs in the formulation of policies of both private and government institutions in curriculum design, mode of educating women, mode of training the professional, paraprofessional and traditional care givers and on developing programs involving prenatal care of mothers.</p>	<p>\$22,851 5/15/88- 8/15/89</p>	<p>Dept. of Psychology Univ. (Dr. Violeta Bautista)</p>	<p>Int'l. Center for Research on Women</p>	<p>Completed. OPIII to be furnished copy of terminal report.</p>
<p>7. Water, Sanitation and Diarrhea: Comparing Case Control and Prospective Methodologies</p>	<p>The study is aimed at developing a method for the rapid and inexpensive assessment of the effect of water supply and sanitation conditions on diarrheal morbidity in young children, and testing its validity by comparing the results obtained using the new methodology with the results of an expensive, time-consuming prospective study in the same community. The rapid assessment technique to be used is a clinic based control study to be carried out over a three-month period. The relative risk of exposure to inadequate water supply and sanitation conditions will be determined. If successful, the study will result in the development of an inexpensive tool which can be used by health planners for rapidly assessing the impact of different levels of water supply and sanitation services on diarrheal morbidity.</p>	<p>\$131,272/ 4/85-7/89</p>	<p>UPTPII, HCP/ Dr. Jane Baltazar</p>	<p>Bostid Project, National Academy of Sciences</p>	<p>Terminal report is being finalized to be submitted by January 1990.</p>

PROJECT	DESCRIPTION/PURPOSE	COST/DURATION	PHIL. INST/PERSONS	U.S. INST/PERSONS	STATUS/REMARKS
8. Iron & Food Supplement Delivery Scheme for Pregnant Women	The purpose of this project is to test a new scheme for distribution of iron and food supplements in an attempt to improve the nutritional status of women and children in rural Philippines. The project will utilize the DOI Restructured Rural Health Care Delivery Scheme as a delivery method. The pilot project is taking place in La Union. Phase I, the study design phase, has been funded by a \$56,000 grant. Phase II (implementation) involves primarily the administration of food and iron interventions and evaluation.	\$224,200.02 9/82-12/89	Nutrition Center of the Phils. (NCP)/ Dr. F. Solon and Department of Health	James Schlesselman	Study has been extended until 12/31/89. Terminal report and 2 scientific papers being finalized.
9. Longitudinal Analysis of the Patterns and Determinants of Women's Nutrition in the Phils.	The study involves the use of secondary data from a study done in Cebu and is aimed at examining the patterns and determinants of women's diet and nutritional status. Detailed studies of the effects of infant feeding patterns, as well as income and employment patterns on maternal diet and nutritional status will be undertaken. The quality of women's dietary patterns will be measured not only in terms of nutrient density but also in terms of nutritional outcomes.	\$158,647 4/1/85- 5/30/89	Dept. of Nutrition UPLB (Dr. Corazon VC Darba)	Univ. of North Carolina at Chapel Hill (Dr. B. Popkin)	Completed. OPIII to be furnished copy of terminal report.

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CENTRALLY FUNDED POPULATION PROJECTS (REGULAR)
(Status as of 31 December 1989)

<u>CONTRACTOR IMPLEMENTING AGENCY PROJECT DIRECTOR</u>	<u>PROJECT TITLE (CONTRACTOR CODE NO.)</u>	<u>PROJECT COST (U.S. \$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
AVSC/PAVSC (Dr. Natividad Puertollano)	PAVSC Program to Improve the Quality of VSC Services in the Philippines (PHI-08-IV-9-A)	\$68,335	8/87-9/88	Objectives are: 1) identify initial and refresher training needs in quality female VSC techniques; 2) conduct a survey of female VSC acceptors; 3) training counselling trainers and counsellors service providers in Regions 3 (Central Luzon), 6 (W. Visayas), and 9 (W. Visayas), and 9 (W. Visayas), and 9 (W. Mindanao); and 4) develop a 3-year strategy and workplan.	Project officially ended on 30 October 1988. All activities completed; final reports of two surveys (one on trained VSC doctors and another on female acceptors) almost ready for distribution.
AVSC/PAVSC (Dr. Natividad Puertollano)	Improved VSC services in the Philippines (PHI-08-IV-10-A)	\$44,520	11/88-10/89	To improve the quality of FP and VSC services through the pre- paration of a national counselling strategy and the conduct of training of trainers and of counselors.	Training of trainers and counselors completed.
III/FEU-NRHF, DMC (Dr. Lazarito Millamar, Dr. Emilia Cruz)	A Comparative Study of Oral Contra- ceptives: Tri-quilar vs. Lo-Oral in 2 Sites	\$17,000	March '87- March '89	Compare the safety, efficacy and acceptability of each type of pill; 400 women will be enrolled - 200 in Davao and 200 in Manila.	Data-gathering phase over. Data now with FHM for analysis, after which research report will be written up.

CONTRACTOR IMPLEMENTING AGENCY PROJECT DIRECTOR	PROJECT TITLE (CONTRACTOR CODE NO.)	PROJECT COST (U.S.\$)	PERIOD COVERED	PROJECT SUMMARY	STATUS/REMARKS
FHI/IIJII-FEU, CeMC, SHU-SIII (Dr. Manuel David, Dr. Emilia Dacalos Dr. Lydia Alfonso)	Comparative IUD Study: TCu 380A and TCu 380A and TCu 220 in 3 centers	\$27,000	7/87-9/89	Compares the use-effectiveness and the safety - the TCu 380A and the TCu 220 IUD, 3 centers (1 in Manila and 2 in Cebu). 600 women will be in the study.	Data-gathering phase over. Data now with FHI for analysis, after which research report will be written up.
FHI/UP-PGII, JFHI (Dr. Augusto Manalo, Dr. Rebecca Ramos)	Expanded Norplant Contraceptive Implant Study in 2 centers	\$12,302	2/85 - 6/90	Clinical trials to evaluate safety, efficacy and over-all acceptability of the Norplant. Originally involved 50 women per center. Expanded to include 100 more women per center, for total of 300.	Follow-up of cases continues.
GU/FPOP (Mr. Orlando de la Cueva)	Study of IIFP Service Delivery in a Multi-method FP Program (OR-PH-001)	\$112,539	9/87 - 6/90	Explore feasibility of in- tegrating IIFP in the context of a multi-method FP program in 6 FPOP chapters and up- grade the delivery of IIFP services in study clinics and compare the use- effectiveness of 4 FP methods, including IIFP, in two service delivery strategies: (1) clinic-based IIFP services; and (2) outreach strategy wherein community-based workers serve as adjuncts to clinic-based IIFP service workers.	Baseline and follow- up interviews of clients KAP completed; data not being processed. Data two other research studies (one on profiles of service providers and another on effects of training on service providers) still being analyzed by research agencies.
JHPIEGO/IIJII-FCC (Dr. Virgilio Oblepias)	Maintenance Equipment Center (IIIA-5)	\$27,209 \$28,449	3/88 - 2/89 3/89 - 2/90	Provide continued support to the Philippine Maintenance Center of FCC-IIJII, for the care and maintenance of 116 laparoscopes in 75 institutions including the provision of spare parts.	Repair and maintenance of laparoscopic ins- truments on-going.

<u>CONTRACTOR</u> <u>IMPLEMENTING AGENCY</u> <u>PROJECT DIRECTOR</u>	<u>PROJECT TITLE</u> <u>(CONTRACTOR CODE NO.)</u>	<u>PROJECT COST</u> <u>(U.S.\$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
JSI-EP/MICC (Mr. Ricardo Coros)	Matling Industrial and Commercial Corporation Family Planning Project	\$62,042	8/87 - 9/89	Provide FP-ICRH education and services to MICC's employees and their families, as well as to the population of the communities surrounding this plantation located in Lanao del Sur.	Project extended to April 1990. Company has completely paid back what it owes the project. Outreach activities done regularly only in Malabang town, due to the peace and order problem in the area. As of Oct. '89, project has achieved 63.42% of its targetted 1,200 acceptors.
JSI-EP/PIAP - Cebu Chapter (Ms. Alice Lim)	In-Plant Responsible Program for the Industries of Cebu	\$82,000	2 years	Institutionalize responsible parenthood/family planning, IEC and services in 30 industrial companies in Cebu. PIAP will manage the over-all program implementation. FPOP will provide family planning services. PCF will handle IEC. USC will handle research. J. Cumanan, Price & Waterhouse will handle the bookkeeping.	PIAP has enrolled 20 companies in the project. Baseline survey in all 20 companies completed. IEC, training and FP service delivery already being implemented in 10 companies.
JSI-EP/BC/BGO (Dr. Marilyn Alabanza)	Responsible Parenthood Program with Benguet Corporation	\$91,226 (JSI-EP) \$78,673	1/88 - 12/89	Institutionalize an integrated family planning/ community health services program for the workers and families of Benguet Gold Operations and some 20,000 population in five mining camps.	Project ending in January 1990. As of October '89, project has achieved 81.14% of its targetted 1,310 acceptors. Project also delivers ICRH services like tetanus toxoid immunization, growth monitoring and childhood immunization. Retrospective portion of the cost-benefit analysis has been completed. Project has been institutionalized with the integration of FP services into the health care system in four BGO mine sites.

<u>CONTRACTOR</u> <u>FINANCING AGENCY</u> <u>PROJECT DIRECTOR</u>	<u>PROJECT TITLE</u> <u>(CONTRACTOR CODE NO.)</u>	<u>PROJECT COST</u> <u>(U.S. \$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
JSI-EP/JIU-PCS/PCF (Ms. Aurora Go)	Responsible Parenthood Program for the Industrial Sector	\$378,883 (JSI-EP: \$165,178) (JIU/PCS: \$68,460) (20 companies) \$145,245)	9/87 - 8/90	Three-year project to institutionalize provision of in-plant FP education and services in 20 industrial companies in Metro Manila and adjacent provinces. JSI-EP responsible for the service delivery. JIU/PCS is responsible for the IEC. Member companies responsible for funding speakers, rental of A-V equipment, retraining of staff, etc.	Project continues to be routinely implemented in 21 companies located in Metro Manila, Cavite, Laguna, Rizal and Bulacan. As of November '89, 17 of the 21 companies have been paying 25% of their share of the project's recurring costs, with four more due to pay. Before end of project, the companies' share will be increased to 75%.
JSI-EP/PIIGOC (Atty. Ramon Tagle)	Philippine IGO Council	\$97,619	10/88 - 9/90	Objectives are: 1) Improve managerial and resource-generating skills of at least 18 IGOs; 2) develop capability of PIIGOC secretariat in providing back-up assistance and technical support to Council members' efforts at self-reliance; 3) develop a project expansion plan to provide self-reliance skills to future members of the Council.	Second organizational assessment workshop completed in August. Five IGOs have submitted their action plans to increase and/or diversify their income. PIIGOC is assisting those IGOs which participated in the workshop on various aspects of their projects, primarily on getting the IGOs started with seed capital from local and foreign funding sources.

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LIST OF ACRONYMS

AVSC
 BC-...
 CelC
 DIC
 FEU-HRIE
 FII
 FPOP
 GU
 INCCSDI
 IIRAJ
 JFINI
 JIPIEGO

 JIU-PCS
 JSI-EP
 NCC
 IJH-FCC-
 PAYSC
 PCF
 PIAP
 PNGOC
 SHU-SIH
 UP-PGH
 XU-RHCU

Association for Voluntary Surgical Contraception
 Benguet Corporation - Benguet Gold Operation
 Cebu Medical Center
 Davao Medical Center
 Far Eastern University - Nicanor Reyes Memorial Foundation
 Family Health International
 Family Planning Organization of the Philippines
 Georgetown University
 Integrated Maternal and Child Care Services Development, Inc.
 Program for International Training in Health,
 Dr. Jose Fabella Memorial Hospital
 Johns Hopkins Program for International Education in
 Gynecology and Obstetrics
 Johns Hopkins University/Population Communication Services
 John Snow, Inc. - Enterprise Program
 Natling Industrial and Commercial Corporation
 Mary Johnston Hospital-Fertility Care Center
 Philippine Association for Voluntary Surgical Contraception
 Population Center Foundation
 Personnel Managers Association of the Philippines
 Philippine Non-Governmental Organizational Council
 Southwestern University - Sacred Heart Hospital
 University of the Philippines-Philippine General Hospital
 Xavier University - Research Institute for Mindanao Culture

OPIN:EEDEspabiladeras/J1b
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 12/26/89

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CENTRALLY FUNDED POPULATION PROJECTS (\$2M)*
Status as of 31 December 1989

<u>CONTRACTOR - IMPLEMENTING AGENCY PROJECT DIRECTOR</u>	<u>PROJECT TITLE (CONTRACTOR CODE NO.)</u>	<u>PROJECT COST (U.S.\$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
AVSC FPOP Dr. Gerry Cruz (contact person)	Support for Expanded Sterilization Program in Regions IV and VI (PHI-26-SV-1-A)	122,710	First 18 mos of a 3-year program. (4/1/88-09/30/89) No-cost extension 1/31/90	Objectives are: (a) expansion of static (5 centers) and mobile (2 teams) for VSC services; (b) improve monitoring and quality assurance schemes; (c) develop/test innovative/alternative schemes in IEC/training.	VSC services on-going. Follow-on project proposal for the next 18 mos. under development.
AVSC AFPTC/CINCP Dr. Pedro Reyes, Jr.	Expanded Male VSC Program with Two Pilot Demonstration Projects in Region IV. (PHI-25-SV-1-A)	122,278	First part of a 3-yr program (4/1/88-11/30/89) no-cost extension 1/31/89	Continuation funding to AFPTC/CINCP in Manila tied up w/ UP-PGH as practical training site for vasectomy, and pilot funding to establish 2 demonstration vasectomy projects in Batangas and Lucena City hospitals.	Vasectomy program on-going. Only Lucena City project operational. Batangas City project closed 9/30/89 due to resignation of doctor. Follow-on project proposal for the next 18 mos. under development.

*Package of projects under the \$2.0 Million line of credit provided by AEC Bureau (from USAID Manila bilateral funds) to ST/POP for expanding private sector population activities in the Philippines beginning 1985. To date, 14 projects by AVSC, Casterline, FHI, INTRAH, JIPIEGO, and POPCOUNCIL have been completed in the amount of \$1,588,904.

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<u>CONTRACTOR</u> <u>IMPLEMENTING AGENCY</u> <u>PROJECT DIRECTOR</u>	<u>PROJECT TITLE</u> <u>(CONTRACTOR CODE NO.)</u>	<u>PROJECT COST</u> <u>(U.S.\$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
AVSC UP-PGII-STCSS Dr. Augusto Manalo	National Training Center for Surgical Contraception (PHI-17-TR-6-A)	11,544 (total project cost:20,834)	12 months (Jan-Dec/89) Extension to 3/31/90.	Provide 2nd year continuation support for a comprehensive training program in steriliza- tion.	Minimal implementation of project, phase-out underway. This funding is jointly from the \$2M account (savings of PHI-17-TR-5-A) and regular funds.
JHIPIEGO MUPCH Dean Lydia A. Palaypay	Strengthening Reproductive Health content of the BSII Curriculum in Philippine Colleges of Nursing. (TCA-15)	83,000	12 months (6/1/88 - 5/30/89) no cost extension to 9/30/89	Same as in JHIPIEGO HCA-117 but with focus on the BSII curriculum for the 3rd and 4th	Last 2 years of a 3-year project. Seminars/workshops and field visits completed. Follow-up project to cover 10/1/89- 9/30/90 (last year) with budget of \$60,019 already approved.
JIII-PCS FPOP Orly dela Cueva (contact person)	Increasing FP Acceptance and Use Through Improved IEC Strategies (AS-PHI-04)	50,000	20 months (4/1/88- 11/30/89) no cost extension to 1/31/90	Strengthen IEC capability of the FPOP Cebu Chapter and use mass media and interpersonal communication to increase aware- ness and knowledge levels of FP, available contraceptive methods and the location of clinics.	Mass media campaign on-going.
JIII-PCS AIEC Dr. Angelita Ago	Comprehensive IEC Program (AS-PHI-05)	50,000	24 months 3/88-2/90	Develop an IEC campaign in Bicol using "stambayans" or local hangouts, and increase contraceptive prevalence.	Campaign on-going (poster contests, drama performances, medical missions, video shows, mothers clubs, use of signboards identifying the stambayan and the weekly radio program).

<u>CONTRACTOR IMPLEMENTING AGENCY PROJECT DIRECTOR</u>	<u>PROJECT TITLE (CONTRACTOR CODE NO.)</u>	<u>PROJECT COST (U.S.\$)</u>	<u>PERIOD COVERED</u>	<u>PROJECT SUMMARY</u>	<u>STATUS/REMARKS</u>
JHU-PCS PCF Aurora, S. Go	A Responsible Parenthood Program for the Industrial Sector (AS-PHI-03)	\$65,363.35 (for IEC) \$272,361.65 total project cost)	36 months (8/87-8/90)	Generate increased FP acceptors from industry by employing innovative strate- gies. Provision of FP educa- tion and services will be insti- tutionalized in 20 industrial establishments.	Includes co-financing with Enterprise Project. JHU/PCS funding only the IEC portion. Training courses for company managers/labor union officials on-going. Also on-going are the motivational training of in-plant volunteers and communication activities.

LIST OF ACRONYMS

APCH	-	Association of Deans of Philippine Colleges of Nursing
APIC/CICP	-	Advanced Family Planning Technology Clinic of the
ALC	-	Children's Medical Center of the Philippines
ASC	-	Agri Medical Education Center
steril line	-	Association for Voluntary Surgical Contraception
AI	-	Dr. John Casterline, Consultant, FHI
POP	-	Family Health International
APCH	-	Family Planning Organization of the Philippines
ITRAH	-	Institute of Maternal & Child Health
PIEGO	-	Program for International Training in Health,
JHU-PCS	-	School of Medicine, University of North Carolina
JHU-FCC	-	Johns Hopkins Program for International Education in
PCF	-	Gynecology and Obstetrics
P-PGH/STCSS	-	Johns Hopkins University/Population Communication
	-	Services
	-	Mary Johnston Hospital-Fertility Care Center
	-	Population Center Foundation
	-	University of the Philippines-Philippine General Hospital/
	-	Study & Training Center for Sterilization Services

III: EGA/qlno: hrf
oc. No. 1401H
2/28/89

Annex K

Source/Origin Waiver Cable