

1. SUBJECT CLASSIFICATION	A. PRIMARY PUBLIC HEALTH
	B. SECONDARY INTEGRATED DELIVERY SYSTEMS

2. TITLE AND SUBTITLE
 The Philippines: DEIDS reconnaissance, April 9-19, 1973

3. AUTHOR(S)
 Hood, T.R.; Dalmat, H.T.; Izutsu, Satoru; Smith, Roy; Lynch, J.M.

4. DOCUMENT DATE 1973	5. NUMBER OF PAGES 75p.	6. ARC NUMBER ARC
--------------------------	----------------------------	----------------------

7. REFERENCE ORGANIZATION NAME AND ADDRESS
 American Public Health Association, Division of International Health Programs
 1015 Eighteenth Street, N.W., Washington, D.C. 20036

8. SUPPLEMENTARY NOTES (Sponsoring Organization, Publishers, Availability)

9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

- These are phases through which DEIDS projects proceed:
- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
 - b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
 - c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

10. CONTROL NUMBER PN-AAB-568	11. PRICE OF DOCUMENT
12. DESCRIPTORS	13. PROJECT NUMBER
	14. CONTRACT NUMBER CSD-3423 GTS
	15. TYPE OF DOCUMENT

THE PHILIPPINES

DEIDS Reconnaissance

April 9-19,1973

THE PHILIPPINES

DEIDS Reconnaissance
April 9-19, 1973

Team Members

Thomas R. Hood, M.D., M.P.H., Associate Director,
Division of International Health Programs, APHA;
Co-Director of DEIDS Project
Herbert T. Dalmat, M.S., Ph.D., Assistant Director,
DEIDS Project
Satoru Izutsu, Ph.D., Director, Pacific Basin Regional
Medical Program; Clinical Associate Professor,
University of Hawaii School of Public Health
Roy Smith, M.D., M.P.H., Pediatrician, University of
Hawaii School of Public Health
James Lynch, M.D. Health Advisor, TA/H, AID/W

Carried out under Contract No. AID/csd-3423

CONTENTS

	<u>Page</u>
I. Summary & Recommendations	1
II. General	3.
A. Geography	3.
B. Administration and Politics	5.
C. Demographic and Statistical Data	7.
D. Economics	10.
E. Education Level and Distribution	11.
F. Religions, Cultures, and Ethnic Groups, Including Health Beliefs and Systems	12.
G. Policies and Law re: Family Planning	13.
III. Health Administration, Population Responsibilities, and Related Government Activities.	16.
A. Official.	17.
1. Department of Public Health.	17.
2. Commission on Population (POPCOM)	20.
3. Medicare.	21.
4. Department of Labor.	22.
5. Department of Education	22.
6. Internal Revenue Service	23.
7. Armed Forces.	23.
8. National Malaria Service.	23.
B. External Assistance.	27.
1. Ford Foundation.	27.
2. Family Planning International Assistance (FPIA)	28.
3. Population Council	29.

	<u>Page</u>
4. Asia Foundation	30
5. United Nations.	30.
6. Rockefeller Foundation	32.
7. Pathfinder	32.
8. World Bank	33.
9. National Council of Churches	33.
 C. Voluntary Organizations.	 34.
1. Institute of Maternal and Child Health	34.
2. Bajada Cooperative, Davao City.	35.
3. Cebu Institute of Medicine.	36.
4. Philippine Midwifery Association.	36.
5. Family Planning Organization of the Philippines.	37.
 D. Health Manpower and Womanpower	 38.
1. Physicians.	38.
2. Nurses.	41.
a. Registered Nurse.	41.
b. Midwife.	42.
c. Nursing Attendants.	43.
3. Auxiliary Manpower and Womanpower	44.
 E. Budget.	 47.
 IV. DEIDS - Special Consideration & Criteria	 50.
A. Official Invitation from the Philippine Islands and AID Mission.	
B. AID/Washington	
C. Previous Health Innovations	
D. Readiness of Ministry of Health for DEIDS	
E. Extent and Potential for Involvement of Other Governmental Departments and Agencies	

	<u>Page</u>
F. Institutional Bases	51.
G. Current or Imminent DEIDS - Like Projects	51.
References.	52
Persons With Whom Team Members Visited.	54
Institutions and Agencies Involved in Population Planning.	59

I. Summary and Recommendations

The conclusions reached by the team in its visit to the Philippines were constrained by several factors. Some of the limitations are as follows:

The Minister of Health and his Deputy were unavailable during the second week of the visit; the only opportunity for conversation with the Minister was at a group luncheon on the second day of the visit. Hence the level of interest and readiness to participate in a DEIDS program is undetermined.

Holidays on three days of the two-week visit reduced the effective working time of the visit.

A number of presumed factors occurring in the current political climate may be changed by future government actions. If this occurs a second brief reconnaissance visit should be made to reassess the appropriateness of a DEIDS project. However, until that time a DEIDS project is not seen as feasible in the Philippines.

Factors favoring DEIDS:

1. Need for improvement in health and nutrition (high mortality and morbidity records, and professional observations)
2. Need for revitalization of the health delivery system, which might be assisted by a DEIDS project
3. Need for redirection and emphasis in the Mission, and goals of the MOH, which might be stimulated by and forwarded through a DEIDS project
4. Available, trained health personnel who might be mobilized and redirected
5. Voluntary agencies which were visited endorsed the timeliness and credibility of a DEIDS project.
6. Several local programs exist which DEIDS might assist and build upon.
7. The potential assistance from the World Bank may remedy deficiencies in health center equipment and supplies. Collaboration of a DEIDS project may become more appropriate

Factors against DEIDS:

1. Lack of an announced national commitment and priority for improvement in health and nutrition, comparable to that for family planning

2. A health plan written several months ago has not been publicly announced. This is seen by the team as a lack of program direction for the MOH.
3. The team was not able to develop any conclusions regarding the current status of leadership in the MOH, and thus could not ascertain the effectiveness of the MOH in national health policies.
4. "Full-time" government health personnel often do not devote full energy of time to their health department duties because of low pay and resultant need to augment their salaries through methods such as holding elective offices, private practice (private duty), teaching appointments, tutoring, and other pursuits such as business ventures.
5. Health centers do not operate effectively. (See Rizal project description)
6. There appears to be uncertainty regarding the country's political stability as related by experienced observers.

II. General

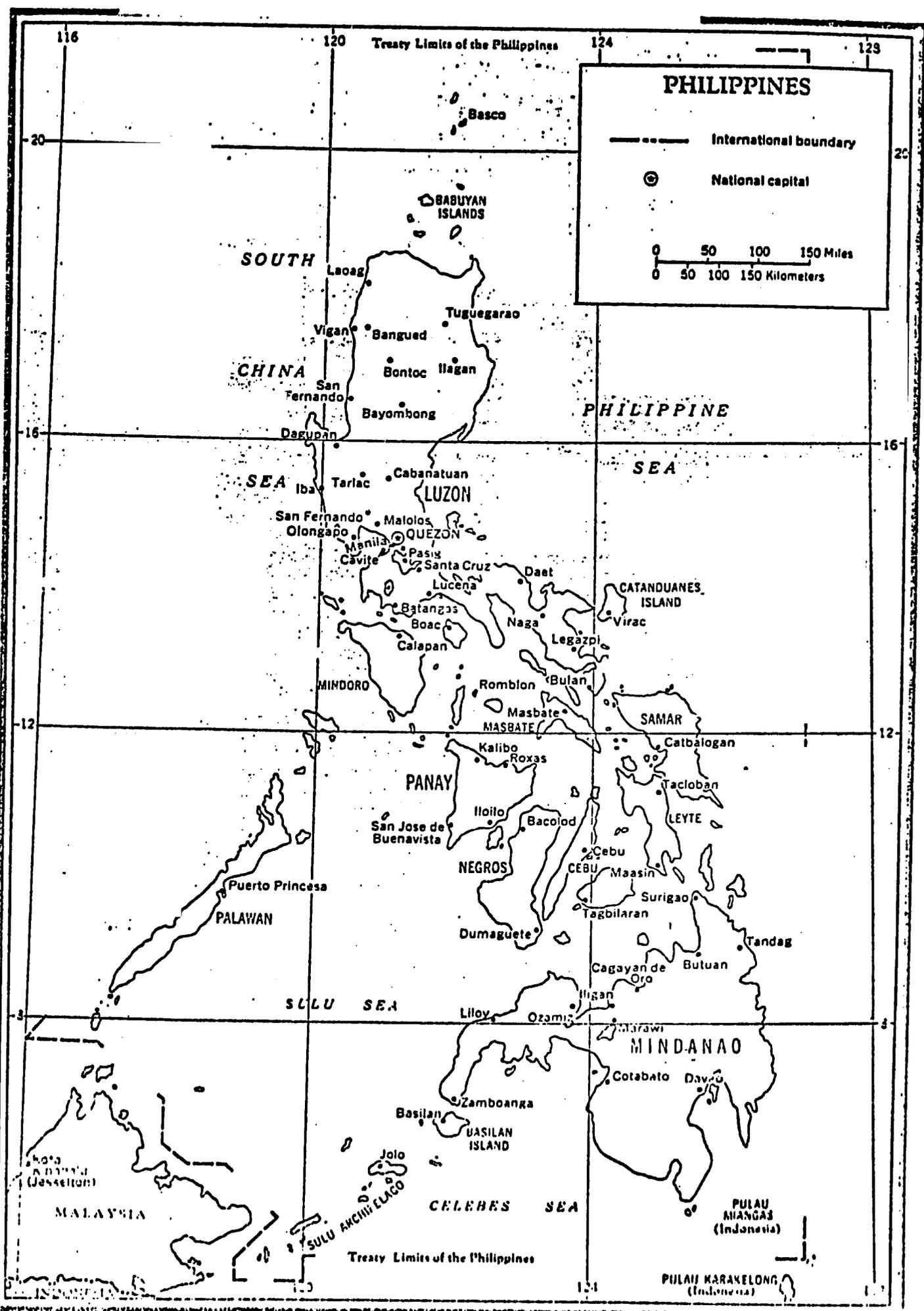
A. Geography

The Philippine archipelago extends about 1,100 miles north to south along the southeastern rim of Asia, forming a land chain between the Pacific Ocean on the east and the South China Sea on the west. It is separated from the Republic of China (Taiwan) on the north and Malaysia and Indonesia on the south by straits a few miles wide and from Viet Nam and mainland China on the west by the 600-mile breadth of the South China Sea.

The archipelago consists of some 7,100 islands and islets with a total land area of 115,707 square miles, slightly larger than Arizona. Only 154 of these islands have areas exceeding five square miles and eleven of them, with more than 1,000 square miles each, comprise about 95 percent of the total land area and population. Luzon, the largest, is approximately the size of Kentucky, while Mindanao, the second largest, is approximately the size of Indiana. Between these two major islands lies the regional grouping of smaller islands called the Visayas. The irregular coastlines, marked by bays, straits, and inland seas, stretches for more than 10,000 miles - twice as long as the coastline of the continental United States.

Manila is located on Luzon, some 6,200 miles from San Francisco and 630 miles from Hong Kong. (Quezon City, near Manila, was declared the capital in 1948, but most government activities thus far remain at Manila proper.)

The larger islands are mountainous, and uplands which make up 65 percent of the total land area. Most have narrow coastal lowlands, but extensive lowland areas exist only on Luzon, Mindanao, Negros, and Panay. - The central plain on Luzon is the most important agricultural area in the entire nation. It is approximately 100 miles long and 40 miles wide.



The entire archipelago lies within the tropics. The lowland areas have a year-round warm and humid climate, with only slight variations in the average mean temperature of 80° F. Rainfall is generally adequate, but varies from place to place because of wind directions and the shielding effects of the mountains. On Luzon, rainfall averages between 35 and 216 inches per year, with the average of 82 inches in Manila. The wet season in the Manila area, caused by the southwest monsoon, begins in June and extends into November.

The Philippines lie astride the typhoon belt. An average of 15 of these cyclonic storms affect the Philippines annually with destructive winds and torrential rains. A number of volcanoes also exist, and the islands are subject to destructive earthquakes.

B. Administration and Politics

In September 1972, President Marcos, acting under the 1935 Constitution, placed the country under martial law. This action has had the effect of suspending jurisdictions and independent authorities vested in the several branches of government and concentrating all power in the office of the President.

While actions to adopt a new constitution were continued after martial law, the changes proposed by a constitutional convention that was originally convened in June 1971 were declared to have been approved in January 1973. However, none of the changes presumably will be effective until after a national assembly has been elected and has formed a new government. Presumably this new government (parliamentary in format) will take over from the one that has been established under martial law but no one seems to know when this might take place.

The Philippines is divided into 68 provinces and 61 chartered cities, each with popularly elected officials. Under martial law administrative authority remains highly centralized at Manila.

Traditionally, there have been two major political parties in the Philippines - the Nacionalista and the Liberal. However, their normal functions have been suspended under martial law and it is uncertain when another election may be held.

The Communist Party, which was declared illegal under the 1935 Constitution by court ruling, was formally outlawed by the Anti-Subversion Act signed into law in June 1957. Communist insurgent activity, which reached a peak during 1945-50, was subverted under President Magsaysay and did not constitute a major threat to the legally established government until its resurgence seems to be one of the reasons for adopting martial law.

In 1965, the Huks began to expand and at the time martial law was declared, there were three rival armed groups of dissidents operating in some parts of central and northern Luzon as well as in parts of Mindanao and in the Bicol Region. The Communist line just prior to martial law appealed to chauvinist nationalism at home and to neutralism in foreign affairs. It attracted some intellectual, student, labor and peasant support. The various factions in rural areas and the dissident Communist groups in the cities operated essentially on an independent, national basis without known significant ties abroad.

President Ferdinand E. Marcos, a World War II guerilla hero and later Congressman and Senator, was elected to the presidency in November 1965. His platform pledged, among other things, an end to corruption and smuggling and to make the Government more responsive to the needs of the people. In November 1969, he won an unprecedented second term, with about 62 percent of the vote. His Nacionalista Party also won a wide margin of control in both

Houses of Congress.

In its first term, the Marcos administration pursued its announced goal of improving the lot of the average Filipino by giving priority to stimulating agricultural productivity and accelerating the public infrastructure development. These efforts, summarized and popularized by the slogan "rice, roads and schools," were continued in the second term with increased emphasis on the rural sector and on programs in agricultural diversification, rural electrification, and health (including nutrition and family planning). Changes in emphasis under martial law have been to step up time tables in these areas by streamlining government organizations, increasing revenue collections and launching drives to attract foreign investments, tourism and export industries.

C. Demographic and Statistical Data

The Philippines is the fastest growing nation in Asia. Available statistics indicate a birth rate of 45 per 1,000 and a death rate of 11 per 1,000, for a 3.4 annual population growth rate.* (See Tables 1 and 2 for further breakdown.) It ranks sixth in population among Asian nations and has about 1 percent of the total world population. With more than 1 million Filipinos being born each year, the nation may well overtake Great Britain and West Germany in population by 1980. If present growth rates prevail, there will be more than 100 million people in the Philippines by the year 2000.

There is clear evidence of overcrowding. On the average, 123 Filipinos occupy every square kilometer of land, compared with the Asian average of 86 and the world average of 25. By the year 2000 the population is likely to be two and one half times its present density, or roughly comparable with Taiwan and Japan today.

* These figures differ slightly from those which appear on Table 1 probably because they are more recent. Source: U.S. Aid to Population/Family Planning in Asia - February 1973 (U.S. House of Representatives Committee on Foreign Affairs).

Table 1.

Region or Country	Population Estimates Mid-1972 (millions)	Annual Births Per 1,000 Population	Annual Deaths Per 1,000 Population	Annual Rate of Popula- tion Growth (percent)	Number of Years to Double Population	Population Projections to 1975 (millions)	Annual Deaths to Infants per 1,000 Live Births	Population under 15 Years (percent)	Population over 64 Years (percent)	Percent of Population in Cities of 100,000+	Per Capita Gross National Product (US \$)*	
WORLD	3,792 ¹²	33	13	2.0	35	4,933	—	37	5	23	—	
SOUTHEAST ASIA	304	43	15	2.8	25	434	—	44	3	12	—	
Burma	29.1	40	17	2.3	30	39.2	—	40	L	7	P	
Indonesia	128.7	47	19	2.9	24	183.8	125	44	L	12		100
Iran, West ¹³	0.9	—	—	—	—	1.3	—	—	—	N.A.		
Khmer Republic (Cambodia)	7.6	45	16	3.0	23	11.3	127	44	L	10		130
Laos	3.1	42	17	2.5	28	4.4	—	—	—	7		110
Malaysia ¹²	11.4	37	8	2.8	25	16.4	—	44	L	17		340
Philippines ¹²	40.8	45	12	3.3	21	64.0	67	47	L	16		210
Portuguese Timor ¹³	0.6	43	25	1.8	39	0.8	—	—	—	N.A.		P
Singapore	2.2	23	5	2.2	32	3.0	21	39	L	100		800
Thailand ¹²	38.6	43	10	3.3	21	57.7	—	43	L	8		160
Vietnam (Dem. Republic of)	22.0	—	—	—	—	28.2	—	—	—	11		P
Vietnam (Republic of)	18.7	—	—	—	—	23.9	—	—	—	13		140

L = Estimated to be less than 5 percent.
P = Estimated to be less than US \$100.
N.A. = Not applicable: country has no urban
community over 100,000.
— = Unavailable or unreliable.

¹²In these countries, the UN estimates show a variation of more than 3 percent from recent census figures. Because of uncertainty as to the completeness or accuracy of the census data, the UN estimates are used.

Source: 1972 World Population Data Sheet - Population Reference Bureau, Inc.

Table 2 Selected Demographic, Social, and Economic Characteristics, for 67 Selected Countries in the Developing World: Recent Data (Continued)

Topic	Balance of Asia (Continued)							
	Nepal	Pakistan	Philippines	Saudi Arabia	Singapore	Syria	Thailand	Turkey
Population (in millions)								
1970 estimate ¹	11.1	134	38.4	7.4	2.1	6.1	35.7	35.5
1980 projection ²	14.1	189	53.7	9.4	2.4	8.9	45.5	47.4
Current estimate of vital rates per 1,000 population ³								
Birth rate	u	45-50	44-50	u	22	u	40-45	40
Death rate	u	15-20	12-16	u	5	u	10-15	15
Rate of natural increase	20	25-30	35	20	17	29	33	25
Per cent distribution of total population by age ⁴								
All ages	100	100	100	100	100	100	100	100
Under 15 years	40	48	47	u	39	50	46	42
15-64 years	57	49	51	u	58	46	52	54
65 years and over	3	3	2	u	3	4	3	4
Dependency ratio ⁵	72	105	98	u	73	121	94	85
Number of females 15-44 years (1970 estimate in millions)								
Total ⁶	2.8	25	7.8	1.4	0.46	1.23	7.2	7.5
Married ⁷	2.4	22	4.5	1.2	0.25	0.89	4.5	5.7
Density (1967 population per square kilometer) ⁸	75	118	116	3	3,568	30	64	42
Per cent of total population residing in urban areas ⁹	4	14	14	u	100	37	14	26
Per cent of total population residing in cities of 100,000 and over ⁹	1	7	11	u	100	30	7	12
Per cent literate (year: age group) ⁹	1961:	1960:	1960:	u	u	1960:	1960:	1965:
20-24	20.2	15-19	15-19	u	u	15-19	15-19	15-19
Male	20.2	37.5	84.1	u	u	67.1	91.0	80
Female	2.4	13.4	86.4	u	u	26.4	85.9	52
Adjusted school enrolment ratio ¹⁰								
Both sexes, 1950	u	20	89	2	50	35	44	33
Both sexes, 1965	19	27	83	15	84	54	44	54
Females, 1965	5	15	81	6	78	33	42	44
Population (in thousands) per specific health worker								
Doctor ¹¹	41.4	6.0	1.4	13.0	1.6	5.1	7.1	2.8
Midwife ¹¹	214.0	32.7	2.5	u	1.0	17.2	4.8	7.3
Nurse ¹¹	105.2	15.0	1.3	6.8	0.5	7.2	4.2	6.8
Population (in thousands) per hospital bed ¹¹	7.0	2.8	0.7	1.2	0.3	0.9	1.1	0.6
Real gross domestic product ¹²								
Per capita in U.S. dollars	91	123	259	227 ¹³	797	212	140	315
Per cent derived from agriculture								
1950	u	58	42	u	u	44	50	49
1965	u	40	33	u	u	28	33	37
Annual per cent increase, 1960-1966 average								
Total	u	5.3	4.8	u	u	7.0	7.0	5.1
Per capita	u	3.1	1.4	u	u	3.8	3.9	2.3
Index of per capita food production in 1966-1968 (Base period, 1952-1956 = 100) ¹⁴	u	96	105	u	u	70	118	109

The population of the Philippines was estimated at 40.8 million in mid-1972. This gives an overall density of about 320 people per square mile although most of the people live on Luzon and Mindanao.

D. Economics

As is traditionally true of most rural societies, Filipinos become economically active at an early age; even a young boy can tend a carabao (water buffalo) and girls very early become their mothers' helpers. At seasons when there is a peak labor demand to plant or harvest rice or cut sugar cane, most able-bodied members of the family are mobilized in the fields.

The Philippine economy, basically oriented toward free enterprise, performed impressively during the critical period of rehabilitation and expansion in the post-World War II decade. The pace slackened considerably in the 1950's and 1960's, however; the real gross national product (GNP) rose only about 5.3 percent annually from 1955 to 1965. Since 1966, under the stimulus of expansionary monetary and fiscal policies, the real GNP growth rate picked up, to an annual average of more than 6 percent. In 1969 it reached an estimated level of U.S. \$8.1 billion, or about \$219 per capita. While output of all sectors of the economy is expanding, agriculture and mining have risen most rapidly in recent years.

Despite such fundamental elements of strength as sizable natural resources, room for population expansion, increased agricultural production, a growing industrial sector, and a relatively high level of popular education, the Philippine economy is troubled. These include dependence on a predominantly agricultural economy, recurrent trade deficits which result in shortages of foreign exchange, shortage of investment capital, limited government revenues,

and high rates of unemployment and underemployment.

Balance of payments difficulties during the late 1960's led in 1970 to the negotiation of an International Monetary Fund (IMF) Standby Agreement for the Philippines. The Philippine Government has also made a proposal to the International Bank for Reconstruction and Development (IBRD) for the formation of a Consultative Group of interested nations and international agencies to coordinate external assistance to Philippine economic development.

Per capita income remains very unevenly distributed and quite low; in 1968 the annual average was about \$151 as compared to \$4,279 for the United States.

Population growth is taxing the country's ability to translate national economic expansion into higher living standards for its citizens. The total value of all goods and services produced in 1967 was 16.6 billion pesos - an 88 percent increase over 1955. National income, representing total pay and profits received, rose 83 percent during the same period. However, per capita income increased by only 25 percent.

E. Education Level and Distribution

The Philippine educational system consists of about 37,000 public schools with an enrollment of about 8.4 million and 4,500 private schools with perhaps a million students. About 24 percent of the national budget is allocated to education, but the goal of compulsory primary education has not yet been realized for lack of classrooms and teachers. Enrollment in schools of higher education is about 400,000, and the Philippines ranks high in the world in the number of college graduates per capita.

There is free education at all public elementary schools. There are 36 private and seven state universities and 541 private and 18 state colleges.

Despite the multiplicity of languages, the Philippines has one of the highest literacy rates in the East Asian and Pacific area - 75-80 percent of the population 10 years of age and above.

The Department of Education and the Philippines Women's University Population Education Center are two groups which are seeking to improve awareness and educate the people - both students and teachers - in areas of population problems. Five medical colleges have integrated family planning in the curricula.

F. Religions, Cultures, and Ethnic Groups, Including Health Beliefs and Systems.

The people of the Philippines are predominantly of Maylay stock who are descendants from the Indonesia and Malaya. They migrated to the islands long before the Christian era. The most significant alien ethnic group is the Chinese, who have played an important role in commerce since the ninth century when they first came to the islands to trade. As a result of intermarriage, many Filipinos have partial Chinese ancestry. Americans and Spaniards constitute the next largest alien minorities.

About 90 percent of the people are Christians. These are predominantly rural, Hispanicized people who were Christianized and to varying degrees Westernized during nearly 400 years of Spanish and American rule. The major non-Hispanicized groups include the Moslem population, and the people who live in the mountains of northern Luzon. About 83 percent of the Filipinos are Roman Catholic, some 9 percent are Protestants, 5 percent are Moslem, and the remainder are primarily animist.

Eighty-seven native languages and dialects, all belonging to the Malayo-Polynesian linguistic family, are spoken. Eight of these are the mother tongue of more than 86 percent of the population. The three principal languages are

Cebuano, spoken on the Visayas; Tagalog in the area around Manila; and Ilocano on northern Luzon. Pilipino, English and Spanish are the official languages. Since 1939, in an effort to develop national unity, the Government has promoted the use of the national language, Pilipino, which is based on Tagalog. Pilipino is taught in all schools and is gaining increasing acceptance, particularly as a second language. English, the most important non-native language in the Philippines, is used as a second language by about 40 percent of the population and is the universal language of professional people, education and government. Spanish is spoken by less than a million people, largely of the social elite, and its use appears to be decreasing.

G. Policies and Law re: Family Planning

It is of interest to note that until 1969 the Government of the Philippines had been pronatalist, providing bonus payments for large families. During the past three years, the Republic of Philippines initiated and implemented national population policies and programs, and established a Commission on Population (POPCOM). Presidential decrees no. 79 (1972) and no. 166 (1973) revised and strengthened the legislative act, declaring:

a) "The population program is an integral and vital part of social reform and economic development" and

b) "One of the objectives is to...bring about a society designed to improve the quality of life of each Filipino" and

c) "Family planning and responsible parenthood assures greater opportunity for each Filipino to reach his full potential and to attain his individual dignity."

The decree further declares: "The Government of the Philippines hereby declares that for the purpose of furthering the national development, increasing

the share of each Filipino in the fruits of economic progress and meeting the grave social and economic challenge of high rate of population growth, a national program of family planning involving both public and private sectors which respect the religious beliefs and values of the individuals involved shall be undertaken."

An example of the progress is the fact that the total number of new family planning acceptors in calendar 1971 was 400,000. 1/ This is nearly twice the number of new acceptors for the previous year, as indicated in the chart below.

Family Planning Acceptors, by Month of Acceptance and by Method, for the Philippines: 1970

Month	Method				All methods
	Orals	IUD	Rhythm	Other	
January	6,000	1,700	1,800	900	10,400
February	5,500	1,900	1,200	2,000	10,600
March	6,800	2,500	2,500	1,400	13,200
April	7,200	2,400	2,200	1,600	13,400
May	7,200	2,800	2,400	1,500	13,900
June	7,400	3,100	2,200	1,400	14,100
July	8,200	4,100	3,100	1,700	17,100
August	10,600	4,800	3,300	2,100	20,800
September	12,200	5,500	3,700	1,900	23,300
October	14,200	6,500	4,200	1,800	26,700
November	14,200	5,500	3,600	1,500	24,800
December	13,800	5,800	3,800	1,600	25,000
All months	113,300	46,600	34,000	19,400	213,300
Percent of acceptors	53.1	21.9	15.9	9.1	100.0

Source: Family Planning Evaluation Office, University of the Philippines Population Institute.

As of December, 1971, 1,030 family planning clinics were operating. Private clinics number 486 and government clinics 544. The goal is to provide family planning services within reasonable commuting distance to at least 90 percent of the population, with plans for 1,800 family planning clinics eventually.

1/ Population Planning Assistance Book, AID - 1972 - p. 135.

President Ferdinand Marcos, through POPCOM, has begun a massive campaign to reduce the Philippines' soaring birth rate. News media, schools, civic organizations and volunteer groups recently were directed to promote the concept of family planning. Courses in family planning are being added to the curricula of medical and nursing schools, and all institutions with students enrolled in schools for midwives or social workers. Graduates must have completed study of family planning before they may qualify for licensing in their specialty.

The campaign to encourage birth control and halt the rapid rise in population reaches all the way into the elementary schools. The government publication, Current Events Digest, carries stories in its student editions on the "evils" of unlimited population growth. The message the "overpopulation hinders progress" is being repeated in newspapers and magazines, posters, and radio broadcasts. The campaign stresses the point that limiting family size can mean "a more comfortable and secure life."

III. Health Administration, Population Responsibilities, and Related Government Activities

As of July 1971, the population of the Philippines was estimated as 38,332,000, increasing at the rate of 3.2 annually. It is expected to double in 23 years if the present growth rate continues. The vital statistics and health and epidemiological data suggest ever-improving health in the Philippines.

The crude death rate in 1969 was 6.9 per 1,000 as compared to 12.4 in 1959. Declines have been particularly noted in the infant and maternal groups. The 1969 rates of 64.1 and 2.0 per 1,000 live births contrast with 72.4 and 2.6 per 1,000 in 1959.

Communicable diseases were the primary causes of death which accounted for 54.1 percent of all deaths. By 1969 they accounted for 42.9 percent of the ten leading causes of death. The first three were pneumonia, tuberculosis* and gastroenteritis and colitis. The fourth and fifth diseases as causes of death were those of the vascular system and heart. Avitaminosis and other nutritional deficiencies and bronchitis rank sixth and seventh. The last three in the group were malignant neoplasms, accidents and homicide. The relative reduction in mortality due to communicable diseases is accompanied by a corresponding slight increase due to chronic, degenerative diseases.

Factors included with the stated improvement in the state of health are: environmental conditions, wider immunization programs, and improved medical care of the sick which includes expanded, general health services.

* Several doctors we met put tuberculosis as number one.

A. Official

1. Department of Public Health

The responsibility for health services for the country lie primarily with the Department of Health (DOH), although there is a very large utilization of private practitioners for curative medicine, especially in urban areas. Family planning is now part of the Department of Health, rural health delivery. However, all activities and programs in this field are under a special body, the Population Commission.

The Philippines are divided into eight regions (expected to be changed to 11 regions by July 1973), with 68 provinces, encompassing 1,433 municipalities. The municipalities include 52,000 barrios. In addition, there are 51 chartered cities which are not administratively included in the provinces. Within this structure, there are regional health offices and municipal health offices. Under the provincial health offices are found the rural health and puericulture centers.

Cities develop their own center structure but must follow guidelines set by the DOH.

In some instances, the salaries of health personnel may be paid by both the DOH and the city. The details of the table of organization of the DOH are given in Table I. Hospitals, city health, provincial and regional offices submit their information to the regional health offices.

As can be seen on Table I, malaria and schistosomiasis control are handled as categorical programs and are not integrated into the health and medical services. This is true also for comprehensive MCH/family planning (project), nutrition, and stream and air pollution.

Under the "New Society," a program is being developed to integrate all

development activities at the province level. Integration has begun in 20 provinces in which the governors have appointed task forces. Health is one of the activities. This is being done through the Provincial Development Assistance Project (PDAP), with the involvement of the School of Public Administration of the University of the Philippines. AID is helping to support this effort.

According to the Philippine Guidelines,* there should be a rural health unit for every 25,000 people. When the population of an area reaches 30,000, a new unit is mandated to be formed. However, for a multitude of expressed reasons, this projection has not been implemented in many cases.

In the allocation of health manpower, a major problem is the relationship of land area to population. Some provinces and municipalities are large in area with greatly dispersed populations. Full medical coverage would require more persons per population group than in an urban area. In some cases, what are called cities are chartered areas with at least a heavy urban concentration in parts of it. The rest of the "city" can be widespread rurality. For example, Davao City, considered the largest city in the world in terms of area (over 2,211 square kilometers), is primarily rural. It has 32 health centers and ten family planning clinics to cover a population of 392,493. A large part of the population is dispersed outside of the urban nucleus. There is not enough health manpower to serve the rural centers under the city. Thus, there is a dependence upon teams going out from the more urban health centers. In terms of family planning, persons desiring services must go to better staffed centers.

To better understand the makeup of the DOH structure below the Secretary's Office, as an example, is included in the form of the Health Region No. 8,

*

headquartered in the City of Davao (Table II).

This Region, with a population of 5,143,000, encompasses 28,383 square miles, one-fourth of the land mass of the Philippines. It has functioned as a regional coordinating and administrative unit of the DOH for 13 years. The personnel of the region are distributed in the following manner:

	<u>Units</u>	<u>No. Employees</u>
1	Headquarters	45
12	Provincial Health Offices	889
6	City Health Offices	140
16	Hospitals	843
	Environmental Sanitation	5
	Regional Laboratory & Training Center	5
	Regional Health Training Center	7
	Social Hygiene Services	2
	TB Control Services	45
	Filaria Control Services	10
	Immunization Team	6
	Sanitaria Services	8
	Total	<u>2,005</u>

Of the above number, the following personnel man health units in the 208 municipalities:

Physicians	148
Public Health Nurses	124
Rural Health Midwives	330
Sanitary Inspectors	<u>253</u>
Total	<u>855</u>

In the seven Provincial and National Hospitals of the Region, there are a total of 820 physicians, nurses, pharmacists, and other personnel. This number is almost equal to the total number of personnel in the rural health service. The 1971-1972 Budget was 7,335,839 pesos (U.S. \$1,094,000) or about U.S. \$.20 per person.

2. Commission on Population.

While AID has been providing substantial financial assistance to family planning activities since early Fiscal Year 1968, a national program was not undertaken until July, 1970. Until the latter date, the projects office for MCH of the DOH was responsible for the overall responsibility of administering all family planning programs in the Philippines.

In 1970, by Executive Order, the Population Commission (POPCOM) was formed to assume family planning responsibilities. The POPCOM has the overall planning and coordinating authority and responsibility for USAID supported projects which are reviewed by the National Economic Council (NEC). This authority refers to all bilaterally supported programs within the limits of jointly agreed upon plans and budgets which involve:

- a. Development of population policies and national population programs.
- b. Development and programming of various project activities to achieve its goals.
- c. Determine needs for recommending participant training.
- d. Plan and allocate commodity support.
- e. Receive and approve or disapprove project proposals.

The outspoken support of President and Mrs. Marcos has been essential to the program's rapid development. Their endorsements have encouraged na-

tional leaders from public and private organizations to become directly involved in program activities.

In Fiscal Year 1973, USAID supported, through the NEC/USAID/POPCOM agreement, 16 governmental and 10 private agencies in family planning. The total investment in population programs was 23,010,835 pesos. Seventy-five percent of this amount was contributed by USAID, USAID's yearly contribution to be on a decreasing scale. "Emergencies" within the Philippines did not permit a reduction of USAID support below 75 percent for Fiscal Year 1974. The budget for POPCOM itself was 2,168,363 pesos for Fiscal Year 1973.

Although the DOH has its "National Family Planning Office," it also must coordinate, secure approval, and report to the POPCOM. USAID funding, through the POPCOM, reaches 28 institutions and agencies through which family planning services are given in 1,938 clinics, 1,054 of which are within the DOH network. Support is also given for demographic data collection and processing, motivational programs, media production, regional training, training in the United States, rhythm clinics, evaluation efforts, research in reproductive physiology, demographic studies, and commodity assistance. In addition, the Family Planning Association of the Philippines supports 126 clinics from funds donated by the International Planned Parenthood Foundation. The Family Planning International Assistance supports one clinic and two mobile clinics.

The POPCOM has an executive director and deputy as well as a number of committees and divisions totalling about 50 persons. Also, there is a board of directors which has representation of the various departments of government. (See Table III.)

3. Medicare.

The Philippine Medical Care Act of 1969 has as its purpose

the extension of "medical care to all residents in an evolutionary way within our economic means and capability as a nation" and to provide "the people of the country a practical means of helping themselves pay for adequate medical care."

In March 1973, Dr. Pacifico Marcos, Commissioner of Medicare, presented a proposal to USAID concerning the integration of preventive and curative health services to the barrios. It attempts to improve medical care at the lowest population level, making 10-bed wards and small drug dispensaries available in each barrio. It entails retraining of municipal health officers (MHO) and recruitment of young doctors to substitute for MHO during their training period. In addition, the proposal provides for the conversion of 400 rural health units into community hospital and health centers with emphasis on family planning, obstetrics and pediatrics and the training of paramedics to supply the necessary manpower for rural health delivery.

In the scheme described above, it is not clear whether the DOH will be in charge or if it will be subserviced under Medicare.

4. Department of Labor

This Department has the responsibility for carrying out required health care of employees of industries and agro-business. The DOH is the agency which sets the standards. In process is a change in leave procedures which will require employers to allow maternity leave only up to the fourth child. This is seen as a step in the direction of encouraging smaller families.

5. Department of Education

Presently under consideration is a law which would offer free education up to a specified number of children with government support thereafter reduced to 50 percent, 25 percent and then zero.

6. Internal Revenue Service.

The tax law permits 1,000 pesos exemptions up to the fourth child. Again, this is meant as an incentive to reduce family size.

7. Armed Forces.

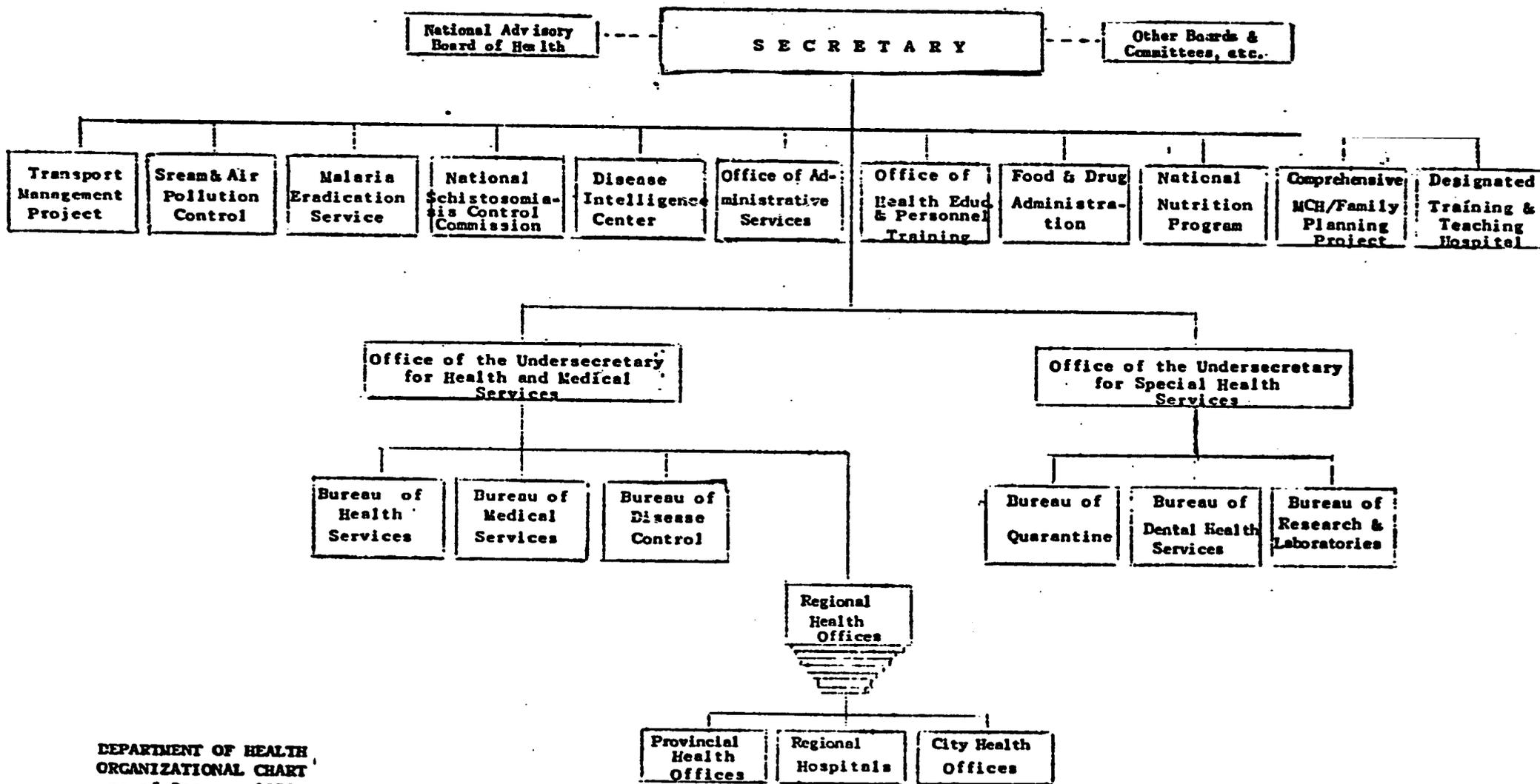
The Armed Forces has its own medical care and preventive medicine services, as well as its own hospitals. Many of its clinics offer family planning services, not only to the military, but to the families in the region. This is supported in part by USAID.

8. National Malaria Service

The National Malaria Service began its activities in 1926, long before most countries had such a program. It started as a separate entity from other health services within the DOH and was integrated in the 1950's with resultant increase in malaria prevalence. It was subsequently separated, during which period it has been receiving support from AID and WHO. As a result of an agreement between AID and WHO, AID will be stopping technical and commodity support after June 1973. At present, there is some question as to the extent WHO will support the program beyond its present malaria advisor. It is hoped that the Government of the Philippines (GOP) will continue the program at its present level, no matter which outside support is available.

This group of people in Malaria form a very special health service organization. With 901 civil service employees and 2,000 daily wage workers, in the course of taking data, blood smears, spraying homes, and larviciding, reach every dwelling in the areas covered. No other delivery system in the country can boast such achievement.

The Malaria Service hopes that the field workers, hired temporarily during the spraying cycles, could be utilized as multi-purpose workers in a manner similar to that in Nepal.



DEPARTMENT OF HEALTH
ORGANIZATIONAL CHART
as of January 1971

Table I

REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF HEALTH
 FIELD OPERATIONS
 REGIONAL HEALTH OFFICE NO. 8
 CITY OF DAVAO

HEALTH REGION NO. 8 - ORGANIZATIONAL CHART

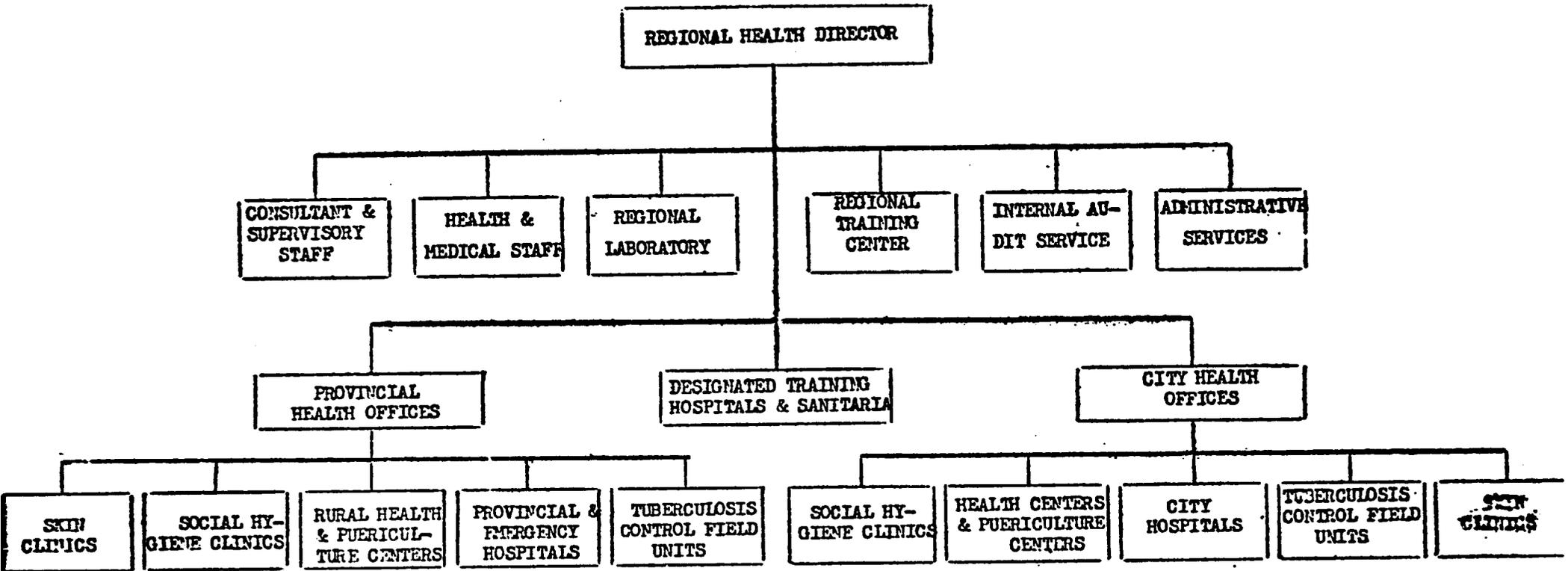


Table II.

ORGANIZATIONAL CHART

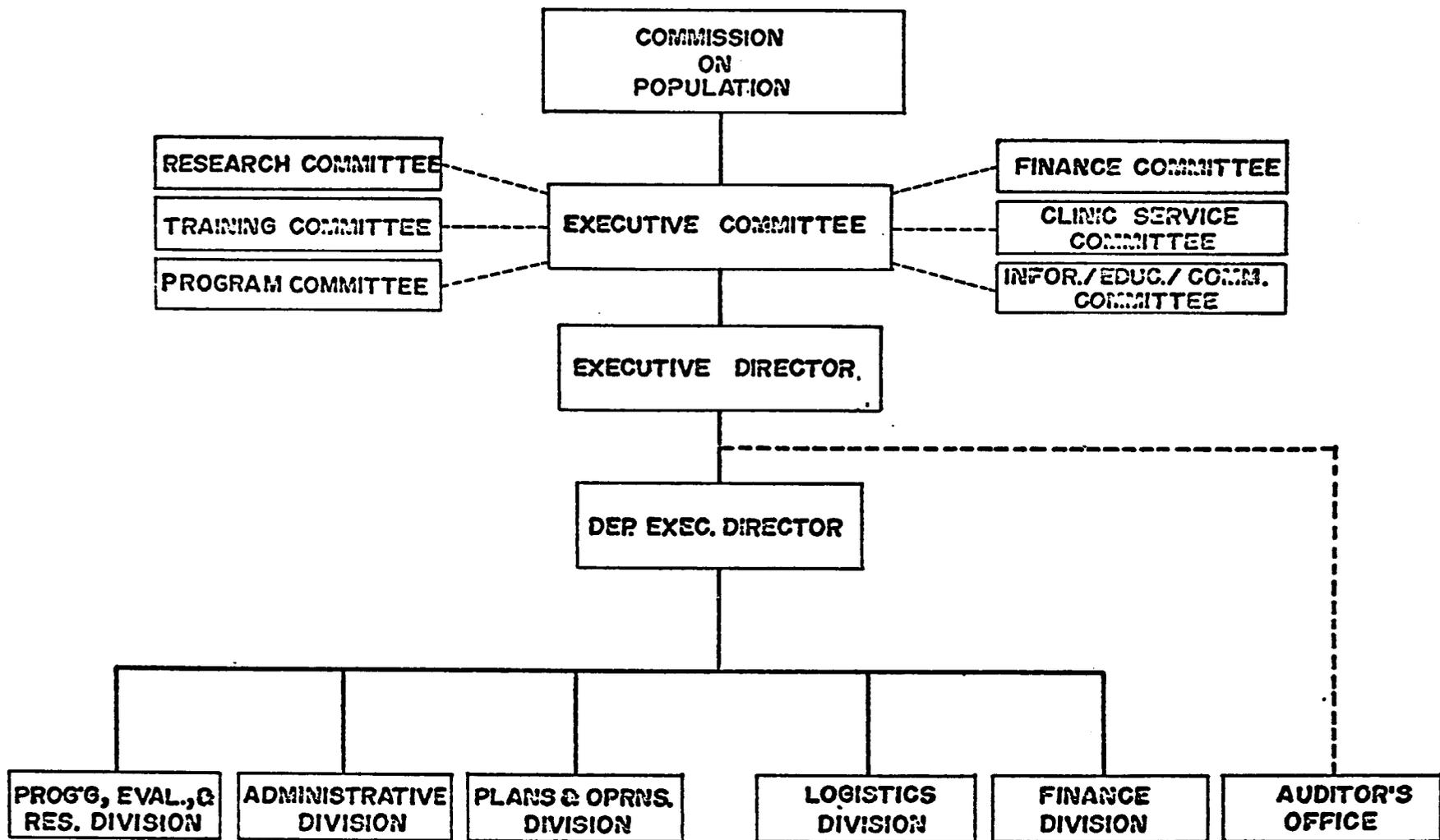


Table III.

B. External Assistance.

The international organizations contacted reacted to DEIDS differently depending on their particular focus and program needs.

Representatives from two organizations stated their reservations regarding DEIDS' endorsement by governmental agencies, both Philippines and USA. Some felt that the inter-agency (private and official) competition and covert, if not overt, conflict which exists would reduce the potential for success of such a project. However, in general there was enthusiastic endorsement and a feeling of "we need it, let's try it." It was also seen by the head of one organization as the stimulus that might result in the development of a national health plan.

Information about the various agencies' activities and philosophies was obtained from direct interviews and/or printed materials. In cases where neither was possible, information was obtained from an informed AID resource person.

1. Ford Foundation supports the following: (AID informant)
 - a. University of Philippines, Economics Department
 - b. Management and Population Commission
 - c. Model Cities Project - The project develops city codes to encourage and reward small family size. Cagtande Oro City government has responded favorably to this plan.
 - d. Incentives Program - Under consideration is a plan for paying each female worker five pesos per month when she is not pregnant. Location for this project may be Bacolod, Negros Sugai Planters.

Ford's activities (a. and b.) have focused on strengthening academic departments. New activities (c. and d.) now being planned are community based.

It seems highly unlikely that DEIDS would be in a geographic area where Ford had a community based program. However, if this were to occur Ford Foundation would be mutually supportive.

2. Family Planning International Assistance (FPIA) (The International arm of PPWP) (AID Informant)

The beginning of family planning in the Philippines was through this association. Pansy Billings was considered the Margaret Sanger of the Philippines. The current field representative from PPWP is Carey Lorenzana. She was unavailable for interview because of illness. If she continues in her post, it is considered that there is great potential for cooperative action with DEIDS. (The Regional Representative is Tony Drexler, PPWP, 810 7th Avenue, New York City, New York.) . .

a. MCH-FP program with Church World Services. For details of this program which integrates nutrition and family planning see reference 11. FPIA supports projects in two pilot regions.

b. Lorona School of Nursing. This course provides training in rural nursing.

c. Interchurch Community Council. Provides family planning within medical services at 22 hospitals and 68 clinics.

d. Mobile Iglesia Ni Kristo (INK) Team. Mobile family planning units go the churches where clinics are set up temporarily in the building. The church allegedly strongly endorses family planning but is having difficulty obtaining the active support of their physicians. This program is designed to pull the INK physicians into the program as well as to provide family planning services to their membership. Budget is \$6,300 for a trial six-month period.

e. Responsible Parenthood Council (RPC) - Ecumenical Approach.

This is a pilot program which just began in Antique, a very poor province in the Vessays region. It requires two people; one person discusses rhythm and the other discusses all other methods. The program uses trained voluntary informants in the barrios and lay motivators in municipalities. Project budget is twice the other RPC programs.

POPCOM is reported to not want to continue rhythm clinics. This project seems to be a compromise and a possible method for introducing other methods into the "rhythm only" clinics. Unofficially, some clinics have introduced condoms and foams.

f. Population Education. Seminars in Wesleyan College.

This is an attempt to introduce population concepts to college students.

g. Mary Johnston Hospital Sterilization Program. Much con-

troversy and confusion surrounds this program. It seems that a limited number (several hundred) of tubal ligations and vasectomies are performed free or at cost to the patient.

h. Asian Social Institute (ASI). This institute supports

25 Responsible Parent Centers. It does the evaluation of the nutrition and family planning projects of the National Council of Churches. Currently, a comparison is being made of family planning programs with and without nutrition components.

3. Population Council.

a. Integrated Post Partum Program (IPPP). This has recently

been transferred to AID. The program consists of providing family planning services immediately post partum to women in two Manila hospitals. It is reported that 60 percent of the women delivering in these two hospitals are

family planning acceptors. The majority have IUDs inserted. This represents 4 percent of the total program in the Republic of the Philippines.

a. Taylor-Berelson project for comprehensive health services in Bohol. This project is not yet underway. It will most likely be funded jointly by Population Council and WHO and administered through the DOH. AID has not been involved in the planning. (See reference 9.) The budget is \$1.7 million. Many people in various agencies are aware of this project and see it and DEIDS as being similar. A frequent comment heard was that there should be coordination between the agencies responsible for both the Taylor-Berelson and DEIDS projects.

4. Asia Foundation. (AID Informant)

Some of this agency's programs would fit well with a DEIDS project. (See reference 14 for a list of current and planned projects.)

5. United Nations (AID Informant)

There is an agreement between the UN and USAID, Philippines, that the UN will focus its assistance on institutions and education. USAID is to focus on service, evaluation and research. While these are not rigidly adhered to, exceptions are discussed prior to implementation.

a. University of Philippines, Institute of Mass Communication. Budget of \$1 million over five years. The objective is to build up the productivity of the institute. It is now in its second year.

b. Population Education Program (PEP). This program provides for the integration of population concepts (including nutrition) into the total curriculum of grades 1 - 12. The project is not yet funded -- currently working under pre-project agreement.

c. POPCOM - Evaluation Research. Staff has been employed to do research. No studies have yet been completed. Money (170,000) is allegedly available for research projects.

d. Responsible Parenthood Centers (RPC). This agency is asking the UN to fund centers for five new provinces.

e. WHO

Contacts: Dr. Franz Rosa, WHO, Manila

Dr. Carolina P. Orquiwas, Davao General Hospital, Davao City.

Dr. Divinia A. Dimayuga, Batangas Provincial Hospital.

(1) Maternity Centered Family Planning Clinics. These clinics are located in 25 hospitals scattered throughout the Philippines. Most of them have a doctor, nurse, midwife and clerk. Some are integrated with other clinics in the hospital, e.g. pediatrics, gynecology. Some have a mechanism for two-way referral outside the hospital with the City Health Department. Others appear to be an isolated, post partum family planning clinic. The personnel on all levels indicated interest in participating in DEIDS. It seems that both the opportunity and the need for DEIDS are present in this program.

(2) A DEIDS-like project partially supported by WHO has operated in a portion of Rigal Province for three years. It is noteworthy in respect to involvement of a community committee in analyzing needs and formulation of the plan. The plan is noteworthy in regard to its statements regarding the dysfunctional characteristics of health centers and government health services.

(3) Comprehensive Health Project - Rizal Province.

f. UNICEF. This organization supplies commodities such as motorcycles and thermometers.

6. Rockefeller Foundation (AID Informant)

a. A new population center building is being planned. It was stated that the capital outlay is considered a way of giving official governmental (President and Mrs. Marcos) endorsement and visible support to the population program. AID and the Republic of the Philippines are each putting in approximately \$0.8 million.

b. National Science Development Board (NSDB) Assistance Project #2275-4.

Contacts: Dr. A. Pardo, National Department of Health
Dr. P. Campos, UP-PGH Medical Center, Manila.

Rockefeller Foundation along with University of Philippines was involved in this project initially but Rockefeller has terminated its support. The project has operated for more than four years. Evaluation of the project has been an integral part of it. The objectives of this project are similar to that of DEIDS. They are "study of a new health care system that would be effective and feasible within the context of the socio-economic conditions of the country." The plan calls for the utilization of multipurpose health workers and trained "Hilots", traditional birth attendants. (See reference 10.) It seems that the experience and knowledge gained in this project could be capitalized and utilized in developing a DEIDS project in the Philippines.

7. Pathfinder

Contact: Dr. V. Valenzuela, Field Representative,

Pathfinder, PPL Bldg., 1000 UN Avenue,
Room 505; Phone: 58-80-10

a. Its manpower development project plans are:

(1) To send an MD (Ob-Gyn), Dr. Apello, to the USA for training in laparoscopic sterilizations and to observe the use of nursing and midwifery manpower in family planning services;

(2) To send nurses to the USA for training as workers in family planning services.

b. Plans are underway to subsidize laparoscopic tubal ligations and vasectomies. The number and location(s) are not yet determined.

8. World Bank

A reconnaissance team has visited the Philippines several times and is undertaking more detailed planning in the near future. It is anticipated that a loan will be negotiated for support of health center facilities, equipment and personnel training.

9. National Council of Churches

Contact: Dr. Alleman, 879 Epifanio de los Santos Ave.,
Quezon City

This organization is made up of an amalgamation of the international division of several Protestant churches. While they conduct several activities, the project most relevant to DEIDS is the program within the Division of Self Development. It was formerly known as the Division of Church World Services. The major activity in the Division of Self Development is the "Targeted MCH Program." This is primarily a nutrition and mother craft type program which is scattered throughout the Republic of the Philippines in 41 provinces. Family planning education on motivation is included in all, but family planning services are available only in some. Each center has definite ties

with a health program, either private or official. Food for the program is supplied by Food for Peace via USAID - Philippines.

C. Voluntary Organizations

Voluntary associations in the Philippines have played key roles in the development of family planning services and health manpower. Recent events are opening fields of endeavor for these organizations to develop new solutions for old problems. Innovative systems and new types of manpower or unique utilization of existing manpower are being explored.

Contact was possible with a few of the many organizations which are involved in activities relevant to DEIDS. There was support by specific project directors not only conceptually but, in some instances, they expressed strong encouragement to select their project site as a DEIDS location.

1. Institute of Maternal and Child Health (IMCH)

a. Banawe, Quezon City, D-503; Phone: 61-86-01.

Contact: Dr. Fe del Mundo, Executive Director

The IMCH is a private semi-autonomous unit which, with the Children's Memorial Hospital, forms what is known as the Children's Medical Foundation of the Philippines. Recently the name was changed to the Institute of Community and Family Health with IMCH becoming a division. For approximately 15 years IMCH has been a leader in the Philippines in providing health services to mothers and children. Since 1968 it has been pioneering in providing family planning services and training manpower for MCH services. The sub-agreement with POPCOM for 1971-1972 enumerated IMCH's activities:

(1) Provision of family planning clinics and education information service through 225 POPCOM/NEC/USAID assisted clinics throughout the country.

(2) Provision of training in family planning to medical, paramedical personnel,* lay people, and other extension workers in order to develop and make available the needed manpower for family planning services throughout the country.

(3) Provision of directing and managing the operations of five informational and motivational teams.

IMCH supports, in concept, a DEIDS project. If a site such as Marinduque with a population of 150,000 were chosen and where IMCH has a special project, it was felt there would be a great potential for cooperative endeavors. These were in three areas:

(1) Addition of all missing MCH services to existing service.

(2) Development of an appropriate and effective delivery system.

(3) Evaluation of the services provided.

2. Bajada Medical Cooperative.

Contact: Drs. Jesus and Trinidad de la Paz, Conchu Clinic,
Balton St., Davao City, Philippines

The Bajada Medical Cooperative represents an attempt to mobilize a community to help itself by using the need for medical care as a fulcrum. Much of its success is based on volunteer physicians and volunteer (trained) health workers. A three-month training program was developed which produced 30 graduates. These graduates are truly multipurpose health workers who are concerned with acute medical care, prevention and nutrition. It is a possible pattern for delivery of health services in the Philippines.

* Approximately 550 Hilots (traditional birth attendant) were trained.

3. Cebu Institute of Medicine (CIM).

Contact: Florentino S. Solon, M.D., MPH, Regional Health Office #7, Cebu City Department of Health, Cebu City, Philippines.

The Cebu Institute of Medicine initiated a community medicine training program for interns in 1967. While the primary objective was to "expose the interns to the health problems in the village level and view these against the total ecologic background," a program of nutrition, mother craft and family planning has developed. Over the five years since the program was established CIM has demonstrated a comprehensive health care system which is based on a unique community organizational plan. An added strength of this project is its data base and potential for long-term evaluation. (See reference 13.) If DEIDS were to choose Cebu as a site and reinforce and assist CIM, it is felt by Dr. Solon and Dr. Engels (AID - nutrition) to have an excellent chance of being replicated throughout the Philippines.

4. Philippine Midwifery Association

Contact: Mrs. Loanzon, Senior Midwife Supervisor, City Health Department, Manila, Philippines.

Registered midwives in the association are as follows:

124	Manila Health Department (10 premature nursery) (114 maternities)
2,570	RHU's
130	Economic Development Program (Under Philippine Rural Rehabilitation)
<u>2,820</u>	Total

Leaders in the association hope to increase the training program from 18 months to a minimum of two years and preferably three years. There is concern

over professional status and role definition with nurses.

Concern was expressed over limitations placed on registered midwives regarding the insertion of IUDs and distribution of oral contraceptive pills.

There was enthusiastic support and interest and participation in DEIDS.

5. Family Planning Organization of the Philippines.

Contact: Dr. Juan Harrier, President, P.O. Box 1279,
Manila, Philippines; Phone: 49-24-04.

This is a private organization which is affiliated with the International Planned Parenthood Foundation (IPPF).

Part of its support is from IPPF, another part from the charge to patients for services, and the third source from AID. It has affiliated clinics in Luzon, Viasayas, and Mindanao; as well as its headquarters and central clinic on Mabini Street in Manila.

Funds from IPPF and patients' payments are used to support three training clinics, 40 FPOP affiliated chapter clinics, 14 non-affiliated clinics, 14 special projects, and 58 clinics that receive commodities only. The USAID granted funds through the POPCOM and for the operation of the Agro-Industrial and City Health Offices' Family Planning Clinics. This agreement provides the training of doctors and other clinic and field personnel. It also provides information and methods to agro-industrial managers, labor leaders, workers, and their families on population/family planning. This USAID support for Fiscal Year 1973 was \$94,000.

Dr. Parulan, Director of FPO, related that he has not been having real success with the agro-industrial businesses. The primary factor is that the doctors are part-time on contract and do not want to lose their private income by being absent for as long as three weeks in training.

D. Health Manpower and Womanpower

A problem in compiling facts on health manpower in the Philippines is that there is no central, comprehensive source. The description on health manpower which follows was gleaned from various documents (references 1-7) and personal interviews with Dr. Jose Cuyegkeng, Executive Director of the Association of Medical Colleges; Dr. Raul De Guzman, Dean, School of Public Administration, University of the Philippines; Dr. Benjamin D. Cabrera, Dean, Institute of Public Health, University of the Philippines; Dr. Frediswinda Jugo, Office of Health Education and Personnel Training, Department of Health; Dr. Nery Diza-Pascual, Program Specialist, MSR/HPS; and Mr. Rene Lucero, Program Assistant, FP/HPS.

A factor which might influence a DEIDS project in the Philippines is a recent (March 1973) proclamation by President Marcos. It mandated that physicians and nurses are not permitted to leave the country immediately upon graduation. They must be engaged in active practice for at least five years before being granted a visa to work outside of the country. This move is seen by observers that such action may temporarily deter the drain of health manpower from the Philippines.

The following is a description of the present status of physicians, nurses, midwives and allied health professionals who are charged with the responsibilities of health delivery and care. In addition, some constraints related to health manpower are listed following each category.

1. Physicians

As of March 1973 there were 34,407 physicians registered in the Philippines. Of this number, it is estimated that there are between

7,000 to over 9,000 out of the country, with about 3,500 on exchange visas. Of the total number of physicians who are permanently abroad, 80 percent are in the United States.

Within the country, 10,450 are in private practice with about 3,950 employed by the government. Of the total number of physicians known to be in active practice, 65 percent are located in the cities and capitals. Greater Manila claims 38 percent of the physicians. Thirty-five percent are in the rural communities where 68 percent of the population lives.

The physician/population ratio is 3.4/10,000 with 2/10,000 in the rural areas and 7.4/10,000 in the cities and capitols.

There are seven medical schools of which one is government supported. All schools graduate about 1,200 each year. Prior to the presidential proclamation, 80 percent of the new graduates left the country. Medical training consists of four years of undergraduate school, four years of medical school with the fourth year spent in full clerkship. The "Medical Doctor" degree is awarded after the fourth year. One year is spent in internship with a year in technical training in an accredited hospital. It is after the sixth year of medical training that the physician is qualified for registration.

Should the physician/population ratio be lowered to the expressed, desired level of 1/2,800, it is estimated that there is a need of 55 physicians (net) per year during the interval, 1970 - 1980.

The Philippine Medical Association in cooperation with the Medical Schools and specialty societies provide the guidance in continuing medical education of practicing physicians. The National Board of Medical Examiners licenses the physicians and midwives.

Constraints:

a. There is an uneven distribution of physician manpower, especially in the rural areas of the Philippines where primary health care is delivered through the rural Health Centers.

b. There has been a high number of "brain drain" to other countries. It is anticipated that this situation will be somewhat stabilized with the national mandate of March 1973. Still, the basic desire for physicians to leave the country is being examined so that there is maximal use of those who remain. The following are factors to be considered:

(1) Salary: Government physicians are paid from a base of 603 pesos (\$87) to something over 1,000 pesos (\$112) per month. To supplement this income, most physicians participate in private practice and/or become involved in business ventures. Therefore, their energies are thinly distributed.

(2) There is a dearth of post-graduate training programs which are seen as comparable to those which are out of the country.

(3) There appears to be lacking a feeling of professional satisfaction which is related to the full utilization of the physicians employed by the government.

(4) In some quarters, there is criticism that the Philippines medical curriculum is based on American education; and thus, it is not in tune to the needs of the country which is primarily in the barrios. Upon graduation, the physician seems to feel more "at home" in the confines of a hospital where support personnel, equipment, and facilities are readily available.

2. Nursing Personnel

There are three categories in nursing: the Professional Registered Nurse (R.N.), the Midwife (R.M.) and the nurse attendants.

a. The Registered Nurse (R.N.). Within this category there are the Graduate in Nursing (G.N.) and the Bachelor of Science in Nursing (B.S.N.).

The prerequisite for admission to the above programs is a high school diploma. For the Graduate in Nursing degree, a person must be a graduate of one of the four recognized schools of nursing and registered with the Board of Examiners for Nurses. It is a four-year course with one year in pre-nursing and three years in a basic, hospital program. The Bachelor of Science in Nursing (B.S.N.) is a five-year collegiate program.

The functions of the RN can be described as: undertaking responsible nursing care and supervision of patients, executing nursing procedures and supervision, applying and executing legitimate orders of physicians concerning treatments and medications, and undertaking community work which included surveys, home visits, health education, school health, and occupational and rehabilitation measures.

There were 47,444 registered nurses as of 1972 with 18,000 of these nurses in-country and 13,000 -14,000 abroad. A large percentage of available nurses leave yearly, mostly to the United States. West Germany also claims some of these nurses. This number includes exchange visitors and trainees.

About 4,500 nurses are trained each year. In 1970, it was estimated that 37 percent of the graduating nurses of that year left the country.

In 1971 there were about 74 schools of nursing with the largest number, 35, being private hospitals with three-year nursing courses. There are 24 colleges of nursing which offer a BSN degree, nine government hospitals with three-year

nursing courses, and six colleges of nursing which offer courses required for a master's degree.

13,150 nurses are employed by the government and 7,841 work in the private sector.

b. Midwife (R.M.)

A midwife with an R.M. degree is a graduate of a recognized midwifery school and registered with the National Board of Examiners for Midwifery. Currently, there are 18,922 midwives registered but all are not members of the Association of Midwives. In 1972 it was known that 5,109 were in the private sector and 2,428 were employed by the government. There are no figures on the numbers of midwives who leave the country, but it is suspected that those in foreign countries are working in hospitals as ward assistants.

The nurse-midwife is a registered nurse who is qualified to attend deliveries. She is licensed by the Board of Examiners for Midwifery. She qualifies for her license in two ways: by having a physician employed by the government verify that she has attended to 20 normal deliveries and by passing the examinations conducted by the Board of Examiners for midwifery.

There are five government and 23-31 private midwifery schools which graduate about 1,600 per year. The requirement for enrollment is a high school diploma. The training is for 18 months.

A midwife can care for women from the beginning of pregnancy to the end of puerperium and care for the normal infant during the neonatal period. She is qualified to perform deliveries.

In addition to the midwives registered with the Board of Examiners, there are the traditional birth assistants, "hilots." There is an estimated minimum

of 9,000 pilots with the possibility that there are 20,000 - 30,000 in the Philippines.

c. Nursing Attendants.

It takes from 1½ to 3 months of pre-service and on-the-job training to prepare a high school graduate as a nursing attendant. After the training period, she is able to perform housekeeping, messenger and other simple services which do not require nurses' training. Individuals usually contract with private hospitals to conduct this training. The usual pattern of training is that the assistant nurse supervisor is in charge of training nursing attendants.

In 1970 it was estimated that there were 9,328 nursing attendants with 2,031 employed by the government. The remaining numbers are located in private hospitals.

Constraints:

- (1) All categories of nursing are paid low salaries. For example, nurses employed by the government earn from 367 pesos (\$53) to a little over 600 pesos (\$86) per month.
- (2) There appears to be limited career development possibilities within or between the respective nursing categories.
- (3) It is difficult to retain nurses in the rural communities, especially in government employment, because of the lack of urban conveniences as well as the attractive personnel practices in private hospitals which are located in the cities. In addition, a factor may be that nurses are trained to function optimally in a hospital setting, rather than in a rural situation.

(4) The graduate nurse has the desire to go abroad, especially to the United States. The reasons for migration are identical to that of the physicians, which are: salary, working conditions, further training possibilities, and job satisfaction. Like the physician, nurses are temporarily restrained from migrating abroad by presidential proclamation.

3. Auxiliary Manpower and Womanpower

As of April 19, 1973, the following auxiliary health workers were listed with the Civil Service Commission, Board of Examiners which is responsible for the licensing of some 33 professions.

Dentists	12,478
Dietitians	987
Medical Technicians	2,725
Optometrists	2,944
Pharmacists	19,690
Sanitary Engineers	401
Social Workers	1,182
Veterinarians	842
Physical and Occupational Therapists (Board examination will begin in 1973)	

Health educators are not examined by the Board.

<u>Health Profession</u>	<u>Academic Training</u>
Dentists (DDM)	5 yrs. college plus Board exam.
Dietitians	5 yrs. college and one yr. internship plus Board exam.
Nutritionists	5 yrs. college plus Board exam.
Lab (Med.) Techs.	5 yrs. college plus Board exam.

<u>Health Profession</u>	<u>Academic Training</u>
Optometrists	2 yrs. after high school plus Board exam.
Pharmacists "Pharmaceutical Chemists"	5 yrs. college plus Board exam.
Sanitary Inspectors	High school plus Board exam.

In addition to the college courses which provide training for specific fields, there are a number of identifiable training programs which complement health manpower development.

The largest number of trainees, 60,753, were processed during the years 1967-1972 by the National Office of Health Education and Personnel Training (OHEPT). This office provided orientation and in-service training which are 2 months to 2 years in duration in activities such as family planning, general health services, environmental sanitation, nutrition, and maternal and child health - dental integrated programs.

In addition, OHEPT has a program of undergraduate and post-graduate affiliation with various schools and institutions for the training of medical, nursing, midwifery and medical technology students. Finally OHEPT's Third Country National Training Program for foreign participants in 1970-1971 hosted 94 students from abroad in training and observation of health programs.

Other than OHEPT, there are recognizable programs in institutions and organizations which train and use auxiliary medical personnel. The programs described below were initiated because of the unavailability of trained medical manpower in the respective setting, and the belief that other than fully trained medical personnel could deliver basic medical care under the supervision of physicians.

There are three known programs. There may be others which are in the proposal phase or have not been publicized.

a. Bajada Medical Cooperative. (See reference 12.) This is a private, non-profit organization which trains men and women called "Katiwalas," First Trustee of Health. Prior to training, the students had no medical background. They were trained by physicians, two times per week for six months, to work primarily in the Davao City slum area.

b. Bureau of Disease Control (Leposariaw) A six-month training program was conducted by the DOH to train 100 high school graduates. Training consisted of recognizing, treating and controlling the disease.

c. Dansalan Junior College trained 100 non-medical volunteers to provide medical and family nursing services to those who live outside of the city. These volunteers are supervised by the medical personnel of the college clinic which is located in the Muslim Province of Lanao Sur.

. A special program which is worthy of note is the program conducted by Dr. Florentino S. Solon of the Cebu Institute of Medicine. Dr. Solon and his colleagues have trained 10-20 medical interns in a 4-6 week program, "to expose the interns to the health problems in the village level and view these against the total ecologic background." This philosophy of manpower development appears cogent to a DEIDS project. For further details, see page 4 of voluntary organization and reference 13.

A formalized, post-graduate program for the development of health manpower is conducted by the Institute of Public Health, University of the Philippines.

Each year about 60 physicians, nurses, health educators and sanitary engineers enroll in the Institute to work for their Master of Public Health degree. The

minimum admission requirement is a Bachelor of Science degree. The program graduates from five to six students each year.

In addition to the MPH program, 30-40 students enroll in a four-year program leading to a BS in Hygiene. These graduates are trained to perform duties in medical technology research rather than laboratory work in hospitals. (The Dean of the Institute commented that there has been a large number of laboratory technicians migrating to the U.S. since 1954. There are more than 25 schools for training laboratory technicians.)

Special programs in which the Institute of Public Health is involved are: the training in preventive and social medicine of medical, nursing, dental and pharmacy students during their first, second, and third years; and, a continuing education course for 12 health officers from the Rizal Province who cannot qualify for admission to the School of Public Health.

Constraints:

(1) There appears to be a large store of auxiliary health manpower. However, it appears that the majority are based in the urban areas.

(2) There are noble efforts being made to deploy medical care to the rural communities by the development of multi-purpose health workers. However, these techniques are not yet fully recognized by the authorities as a possible solution to the problem of delivering rural health care. It is hoped that external assistance can be given to some of these pioneering health manpower training programs which address their concern to the rural population.

E. Budget

Table IV presents the Fiscal Year 1973 budget for the Department of Health alone, indicating the breakdown according to the agencies within it.

Of the total national budget for 1973 amounting to 5,639.2 million pesos (U.S. \$841,671,600), health received only 224,647,546 pesos (\$3,530,000) or less than 4 percent.

The amount represents a very small investment in health and does not indicate that the GOP considers health a priority item.

1973

Agency	1973		EXPENDITURES	
	Appropriation	Unexpended	Reserve	Allotment
1. Office of the Secretary	\$ 17,293,673	\$ 12,274,773	\$ 250,000	\$ 4,869,000
2. Food & Drug Administration	1,017,000	57,000	-	960,000
3. Administrator's Office	236,000	74,507	-	761,403
4. Administration Services	10,310,000	674,000	475,000	8,991,000
5. Office of Undersecretary of Health & Medical Services	239,000	11,000	-	228,000
6. Bureau of Health Services	497,000	25,000	-	472,000
7. Bureau of Medical Services	653,000	53,000	-	600,000
8. Bureau of Disease Control	892,000	61,000	-	826,000
9. Office of Undersecretary of Special Health Services	90,000	5,000	-	85,000
10. Bureau of Research & Laboratories	1,595,000	82,000	-	1,513,000
11. Bureau of Quarantine	2,282,000	503,000	90,000	1,681,000
12. Bureau of Dental Health Services	7,602,068	3,467,024	261,000	3,934,000
13. Field Operations	269,721,303	67,000,002	2,197,100	199,727,143
TOTAL	7513,028,044	705,102,216	72,245,100	7221,617,516

Table IV.

Doc:4/10/73

IV. DEIDS - Special Considerations and Criteria

A. Official Invitation from the Philippine Islands and AID Mission.

Expression of interest was given by the Secretary of Health. There was some confusion regarding the extent of the AID Mission's desire for a reconnaissance. No commitment or invitation has been received clearly inviting detailed planning or operation of a DEIDS project.

B. AID/Washington

A full reconnaissance visit was urged by AID/W.

C. Previous Health Innovations :

There are several experiments or demonstrations in existence for delivery of MCH and Family Planning services. Most of these serve limited populations or are designed primarily for training purposes.

D. Readiness of the Department of Health for DEIDS

This is an undetermined factor since the opportunities for conference with the Secretary of Health were severely limited during the period of the reconnaissance visit.

E. Extent and Potential for Involvement of Other Governmental Departments and Agencies

"Medicare", the Filipino Medical-Social Security program is beginning to evolve. Its relationships to the Department of Health are still under development. At this moment it would appear that "Medicare" would need to be involved, at least in the planning stage of DEIDS.

POPCOM would have to be involved in any program for training and certification of personnel (other than M.D.s) in the planning procedures. In addition POPCOM would need to review the DEIDS planning frequently.

F. Institutional Bases

The principal base for the DEIDS project would be in the Ministry of Health and its regional, provincial, or local subdivisions. As stated above POPCOM would have to be regularly informed during both the planning and operation phases.

G. Current or Imminent DEIDS -- like Projects

A number of such projects are either in existence or planned and are described in the narrative portions of this report. The known projects are generally listed with the larger and more significant ones first. They include:

Rizal Province - WHO

Bohol Province - Population Council

World Bank, National Science Development Board,

Targeted MCH Program, Institute of Maternal and

Child Health, Bajada Medical Corporation, Cebu

Institute of Medicine

REFERENCES

1. 1971 Statistical Handbook of the Philippines, Bureau of the Census and Statistics, Manila.
2. Journal of Philippine Statistics, Bureau of the Census and Statistics, Vol. 23, No. 3, Third Quarter, 1972.
3. Smalligan, Marian and Hall, Thomas L., Field Visit Report, The Philippines, Survey of Family Planning Manpower, Carolina Population Center, University of North Carolina, Chapel Hill, June - July 1972.
4. Annual Report, Republic of the Philippines, Department of Health, Manila, Fiscal Year 1970 - 71.
5. Cuyegkeng, Jose, "The (External) Migration of Philippine Medical Graduates - Its Magnitude, Causes and Solutions," mimeo., paper presented in Bellagio, Italy, October 4 - 10, 1970.
6. Report of Consultant Committee on Medicine, Higher Education Research Council, Senate Committee on Education, n.d., mimeo.
7. Physician Manpower Survey, 1970, Assoc. of Philippine Medical Colleges, College of Medicine, University of the Philippines, mimeo., 59 pages.
8. Project Proposals: Asia, to Family Planning International Assistance, c/o Drexler, Tony, P.P.W.P., 810 7th Ave., New York City, mimeo, 199 pages.
Philippines - 03 Maternal/Child Health Planning Project.
Philippines - 04 Lorma School of Nursing Summer Project in Family Planning.
Philippines - 05 An Integrated Program on Family Planning Among ICCMC - Related Medical Institutions.
9. "Bohol Province MCH - Based Family Planning Demonstration Project," Project Request for United Nations Fund for Population Activities, Project No. PHI/73/P-/A/33, March 1973, mimeo, 67 pages.
10. Compos, Paulo, "A Health Care System for the Philippines," n.d. mimeo, 30 pages.
11. "Targeted - MCH Program (Maternal/Child Health), National Council of Churches in the Philippines, P. O. Box 1767, Manila, n.d. mimeo, 3 pages.

12. Santiago, Irene M., "The Paramedical Training in Davao City," in the Impact, Sept. 1972, pages 308 - 311.
13. Solon, Florentino S., "An Approach in Reaching the Pre-School Child in a Village Level Situation," n.d., mimeo, 29 pages.
14. "The Philippines - Population," Communication to Charles W. Terry, Assistant Director, Office of Health and Public Services, USAID, from William D. Evans, Representative, The Asia Foundation, Manila, March 7, 1973.
15. Rizal Province - WHO

PHILIPPINESDEIDS RECONNAISSANCE TEAM
April 9 - 20, 1973

Persons with whom team members met in addition to AID Mission Staff.

April 10

Clemente Gatmaiton, M.D. - Secretary of Health/Member, Board of the Population Commission

Pacifico Marcos, M.D. - Commissioner, Medicare.

Estefania Aldaka - Lim, Ph.D - Secretary of Social Welfare, Chairman of Board of the Population Commission.

Antonio G. Pardo, M. D. - Project Director, National Nutrition Program, Department of Health.

Flora Bayan, M.D. - Project Director, National Family Planning Office, Department of Health.

Mr. Benjamin de Leon - Assistant Executive Director, Population Commission.

Amancia Margay - Argara, M.D. - Chief of Division of Maternal and Child Health, Department of Health.

Trinidad Gomez, M.D. - Project Director, National Family Planning Training Project and Chief, Office of Health Education and Personnel Training, Department of Health.

Jesus B. Almonte, M.D. - Chief, Field Health Operations and Officer in Charge, Regional Health Office No. 4.

April 11 - In Batangas Province

Domingo Aguilera, M.D. - Chief of Task Force for Integration of Health, Family, Planning and Nutrition in the Province of Batangas, and Coordinator for FP.

Aguado, M.D. - Medical Officer in Charge of Provincial Health Center.

Mrs. Aurora Vasquez - Nurse of Provincial Health Center.

Mrs. Belev Zeraspe - Provincial Supervisory Nurse.

Divinia A. Dimayuga, M.D. (Ob-Gyn) - Director of the Maternity Centered Family Planning Clinic (Funded by WHO).

April 12 - In Cebu City

- Ruffino C. Gutierrez, M.D. - Regional Health Director, Regional No. 7, Cebu.
- Galileo G. Pepito, M.D. - Provincial Health Director, Cebu.
- Manuel M. Velosa, M.D. - City Health Officer, Cebu.
- Loretta Boholst, M.D. - Chief, MCH, Cebu City Health Department.
- Jesus Azurin, M.D. - President, Philippine Public Health Assn.

- In Manila

- Jose Cuyegkeg, M.D. - Executive Director, Association of Philippine Medical Colleges,
- Raul de Guzman, M.D. - Dean, College of Public Administration, University of the Philippines,
- John Laing, Ph.D. - Family Planning Evaluation Office of the University of the Philippines Population Institute (on contract from USAID to the University of Chicago).
- Dionisio R. Parulan, M.D. - Director, Field Services Division, Family Planning Organization of the Philippines.
- Paulo Campos, M.D. - Professor and Chairman, Department of Medicine, and Director of Comprehensive Health Program, University of the Philippines.
- Benjamin Roa, M.D. - Chairman, Provincial Medicare Commission.
- Victor Reyes, M.D., University of Philippines, Philippine General Hospital Medical Center.
- G. Aleman, Ph.D - Director of Division of Self-Help (Formerly known as Division of Church World Services), National Council of Churches Representative in the Philippines.
- Fe del Mundo, M.D. - Project Director, Institute of Maternal and Child Health.
- Elizabeth Porras, M.D., MPH - Project Pediatrician, IMCH.
- Don Morisky, MPH, Frederickson Fellow, University of North Carolina, Clinical Instructor, School of Public Health, University of Hawaii working in the Family Planning Program Research and Evaluation/Section of the Institute of Maternal and Child Health.

Crispin P. Echiverri, M.D. - Regional Malariologist.

Virgilio G. Angeles, M.D. - Malariologist, Chief of Research.

Evaristo Mendoza, M.D. - Member of Multidisciplinary Review Team (retired WHO Malariologist).

Bienvenido J. Pangan, Administrator - Secretary to Multi-Disciplinary Review Team and Administrative Officer of MES.

Alden Velasco, Administrator - Chief, Budget Analyst, National Budget Commission; Member of Multidisciplinary Malaria Review Team.

Melvin Griffith, Ph.D. - Malaria Consultant, AID/W, working with Malaria Review Team.

Mr. Lawrence Cooper - Malaria Advisor/Delhi, on TDY with Malaria Review Team.

Franz Rosa, M.D., MPH - Chief Medical Officer, MCH, Western Pacific Regional Office of WHO.

April 17

Victor Valenzuela, M.D. - Field Representative, The Pathfinder Fund.

Mrs. Ada De Carmen - Social Worker, the Pathfinder Fund.

Mrs. Loazon - Vice-President, Philippine Midwifery Association and Senior Midwife Supervisor, Manila City Health Department.

April 18

Benjamin D. Cabrera, M.D., Dean, Institute of Public Health, University of the Philippines.

Frediswinda Jugo, M.D., Office of Health Education and Personnel Training (OHEPT), San Lazaro Compoung, Sta. Cruz, Manila.

AID Mission Staff With Whom Team Had Discussions:

Thomas C. Niblock - Director, USAID/Philippines

Charles W. Terry - Assistant Director, USAID, for Health and Public Services.

James R. Brady, Ph.D. - Deputy Assistant Director, Chief, Management Systems and Research Division, Health and Public Services.

Ruben W. Engel, Ph.D. - Nutrition Advisor, USAID.

David Finnigan - Population Advisor (Research), Health and Public Services (Personnel Services Contract).

Rene Lucero - Program Specialist, Health and Public Services.

John J. Dumm - Consultant to USAID (Health and Public Services) on private sector marketing relative to family planning, on contract from Population Services International, Chapel Hill, North Carolina.

Douglas Larson - Consultant to USAID, (Health and Public Services) on Information and Education, on contract from Population Services International.

Mr. Philip Smart - Malaria Advisor, USAID.

Dr. Nery Diaz-Pascual - Program Specialist/Research Associate, Management Systems and Research Division, Health and Public Services, USAID. Dr. Diaz-Pascual was our chief contact in the Mission; she arranged appointments and accompanied us on our trips to Batangas and Davao. Without her we could not have accomplished our mission.

Special Meetings or Events.

Organizational Meeting of the Philippine Public Health Association in Cebu - Dr. Hood gave principal address.

Radio program taped in Cebu - Dr. Hood and Dr. Azurin of the PPHA recorded.

Monthly meeting of all workers of the Davao City Health Department in Davao - Dr. Dahuat gave principal address.

Meeting of the Multidisciplinary Malaria Review Team in Manila - Dr. Dahuat gave presentation.

INSTITUTIONS AND AGENCIES INVOLVED IN POPULATION PLANNING
(As of July 1972)

A. USAID-Assisted

1. Commission on Population (POPCOM) (Coordinating Agency)
6th Floor, Architectural Center Bldg.
136 Ayala Ave., Makati, Rizal
Key Contact: Dr. Conrado Lorenzo, Jr., Executive Director
Telephone: 88-98-60; 88-98-66 thru 69
2. Asian Social Institute (ASI)
1518 Leon Guinto St.
Malate, Manila D-406
Key Contacts: Fr. Francis Senden, CICM, Director
Mrs. Alicia Ocampo, Administrative Officer
Telephone: 59-62-66
3. Association of Philippine Medical Colleges (APMC) (See Item C
for list of members)
c/o University of the Philippines College of Medicine
Herran Street, Manila D-406
Key Contact: Dr. Jose Cuyegkeng, Executive Director
Telephone: 59-84-84
4. Bureau of the Census & Statistics (BCS)
Solicarel Bldg. or P.O. Box 779
Magsaysay Blvd, Manila Manila
Key Contact: Dr. Tito Mijares, Director
Telephone: 61-07-94; 61-08-09; 61-07-05
5. Davao City Health Department (DCHD)
Davao City O-404
Key Contact: Dr. Salcedo Quimpo, City Health Officer
6. Dept. of Health/Rural Health Units (DOH/RHU)
or National Comprehensive MCH-FP Project Office
San Lazaro Compound, Sta. Cruz, Manila
Key Contact: Dr. Flora Bayan, Director
Telephone: 26-65-45; GTS 44-20-41

7. Dept. of National Defense/Veterans Memorial Hospital (DND/VMH)
c/o Veterans Memorial Hospital
Hilaga (North) Ave., Quezon City
Key Contact: Dr. Regala Castillo, Project Director
Telephone: 99-45-31

8. Department of Social Welfare (DSW)
389 San Rafael St., Manila or P.O. Box 1622, Manila
Key Contacts: Secretary Estefania Aldaba-Lim
Telephone: 47-36-75; 49-37-21 Loc. 2
Mrs. Flora Eufemio, Asst. Director
Bureau of Family Welfare
Telephone: 47-38-09; 49-20-30; 49-37-21 loc. 16

9. Family Planning Organization of the Philippines (FPOP)
9th Floor, Katigbak Bldg. or P.O. Box 1279
A. Mabini St., Ermita, Manila Manila
Key Contacts: Dr. Juan Flavier, President
Dr. Enrique T. Virata, Executive Director
Telephone: 49-24-04; 49-58-76; 47-32-81 loc 34

10. Institute of Maternal & Child Health (IMCH)
11 Banawe, Quezon City D-503
Key Contacts: Dr. Fe del Mundo, Executive Director
Dr. Gregorio Lim, Asst. Director
Mrs. Ferla Sanchez, Administrative Officer
Telephone: 61-86-01 thru 02

11. Manila City Health Department (MCHD)
Manila City Hall
Key Contacts: Dr. Apolonio del Rosario, City Health Officer
Telephone: 40-20-11 loc 666
Dr. Desiderio Coronel, Asst. City Health Officer
Telephone: 40-20-11 loc 667

12. National Computer Center (NCC)
Camp Aguinaldo, Quezon City
Key Contact: Col. Juan Sanchez, Project Director
Telephone: 99-50-11 loc 46270 or 7440; 70-97-51

13. **National Media Production Center (NMPC)**
 Sta. Potenciana & Solana Sts.
 Intramuros, Manila
Key Contacts: Mr. Gregorio Cendana, Executive Director
 Telephone: 49-35-48
 Mrs. Nita U. Berthelsen, Project Director
 Telephone: 49-34-95
14. **Office of Health Education & Personnel Training (OHEPT)**
 or DOH National FP Training Project Office
 San Lazaro Compound, Sta. Cruz, Manila D-404
Key Contact: Dr. Trinidad A. Gomez, Project Director
 Telephone: 26-65-63
15. **Philippine General Hospital/Jose Fabella Mem. Hospital (PGH/Fabella)**
Key Contacts: Dr. Ruben Apelo, Project Director
 Telephone: 59-38-34
 Dr. Julieta dela Cruz, Physician In-Charge, PGH
 Telephone: 58-70-71
 Dr. Rebecca Ramos, Associate Proj. Director
 J. Fabella Memorial Hospital
 Telephone: 47-73-89
16. **Philippine Medical Association (PMA)**
 North Ave., Quezon City
Key Contacts: Dr. Edgardo T. Caparas, President
 Dr. Felino Palafox, FP Project Director
 Telephone: 97-35-14; 97-49-74
17. **Philippine Rural Reconstruction Movement (PRRM)**
 1048 Scout Limbaga, Quezon City
Key Contact: Dr. Generoso F. Rivera, Project Director
18. **Presidential Arm on Community Development (PACD)**
 Ambassador Bldg.
 1817 Espana St., Sampaloc, Manila
Key Contact: Mr. Diosdado Nunez
 Telephone: 40-48-71; 40-22-02

19. **Province of Bulacan (POB)**
 Office of the Governor
 Malolos, Bulacan D-210
Key Contacts: Governor Ignacio Santiago
 Dr. Felix Gatchalian, Provincial Health Officer
 Dr. Ismael de Jesus, POB Proj. Director
20. **Province of Laguna (POL)**
 Office of the Governor
 Sta. Cruz, Laguna E-128
Key Contacts: Governor Felicisimo T. San Luis
 Mr. Dominador Labit, Technical Asst.
 Dr. Efren E. Rebong, Officer-in-Charge
21. **Province of Nueva Ecija (PONE)**
 Office of the Governor
 Cabanatuan City A-603
Key Contacts: Governor Eduardo Josen
 Mr. V. Francisco, Administrative Officer
22. **Ramon Magsaysay Award Foundation (RMAF) Population Library**
 1680 Roxas Boulevard, Ermita, Manila
Key Contacts: Atty. Belen Abreu, Executive Trustee
 Mr. Gelacio Anglo, Chief Librarian
 Telephone: 59-19-59
23. **Responsible Parenthood Council (RPC)**
 PPL Building or P.O. Box 1225
 1000 United Nations Ave., Manila Makati
Key Contacts: Mr. Horacio Morales, Jr., Director-General
 Mr. Conrado Navarro, Dep. Director-General
 Telephone: 58-56-48; 58-56-63; 58-57-76
24. **Silliman University Medical Center (SUMC)**
 Dumaguete City, Negros Oriental J-409
Key Contact: Mr. James Palmore, Administrator
25. **Tulungan Family Planning/Mothercraft Project (TFPMP)**
 2nd Floor, Security Bank & Trust Bldg.
 Rotonda, Sta. Mesa, Manila
Key Contacts: Atty. Tomas Santos, Director-General
 Mrs. Salud Deopante
 Telephone: 60-67-55

26. **University of the Philippines College of Medicine (UPCM)**
 Herran Street, Ermita, Manila
Key Contact: Dr. Ruben Apelo, Project Director
 Telephone: 59-38-34
27. **University of the Philippines Research in Reproductive Medicine**
 c/o U.P. College of Medicine (UPCM/RRM)
 Herran Street, Ermita, Manila
Key Contact: Dr. Gloria Aragon, Project Director
 Telephone: 50-35-18
28. **University of the Philippines Population Institute (UPPI)**
 3rd Floor, Rizal Hall, Padre Faura or P.O. Box 479
 Manila Manila
Key Contact: Dr. Mercedes B. Concepcion, Director
 Telephone: 50-43-89
- UPPI Family Planning Evaluation Office (UPPI/FPEO)**
 Luna Rosa Building
 1913 Taft Ave., Manila
Key Contact: Dr. John E. Laing, Evaluation Officer
 Telephone: 59-49-04
- University of Chicago (UC)**
 1413 East 60th St., Chicago, Illinois 60637
Key Contact: Dr. Philip M. Hauser, Director
 Population Research Center
29. **Population Laboratory Project (XU/UNC/AID)**
- Xavier University (XU)**
 Corrales Ave., Cagayan de Oro City L-305
Key Contact: Fr. Francis C. Madigan, S.J., Director
- University of North Carolina (UNC)**
 Chapel Hill, N. Carolina 27514
Key Contact: Dr. H. Bradley Wells

7. **National League of Puericulture Centers of the Philippines, Inc.**
P. M. Catolico Bldg. (NLPC)
1836-A Leon Guinto Sr.
Malate, Manila
Key Contact: **Mrs. Paz Catolico, President**
Telephone: 59-29-25; 50-55-51
8. **Del Rosario & Company**
666 T. M. Kalaw St.
Ermita, Manila
Key Contact: **Mr. Anselmo del Rosario, Managing Partner**
Telephone: 47-73-64; 48-65-69; 49-18-81 thru 83
9. **F. D. Roque, Jr. & Associates**
837 Magdalena St.
Binondo, Manila
Key Contact: **Mr. F. D. Roque, Jr., Managing Partner**
Telephone: 21-46-70
10. **Sycip, Gorres, Velayo & Company (SGV)**
Management Services Division or P.O. Box 589
SGV Building, Ayala Ave., Makati Manila
Key Contacts: **Mr. Jimmy Singson**
Mr. Rene Alto
Telephone: 89-30-11
11. **United Nations Development Programme (UNDP)**
Phil-Am Life Bldg. United Nations Ave. or P.O. Box 1864
Manila Manila
Key Contacts: **Mr. William Harding, Resident Representative**
Telephone: 49-85-76
Miss Margaret Fuge, Asst. Representative
Telephone: 40-40-11 Ext. 497
12. **World Neighbors (WN)**
Philippine Training & Information Center
26 Masbate St., Quezon City
Key Contacts: **Mr. Michael Van Winkle, Resident Rep., SEAsia**
Mr. Roman Almazan
Telephone: 99-73-23; 98-63-30

C. Member Schools, APMC

1. **Cebu Institute of Medicine (CIM)**
Cebu City J-317
Key Contact: Dr. Eugenio Alonso, Dean
2. **Far Eastern University (FEU) Dr. Nicanor Reyes**
Medical Foundation
Nicanor Reyes Sr., Manila
Key Contact: Dr. Serafin Juliano, Dean
Telephone: 40-63-71 loc 1
3. **Manila Central University (MCU) Dr. Felimon Tanchoco, Sr.**
Medical Foundation
Caloocan City D-706
Key Contact: Dr. Jaime Aquino, Dean
Telephone: 25-35-61
4. **Southwestern University M^{at}ías H. Aznar Memorial**
College of Medicine
Cebu City J-317
Key Contact: Dr. Venustiano Borromeo, Dean
5. **University of the East Ramon Magsaysay Memorial**
Medical Center (UERMMMC)
Ramon Magsaysay Blvd., Quezon City
Key Contact: Dr. Elena Ines Cuyegkeng, Dean
Telephone: 61-43-81
6. **University of the Philippines College of Medicine (UPCM)**
Herran Street, Ermita, Manila
Key Contact: Dr. Florentino Herrera, Dean
Telephone: 50-00-11 thru 15
7. **University of Santo Tomas College of Medicine (UST CM)**
España St., Manila
Key Contact: Dr. Gilberto Gamez, Dean
Dr. Vicente Rosales, Director, Institute for
the Study of Human Reproduction

D. Research Organizations

1. **Advertising & Marketing Associates**
 3rd Floor, SCC Bldg.
 Ramon Magsaysay Blvd. cor. Santol Road
 Sta. Mesa, Manila
Key Contact: Tony de Joya
 Telephone: 61-84-84

2. **Asia Research Organization, Inc. (ARO)**
 G&A Building or P.O. Box 3361, Manila
 2303 Pasong Tamo Ext. MCC P.O. Box 1379, Makati
 Makati, Rizal
Key Contacts: Mr. Ron Lipman
 Col. Ben Villavicencio
 Miss Rosario Henares
 Telephone: 89-70-81; 89-70-89

3. **Consumer Pulse, Inc.**
 8th Floor, Prudential Bank Bldg.
 6787 Ayala Ave., Makati, Rizal
Key Contact: Miss Rosie Chew
 Telephone: 86-21-18; 86-10-40

4. **Index, Inc.**
 cor. Aurora Blvd. & Balet Drive, Quezon City
Key Contact: Mr. Fermin Dabu
 Telephone: 70-46-42

5. **International Research Associates (INRA)**
 Excelsior Apts. or P.O. Box 912
 161 Roxas Blvd., Paranaque Manila
 Rizal
Key Contacts: Mr. Jorge Hotil
 Mr. Tito Agaton
 Telephone: 83-35-70; 83-36-06; 83-35-79

6. **Institute of Market Research**
 J. Walter Thompson Co.
 Shurdut Bldg., Manila
Key Contact: Miss Nora Llamas
 Telephone: 47-55-96; 47-55-98

7. **Institute of Philippine Culture (IPC)**
Ateneo de Manila University or P. O. Box 154, Manila
Loyola Heights, Quezon City
Key Contacts: Mrs. Mary Hollnsteiner, Director
Fr. Glicerio Abad, Acting Director
Fr. Frank Lynch
Telephone: 98-25-41; 99-87-21

Abbreviations Used in This Report

- RPC = Responsible Parenthood Centers
- UNICEF = United Nations International Childrens Emergency Fund
- NSDB = National Science Development Board
- IMCH = Institute of Maternal and Child Health
- COP = Government of Philippines
- POPCOM/NEC/USAID
- PDAP = Provincial Development Assistance Project
- CIM - Cebu Institute of Medicine
- NEC = National Economics Council
- UN = United Nations
- PEP = Population Education Program
- OHEPT = Office of Health Education & Personnel Training
- RPC = Responsible Parenthood Centers
- NSDB = National Science Development Board
- DEIDS = Development & Evaluation of Integrated Delivery Systems
- IPPF = International Planned Parenthood Foundation
- FPOP = Family Planning Organization of the Philippines
- FPIA = Family Planning International Assistance
- FPO = Family Planning Organization
- DEIDS = Development and Evaluation of an Integrated Delivery System
- AID - Agency for International Development
- FPIA = Family Planning International Assitance
- PPWP = Planned Parenthood World Population
- MCH - FP = Maternal & Child Health - Family Planning

INK = Inglesia Ni Kristo
SSS =
RPC = Responsible Parenthood Council
GSIS =
ASI = Asian Social Institute
IPPP = Integrated Post Portum Program
IUP = Interuterive Devise
DOH = Department of Health .
UN = United Nations
PEP = Population Education Program
POPCOM - PER = Population Commission Program - Evaluation Research
DOH = Department of Health
PDAP = Provincial Development Assistance Project
NEC = National Economic Council
NEC/USAID/POPCOM =
FY = Fiscal Year
POPCOM = Population Commission
USAID = United States Agency for International Development
MOH = Municipal Health Officers
MSR/HPS =
FP/HPS =
OHEPT = Office of Health Education & Personnel Training
MPH = Master in Public Health
GOP = Government of the Philippines