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MULTI-YEAR POPULATION STRATEGY STATEMENT
1979
U. S. AID MISSION TO THE PHILIPPINES

INTRODUCTION

The early drafts of the Multi-Year Population Strategy (MYPs) Statement were prepared in accordance with the guidance provided to the U.S. AID Mission to the Philippines in AIDTO Circular A-143 and State 179601.

Following review by consultants, Dr. J. Jarrett Clinton of the Population Council, and Dr. Steven Sinding of AID/Washington, a new outline was developed which, it was hoped, would spare the busy official from having to read more than 30-40 pages of materials, tables and annexes.

For the reader who wishes to look at any given area of the program in more depth, and also in order to comply more fully with AID/Washington guidance, these Back-Up papers are submitted, copies of which will be found at the Philippine Desk, Asia/TR/HPN, and DS/POP in Washington, D.C., as well as in the Office of Population and Mission Library at USAID/Manila.

The ordering and content of the papers more or less follows the outline provided in AIDTO Circular A-143, to the point where "Action Strategy" was to have been discussed. That element is not included herein, but of course can be found in the main MYPs document.

USAID contributors to these back-up papers include Merritt Broady, Charlotte Cromer, Emiliano Florentino, William Goldman, H.E. "Sam" Haight, Zynia Rionda and Theresa VanderVlugt of the Office of Population and Arturo Villanueva of the Office of Program Economic Analysis. We are also considerably indebted to John Laing of the Population Institute of the University of the Philippines, to our consultants named above, and to various offices of the USAID who reviewed the papers and made useful suggestions for their improvement.

LIST OF ABBREVIATIONS

ADB	Asian Development Bank
AFS	Area Fertility Survey
ASI	Asian Social Institute
ASFR	Age-Specific Fertility Rate
BAEX	Bureau of Agricultural Extension
BHS	Barangay Health Stations
BLISS	Bagong Lipunan Integrated Sites and Services
BNS	Barangay Nutrition Scholars
BSP	Barangay Service Point
BSPO	Barangay Service Point Officer
CBR	Crude Birth Rate
CCMP	Commercial Contraceptive Marketing Projects
CDR	Crude Death Rate
COS	Community Outreach Survey
CPO	City Population Office
CPR	Contraceptive Prevalence Rate
DPO	District Population Office
FPIA	Family Planning International Assistance
FPOP	Family Planning Organization of the Philippines
FTOW	Full Time Outreach Workers
GOP	Government of the Philippines
IBRD	International Bank for Reconstruction and Development (World Bank)
IDA	International Development Association
IEC	Information, Education and Communication
IMCH	Institute for Maternal and Child Health
INC	Iglesia Ni Cristo
IPAVS	International Project Association for Voluntary Sterilization
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device

JHPIEGO Johns Hopkins Program for International
Education in Gynecology and Obstetrics

KAP Knowledge, Attitude and Practice

LOI Letter of Instruction

MCRA Married Couple of Reproductive Age
MEC Ministry of Education and Culture
MEP Months of Effective Protection
MHS Ministry of Human Settlements
MIS Management Information System
MLGCD Ministry of Local Governments and Community
Development
MOH Ministry of Health
MOL Ministry of Labor
MSSD Ministry of Social Services and Development

NCSO National Census and Statistics Office
NDS National Demographic Survey
NEDA National Economic and Development Authority
NMPC National Media Production Center
NPFPOP National Population and Family Planning
Outreach Project

PASE Population Awareness and Sex Education Program
PCF Population Center Foundation
P.D. Presidential Decree
PEP Population Education Program
PGR Population Growth Rate
PIACT Program for the Introduction and Adaptation of
Contraceptive Technology
POPCOM Commission on Population
PPO Provincial Population Office
PREPF Population, Resources and Environment for the
Philippine Future

RHU Rural Health Units
RPFS Republic of the Philippine Fertility Study
RPO Regional Population Office

SCRPPP	Special Committee to Review the Philippine Population Program
TFR	Total Fertility Rate
TIDA	Total Integrated Development Approach
UNFPA	United Nations Fund for Population Activities
UPPI	University of the Philippines Population Institute
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
WFS	World Fertility Survey

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I. DEMOGRAPHIC AND FAMILY PLANNING STATISTICAL DATA

The Philippines, with a population of 46.4 million, is the 17th most populated country in the world. However, with a land area of only 300,000 km², it is one of the most densely populated (154 persons/km² or 399/m²). The population per square kilometer of farm land is 542 (1,404 persons/m²).

Rapid population growth continues to be a serious problem in the Philippines, hampering improvements in education, housing, health, income, nutritional status and employment levels (Table 1). While the population growth rate has declined from around 3% per year in the late 1960s to 2.4 in 1977, the momentum for future growth continues with high fertility (TFR = 4.7 in 1977), a young population (median age of 16.4 years in 1975) and declining mortality. The population of the Philippines is projected to reach 70-75 million by the year 2000.

Demographic Trends

Estimates of past, present and future measures of contraceptive prevalence and demographic variables can be made from recent surveys and censuses. Current NEDA and POFCOM targets and goals are in Table 2. These data indicate the following levels for 1979: Contraceptive prevalence rate (CPR) = 32%^{1/}, crude birth rate (CBR) = 35 per 1000, crude death rate (CDR) = 10 per 1000, and a population growth rate (PGR) = 2.5%.

However, University of the Philippines' Population Institute (UPPI)^{2/} has recalculated a set of demographic indicators based on trends between 1968 and 1978 using data from the 1978 Republic of the Philippines Fertility Survey (RPFS)^{3/} and the 1978 Community Outreach Survey (COS). These data indicate that between 1968 and 1978 the CPR^{4/} has risen rapidly (2.5 percentage points/year), the CBR has significantly declined at the rate of one point per year, the CDR

^{1/} Program methods only (pills, IUD, sterilizations, condom, rhythm). Here and elsewhere in this paper the CPR refers to the percentage of eligible MCRA (wife aged 15-44 years) using a means of fertility control at a particular point in time.

^{2/} Laing Memorandum, 8/2/79. See Footnote No. 1 in Table 3.

^{3/} Carried out as part of the World Fertility Survey.

^{4/} All methods including traditional. This CPR measure is not comparable to that of the current NEDA CPR target which refers to the use of the five program methods only.

has declined slowly about $\frac{1}{4}$ point per year, and consequently, the PGR has declined rapidly from 3% in 1968 to 2.4% in 1977 (See Table 3). Projecting to 1979 leads to estimates of a CPR = 44%, a CBR = 31.0, a CDR = 9.0 and a PGR = 2.2%. POPCOM is expected to use the UPPI set in the Five-Year Population Plan now being developed.

Reconciliation of data from differing sources can of course lead to differing estimates. USAID, after considering all available data, prefers more conservative estimates for 1979, - a CPR as a low as 40%, CBR of 32, CDR of 9, yielding a PGR of 2.3%. It must be emphasized that any estimate for 1979 is somewhat speculative and is heavily dependent on assumptions about continuation of past trends.

Fertility

Regardless of measures used, fertility has declined during the last decade. The CBR has declined approximately a point per year or approximately 24% from the 1968 level. Table 4 provides data on changes in age-specific fertility rates (ASFRs) for all women and for currently married women between 1965 and 1977. While the ASFRs, and the total fertility rates (TFRs) calculated from them, are estimates from different surveys and may be affected by varying biases, they can be used as rough indicators of trends. The TFR for all women appears to have declined 25% in the 12 year period. However, the marital TFR which remained relatively constant before 1970 declined only about 9%. Furthermore, the ASFRs for married women less than age 25 years have not changed; thus, the declines in ASFRs for all women under 25 years are more likely due to changes in marital patterns, i.e. an increasing age of marriage.

Regional variations in fertility can be seen in Table 5. While the data are not completely consistent, several points should be noted:

- RPFS data indicate lower urban than rural fertility in all areas;
- Urban fertility are similar throughout the Philippines including Metro Manila;
- However rural rates vary, the lowest rates are found in Luzon, the highest in Mindanao.

Note that any effect that family planning service delivery programs had on fertility through 1977 was pre-Outreach.

Contraceptive Use

Data in Tables 6 and 7 give estimates of recent (mid-1978) contraceptive use by method and source, and trends of previous use by method. Major points include:

- (1) The overall CPR including all methods from all sources appears to have increased dramatically between 1968 and 1978 to a level of 42% or more than 2% per year. The course of the trend in the CPR increase between 1968 and 1978 is unclear. The Table 3 assumes a fairly constant increase; whereas Table 7 implies an accelerating increase.^{5/}
- (2) Users of the more effective methods^{6/} (pills, IUD, sterilizations) make up only 12% of MCRA, and account for only 28% of all contraceptive users. It appears that the relative and absolute use of the more effective methods taken together has been declining since 1976. As for specific methods, the relative and absolute use of the pill and IUD is declining while that of sterilization appears to be increasing, at least through June 1978.
- (3) The use of other program methods^{7/} appears to be increasing, though in the case of condoms, rather slowly. The number of rhythm users seems to have increased dramatically; however, part of this apparent increase can be explained by differences in measuring instruments; i.e. the 1973 survey may have underestimated use of rhythm.
- (4) The relative and absolute number of non-program users (mainly withdrawal and abstinence) appears to have declined throughout the early 1970s; however, since 1973 there appears to have been a substantial increase in the number of non-program users. (Again some of this large increase may be due to differences in data collection methodology.)
- (5) It is possible to speculate that while some of the apparent increase in the use of "less effective" methods is due to survey methodology biases, the contraceptive trends do reflect social-cultural realities, such as a growing public concern about side effects and other perceived drawbacks of modern contraception

^{5/} Clinic-Based Survey data for 1974 and 1977 are available; however these data do not present a complete picture of non-traditional contraceptive use and do not really add to the CPR trend analysis.

^{6/} As used in this paper, and throughout the MYPS, the term "more (or less) effective" is a reference to levels of theoretical effectiveness.

^{7/} As explained elsewhere, "program method" in the Philippines is a term which includes contraceptive methods offered in the official GOP program, i.e. sterilization, pills, IUD, condom and rhythm.

Data on recent use by method and source are available in Table 6 which can be used to obtain a rough idea of program effectiveness. Main points include:

- (1) By mid-1978, when the average BSPD had been in place seven months, Outreach workers were directly servicing approximately 81,000 users of contraception, or 1.4% of the MCRA's. There were 21,515 BSPDs covering 1.5 million MCRA's or 27.3% of the total. In addition to clinic referral activity, Outreach service providers were directly supplying 3.3% of all users, 6.5% of program users, and 12.7% of total pill and condom users.^{8/} There is no way of measuring the indirect effect of the existence of the Outreach network on users of traditional methods who have claimed to receive their advice and support from friends, relatives, and neighbors.
- (2) The program clinics and hospitals, including both non-government, non-profit and government administered, provided services for 48% of all users, or 93% of program users, and services for almost all sterilization acceptors and IUD users. As of mid-1978 the clinics were still supplying 81% of all pill users, and 65% of all condom users. These program clinics and hospitals were also providing "guidance" for a substantial number of users of the more traditional methods.
- (3) The fact that non-program providers supplied almost half of all contraceptive users in 1978 is somewhat misleading. The vast majority of users supplied by non-program sources (94%) were users of traditional methods and claimed to have been serviced by friends or relatives. The program informational and service delivery systems and especially the Outreach structure, probably had a strong, indirect influence on many of these users.

Regional CPRs are portrayed in Table 8. Given that the data is incomplete and further study on use by method could be useful, it is still possible to make several generalizations:

- Generally, urban CPRs are higher than rural CPRs.
- Metro Manila appears to have the highest CPR, but only slightly more than that of urban Mindanao.
- CPRs in Mindanao are higher than those of the other two regions.

^{8/} By June, 1979, POPCOM reported that there were 31,624 BSPDs covering 2.3 million MCRA. It is estimated that 40% of all MCRA's were covered.

Contraceptive Use Effectiveness

The relative use effectiveness of contraception as estimated in the 1978 COS is portrayed in Table 9. By accounting for the average number of couple-months of use and percentage reduction in conception while in use, one can calculate the relative number of months of effective protection for each method of contraception. As an absolute, this measure is of limited utility since it does not account for the effects of resumption of use if the client stops using the method for a month or longer; nor does it account for effects of switching to a different method; however, it can be quite useful in comparing the effectiveness of different methods. The methods can be rank ordered by months of effective protection as follows:

- sterilization
- IUD and combinations (rhythm or withdrawal with condoms)
- oral contraceptives
- rhythm and withdrawal
- others, abstinence and condoms.

Particularly noteworthy is the relatively high effectiveness of combinations and the extremely low standing of condoms.

Family Planning Knowledge

Table 10 notes a steady increase (particularly rapid between 1968-73) in knowledge of contraception between 1968 and 1978. Today there is close to universal (95%) awareness of family planning knowledge of at least one method throughout the Philippines.

Preferences for Children

Tables 11A through 11D present relevant data on family size preference. Most strikingly, between 1968 and 1973, there was a decrease in the desired family size norms; the average, stated, desired family size decreased from 5.06 to 3.93. The percentage of those desiring no more children increased, and the percentage distribution of desired family size indicated a desire for smaller families. However as indicated in Tables 11A and 11D, the desired family size remained relatively constant between 1973 and 1978 at around four children.

Table 11B displays some interesting differentials:

- The desired family size in Metro Manila is 15% lower than the national average.
- Members of the Islamic religion expressed a desire for relatively large families (55% above the average).

- Level of education is inversely related to preferred family size through high school; after that, on the average, as level of education increases, so does the mean desired family size.

TABLE 1

DEMOGRAPHIC AND SOCIAL DATA
(As of 1979 unless otherwise indicated)

Population	46.4 million
Crude Birth Rate (projected)	31 or 32/1000
Crude Death Rate (projected)	9/1000
Population Growth Rate	2.2 - 2.3%
Number of Years for Population to double	31 years
Projected Population in Year 2000	70-75 million
Total Fertility Rate	4.7 (1977)
Mean Family Size	5.7 persons (1975)
Life Expectancy at Birth	60 years
Infant Mortality Rate	75-80
Population Density	154 persons/km ² (399 persons/mi. ²)
Population Density (Farm Land)	542 persons/km ² (1404 persons/mi. ²)
Rural Population (Percentage)	68% (1975)
Percent of Population Below Age 15	43.9% (1975)
Median Age (Years)	16.4 (1975)
Married Couples of Reproductive Age	5.9 million
Singulate Mean Age at Marriage (Years)	23.8 Female (1976)
Legal Age of Marriage (Years)	18 Female, 20 Male
Adult Literacy Rate	87% (1975)
Dependency Ratio	88 (1975)
Unemployment Rate (%)	6.4% (1978)
New Entrants to Labor Force (persons)	600,000
Annual Increase in Labor Force	3.8%
Per Capita GNP	\$475
Contraceptive Prevalence Rate - All Methods (%)	40 to 42 (1978)
Inflation Rate	20%

Sources: NCSO - 1975 Census of Philippines,
World Bank, UPPI, USAID

TABLE 2

GOP GOALS FOR NATIONAL PROGRAM^{1/}

	<u>Contraceptive^{2/} Prevalence Rate %</u>	<u>Crude Birth Rate/1000</u>	<u>Population Growth Rate %</u>
1977	25 (26) ^{1/}	36/1000 (34) ^{1/}	2.6 (2.4%) ^{1/}
1978	27	35/1000	2.5
1979	32	35/1000	2.5
1980	35	34/1000	2.4
1982	40	32/1000	2.3
1987	50	30/1000	2.1
2000 ^{3/}	70	20/1000	1.3

^{1/} NEDA-Five-Year Philippine Development Plan, 1978-82. Data in parentheses are USAID best estimates based on RPFS, AFS, and COS results. August, 1979

^{2/} Includes program methods only (pill, IUD, sterilizations, rhythm, condom)

^{3/} Targets for the year 2000 are implied as an extension of the targets expressed in the 5-Year Plan.

TABLE 3

Estimates of Past and Present Contraceptive Prevalence Rates and Demographic Variables and Projections of Future Trends^{1/}

<u>Year</u>	<u>Contraceptive^{2/} Prevalence Rate%</u>	<u>MCRAs^{3/} (x000)</u>	<u>Crude Birth Rate -/1000 persons</u>	<u>Crude Death Rate -/1000 Persons</u>	<u>Annual Population Growth Rate %</u>
1968	16	4106	41.6	11.8	3.0
1969	18	4232	40.9	11.5	2.9
1970	20	4362	40.2	11.2	2.9
1971	22	4496	39.4	10.9	2.9
1972	25	4634	38.7	10.6	2.8
1973	28	4776	37.6	10.3	2.7
1974	31	4922	36.5	10.0	2.6
1975	34	5073	35.3	9.8	2.6
1976	37	5291	34.2	9.6	2.5
1977	39	5508	33.0	9.4	2.4
1978	42	5726	32.2	9.2	2.3
1979	44	5944	31.0	9.0	2.2
1980	46	6162	30.2	8.9	2.1
1981	48	6374	29.3	8.8	2.1
1982	50	6586	28.5	8.7	2.0
1983	52	6799	27.6	8.6	1.9
1984	64	7011	26.7	8.5	1.8
1985	56	7223	25.9	8.4	1.8
1990	63	-	22.2	7.9	1.4
1995	70	-	18.7	7.4	1.1
2000	75	-	15.3	6.9	.8

^{1/} John Laing, UPPI, 8/79. Recommendations for the POPCOM 5-Year Population Plan. Data are based on estimates of levels of CBR and CPR for 1968 (from 1968 NDS) and 1977 for the CBR (RPFS) and 1978 for the CPR (RPFS, COS, 1978 AFS). The estimated rates between 1968 and 1977-78 have been interpolated from a smooth curve and those beyond 1977-78 are projections based on continuation of trends. The estimate of CPR - 42% in 1978 is based on a RPFS estimate of 37% plus an additional 5% to account for RPFS bias in underreporting the use of traditional methods (rhythm, withdrawal, and abstinence) as indicated by the 1978 COS.

^{2/} All methods of fertility control means (including traditional) - regardless of source.

^{3/} MCRAs - Married Couples of Reproductive Age. Based on estimations of John Laing, UPPI. Extrapolated by USAID for years 1968-1974.

TABLE 4

AGE-SPECIFIC FERTILITY AND MARITAL FERTILITY RATES FOR 1965 (NDS), 1970 (NDS) AND 1977 (RPFS)

<u>Age Group</u>	<u>Age-Specific Fertility Rates</u>			<u>Age Group</u>	<u>Age-Specific Marital Fertility Rates</u>		
	<u>1965*</u>	<u>1970</u>	<u>1977</u>		<u>1965</u>	<u>1970</u>	<u>1977</u>
Total Fertility Rate	<u>6.30</u>	<u>5.89</u>	<u>4.68</u>	Total Marital Fertility Rate	<u>9.67</u>	<u>9.63</u>	<u>8.82</u>
15-19	74	56	37	15-19	430	449	421
20-24	254	227	188	20-24	434	443	442
25-29	313	302	227	25-29	388	378	327
30-34	281	272	227	30-34	314	307	275
35-39	216	199	161	35-39	237	217	192
40-44	101	100	81	40-44	110	108	91
45-49	20	22	15	45-49	21	24	17

*Based on 1963-67 rates estimated from the 1973 NDS

Source: Levels of Fertility and Contraception: Glimpses from the Republic of the Philippines Survey, (RPFS), 1978 Mercedes B. Concepcion and Tito A. Mijares (1965 ASMFRs have been corrected).

TABLE 5
REGIONAL CRUDE BIRTH RATES

	<u>1977^{1/}</u>		<u>1978^{1/}</u>		<u>1979^{2/}</u>
	AFS		AFS		RPFS
Metro Manila	30.4		29.8		27.4
Luzon Urban					25.7
Rural					29.2
Total	31.4		28.4		
Visayan Urban					25.4
Rural					32.1
Total	36.2		35.8		
	N	S	N	S	
Mindanao Urban					27.8
Rural					35.1
Total	34.7	31.4	36.8	36.5	

^{1/} AFS refer to Regions III (Luzon), VI (Visayas) X (N. Mindanao), XI (S. Mindanao), and Metro Manila.

^{2/} These are preliminary estimates from 1978 RPFS. It is understood that they are being revised upward; however these are useful as differentials.

TABLE 6

Numbers and Percentage of Married Couples of Reproductive Age
15-44 years Using Contraception, By Method, By Source
(Mid-1978)

Method/Source

	<u>All Sources</u> ^{1/}		<u>Program</u>		<u>Non-Program</u>
	<u>% of MCRA's Using</u>	<u>No. of Users (x000)</u>	<u>Outreach</u> ^{2/} <u>Users</u> <u>(x000)</u>	<u>Clinics</u> ^{2/} <u>Users</u> <u>(x000)</u>	<u>Users</u> ^{2/} <u>(x000)</u>
<u>Program Methods</u>					
Pills	5.0	286	31	232	23
IUD	2.5	143	0	142	1
Sterilizations	4.2	240	0	238	2
Condom	3.9	223	34	145	44
Rhythm	12.1	693	9	255	430
	27.7	1,586	74	1,013	500
			(1.2%)	(17.7%)	(8.7%)
<u>Other Methods</u>					
Withdrawal	32.0	687	5	111	571
Abstinence	1.9	109	1	19	90
Depo Provera	0.2	11	0	11	0
Others	0.3	17	1	2	14
Total Other Methods	14.4	825	7	143	675
Total All Methods	42.1%	2,411	81	1,156	1,175
Total MCRA	5726		(1.4%)	(20.2%)	(20.5%)

Table 6
Page 2

- 1/ Laing, UPPI, 8/2/79. Based on estimated number of MCRA and percentage of MCRA using contraception by method, reconciling data from 1978 RPFS, 1978 AFS, and 1978 COS.
- 2/ Based on Table 7, p. 10 COS Preliminary Report No. 2. (i) Assumptions include: At survey date, 6/78, there were 21,515 BSPOs covering 1.5 million MCRA or 27.3% of the total. (ii) Outreach users are those supplied directly by BSPOs or FTOWs. (iii) Program clinic users include those serviced by all non-commercial clinics, hospitals, and itinerant teams. This includes government supported clinics and hospitals (Ministry of Health, Ministry of Labor, Province of Nueva Ecija, etc.) and private non-profit service centers offering "free" services (Institute of Maternal Child Health, Family Planning Organization of the Philippines, Mary Johnston Hospital, Iglesia ni Cristo itinerant teams, etc.) (iv) Non-Program users are those serviced by commercial suppliers (pharmacies, private doctors, or private hospitals) and other sources (friends, relatives, or neighbors). (v) Under source category of "private medical" in Table 7, p. 10 COS Preliminary Report No. 2, 1% of users are serviced by non-program sources and all others by program clinic sources.

TABLE 7

ESTIMATES OF CONTRACEPTIVE USE OF PROGRAM METHODS ^{1/}

Method	^{2/} May 1968			^{2/} May 1972			^{3/} June 1978		
	Users x 000	Percent Method Mix	Percent of MCRA	Users x 000	Percent Method Mix	Percent of MCRA	Users x 000	Percent Method Mix	Percent of MCRA
Pills	53	8	1.3	324	30	7	286	12	5.0
IUD	37	6	0.9	93	9	2	143	6	2.5
Sterilization	5	1	less than 1.0	24	2	less than 1.0	240	10	4.2
Condom	20	3	less than 1.0	46	4	1	223	9	3.9
Rhythm	226	34	5.5	324	30	(4) 7	693	29	12.1
Program Methods	341	51	8.3	811	74	17.5	1586	66	27.7
Other Methods	328	49	8.0	278	26	6.0 (4)	825	34	14.4
TOTAL CPR	669	100	16.3	1089	100	23.5	2411	100	42.1
MCRA x 000		4106			4634			5726	

^{1/} Data refers to National Population Program - including inputs from all sources.

^{2/} University of the Philippines Population Institute (UPPI), Research Note #136.

^{3/} J. Laing, UPPI, 8/2/79.

^{4/} Recent survey findings (1978 COS) imply that previous estimates of use of traditional methods especially that of rhythm, withdrawal, and abstinence, may have been underestimated due to insufficient probing during survey. Thus, these estimates and those of total use in 1972 may be slightly low.

MCRA-Married Couples of
Reproductive Age (Ages
15-44 years)
CPR-Contraceptive Prevalence
Rate

Note: Some totals do not add
due to rounding.

TABLE 8
Regional Contraceptive Prevalence Rates

		<u>AFS^{1/}</u> <u>1977</u>		<u>AFS^{1/}</u> <u>1978</u>		<u>1978</u> <u>RPFS</u>
Metro Manila:	Urban	36.1				
	Semi Urban	38.3				
	Total	36.8		47.8		51.0 ⁽¹⁾
Luzon	Urban	28.4				
	Semi Urban	28.6				43.8 ⁽⁴⁾
	Rural	20.1				32.8 ⁽⁶⁾
	Total	21.2		34.8		
Visayas	Urban	36.4				
	Semi Urban	38.0				47.6 ⁽³⁾
	Rural	21.9				26.2 ⁽⁷⁾
	Total	25.4		37.4		
Mindanao		S	N	S	N	
	Urban	52.0	37.7			
	Semi Urban	47.3	40.7			49.2 ⁽²⁾
	Rural	37.3	20.2			
	Total	40.0	23.5	50.0	35.0	36.6 ⁽⁵⁾

^{1/} AFS data for Visayas is from Region VI only.
 AFS data for Luzon is from Region III only.
 AFS data for Mindanao is from Regions X (N) and XI (S).
 The data are not intended to be representative of the greater area.

TABLE 9

Contraceptive Use Effectiveness^{1/}, 1978

<u>Method</u>	<u>CMU</u>	<u>PRC</u>	<u>MEP</u>	<u>Rank</u>
Pills	14.9	81	12.0	(3)
IUD	27.3	93	21.1	(1)
Condoms	6.1	57	3.5	(8)
Rhythm	14.6	61	8.9	(4)
Combinations ^{2/}	24.3	76	18.9	(2)
Withdrawal	12.6	60	7.6	(5)
Abstinence	4.9	81	4.3	(7)
Others	10.1	55	5.6	(6)

^{1/} Laing, UPPI, 1978 Community Outreach Survey, No. 3. MEP were calculated by USAID in cons

^{2/} Various combinations of condom, rhythm, and

CMU - Mean Number of couple-months of use. (Exp
protection - 1st segment, 1st method cont

PRC - Percentage Reduction in Conception (Age S
This is an estimate of fertility reduction
is being used. $PRC = 1 - P_m/P_o$, where P_m =
becoming pregnant while using a given meth
bility of becoming pregnant with no method

MEP - Months of Effective Protection - Rough mea
months by which pregnancy is deferred as a
single segment of use. $MEP = CMU \times PRC$.

Due to definition, the measures of CMU, PRC, and
estimates.

TABLE 10

Percentage Admitting Knowledge of family planning by place of residence^{1/}

	<u>1968</u>	<u>1973</u>	<u>1978</u>
Urban	74.6	94.3	97.4
Rural	58.0	84.2	93.5
Total	63%	86%	95%

^{1/} 1968 and 1973 National Demographic Survey data refer to currently married women aged 15-44 years. 1978 Republic of the Philippines Fertility Survey data refer to ever-married women aged 15-44 years.

TABLE 11

(A) Preferences for Children

Mean # of Children/Year Desired	1968 NDS	1973 NDS	1978 CUS	1978 RPFS
No. of Children	5.06	3.93	4.0	4.3

(B) Mean Number of Children Desired (1978) by Special Classifications:

Islam Religion	6.7
Metro Manila	3.7
Educational Background:	
No School	5.9
Primary	5.0
Intermediate	4.4
HS	3.0
Some College	3.5

(C) Desire No More Children

<u>1968</u>	<u>1973</u>	<u>1978</u>
57.2%	68.3%	_____*

*Comparable data unavailable at this time.

(D) Distribution of ever-married women by desired number of children.

<u>Desired number of children</u>	Percentage		
	<u>1978 RPFS</u>	<u>1973 NAS</u>	<u>1968 NAS</u>
0	0.0	0.3	0.5
1-2	15.5	14.4	5.1
3-4	50.1	49.4	33.5
5-6	21.6	23.8	38.9
7+	12.8	12.1	22.0
Total	100.0	100.0	100.0

II. SOCIO-ECONOMIC AND CULTURAL SETTING

A. Current Economic Situation

The Philippine economy is dualistic, embracing modern Manila which accounts for about 12 percent of the country's total population and one third of Gross Domestic Product, and a large, traditional rural sector comprising two-thirds of the total population. Outside Manila, agriculture is the basis of the economy. Rice, corn and coconut are the principal crops and currently account for about 82 percent of the total number of farms, 85 percent of which are less than 5 hectares in size. Industrial development has historically been capital-intensive and focussed mainly in the Manila area. The country has abundant forest reserves, but these are being rapidly depleted.

Economic growth has averaged over 6 percent annually since 1970. GNP per capita is estimated at \$475; income distribution, however, is heavily skewed in favor of the "upper 10 percent" of the population. The "bottom 40 percent" live in absolute poverty.^{1/} Included in this poverty group are about one-fifth of the country's urban residents and three-fourths of the rural population. An additional 30-40 percent of the population have incomes just above the minimum needed to sustain adequate livelihood. Because the lower income groups tend to have larger families, rapid population growth exacerbates maldistribution of income.

Presently, less than one-half of the population have access to general health services. 65 percent of household do not have electricity; only 43 percent have potable water supply; only one-third have sanitary toilet facilities. Rapid population growth over the past several decades has resulted in a comparatively young population and a rapidly expanding labor force. Some 600,000 persons enter the labor force each year. Underemployment is widespread, especially in the country's rural areas, while in-migration is a serious problem in major urban centers, particularly in Manila in the North and Cebu in the South.

Meanwhile, the persistent increases in the prices of food and basic amenities have been eroding the real incomes of small farmers and wage-earners, making it more and more difficult

^{1/} See Hickey, Gerald C. and Flammang, The Rural Poor Majority in the Philippines Their Present and Future Status as Beneficiaries of AID Programs, October 1977; and Social Research Associates, All Analytical Description of the Poor Majority, May 1977.

for them to maintain, much less, improve their living conditions. Domestic inflation, which has risen to more than 20 percent this year as a result of a series of oil price increases, has now become a major concern of the government and the prospects of a sustained overall inflation rate of 15-25 percent annually for the next several years in response to expected continued increases in crude oil prices, oil-related imports and transportation costs do not auger well for the poor majority in the country. The situation can be expected to deteriorate further unless major programs to alleviate these conditions and to limit fertility are expanded.

B. Cultural, Economic and Social Factors Influencing the Size of the Filipino Family

Deeply-rooted predominantly Catholic religious beliefs, coupled with centuries-old traditions and mores, still dominate the Filipino way of life. The Church plays a significant role in forming the attitudes, prejudices and practices of Filipinos, particularly with regards to marriage, family and children. Opposition to some forms of contraception, particularly abortion, and to divorce, stem largely from the Catholic background of a majority of the populace. Further, the adoption of new norms of behavior sometimes runs counter to various beliefs and customs that, in the minds of the people, have served them well. Specifically, acceptance of new norms for delaying marriage, postponing the first child's birth, spacing children and limiting family size confront a value system that supports early marriage, encourages "proof" of virility and womanhood among newly weds, favors large family size as further evidence of fertility or sexual potency and as a sign of strength, security, and esteem of the family and clan. Children are central to the concept of the Filipino family and couples with no children are often the butt of jokes of relatives and friends. Indeed, the pressure for couples to have children is tremendous during the first or second year of their married life or living together.

Family ties are strong and the extended household is predominant. Family size, in a strict sense, may be viewed as the Filipino parent's responses to the costs and benefits of having children. The child can be treated by its parents as (1) a consumption good in the sense that the child is a source of personal pleasure; (2) a productive agent contributing at some point in time to family income; and (3) a potential source of security for parents in their old age. The last two factors are very

important considerations for low-income families in rural areas in the Philippines where the costs of having many children are much less than the perceived benefits. The cost of additional children in these areas is usually very low. Prenatal care is rare and, more often, based on traditional customs or belief; medical and educational costs are low; and only a minor reallocation of resources within the household is necessary for additional food, clothing and shelter. Widespread underemployment in the rural areas allows the women more time to care for children, and during the peak of the working season younger children are usually under the care of older siblings and other members of the household.

Against these minimal costs are the potential benefits of children in terms of the satisfaction they provide to the various psychological, cultural and social needs of Filipino parents. Furthermore, even young children from the age of five are asked to do menial task (household chores) or some farmwork such as caring for small animals. Those in their teens may be employed on the farm or in a small family enterprise (usually small cottage industries) and thus may contribute to household income. These contributions can be quite significant for low-income Filipino families. In a rural setting where government-supported social security programs, old-age pensions and retirement plans are non-existent, children are considered the chief means of saving or investment of Filipino parents for old age.

C. Status of Women in the Philippine Society

Compared to most of her Asian counterparts, Philippine women, in general, enjoy high status in the nation's socio-economic strata. One-third of the labor force are women and some of them figure prominently in such fields as education, nutrition and medicine. Filipino women likewise play important roles in the nation's political, business and services sectors as evidenced by the large number of female politicians, professionals and entrepreneurs. In the rural agricultural areas, the women besides taking care of the home, work on the farms (weeding, planting, harvesting) especially during the peak working seasons.

Nonetheless, the majority of Filipino women spend a major portion of their lives in the household rather than in non-household activities. According to the 1973 National Demographic Survey (NDS), approximately 70 percent of women respondents reported housekeeping as their main activity. Other micro studies reveal that the low-income women's time are consumed by routine household chores such as cooking and house cleaning, child care and rearing, and to a limited

extent, income-generating activities like backyard cultivation, small-scale retailing or home crafts. Among the middle- and upper-income women household activity is minimized and become supervisory with the presence of domestic help. Under these circumstances, fertility levels and the size of the family of Filipino women are influenced significantly by their socio-economic and cultural background.

D. Effects of Educational Employment and Income Status of Filipino Women on Fertility

Several studies have demonstrated that Filipino women with higher educational status tended to have fewer number of children. Data from the 1973 NDS revealed that for women of completed fertility, the number of children borne by women with college degrees (4.6) was 25 percent less than those of unschooled women (6.1). Similarly, there is an inverse relationship between the size of the Filipino family and women participation in the formal labor force. Empirical research confirms that the fertility rates of working women are lower than their non-working counterparts. One study^{2/} indicates that, on the average, working women living in Manila tend to have one child less than those not at work outside the home. In other urban areas, the difference was 0.51, while in rural areas the difference was only 0.08 in favor of those in the formal labor force. It seems that economic activity assumes greater importance as a contributing factor to fertility differences in urban than in rural areas.

Similar analyses of the NDS information also support the inverse relationship of the number of children born to a couple and their income level, although there are instances within higher income groups in which family size is positively correlated with income. One study pointed out the existence of a threshold level of family income, below which increments in income leads to increased fertility. Beyond this threshold, however, income has a negative effect on fertility.

^{2/} See Concepcion, Mercedes B. and de Guzman, Eliseo A, "The Philippine Population: Trends and Prospects", Philippine Economic Problems in Perspective, Institute of Economic Development and Research, School of Economics, University of the Philippines, 1976.

III. POPULATION POLICY AND COMMITMENT TO FERTILITY REGULATION - GOVERNMENT OF THE PHILIPPINES (GOP)

President Ferdinand Marcos was signatory to the 1967 United Nations Declaration of Population along with only 17 other heads of states. The following year, the GOP established family planning services in the Department of Health.

In partnership with the UN, the US and the World Bank, the GOP has made significant progress over the past decade in developing a population policy supported by realistic objectives, targets and program activities. The thrust of the policy is fertility reduction through voluntary measures relying on a national family planning program with both public and private components, excluding only abortion as a contraceptive method;^{1/} also cross-sectoral planning with respect to any developmental activity with fertility determinant significance.^{2/} The current, official objective is to achieve a Net Reproduction Rate (NRR) of one by the year 2000,^{3/} at which time the total population would be about 70 million. As noted in Section I above, there is recent, strong evidence that this objective may be surpassed.

The more significant public sector developments, events and legislation which reflect both GOP policy and commitment to fertility reduction are set forth below:

- 1969: Executive Order 171 created the Commission on Population.
- 1970: The National Family Planning Program was started, and by 1976, wide spread clinic-based services were in operation in both the public and private sectors.
- 1971: The Four-Year Development Plan included for the first time a chapter on population.
- 1972: A Presidential Declaration (PD No. 79) set forth GOP policy to achieve and maintain population levels most conducive to national welfare. Also, all sectors were enjoined to promote the concept of family planning and responsible parenthood (GO No. 18). A Population and Family Planning Week was established as an annual event.

1/ Republic Act 6365 (1971) and Presidential Declaration No. 79 (1972).

2/ Five-Year Development Plan, 1978-82.

3/ Philippine Long-Term Development Plan to the Year 2000. (1977)

- 1973: Tax exemptions for children were reduced to a maximum of four (PD No. 69).
- 1974: PD No. 1202 reduced to four the number of paid maternity leaves, and PD No. 442 required private companies with over 200 employees to provide family planning services on site.
- 1976: PD 969 required all marriage applicants to receive instructions on family planning and responsible parenthood. Letter of Instruction (LOI) No. 45 instructed all concerned government agencies, therein designated, to integrate relevant components of the Philippine Population Program into their workplans.

LOI 435 authorized provincial governors and city mayors to gradually assume funding responsibility for population and family planning activities in their respective jurisdictions.

- 1977: The GOP prepared three sets of related plans, Five Year (1978-82), Ten Year (1978-87) and the Long-Term Plan for the year 2000. These called for a contraceptive prevalence rate up to 50% by 1987 which was (cited at 27% in 1978); contraceptive effectiveness increased from 86% in 1978 to 90% by 1987; continuing efforts to reach new acceptors and to follow-up with continuing users; increased emphasis on use of more effective and lasting contraceptive methods. These plans also encouraged cross-sectoral linkages in planning, recognizing that fertility is greatly influenced by developments in other sectors and that efforts to control population growth should "go beyond the sector's ordinary range of activities".2/

The community-based Outreach program of the Commission on Population began to function. Volunteers were identified in communities to distribute pills and condoms to their neighbors and to provide information about family planning. They also referred clients to established public and private clinics for family planning services. Between 1977-79, over 30,000 volunteers were recruited to provide contraceptive supplies and family planning

2/ Five-Year Development Plan, 1978-82, p. 189.

information to their neighbors.

- 1978: The GOP hosted the World Population Society Conference and convened the First Annual National Population Welfare Congress which, each year, will gather key public and private, national and local representatives to focus attention on population issues and to bring key problems to the attention of the Government. The GOP also carried out a major evaluation of the Philippine Population Program, approved in November by President Marcos as "The Report of the Special Committee to Review the Philippine Population Program".
- 1979: Although all sectors were to absorb a needed P2 billion budget cut, the POPCOM budget of P66,081,000 (\$9,027,459), which was up 6% over 1978, remained intact. The local governments pledged P11.6 million contribution to the community-based family planning program, Outreach, compared to P10 million in 1978. (However, their actual contribution was only about P7 million.) NEDA endorsed a PID for proposed continued AID support to Outreach over the period 1981-85. The GOP also received a new \$45 million loan from the IBRD in support on population/health activities in the Ministry of Health and POPCOM, providing an additional \$32 million in GOP counterpart funds to the loan. The 1980 budget for POPCOM has been approved by the Interim Lawmaking Body at P110 million, P44 million over the 1979 budget. P45.5 million of POPCOM's 1980 budget request is programmed for Outreach, compared to P21.8 million in 1979 and P13.5 million in 1978^{4/}.

The above information suggests a rather strong GOP commitment to population and family planning programs. However, commitment is not only the promulgation of decrees or the organization of commissions; it should also be assessed in terms of the progress achieved in the implementation of important measures. Section X, "Population Programs in Other Sectors", provides some account of progress in the implementation of LOI 45 which enjoined all concerned governmental agencies to include relevant components of the population program into their workplans. Another relevant indicator could be progress achieved in implementing PD 969 which

^{4/} AID's performance indicator under 102d legislation for "commitment" to population objectives (seen in terms of family planning expenditures) rates the Philippines "above norm".

provides for family planning instruction of marriage applicants. Both measures were announced in 1976, about three years ago.

If one looks at the Ministry of Labor (MOL) family planning program today, it has about 62 employees, 36 of which are in Manila, a limited budget (in 1979) of P683,000 (about \$92,500), and it has organized labor-management committees to implement IEC and services in family planning at 453 factory sites. It plans to reach 1500 establishments by 1983. Factories with more than 200 employees are required by law to offer services. However, the director of the family planning office says that the MOL is relying on "friendly persuasion" rather than its authority to assess fines and impose jail sentences in implementing this program. All in all, progress seems satisfactory, although the funding level is modest.

On the other hand, the law requiring family planning instruction for all marriage applicants may be less successful to date. Only in Region II has POPCOM developed a dynamic program of training local health officials to carry out the law.

Another matter which has concerned some observers is that, over the past two years, unequivocal public statements by the President, First Lady and other high GOP officials emphasizing GOP concern for the gravity of the population problem have become scarce, and mass media presentations on population issues less urgent and frequent. At the World Population Society Conference held last October in Manila, the First Lady, Mrs. Imelda Marcos, disappointed many observers by appearing to back away from a contraceptive-oriented program for the Philippines. She spoke in favor of pushing general development as the way to lower fertility rates. The following month, at the National Population Welfare Congress, she publicly stated that both contraceptive and development programs were necessary, that it could not be a case of either-or. Both she and President Marcos, on different occasions, reminded listeners that the Philippines was a Catholic country and then went on to reaffirm that the Church's rhythm method would remain as a program method in the national program. There are clear signs that high level GOP leaders, while strongly involved with, and committed to, population/family planning programs, perceive that public statements promoting modern methods of contraception including sterilization, could provoke overt Church resistance and erode needed Church support for the Marcos Government:

However, budget support for the program has increased. There have been no significant down-grading of community and clinic-based

concepts which are the hallmarks of the program. The GOP has recently undertaken a large new population/health loan with the IBRD a \$20 million program with the UNFPA, and is negotiating with USAID for Population Planning III. In response to one of the recommendations of the Report of the Special Population Committee (SCRPPP), POPCOM is developing a Five-Year Population Plan which should be published by December 1979. It is expected to continue Outreach, strengthen linkages between the community and clinic-based programs, push for the promotion of more effective methods of contraception, and encourage population-related activities in other development sectors.

IV. PRIVATE SECTOR GROUPS - THEIR ACTIVITIES AND INFLUENCE

As in many other countries, the private sector pioneered family planning in the Philippines and remains strongly involved. Its efforts, in the main, have been welcomed and encouraged by the GOP.

There are three, major private entities which are important in the provision of family planning education and services. These are the Family Planning Organization of the Philippines (FPOP), an IPPF affiliate established in 1969; the Institute for Maternal and Child Health (IMCH), a strong group dominated by women physicians which came into being in 1967; and the "Iglesia Ni Cristo", (INC), a church which may have about 2% or 3% of the Filipino population in its closely-knit congregation. Together, these programs account for about 30% of the total number of contraceptive users served by clinics. These service programs are influential in family planning policy, partly because they have committed and sometimes distinguished physician leaders, but also because of their backing.

FPOP has the considerable resources and experience of IPPF behind it and maintains 51 local chapters throughout the country, with clinical facilities available. It has a strong IEC program, also provides training, maintains itinerant sterilization teams for the national program, and conducts innovative pilot activities. One chapter, near Manila, is experimenting with the sale of inexpensive condoms and oral contraceptives, as well as the distribution of IEC materials, in a village booth next to the Catholic Church. Another has a sex guidance project for high school and college students in 10 schools of Metro Manila.

IMCH has, perhaps, the most effective MCH/FP programs in the country, operating a total of 256 clinics, 110 of which are housed rent-free in buildings owned by the National League of Puericulture Centers, (a voluntary association of women community leaders concerned with maternal and child health with whom IMCH has maintained a longstanding cooperative relationship). IMCH has emphasized training of medical staffs, with over 13,000 professionals trained since its inception. It also fields sterilization teams.

The INC program has very strong influence on the lives of the Church's large and active membership and therefore, political significance with the GOP. INC has developed mobile family planning clinics, as well as church-located clinics, which provide sterilization and other contraceptive services.

The service and IEC programs of these groups are innovative and flexible in execution and thus have led the way, at times, for government programs in areas such as rural services and sterilization. For example, FPOP shifted from an urban to a rural program emphasis in 1973, four years before the GOP began its community-based Outreach program. And, sterilization programs in the Philippines were pioneered by local groups such as the Mary Johnston Hospital, the Jose Fabella Hospital, FPOP and INC.

However, in recent years, the family planning programs of FPOP and IMCH have been shrinking in numbers of functioning service units. Partly, this represents the fact that IPPF, other donors and POPCOM, have been reducing their funding support to these groups. Further, it reflects the fact that the GOP clinical and community-based programs are now offering services in areas formerly served only by the private entities. On the other hand, the GOP's Special Committee Review (SCRPPP) of 1978 cited the importance of continued private agency participation, and noted in its Major Findings and Recommendations: "...In many cases, private agencies have tended to operate more efficiently than government units in view of their lower cost of operations and quicker response to problems." It continued, "Government efforts should be directed at integrating and coordinating private agencies, rather than displacing them."^{1/} The trend towards reduced participation by the private sector should be kept under close scrutiny, and action taken to assure that private activities remain a vital, strong element in the national program.

The mass media in the Philippines has been supportive of population education programs. Assistance comes from the National Media Production Center, an important public agency, but also from the Broadcast Media Council, a private organization of the radio and TV industries.

There are an important range of National Assemblymen, Ministers of Government, Governors, Mayors, leaders of youth organizations, physicians' associations, health, education and social science societies and service clubs, who take an interest in population problems. These individuals and groups, together with mass media representatives, have a positive impact on population policy in the Philippines. This was never more evident than at the First Annual National Population Welfare Congress held in November 1978.

^{1/} SCRPPP, Final Report, p. 127.

The Catholic Church and the Catholic Women's League are also very active and influential. They support responsible parenthood, though advocating only natural contraceptive methods. Rather than vigorously attacking the national program for its promotion of modern contraceptive methods, the Church has negotiated with President Marcos that rhythm be included among the approved program methods. A Church representative has stated publicly that the Church will respect "informed individual conscience" of Catholics in their choice of a contraceptive method.^{2/} Meanwhile, the Church's only consistent, major attack in the population area has been strong opposition to any proposal to legalize abortion.

The private sector has a national foundation symbolizing and encouraging its active participation in population affairs. This is the Population Center Foundation (PCF), founded in 1971 by the First Lady, Mrs. Imelda Marcos, with strong AID support. The foundation's building - which also houses the GOP's POPCOM - was under construction by 1972, with \$3.1 million contributed by AID, the Rockefeller Foundation and the Philippine Government. As an agency free of government procedures PCF could quickly and efficiently provide facilities, grants and services to population activities in both the public and private sectors. The founders wanted PCF to facilitate training, research and communication program elements for POPCOM. Further, it was also to promote private sector involvement and stimulate a lively exchange of views and information in the Philippines, and all of Asia, through its publications, professional workshops and symposiums.

PCF has been very influential in the past due to the support of the First Lady and its Executive Director, Dr. Conrado "Clipper" Lorenzo.

PCF has been praised for the quality of its staff, excellent facilities, widely distributed publications and research activities. However, PCF leadership reports that it now faces a crisis of money and confidence. Its main source of funds has become the GOP budget through POPCOM, limited grants, rentals and a Trust Fund Endowment received in 1974. However, according to the PCF Executive Director this funding is inadequate for basic operational expenses. International donor funds for PCF have nearly ceased. The First Lady's interest has been somewhat preempted by her concerns as Governor of Metro Manila and Minister of Human Settlements and myriad other responsibilities. PCF's strong, cordial relationships with AID ceased about three years ago and are only now being reestablished. POPCOM has not used PCF's technical or administrative services to the extent conceptualized, and as POPCOM has become increasingly active with Outreach, AID, UNFPA and the IBRD, PCF has remained

^{2/} Archbishop Naga, speaking at the National Population Welfare Congress, Manila, November, 1978.

on the sidelines. POPCOM now turns more to its own Board and NEDA for guidance and support.

PCF has continued assistance to a Commercial Contraceptive Marketing Program (CCMP) which AID earlier supported in 1975-76. This condom sales project appears to have enjoyed generally favorable research results during a two-year trial period in two provinces. It is now moving into a position of increased strength with the backing of the GOP, IBRD and PIACT. It may expand into other provinces and could become an important program factor. It appears that a good judgement on its place in overall programming could be made by early 1980, based on further research findings..

The support, influence and commitment to population/family planning of private sector groups in the Philippines generates optimism. The potentials are great in all of the areas discussed above, and the problems are manageable. Assistance to some of these activities will be an important part of U.S. strategy.

V. OTHER DONORS - THEIR ROLES; LEVELS OF INPUT; COORDINATION

Currently, there are three major external donors, - AID, The World Bank (IBRD) and the UNFPA. Of these, AID and UNFPA provide resident population staff. There are several population/family planning agencies, both private and public, working in the Philippines, that are contract-associated with AID. Of these, FPIA maintains a regional, resident representative; Population Council provides two resident specialists; and PIACT provides two residents, one of them regional. The Ford Foundation has two persons in Manila who devote part-time to population interests. The ADB has announced an intention to enter the population field in the future and, of course, maintains a large office staff in Manila. Other occasional bilateral donors, such as the Japanese, assign non-population persons from their respective Embassy staffs to monitor assistance, but also rely on visiting teams. The IBRD develops and monitors its programs through visiting population teams.

A first \$25 million World Bank loan in health and population was made to the Philippines in 1974. Its primary focus was on health, but part of it was designated to strengthen POPCOM's coordination, IEC, and training functions and another part for establishing POPCOM regional offices. Most funds went to assist the Ministry of Health (MOH) in improving service delivery in rural areas. The loan was amended in 1978 to make better use of unexpended funds which are intended to be spent before the end of 1979.

The second major population/health loan involves a \$40 million IDA credit (of which about \$17 million goes to POPCOM and \$32 million to the MOH), with a contribution from the GOP of \$32 million equivalent. The IDA financing will cover all foreign exchange costs. The project period runs from 1980 through 1984. Its major components will be noted below and in Annex 1.

The UNFPA signed a First Country Agreement with the Philippines in 1973. It was funded at \$8.3 million over a period of 5 years to provide assistance to POPCOM in planning and IEC, to the Ministry of Education (MEC) in population education, to the Bohol MCH/FP Project, and to the Ministry of Labor (MOL) for its industrial health/FP Services project.

The Second Country Agreement of \$20 million, will provide assistance from 1980 to 1984. Its elements are noted below and in Annex 2.

Donor contributions are subjected to careful scrutiny and coordination, not only by the GOP, but also among the 3 major donors. The following comprehensive, but not exhaustive, list of program elements, categorized by (1) Community-based Family Planning Activities, (2) Clinic-based Family Planning Activities, and (3) Non-Family Planning Population Activities, illustrate the extent and interdependence of current and future program activities, as well as the donor coordination that has been consciously planned:

<u>(1) Community-based FP Activities</u>	<u>Assistance Sources</u>
-- Outreach Workers Salaries and Allowances	- GOP with AID's major, but gradually declining support.
-- Project Management Support Central and Regional	- GOP with moderate help from IBRD and minor help from AID and PIACT.
-- Construction of 6 Outreach Regional Offices, warehouses, and vehicle repair facilities	- IBRD loan
-- Consulting and Training in Logistics, Warehousing, etc.	- Moderate help through IBRD and minor help through AID and PIACT.
-- Consulting, Training and Operations in Management Information System (MIS)	- Major help through AID, with supplementary inputs from IBRD.
-- Commodity Support	
- Contraceptives for community-based program	- Major help from AID, moderate through FPFA, minor through UNFPA.
- Vehicles and radios for Outreach	- Major help from IBRD, with excess property vehicles and spare parts through AID. Motor cycles from Japanese Government.
- IEC Equipment and Supplies for 13 Outreach regions	- IBRD provides major help; AID, minor.

- Condom and Pill Testing Equipment for Outreach and Commercial Contraceptive Marketing Program (CCMP).
- PIACT providing, as well as technical assistance, to a Regional Testing Center.
- Training
 - Program Managers and Special Technicians, abroad - POPCOM and its Partner Agencies
 - Major help from IBRD with minor supplemental help from AID and other donors.
 - Program Managers and Partner Agency Field Workers
 - IBRD for major help, AID/UNFPA may assist at regional levels.
 - Outreach Workers, In-Country Training
 - GOP with major AID assistance.
 - Outreach Volunteers (BSPOs) In-Country
 - GOP with major AID assistance.
 - Home Economists IEC activities in Family Planning
 - Workshops and materials through American Home Economics Association (AHEA)
 - Other Selected Non-Government organizations
 - UNFPA provides moderate help.
- Information/Education/Communication (IEC) Activities
 - Outreach and Partner Agencies
 - GOP with major assistance from IBRD in TA, Training, Equipment/Supplies and Printing.
 - Other Selected Non-Governmental Organizations
 - UNFPA assists, moderately.
- Incentive Programs
 - Outreach Workers & Volunteers
 - GOP, especially local governments, with planned AID and possible Asia Foundation assistance.

- Communities - Pilot Projects
 - GOP, local governments, with major assistance from AID.
 - Other Operational Research Programs
 - Contraceptive retail sales program, an operational research project in two provinces, carried out by PCF.
 - GOP with IBRD assistance beginning in 1979 for research, and continuing in 1980-84 for expansion. TA from PIACT, also a worldwide conference in Manila in late 1979.
 - 11 Research Projects addressing current policy and program needs.
 - Funds programmed by IBRD.
 - "Innovative Activities" through POPCOM and PCF (to be determined).
 - Funds programmed by IBRD.
 - Operational Research at Regional Level in Outreach
 - GOP with moderate assistance from AID bilateral and central contract funds.
 - Program Impact and Problem Identification Surveys
 - GOP funds Community Outreach Survey (COS) with TA from Population Council.
 - Evaluation of community-based programs
 - See above for COS; also AID funds annual evaluations of Outreach.
- (2) Clinic-based FP Activities
- Service Delivery Programs, both public and private, some with community-based elements. (Excluding sterilization activities)
 - Largely GOP, but AID plans future assistance to community-level clinic support through Outreach; IBRD strengthens midwife/paramedic programs with FP functions; UNFPA to assist MCH/FP urban poor program; IPPF assists clinical program of its affiliate, FPOP; Population Council and WHO provide

resident TA to Bohol MCH/FP project; Government of Japan assisting pilot integrated FP/nutrition/parasitic control project; FPIA helping selected private and local governments establish youth services.

- Service Delivery and Training Programs, Sterilization
 - Institutional Subsidies
 - GOP (POPCOM and Medicare) with major support from AID and minor support from FPIA, IPAVS.
 - Equipment and Supplies
 - Major, coordinated assistance from AID, FPIA, JHPIEGO and IPAVS.
 - Special Medical Services
 - GOP with minor help from AID; IPAVS preparing sterilization reversal project for possible implementation at PGH.
 - Itinerant Sterilization Teams
 - GOP with help from FPIA, IPPF, IPAVS.
 - Training of Medical Personnel in Sterilization techniques
 - GOP with help from JHPIEGO, FPIA, IPAVS.
- Commodity Support (other than sterilization programs)
 - Contraceptives for clinic-based programs
 - Major help from AID through POPCOM with assistance from FPIA, UNFPA, and IPPF (for its affiliate, FPOP).
 - IUD Insertion
 - Major help from AID and moderate help from FPIA.
 - IEC and Training Equipment and Supplies
 - Major support to public program from IBRD through POPCOM; IPPF helps its affiliate, FPOP

- Construction of 75 Health Centers and 915 Barangay Health Stations
 - Logistics/warehousing in MOH and other partner agencies
 - Training and Other Assistance to Midwives, Paramedics
 - Operational Research and Evaluation
- Major assistance in 19 provinces from IBRD.
 - Special study, TA and MIS assistance through IBRD.
 - Major assistance from IBRD; Population Council and UNFPA assist Bohol MCH/FP project.
 - IBRD assisting on developing clinic-based "innovative activities" as well as evaluation of primary health care project and IEC program; UNFPA and Population Council/WHO assisting in evaluation of Bohol MCH/FP project. IFRP financing partial cost of 5 small operational research projects in 3 Filipino institutions on IUD, sterilization, oral contraceptives. PIACT funding sterilization demand/supply study, as well as contraceptive retail sales project.

(3) Non-FP Population Activities

- Population/Development Policy and Planning
 - Population Impact Assessment, National Level
 - Regional Level
 - USAID
- UNFPA has funds programmed to enter into this activity with NEDA. Ford Foundation may enter into this field, coordinating with UNFPA.
 - Assistance to NEDA from Population Council being explored.
 - Assistance to selected regional development council from Batelle Foundation proposed.
 - USAID-funded projects subjected to 104 analysis.

- Population Education
 - UNFPA Providing support to Population Education Centers in MEC; FPIA designing projects now with private and local government entities for youth information programs in coordination with MEC.
- Census/Vital Statistics Registration
 - U.S. Bureau of Census finances workshops; UNFPA plans pilot improved system with NCSO; NCHS offers assistance as requested. Other TA and training through UNC's POPLAB and East-West Population Institute.
- Fertility Surveys
 - World Fertility Survey (WFS) technicians assisting RFFS.
- Demographic Data Collection
 - GOP funds COS and Area Fertility Surveys with TA from Population Council; USAID makes minor inputs. Other TA from National Academy of Science and East-West Population Institute.
- Domestic Contraceptive Industry, Feasibility Studies
 - PIACT conducting study for NEDA. AID has potential to assist in studies and construction loan, as do IBRD, ADB, Japanese, Dutch, Belgium and British Governments.
- Training, Research and University Institutional Development
 - Ford Foundation

A review of the above data indicates that AID bilateral assistance is now considerably centered on the community-based. Outreach family planning, but receives substantial, coordinated help from the IBRD; that the IBRD provides the majority of its assistance

through the Ministry of Health to public, clinic-based health/family planning programs, with AID helping primarily in sterilization subsidy through POPCOM. Meanwhile, the UNFPA centers significant attention on the non-family planning sector. However, all three major donors assist activities in all three program areas. AID's partner agencies are also involved in a variety of smaller-scale activities in all three program areas, but with emphasis on support of service delivery and physician training requirements in selected public and private sterilization programs. These partner agencies are of decided importance in providing flexibility to the overall program in such key areas as operational research, pilot demonstrations, opportunity programming with high performance public or private institutions or doctors, and commodity support. The projects they support continue or are terminated following periodic (usually annual) reviews by the GOP, USAID and AID/Washington. They thus tend to be timely and well coordinated into major program areas.

Day to day coordination of the major donors' programs is largely informal, with the resident representatives meeting for lunch on a monthly basis and arranging special contacts when other important donors are in town.

The donor "package" for the Philippine Population Program cost approximately \$60 million for the period 1969 through 1977.^{1/}

Annex 3, abstracted from the UNFPA's, "Population Programmes and Projects, Vol. 2," published May 1979, provides more detailed information on individual donor programs and their funding.

^{1/} SCRPPP Report, Table 4.18.

IBRD/GOP LOAN (1980-1984)

Category	('000 P)			('000 US\$)			% of F.E.	% of Base Cost
	Local	Foreign	Total	Local	Foreign	Total		
Capital Cost								
1. Construction	82,900	35,500	118,400	11,200	4,800	16,000	30.0	27.0
2. Furniture	5,000	2,100	7,100	600	300	900	33.0	1.5
3. Equipment	-	12,300	12,300	-	1,700	1,700	100.0	2.9
4. Special equipment	4,500	22,900	27,400	600	3,100	3,700	84.0	6.3
5. Vehicles	3,200	4,700	7,900	400	700	1,100	64.0	1.9
6. Materials for finished products	4,400	3,000	7,400	600	400	1,000	40.0	1.7
7. Seed funds	18,200	-	18,200	2,500	-	2,500	-	4.2
8. Advisory services, studies & fellowships	9,300	11,300	20,600	1,300	1,500	2,800	54.0	4.7
9. Professional fees, construction	7,900	-	7,900	1,100	-	1,100	-	1.9
10. Contracts IEC prototypes & production	45,900	45,900	91,800	6,200	6,200	12,400	50.0	20.9
Subtotal Capital Cost	181,300	137,700	319,000	24,500	18,700	43,200	43.3	73.0
Incremental Operating Cost								
11. Project administration	5,200	-	5,200	700	-	700	-	1.2
12. Incremental salaries	18,500	-	18,500	2,500	-	2,500	-	4.2
13. Vehicle & equipment maintenance	8,900	2,100	11,000	1,200	300	1,500	20.0	2.5
14. Distribution (IEC materials)	1,000	-	1,000	100	-	100	-	0.2
15. Travel & per diem	67,200	-	67,200	9,100	-	9,100	-	15.4
16. Rentals	1,000	-	1,000	100	-	100	-	0.2
Subtotal, Incremental Operating Cost	101,800	2,100	103,900	13,700	300	14,000	2.1	23.6
17. Innovative activities	7,300	7,400	14,700	1,000	1,000	2,000	50.0	3.4
Subtotal Base Cost	290,400	147,200	437,600	39,200	20,000	59,200	33.8	100.0
Contingencies								
Physical Price	8,800	3,800	12,600	1,200	500	1,700	29.4	2.9
	54,800	7,400	62,200	7,400	3,700	11,100	33.3	18.8
Subtotal Contingencies	63,600	31,200	94,800	8,600	4,200	12,800	32.8	21.6
TOTAL PROJECT COST	354,000	178,400	532,400	47,800	24,200	72,000	33.6	121.6

ANNEX 2

UNFPA/GOP SECOND COUNTRY PROGRAM (1979-83)

	<u>Amount (\$000)</u>	<u>Executing Agency</u>
Strengthening Census and Vital Registration System	3,000	NCSO
Population/Development Planning and Research	2,000	NEDA
Urban Poor MCH/FP Delivery (Excludes Manila)	2,000	MOH
Regional Population Education Centers	2,500	MEC
Regional Training Teams ^{1/} (Pilot First)	2,000	POPCOM
Bohol MCH/FP Services and Evaluation	2,500	MOH
Training and IEC activities to support	3,000	Non-government Organizations
Contraceptives (low-dose pill)	1,000	MOH
Program Reserve	<u>2,000</u>	Various
TOTAL	<u>20,000</u> =====	

^{1/} Will be coordinated with IBRD

EXTERNAL ASSISTANCE TO THE
PHILIPPINES

Abstracted from

"Population Programmes and Projects, Vol. 2, Inventory of
Population Projects in Developing Countries Around the
World, 1977/78," published by UNFPA, May 1979

Multilateral assistance

World Bank

Total project cost: \$50 million. Bank financing: \$25 million loan. Other financing:
UNFPA (\$0.43 million grant); U.S. AID (\$0.51 million grant); Government of Philippines
(\$24.06 million). Implementation period: five years. Effective date: October 31, 1974.

Philippines

The project is designed to strengthen the administration of the national family planning programme and to increase its capacity to train fieldworkers with a view to extending its outreach into the rural areas where 70 per cent of the people live.

To this end, the project is contributing to a) the reorganisation and strengthening of the Commission on Population (POPCOM), the agency responsible for co-ordinating and directing the programme, by meeting i) the recurrent cost of twelve regional offices for POPCOM; ii) the recurrent costs for four years of a new Information, Education and Communication (IEC) Division and a new Training Division in POPCOM; b) the establishment of a new system of delivery of health and family planning services in rural areas based on the use of trained midwives by providing i) buildings for 207 rural health units, including staff housing in remote areas; ii) buildings for 12 regional training centres; iii) 205 jeeps, spare parts and vehicle maintenance; iv) technical and salary support, including the salaries of 2,400 additional midwives on a declining basis; and c) the strengthening of the capacity of the Department of Health to undertake project co-ordination and evaluation by means of salary support for statistical staff on a declining basis, and the provision of equipment and technical assistance.

UNFPA is financing the recurrent costs of the new IEC Division of POPCOM, and U.S. AID the recurrent costs of the new Training Division over the first four years. U.S. AID has also provided funds for the first year of operations of the regional offices. The UNFPA and U.S. AID financing is parallel to that of the Bank.

Progress report: As of October 31, 1978, all 2,400 midwives called for in the project had been hired, trained and posted in rural villages. About 40 per cent of all rural health service staff of the Ministry of Health had been retrained in a new approach to service delivery called Restructured Health Care Delivery System focussing on preventive health care, nutrition and family planning services. Over 200 vehicles for service supervision had been procured and 150 of the 219 facilities had been completed, 49 were under construction and 20 were planned to start in November 1978. The IEC and Training Divisions in POPCOM are established, as well as 13 Regional Population Offices. In the Ministry of Health, a management information system for the health services has been developed and tested.

United Nations Fund for Population Activities

- . An agreement between the Government of the Philippines and the UNFPA was signed on 14 January 1972 under which the UNFPA committed support amounting to \$3.3 million over a five-year period to the national family planning programme. The components included assistance to the Commission on Population in programming, evaluation and research work; the development of population education in the public school system; support to the Institute of Mass Communications for improving research, development and training in family planning communication; assistance to the Responsible Parenthood Council; and the strengthening of family planning training for different categories of health personnel.
- . In 1973, the agreement was extended for another three years with additional funding from the UNFPA in the amount of \$5 million.
- . In 1977/78, a comprehensive needs assessment on population assistance was undertaken by the UNFPA on the basis of which future assistance to the Philippines will be decided upon.

Projects funded under the country agreement are:

- . Institute of Mass Communications: Research, development, and training in family planning communication (initiated in 1971). Executing agency: UNFPA. To expand the existing teaching facilities and activities of the Institute in family planning; to strengthen the long-range academic programme of the Institute in family planning; to develop leadership of the Institute in curriculum planning for medical and paramedical education in the field

Philippines

of family planning, human reproduction and population dynamics. Completed. Cumulative expenditures through 1977: \$302,801.

- **Programming, Evaluation and Research Unit of Commission on Population (initiated in 1971).** Executing agencies: United Nations/UNFPA. To strengthen the Population Commission which is the co-ordinating agency for all family planning programmes in the Philippines and the one in charge of programming and evaluating family planning programmes in the country. Completed in 1978. Cumulative expenditures through 1977: United Nations, \$23,204; UNFPA, \$405,565; budget: 1978, United Nations, \$890; UNFPA, \$25,102.
- **Population education programme (initiated in 1972).** Executing agency: UNESCO. To develop curriculum materials in population education for primary, secondary and high levels, including teacher training and a prototype population course in the arts and sciences; to provide the necessary basis for the institutionalization of population education in the formal school system. Cumulative expenditures through 1977: \$1,428,844; budgets: 1978, \$102,113; 1979, \$7,561.
- **Family planning information and education programme (initiated in 1972).** Executing agency: UNICEF. Being conducted by the Responsible Parenthood Council to provide information and education among couples of child-bearing age on reasons, justification and methods of family size limitation, to train couples in the practice of rhythm and also to disseminate information about the availability of all methods of contraception. Completed in 1977. Cumulative expenditures through 1977: \$190,458; budget: 1978, \$253.
- **Support of Population Research Unit, Bureau of Census and Statistics (initiated in 1972).** Executing agencies: United Nations/UNFPA. To strengthen the population research activities within the framework of the Bureau by providing technical and auxiliary personnel, equipment, and training fellowships in population research and evaluation. Cumulative expenditures through 1977: United Nations, \$81,716; UNFPA, \$238,076; budget: 1978, United Nations, \$13,641; UNFPA, \$134,369.
- **Establishment of the Information, Education and Communication Division of the Commission of Population (initiated in 1973).** Executing agencies: United Nations/UNFPA. To establish an IEC Division for the purpose of reviewing ongoing projects in the light of a total programme; for responding to POPCOM's Planning Division's call for an integrated IEC component supportive of the total programme; and for responding to the need to attune IEC activities to local conditions. Completed in 1978. Cumulative expenditures through 1977: United Nations, \$5,429; UNFPA, \$280,735; budget: 1978, United Nations, \$23,109; UNFPA, \$14,800.
- **Maternal and child health-based family planning, Bohol Province (initiated in 1973).** Executing agencies: WHO/UNA/Population Council. To improve maternal and child health and regulate fertility; and to determine the effectiveness of delivering family planning services through a well-organized MCH care programme in a large predominantly rural area. Rephasing for 1979 proposed including extension to cover January through December 1979. Cumulative expenditures through 1977: WHO, \$513,626; UNFPA, \$144,955; Population Council, \$225,000; budget: 1978, WHO, \$225,024; UNFPA, \$141,296; Population Council, \$91,875.
- **Population/Family Planning Project for the Department of Labour (initiated in 1974).** Executing agency: UNFPA; technical assistance provided by ILO. To ensure the efficient integration of family planning services in establishments covered by Presidential Decree 148, which requires industrial establishments to provide family planning services to its employees through their clinics or infirmaries; to co-ordinate family planning information/education efforts of individual establishments with other industries and institutions; to create an awareness of population problems among trade union leaders, supervisors and workers. Originally this project was a direct country-implemented one executed by UNDP with technical assistance by ILO. When external funding closed in 1977, the Government continued to fund the project and requested ILO to continue to provide technical backstop-

Philippines

ping. Completed in 1978. Cumulative expenditures through 1977: \$280,977.

- Population awareness and sex education for out-of-school youth (initiated in 1975). Executing agency: UNFPA. To integrate into the rural development programme of the Department of Social Welfare a national programme of information, education and motivation for out-of-school youth on the implications of increasing population growth to socio-economic development, the meaning of responsible parenthood, and sex education. Completed. Cumulative expenditures through 1977: \$259,805.

In addition, the UNFPA is also funding other projects. These are:

- Research and training on cultural values and population policy (initiated in 1974). Executing agency: UNFPA. To fund a study being conducted in the Philippines by the Institute of Philippine Culture, Ateneo de Manila University, as part of a global project of the Institute of Society, Ethics and the Life Sciences (ISELS) to examine the role of cultural values in the formulation of population policies and to conduct research on the role of cultural values and social groups in the implementation of population programmes. Completed. Cumulative expenditures through 1977: \$44,362; budget: 1978, \$10,743.
- Depo-Provera project (initiated in 1976). Executing agency: UNICEF. Pilot project in the province of Laguna: to augment the currently available methods of contraception and to provide an effective system of follow-up of Depo-Provera users. Cumulative expenditures through 1977: \$2,714; budget: 1978, \$27,020.
- Workshop on the review of the Philippines Country Programme (initiated in 1978). Executing agency: UNFPA. To assist travel costs of international experts invited to attend workshop sponsored by Government to discuss its review of the Philippine population programme and to enable follow-up meetings of the Population Commission staff and staff of other agencies to consider and to implement the recommendations of the Review Committee. Budget: 1978, \$40,000.
- Total cumulative expenditures through 1977 (all projects, completed, if any, and ongoing): including UNFPA co-ordinator: \$6,502,632; budgets: 1978, \$921,575 (including UNFPA co-ordinator); as of 1978, \$7,424,207 - grand total, \$7,458,768 (all figures as of 30 June 1978).

World Health Organization

- In 1977 and 1978, WHO provided support for research on the safety and effectiveness of oral and injectable contraceptives, intrauterine devices, natural family planning, female sterilization; the development of intra-cervical devices for fertility regulation; psycho-social research in family planning; health service research in family planning: Jose Fabello Memorial Hospital (\$27,012), Institute of Philippine Culture (\$8,000), University of the Philippines, Manila and Quezon City (\$50,150), University of Santo Tomas (\$29,090), Philippine Heart Centre (\$24,460).
- In 1977 and 1978, WHO provided support for strengthening of research capabilities to the following institution: Collaborating Centre for Clinical Research, College of the Philippines (\$70,000). This institution also took part in much of the research listed above.
- WHO support for research and institution strengthening during the period 1972-1978 amounts to approximately \$476,574.

International Labour Organisation

- Study on temporary migration of Filipino workers to Iran (initiated in 1970). To assist the Government in formulating appropriate policies in the sphere of international migration in relation to national manpower resources and future manpower requirements. Funded from ILO regular budget. Commenced 1978: \$8,000. Expected completion date: 1979.

Philippines

United Nations Children's Fund

- . Assistance to aid in the development and build-up of national maternal/child health services which directly or indirectly may support family planning programmes (such assistance might include additional training for nurses, midwives, traditional midwives, local leaders, and paramedics, the supplying of contraceptives, the purchase and/or development of audio-visual and other teaching aids, or other aid).

Regional organization assistance

United Nations Economic and Social Commission for Asia and the Pacific

- . Documentation support on IEC for the Population Center Foundation and to the Population Institute (1977).
- . Conducted a study of the social aspects of family planning in social welfare and social work education (1977).
- . Explored channels for co-operation with Population Center Foundation, accumulated latest data on population and family planning activities in the Philippines for ESCAP (1978).

Bilateral assistance

U.S. Agency for International Development

- . Population planning II. To assist the Government of the Philippines in reducing the Philippine population growth rate by one-tenth of one per cent per year during the period 1977-1981. The Philippine Population Commission embarked on a greatly expanded and revamped family planning service programme when national family planning outreach workers and supervisors were deployed as local government employees, to cover district rural areas, replacing part-time, town-based, family planning motivators. Six other activities complement the outreach project: A major expansion of voluntary surgical contraception services in government and private hospitals; information, education and communication; contraceptive logistics; demographic measurement; training; and operations research. In FY 1979, U.S. AID has requested \$3,209 million to finance expansion of family planning services to rural areas not previously reached, as well as training, demographic studies, information and education activities and voluntary contraception services. Obligations through September 30, 1977, \$2,991,000; estimated FY 1978 obligations, \$8,845,000; proposed FY 1979 obligations, \$5,209,000; estimated total cost, \$26,836,000.
- . Contraceptive loan. Contraceptives are to be provided under a FY 1979 U.S. AID \$3.5 million loan.
- . Fertility survey. Through the International Statistical Institute, U.S. AID is assisting the Government in conducting a national fertility survey (for description, see below under International Statistical Institute/World Fertility Survey). U.S. AID funding through ISI for this project is expected to amount to \$179,978.
- . Total cumulative obligations, all projects, completed and ongoing (excluding loans), FY 1965 through FY 1977 (including contraceptive supplies), \$50,846,000; obligations: estimated FY 1978, \$8,845,000; proposed FY 1979, \$5,209,000.

Federal Republic of Germany

- . Establishment of health centre in development programme for T'Boli tribe at Lake Sebu; 1 January-31 December 1977: commitments, \$93,470; disbursements, \$93,470.

Philippines

Japan International Co-operation Agency

- . Assistance to the Government of the Philippines, initiated in 1974 for a period of five years, including supplying contraceptives, vehicles and audio-visual training equipment for Information, Education and Communications programme.

Non-governmental organization assistance

American Home Economics Association

- . The AHEA's International Family Planning Project, funded by U.S. AID, has, among its objectives, motivating home economists in developing countries to provide population education and family planning information as an integral part of their educational systems (formal and non-formal), using a variety of informational and educational methods and aids. Areas of assistance: Review of programmes in Home Economics/population including materials development and training. Reappointed country consultants for the Project. Conducted advisory meetings for heads of home economics organization working on population education and family planning programmes for exchange of information and planning of joint projects. Distributed educational materials to country. Amount disbursed, January 1977-June 1978, \$2,500.

Association for Voluntary Sterilization, International Project (IPAVS)

- . Grant of \$53,306 (8/1/76-7/31/78) to Southwestern University College of Medicine in Cebu City, to expand a pilot training and service programme in male and female voluntary sterilization. A fourth-year grant of \$16,514 (11/1/78-10/31/79) was awarded to continue this programme.
- . Grant of \$20,820 (9/1/76-3/31/78) to the Philippine Public Health Association to develop and conduct an information and education programme for public health professionals.
- . Grants of \$23,653 (12/1/76-2/28/78) and \$26,537 (3/1/78-2/28/79) to the Philippine Association for the Study of Sterilization to expand the organization and develop an information and education programme to advance the national acceptance of voluntary sterilization.
- . Grant of \$59,510 (11/1/76-10/31/77) to Biomedical Research Associates at Philippine General Hospital to continue a national training programme in voluntary sterilization techniques and service delivery.
- . Grant of \$65,717 (2/1/77-1/31/78) to the Family Planning Organization of the Philippines to conduct training of rural physicians and delivery of services to rural areas via a travelling service team. A third-year grant of \$37,325 (8/1/78-7/31/79) was awarded to continue this programme.
- . Grant of \$15,815 (6/1/76-11/30/78) to Mindanao Sanitarium for expansion of a laparoscopic sterilization programme.
- . Grant of \$12,000 (1/1/77-12/31/77) to the National Family Planning Office of the Philippine Department of Health for equipment to assist in the Government's family planning training project.
- . Grants of \$23,875 (4/1/77-3/31/78) and \$33,987 (5/1/78-4/30/79) to Children's Medical Center in Quezon City to initiate and continue a mini-laparotomy service programme including an information and education campaign.
- . Grant of \$15,974 (8/1/77-7/31/78) to Bethany Hospital to expand the female voluntary sterilization service and conduct an information and education campaign. Service included acting as a referral centre for management of complications of voluntary sterilization.

Philippines

- . Total value of grants: \$405,133.

Church World Service, Family Life and Population Program

- . 1977, grant of \$1,000 to Kapatiran-Kaunlaran Foundation, Inc. to help launch a family services newsletter for the students.
- . 1978, continuing support to the Mindanao Christian Service Foundation "Cultural Communities Development Program," \$2,500.
- . 1978, support of the National Educational Assessment Workshop of the Peasants in the Philippines, \$500.

Columbia University, Centre for Population and Family Health

- . Discussions have been taking place with officials of the Population Center Foundation in Manila concerning a collaborative relationship for the development, implementation and evaluation of a number of operational studies. These will emphasize new and improved approaches to the delivery of family planning and health services to both urban and rural poor in the Philippines. As in several other large cities (e.g., Bangkok and Mexico City), the Centre is also discussing studies devoted to a better understanding of adolescent sexuality, fertility, and contraception.

Family Planning International Assistance

- . Grant to Mary Johnston Hospital has, over the past five years, provided one of the most cost-effective full-time voluntary sterilization services in the Philippines if not in South East Asia. With the opening of the U.S. AID funded Fertility Care Center in March of 1978, the services offered can be expanded to include all aspects of fertility care and to provide for extended training for physicians in sterilization procedures and IUD insertion. The new facilities, coupled with the hospital's established reputation in sterilization service provision, make it the ideal agency to pilot a complete fertility care and training centre in Metro Manila. The current grant term, 15 May 1978-14 May 1979 will be the last year of FPIA support for this project. FPIA cumulative grant contributions total \$270,761 in addition to \$54,376 in commodity assistance.
- . Grant to National Office of Mass Media on 1 January 1974 and currently extends to 31 August 1979 upon which FPIA shall withdraw its financial assistance to the project. Over the past years, the JESCOMEA Population Campaign has reached thousands and thousands of married couples of reproductive age in the Philippines through Catholic Church channels of communication. IEC efforts have included daily radio dramas, cassette teaching tapes, posters, pamphlets, comics and family planning pages in rural newspapers. The project has also produced a movie, "All God's Children" which is expected to be available in various Asian languages. In addition, the project offers as a service component, the Groden methods and a record-keeping system has been devised and implemented to help evaluate the effectiveness and acceptability of all contraceptive methods in use. FPIA has contributed a total of \$203,899 in financial assistance and \$8,953 in commodity assistance.
- . Grant to Bio-Medical Research Associates has been in operation since 1 August 1974 and is pending continuation to 30 June 1980. This project year, the Center is co-operating with the Philippine Medicare Commission to train chiefs of Medicare Community Health and Hospital Centers (CHHC) in techniques of male and female voluntary surgical sterilization. Additional training is being offered in obstetric and pediatric emergencies and in clinic management with a view toward upgrading the standard of health care available in the remote rural areas in which the CHHC's are located. Also, STCSS has taken its first step toward becoming a regional training centre by training 15 doctors from other countries in the Asian and Oceania Region. Assuming the 1978/79 grant will be approved, FPIA has contributed \$489,726 in financial assistance.

Philippines

- . Grant to Gabriel Medical Assistance Group combines the Mobile INC Family Planning Clinic (Philippines-12, project duration 15 October 1973-28 February 1978) and the INC Sterilization Project (Philippines-17, project duration 1 January 1975-28 February 1978). It is expected that this consolidation will facilitate co-ordination between the outreach motivators and the service teams since both outreach activities of Philippines-12 and Philippines-17 were directed toward the same population. The consolidation, as such, will enable a more effective utilization of manpower and thus promote increased efficiency in project activity. This project will help to develop an integrated contraceptive delivery programme with outreach health service activities to eligible couples and recruitment of new acceptors through Mobile Clinic Teams providing total health services, with "Saturation" teams of midwives sweeping entire communities with house-to-house motivational campaign; and resupply/follow-up services. The voluntary sterilization services component of this project will operate on a largely outreach basis all over the Philippines. Outreach operations were performed mostly in INC chapels (churches) located in remote rural areas, while Metro Manila residents were served at the static centre at the Ronn Carmel Fertility Control Center in Caloocan City. The static centre also serves as a training centre for 36 church- and government-affiliated doctors. The continued success of both INC projects is attributed largely to the support of the church hierarchy, which has incorporated family planning into the church's indigenous doctrine and encourages open discussion of the topic in sermons, prayer meetings and other church gatherings. Both projects now integrated under this new grant; consolidated 1 March 1979 to extend to 28 February 1979, has received FPIA financial assistance totalling \$1,447,948 and commodity assistance valued at \$739,460. FPIA anticipates funding this project an additional year upon termination of the current grant term.
- . Grant to Philippine Christian University began operations 1 June 1978 to run for 16 months, budgeted at \$157,553. This project pilots the provision of contraceptive and related health services for students, out-of-school youth and young parents in the campus setting. Clinics at both urban and rural campuses of the Philippine Christian University are staffed by physicians, nurses, social work interns and a medical technologist to provide project clients with premarital and marriage counselling, conventional-method contraceptive services, sterilization referrals, and other related health services such as physical examination, VD, pap smear, pregnancy and RH-factor tests.

Ford Foundation

- . Grants to Population Centre Foundation for 1) assistance to develop Population Studies Centres at provincial colleges and universities in the regions of the Philippines (grant: \$50,000; term: 6/77-5/79); 2) support for an action-research project entitled "A Community-Based Project on Health and Family Planning Manpower Resource Distribution in Roxas City, Capiz" (grant: \$20,180; term: 4/77-3/80).

Institute of Society, Ethics and the Life Sciences

- . See UNFPA-funded project, described above, as well as entry on "Research and Training on Cultural Values and Population Policy" under UNFPA in "Global Section" and Institute's entry in "Global Section".

International Association of Schools of Social Work

- . Action research on the integration of family planning and population education in community-based programmes through the social work method in urban and rural communities in (Bangkok) Thailand and the Philippines. Objectives: to test and evaluate the use of the social work method aimed at integrating family planning and population education in community-based development programmes, promoting the formation of self-propelling community groups and strengthening the role of women as family planners and population educators. Duration: 1 October 1976 through 31 March 1979. Funding: provided by the International Planned Parenthood Federation.

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International Committee on Applied Research in Population (ICARP)

- Grant to Population Center Foundation to survey male and female adolescents (married and unmarried) in Metropolitan Manila on their sexual activities, knowledge, attitudes, and practices of family planning with a view toward designing suitable action programmes. Period: 31 December 1978 to 30 December 1979.
- Grant to Southwestern University to study the methods used, fees charged and caseloads of illegal abortion practitioners in the Philippines. Period: 31 December 1978 to 30 December 1979.
- Grant to Consumer Pulse to evaluate Hi-Eisal commercial marketing of condom and Neo-Sampoo foam tablets in rural area. Amount, \$531; period: 11/76-4/77.
- Grant to Population Centre Foundation to extend telephone hotline service, including out-reach counsellors, and to improve sterilization referral service; amount, \$14,140; period: 4/77-5/78.

International Development Research Centre

- Family planning cost analysis. Grant to the Population Center Foundation to enable the Foundation to analyze the cost-effectiveness of family planning programmes in the Philippines and to develop a linear programming model with a view to determining the optimal allocation of resources. Duration: June 1977 to June 1979. Total grant: \$22,500; allocation, 1977, \$10,000; 1978, \$7,000; projected, \$3,220.
- Oral contraceptive distribution/trials. Grant to the Institute of Community and Family Health, Quezon City, to study a community-based family planning distribution programme in a rural area of the Philippines and thereby gain useful information on how indigenous manpower resources can be tapped to extend FP services into such areas. Duration: December 1977 to December 1979. Total grant: \$24,000; allocation, 1977, \$7,000; 1978, \$14,500; projected, \$1,515.

International Fertility Research Program

Provided assistance in the development, implementation, and analysis of research in various techniques of fertility management. Research studies were ongoing in the areas of female sterilization, IUDs, male sterilization, and maternity care monitoring.

International Planned Parenthood Federation

- IPPF affiliated organization: Family Planning Organization of the Philippines.
- Programme highlights: FPOP sees its role as supportive of the National Family Planning and Population Programme. During 1977 and 1978 FPOP has continued to implement the Magdamayan strategy in 289 barangays with a total of 39,637 eligible couples of whom 28,911 are family planning acceptors. In July 1977 FPOP started activities in the next set of operational areas (Magdamayan II) commencing with the identification and recruitment of volunteers who will become motivators and distributors. 1,524 motivators have been recruited in Magdamayan Area I. An evaluation of the IED component suggests that the programme has contributed significantly towards gaining acceptance for a small sized family norm. Activities within the Bigla Youth Development Project included the development of Income Generating projects in 31 out of FPOP's 42 Chapters with the formation of core groups and youth volunteers. Young people are given vocational skills or carry out cottage industry and animal husbandry and are taught family planning and population education once their interest in and commitment to the group has been established. Likewise groups of women have been formed; the members are brought together through the possibility of vocational training or learning income generating skills. When appropriate, family planning education and distribution of contraceptives is introduced. FPOP is now giving more attention to sterilization and conducted four specific projects in this area

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during 1977 in addition to providing the service through its regular clinic activities. A pilot Depo-provera project was launched in three areas. In total the 48 fixed clinics and community-based distribution points served 20,236 new acceptors.

- Financial summary: Total expenditures - 1977 actual, \$960,700; 1978 estimated, \$681,400; 1979, projected, \$871,800.

International Statistical Institute/World Fertility Survey

- In co-operation with the National Census and Statistics Office, and with funding from U.S. AID (see above), the ISI/WFS is assisting the Government in acquiring, through a national fertility survey, the scientific information that will permit it to describe and interpret its populations' level of fertility, strive to identify meaningful differentials affecting fertility as well as to increase national capacities for fertility and other demographic survey research and to collect and analyze data on fertility which are internationally standardized in order to permit comparisons from one country to another. Work began in September 1976 and the country report is expected by mid-1979. The number of individual questionnaires involved in the survey is 15,000.

The Pathfinder Fund

- Voluntary Sterilization Project, Nicanor Reyes Medical Foundation. Grant to Dr. Nicanor Reyes Medical Foundation for the purpose of introducing and promoting sterilization. Reporting period: January-December 1976. Total approved, \$103,926; total disbursed, \$95,633.
- Dr. Paulino J. Garcia Memorial Research and Medical Center Sterilization Training. Grant to promote sterilization. Reporting period: July 1976-June 1977; support to continue for an additional year commencing November 1977. Total approved, \$9,462; total disbursed, \$7,256.
- Training Seminars on Human Sexuality. Grant to University of the Philippines, Institute of Public Health, to promote instruction on human sexuality in schools of medicine, social work, and nursing as well as in colleges for training of teachers and home economists. Reporting period: October 1976-September 1977. Total approved, \$12,900; total disbursed, \$11,828.
- Population Education Workshop for Muslims. Grant to Population Education Program Unit, Department of Education and Culture, to introduce population instruction in the curricula of grade schools. Reporting period: November 1976-October 1977. Total approved, \$14,664; total disbursed, \$12,914.

Planned Parenthood Federation of Canada

- Grant through IPPF to IPPF affiliate for family planning training course for midwives/nurses, \$5,250.

The Population Council

- Grants to Population Center Foundation 1) to develop, test and implement company benefits for voluntary sterilization. Grant period: 8/77 to 12/78; total support, \$10,630; 2) to finance an ICARP associate who will develop new projects and assist ongoing projects related to ICARP. Grant period: 1/77 to 6/77; total support, \$3,870; 3) to support an information and referral service on family planning methods, especially sterilization, to interested telephone callers. Grant period: 4/77 to 5/78; \$14,140.
- Grant to Consumer Pulse, Inc. to document a commercial marketing experiment of Hi-Eisai, a Japanese drug company engaged in the manufacture and marketing of contraceptives (specifically, condoms and vaginal tablets in the Tarlac District). Grant period: 11/76 to 4/77; \$531.

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Program for the Introduction and Adaptation of Contraceptive Technology (PIACT)

- . Product market research. The PIACT affiliate in the Philippines, the Population Center Foundation, is evaluating the merits of a commercial condom distribution programme. It is assessing the best combination of price, advertising, and product to assure a high level of continuing use. Project period: 1977. Budget: \$5,000.

The Rockefeller Foundation

- . Grant to the University of the Philippines for use by its School of Economics towards the costs of training and research in demographic economics (1976 grant, \$275,000; terminates June 30, 1980).
- . Grant to Xavier University for its research and training programme in population studies (1976 grant, \$75,000; terminates 10/31/79).

Population Crisis Committee/Draper Fund

- . Study of the Experience in the Philippines in Illegal Abortion and its Relationship to Contraceptive Practice. \$7,000 committed to the Family Planning Organisation of the Philippines for one year beginning January 1977.
- . Household Distribution of Pills and Condoms. A project aimed at extending the simple household distribution programme of the Iglesia ni Cristo Church members to the broader community at an average cost of \$1.25 per acceptor. \$65,000 for one year beginning February 1977, to the Family Planning Organisation of the Philippines.
- . Menstrual Regulation Training. To train and equip doctors and paramedics to perform menstrual regulation on the island of Mindanao. \$34,000 committed for two years beginning May 1978 to International Project Assistance Services.

University of North Carolina, International Program of Laboratories for Population Statistics (POPLAB)

- . See entry in Global section.

World Association of Girl Guides and Girl Scouts

- . Members of Girl Scouts of the Philippines help distribute free contraceptive pills. Adult leaders and older girls are educated about population awareness.

World Education

- . Assistance to the Philippine Rural Reconstruction Movement (PRRM) is a project in integrated non-formal education for rural development. (See World Education "sister" project in Kenya.) Purpose of this project to achieve in Central Luzon wider scale application of this programme, to address some of the currently unmet community development needs (e.g., information on improved agricultural methods, job skill training, especially for out-of-school youth, and family planning information). Expansion to be achieved by working with representatives of municipal level government and private development agencies in five additional provinces of Central Luzon to establish 10 community-sponsored Municipal Learning Centers (MLC's) which will in turn stimulate the establishment of 50 Barrio Learning Centers (BLC's). The learning centres on both levels will not be physical structures but rather operational entities responsible for meeting the expressed development needs of the community through non-formal education. The staff of the MLC's will be made up of technical staff members from the existing government and private agencies. These specialists will be responsible for training Barangay Technicians who will make up the "faculty" of the BLC's. The technicians to be trained will be selected from the barangays where they will work and they will be supported by their local communities. The areas of training will depend on the particular needs of each barangay. PRRM with technical assistance from World Education, will be responsible for the initial training and

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co-ordination activities and will supervise all activities throughout the two-year project. Feedback and evaluation systems will be designed and utilized throughout the programme in order to gain the maximum knowledge possible from the implementation of the programme. It is expected that the programme will serve as a model for future major expansion by the Government of the Philippines through government and community resources. The total cost of the two-year project (October 1978-October 1980) is \$164,860. FRUM is contributing \$33,000; the remainder, \$131,860 is funded by PACT (Private Agencies Collaborating Together).

World Neighbors

World Neighbors provides assistance:

- . To integrated community development programmes (which place a strong emphasis on family planning) through United Neighbors Philippines in Cebu, Pampanga, Quezon City, Rizal, Zamboanga City, and northeast Zamboanga del Sur - United Neighbors Philippines was discontinued in 1978 with cumulative expenditures from 1956 through June 1978, \$818,451. 1978/79 budget for Rizal Community Development Programme, \$5,447; 1978/79 budget for Neighbors Family Planning Services (Zamboanga City), \$7,130.
- . To Silliman University Medical Center for a REACH (Rural Extension Action for Community Health) Programme. Cumulative expenditures from 1975 through June 1978, \$21,120; 1977/78 budget, \$7,200; 1978/79 budget, \$6,575.
- . To a trial family planning programme on Kaubian Island near Cebu, administered through Southwestern University. Expenditures through June 1978, \$3,000; 1978/79 budget, \$1,628.

VI. STRUCTURE OF FAMILY PLANNING PROGRAMS

Section IV noted that there are private as well as public structures involved in delivering family planning information and services. At this time, about 60% of clinical family planning services and 95% of community family planning services are covered by public sector programs.^{1/} The percentages attributable to public programs will probably continue to increase.

There are now 3,594 clinics and hospitals in the Philippines providing family planning services; 2,140 are public and 1,454 are private. Of these, 482 of the public facilities can perform sterilizations, while 358 private institutions also have this capability. Both public and private sterilization programs are eligible for the government's institutional subsidy. Almost all the facilities can offer at least IUD and oral contraceptive services, and some programs also provide a program of Depo Provera contraception.

After several years of program implementation, investigation disclosed that the effectiveness of the clinic-based system dropped outside of a three kilometer radius from the clinics. In 1974, the Ministry of Health (MOH), with AID assistance, tried to remedy this situation by fielding two part-time motivators attached to every center providing family planning services. They, and before them, private counterparts in the FPOP and IMCH programs, began to go to the rural communities, motivating clients to come into the clinics for service. The use of the MOH motivators continued until the inception of the Outreach Program in 1976-77. The motivator program was deemed ineffective because of the generally low educational level of the incumbents, their part time status, and a somewhat general tendency to use them around the clinics for a variety of low level medical and clerical tasks.

The new Outreach program was coordinated by POPCOM and involved the use of Full Time Outreach Workers (FTOWs), assigned on the yardstick of one FTOW for every 2000 Married Couples of Reproductive Age (MCRAs). Most of the FTOWs were college-trained, many were ex-teachers. Each FTOW recruits, help train and support up to 20 Barangay Service Point Officers (BSPOs), volunteers selected by reason of their reputation as community leaders. Their function, with support from the FTOWs, is to resupply their neighbors with oral contraceptives and

^{1/} Source: POPCOM estimate

condoms, as well as to inform, motivate and refer them for clinical family planning services. Outreach now has about 3,190 Outreach personnel and 33,000 BSPOs covering about 40% of the MCRAs in the Philippines. Its present target is to extend coverage to about 50,000 BSPs.

During the first two years, there was predictable misunderstanding and friction in delineating the roles of staff in the clinic and community-based systems. A few MOH part-time motivators were rehired as FTOWs, most were not. Competition in roles and in taking credit for acceptors developed. Reporting difficulties arose. In order to effect better coordination between the two systems, POPCOM, in May 1979, held meetings with its Partner Agencies and together developed Coordination Guidelines, as had been recommended in the POPCOM NEDA/AID Evaluation of 1978. (See Annex 1) These Guidelines are to be signed in late 1979. They constitute an important step forward in promoting coordination between governmental (and private) agencies. One important provision of the Guidelines is a plan to establish Municipal Population Committees. They will have, as members, all groups and agencies, public and private, working in family planning, with the FTOW as coordinator of the committee. There now can be better follow-up of family planning drop-outs, and more accurate reporting of data for the Management Information System which, in another item of the Guidelines, is to be integrated by the two chief reporters, the MOH and POPCOM.

As documented in Table 6 of Section I, non-program sources of supply (defined as that provided by pharmacies, private doctors, private hospitals not participating in the "program" and from other sources such as friends, relatives and neighbors) accounted for almost half of all contraceptive users in 1978. In considering this fact and assessing the importance of the official program, one must realize, however that some non-program users began contraception in the program and others were directly or indirectly influenced by the program into contraceptive behavior.

Commercial marketing of contraceptives is wide-spread in the Philippines, with condoms and pills carried by almost all pharmacies. In all major population centers, it is possible to buy almost any of the contraceptives approved for use in the Philippines, with Depo Provera being the least readily available. The price of condoms runs about P3.45 (\$.47) for three pieces, while for pills, it is P4.00 (\$.54) per cycle.

An earlier attempt was made through PCF, with USAID support, to market condoms in sari-sari (Mom and Pop) stores at very

low prices during the mid-1970s. However, it ran into strong opposition from the Catholic Women's League when started in Manila. As described earlier, experimentation with subsidized and non-subsidized sari-sari store and household distribution of condoms has been quietly continued by PCF in two Luzon provinces. The program now has planned assistance from the GOP, World Bank and PIACT and is scheduled for expansion. The current program managers presently limit their interest to condoms (perhaps to be marketed with nutritional products), believing that this constitutes their best immediate strategy but also because they perceive that technical, clinical and public acceptance problems of the oral contraceptive could complicate program operations. There is considerable data available from operational research sponsored by PCF and PIACT over the last two years to guide future program directions. The scheduling of the First World-Wide Contraceptive Retail Sales Conference in Manila this November (1979) may have a stimulating effect on the program.

VII. FAMILY PLANNING INFORMATION, EDUCATION AND COMMUNICATION
(IEC) PROGRAMS

Among developing countries, the Philippines has a favorable communications environment. Literacy is among the highest in the world. Although there are numerous dialects, Pilipino, the National language, and English, the language of instruction, are widely spoken. There are 260 radio stations nationwide, and more than half of the household own a radio set. Newspapers, magazines and especially comicbooks, are widely read; and an active cinema industry turns out hundreds of new motion picture films a year. In addition television is available, although mostly in urban areas, and the marketing/advertising business is very active in the private sector.

This environment has contributed to a very high "knowledge" level of family planning among the Philippine population. The latest survey data indicate that about 95% of the population have knowledge of family planning (Table 1). A decade ago, information about the subject was almost nil. Today, family planning has become a household word. This remarkable social change could not have occurred in such a short time span without massive program efforts, especially in information/education/communication (IEC).

People obtain their family planning information from a variety of sources. The family planning program, through its network of 3,594 clinics and 3,190 Outreach workers, provides information on an inter-personal basis, through group meetings, seminars, and distribution of IEC materials to potential clients and the general public. POPCOM has IEC Regional Coordinators in each of its 13 geographical regions who provide direct services to Outreach and guidelines to agencies involved in IEC family planning work in the field. The National Media Production Center (NMPC), a government arm for information dissemination, has a special Family Planning Office which produces and distributes various kinds of IEC materials to family planning agencies and fieldworkers. Population education, in its multi-disciplinary aspects, has been integrated into the school curricula so that the concept is taught from the first grade to college level in both public and private schools. One way in which family planning counselling is provided is through "Instant Sagot," a telephone answering service started in Metro Manila in 1974. The sponsors are the Institute of Maternal and Child Health (IMCH) who have since expanded the service to three other major cities. Plans are being laid now to develop program in a total of seven urban locations. The telephone number is promoted in various ways, but chiefly by radio spot announcements.

TABLE I

Percentage admitting knowledge of family planning by place of residence⁽¹⁾

	<u>1968</u>	<u>1973</u>	<u>1978</u>
Urban	74.6	94.3	97.4
Rural	58.0	84.2	93.5
TOTAL	63%	86%	95%

(1) 1968 and 1973 data refer to currently married women aged 15-44 years and come from the National Demographic Surveys of those years. 1978 data refers to ever-married women aged 15-44 years and comes from the 1978 Republic of the Philippines Fertility Survey.

Mass media plays a large part through radio (which is the population program's emphasized medium), newspapers, magazines, comicbooks, TV, and films. A number of full-length, commercial movies featuring family planning have been shown over the years to thousands of moviegoers. Word-of-mouth information from people who have exposure to family planning continues to play a significant role in communication. The churches, both Catholic and minority religious groups such as the Iglesia ni Cristo, teach responsible parenthood.

Family planning practice, however, has not kept abreast of knowledge. In 1978 a comprehensive review of the Philippine program by the Special Committee appointed by the President identified the so-called "KAP Gap", a sign of weak linkage between IEC and family planning service delivery, as well as a wide differential between "knowledge" and "practice" among married couples, especially in the rural areas.

This concern is now addressed by an expanded Five-year POPCOM IEC program which begins in 1980 under IBRD-GOP financing at \$11.5 million. POPCOM will step up its planning and coordination functions with partner agencies and the mass media. POPCOM regions will program and produce some IEC materials on a decentralized basis in order to respond to substantial differences in knowledge, attitude and practice among the nation's 13 regions. Whereas in the past, family planning messages were addressed without discrimination to the general public, materials will now be "audience-specific", with key messages designed for specific segments of the population, e.g. husbands, post-partum women, couples about to get married, low-income groups, and program acceptors who have dropped out. Three basic themes will be employed: delayed marriage for the young; spacing of births for couples with uncompleted family size, and termination of reproductive careers for couples who have completed family size. The Special Committee recommendation for establishing a 3-child family norm for the 1980s is being taken seriously as a key population policy. Although no official GOP pronouncements have yet been made, the new IEC materials will carry this message.

In March 1979, POPCOM and USAID programmed \$254,000 under Population Planning II to mass-produce method-specific IEC materials for BSPOs and FTOWs to distribute to married couples. These materials, numbering 3.1 million are written in Tagalog and Cebuano (the two major dialects) and will provide information counteracting rumors and side-effect problems related

to sterilization, the pill, and the IUD. Other materials being produced include flipcharts for use by BSPOs and FTOWs on family planning technology and methods and posters describing the BSPO role, use effectiveness of methods, small family size, and a male-specific motivational poster. These materials will overcome a current shortage of IEC resources in the field, bridging the gap until the expanded IBRD-funded IEC program becomes operational.

The program currently has a corps of 33,000 BSPO volunteers dispensing pills and condoms to their neighbors and referring them to clinics for the more effective contraceptive methods, including sterilization. Increasingly, village couples can look to the BSPO as the provider of advice and information about family planning. This year, as a special activity under Population Planning II, 16,283 BSPOs are receiving three-day formal training in family planning technology and methods, counteracting rumors, recordkeeping, communication skills, and other subjects. This formal training is a non-monetary incentive to volunteer BSPOs, while representing a serious effort to upgrade their knowledge and skills in IEC and other aspects of their job.

VIII. VOLUNTARY SURGICAL CONTRACEPTION (VSC) - TRAINING AND EQUIPMENT ASPECTS

As in other aspects of family planning, the private institutions led the way in training physicians and in providing VSC. By 1975, POPCOM, with AID assistance, had launched a modest nationwide program. As public demand grew, and after the National Medicare Program authorized procedures (in 1976), POPCOM expanded the program into a major service component. By the end of 1978, 840 public and private VSC centers were in operation (Table 1) and 1,204 physicians had been trained in male and/or female sterilization procedures (Table 2). Thus, two years before the end of the Population Planning II project between POPCOM and AID, over 80% of established targets had been accomplished. By mid-1978, a total of 240,000 MCRAs were protected by voluntary sterilization; 85% represented female procedures.^{1/} Sterilization acceptors currently represent about 15% of all program method users.

However,^{2/} a recent study suggest that demand still exceeds supply for VSC.^{2/} Wider availability of services is now being planned. This means not only completing the current training and sites targets, but also replacement training for physicians lost to service, and the development of mobile training teams for remote areas where a lone physician may not be able to get away for training.

Further work is needed on VSC equipment. Its distribution has lagged somewhat behind training. Table 3 provides some data on the status of equipment as of August 1979. Recently, POPCOM has been able to identify 78 VSC centers which lack one or another piece of equipment and is now proceeding to supply these centers through its Regional Offices, using inventory on hand. As Table 3 also shows, more equipment is on order through FPIA. Circumstances have been identified recently in which nurses and midwives have been trained in IUD insertion without receiving equipment at the end of training. This problem is being solved in two ways. POPCOM has recently agreed with the MOH to a policy of providing training centers with IUD insertion equipment in advance of training, and a master list of doctors, nurses and midwives already trained, but not supplied equipment, is being used to supply these trainees after the fact.

^{1/} World Fertility Survey, 1978.

^{2/} PIACT/PCF Study "Assessment of Sterilization as a Method in the National Population Program", 1979.

Most female sterilization in the Philippines is performed through "mini-lap" procedures. There is, however, an important laparoscopic sterilization program which has trained, to date, 82 physicians and is currently active in 14 hospitals throughout the country. This program has received operational support, training and equipment from JHPIEGO, IPAVS, and FPIA. An additional 30 hospitals have been assisted, as well, but their laparoscopic equipment is currently idle, either because trained physicians have moved or because equipment needs repair. (Used and unused, there are 57 laparoscopes available for diagnostic and VSC procedures).

The problem of unused equipment is being corrected now at the Fertility Care Center of the Mary Johnston Hospital in Manila, long acknowledged to be the leading center in Asia for laparoscopic sterilization training and services. Since inception in May 1973, the Center has performed over 30,000 laparoscopic sterilizations.

With assistance from JHPIEGO, the Fertility Care Center has established the Endoscopic Training, Repair and Maintenance Center which will regularize the national effort in laparoscopy and help assure that unused equipment in 30 hospitals in either put back into service or redistributed to other hospitals that wish to participate in the program. Started in August 1979, the new program will train (or retrain) 55 Filipino physicians and 20 physicians from other Asian countries by next April. It will collect all unused or defective equipment from hospitals for maintenance, repair and redistribution if indicated; and it will begin a systematic follow-up of trained physicians to help assure their maximum employment in laparoscopy. POPCOM is handling the announcement of the new program to all participating hospitals and the pick-up of equipment for repair or redistribution is being facilitated by USAID.

TABLE 1

CENTERS PROVIDING STERILIZATION
Services by Region
As Of December 1978

<u>Region</u>	<u>Government</u>				<u>Private</u>				<u>Sub Total</u>
	<u>Dual</u>	<u>FS</u>	<u>MS</u>	<u>Sub Total</u>	<u>Dual</u>	<u>FS</u>	<u>MS</u>	<u>Sub Total</u>	
1	26	9	2	37	15	1	9	25	62
2	12	17	3	32	11	2	9	22	54
3	17	19	6	42	11	2	17	30	72
4	33	17	4	54	15	4	12	31	85
5	14	8	20	42	8	5	15	28	70
6	16	16	8	4	4	2	10	16	56
7	11	11	8	30	7	7	16	30	60
8	16	13	14	43	6	2	14	22	65
9	11	3	23	37	8	1	27	36	73
10	22	16	3	41	16	3	9	28	69
11	10	24	16	50	10	20	9	39	89
12	4	8	0	12	3	3	4	10	22
<u>NCR</u>	<u>12</u>	<u>7</u>	<u>3</u>	<u>22</u>	<u>22</u>	<u>6</u>	<u>13</u>	<u>41</u>	<u>63</u>
	204	168	110	482	136	58	164	358	840

Notes: Dual - Both female and male sterilization services provided.
 FS - Female sterilization services only.
 MS - Male sterilization services only.

TABLE 2

SUMMARY OF PHYSICIANS TRAINED IN
VOLUNTARY STERILIZATION BY REGIONS
As Of December 1978

<u>Region</u>	<u>1975-1977</u>	<u>1978</u>	<u>Total</u>
1	70	14	84
2	62	6	68
3	62	24	86
4	79	26	105
5	51	16	67
6	86	14	100
7	119	45	164
8	68	12	80
9	67	12	99
10	60	7	67
11	79	16	95
12	24	7	31
NCR	<u>149</u>	<u>8</u>	<u>158</u>
	996	208	1204

Table 3
Population Program
Equipment/Commodity Status
August 16, 1979

DISTRIBUTION	Medical Kit # 1 (... D, Local)	Medical Kit # 1 (IUD)	Medical Kit # 4 (Tubal Ligation)	Medical Kit # 5 (Vasectomy, Local)	Medical Kit # 5 (Vasectomy)	Medical Kit # 6 (Tubal Ligat.m) (Vaginal Approach)	Medical Kit # 8A (Mini-lap)	Medical Kit # 8B (Mini-lap (floor & Elevator)	Medical Kit # 9 (Mini-lap & Vasectomy)	Cardioscope
UDH					25					
PGMRC										
APMC			4							1
Manila Sanitarium							2			
MIFP							20			
DCHD			6							
Baguio General Hospital				9			10			
DOH/NFPO		360	12							
DOH				72			74			
FPOP		1	31				34			
IMCH	26		3	104			5			
ISMH		19					30			
MCDH				1						
Phil. Christian Univ.		2					1			
DND				26						
DND/NFPO		3								
FEU							22			
Davao Gen. Hospital				9			9			
POL				5			1			
PONE		30					4			
POPCOM Training				2						
IRMH				1						
C. Services				1			1			
Southern Island Hosp.				9			9			
FPIA/INC				36			82			
UPCM/RBC			68							
UP/PGH			11	1			9			
Region I	6	70		51			39			
Region II	5	22		40			7			
Region III	67			41	1		10			
Region IV	34	56		29			50			
Region IV-A				52			41			
Region V	3	21		5	50		15			
Region VI	8	74		20	69		27			
Region VII	8	64			109		37			
Region VIII	49	37			42		45			
Region IX	27	8		60	43		12			
Region X	14	49		6	64		40			
Region XI	3	36		1	107		81			
Region XII		1								
FPIA		5		2	1					
Pathfinder				1						1
USAID				5	8	5	21			
Brokenshire Hospital							6			
SJE Hospital							1			
PCI										
Medical Aviation Bldg.				2						
INVENTORY										
POPCOM Central		445	25		941	18	455	195		20
TOTAL	250	1,303	25	235	1,950	24	1,200	195		22
ACQUISITION		2000 ^{1/}						1500 ^{2/}		

1/ On order from FPIA, 2000 kits earmarked for POPCOM, 1000 kits earmarked for MOH - NIPO

2/ On order from FPIA

Note: Excludes laparoscopic equipment/commodity status which is managed through the new Endoscopic Training, Repair and Maintenance Center at Mary Johnston Hospital.

IX. CONTRACEPTIVE SUPPLY

To date, the Philippine Population Program has relied predominantly on orals, condoms and the IUD. Depo Provera use accounts for only about 11,000 users or 0.2% of all MCRAs. Currently, POPCOM maintains no inventory of contraceptives apart from orals, condoms and IUDs. POPCOM expresses interest in broadening the range of contraceptive supply within the next year or so. The matter is under study by its Clinic Services office.

There are now, and have been, donors other than AID providing contraceptive supplies in the Philippines (for example, IPPF, FPIA, Population Council and the UNFPA). However, the main supply for the Ministry of Health and the Outreach programs has been AID. From 1972 through 1977, AID supplied 60,606,327 cycles of orals (Table 1) and from 1971 through 1979 (with FPIA), 908,959 gross (10.9 million dozen) of condoms (Table 2). Through Population Council and FPIA, AID has also supplied 802,193 IUDs between 1972 and the present (Table 3).

During 1979, it has been necessary to destroy part of the orals procured by AID in 1973 because the recommended five years usage period from date of manufacture had been exceeded. Full information on the amounts destroyed has not yet been announced by POPCOM; however field checks made by USAID in February-March 1979 suggested that the total loss might amount to 1.8 million cycles which was about 7% of the total oral supply in the country at that time.^{1/} This problem came about because of optimistic assumptions made in the early 1970s. In the national contraceptive inventory conducted last spring, the balance on hand of 1974 stocks of pills in central and regional warehouses amounted to about 356,000 cycles.^{2/} Thus, at this time, we do not anticipate a need to destroy 1974 stocks which are being issued at this time on a "first in-first out" basis.

The complete results of the 1979 national contraceptive inventory will not be available until this fall. However, projecting from the partial inventory data provided AID/Washington^{2/}, the in-country supply of orals in June 1979 was about 20 million cycles, with 60 million condoms and

^{1/} Haight/Cody Memo "In-Country Contraceptive Supplies for POPCOM and Partner Agencies", 3/16/79.

^{2/} 1979 Manila 13807 provides central/regional warehouse inventory data for pills and condoms as of June 1979.

117,378 IUDs. At current and projected use levels for the pill, there is a five year supply on hand, sufficient through June 1984^{3/}; for the condom, a 24 month supply through June 1981.

Given the complexity of the distribution network for contraceptives, it would be wise to maintain at least an 18 months supply of pills and condoms at all times. Therefore, new supplies of pills are not required in-country before December 1982. However, 55 million more condoms will be needed in-country between now and the end of 1981. Arrangements have been made for initial shipments through FPIA of about 19 million condoms in January 1980 and another 19 million in August 1980.^{4/} Thus, during 1981, an additional shipment of 17 million condoms is being arranged.

The maintenance of IUD supplies through FPIA poses no problem. There are adequate stocks on hand of various required sizes of Lippes Loop IUD for about 2½ years. However, increased use of Cu devices is under consideration by POPCOM and procurement may be arranged soon for this alternative IUD method.

3/ Assumes no increase in the annual number of users of pills.

4/ State 236370

TABLE I
BILLS ISSUED TO POPCOM

<u>PICMC</u>	<u>Description</u>	<u>Quantity</u>	<u>Cost</u>	<u>Freight</u>	<u>Total Cost</u>	<u>Received</u>
20026	Norlestrin	4,297,100 M.C.	631,992.00	49,546.00	680,538.00	1972
20054	Demulen	1,100,000 "	355,323.00	17,528.00	372,851.00	1973
20151	Orval & Norinyl	619,787 "	175,324.00	14,924.00	190,248.00	1973
30028	Orval & Norinyl	3,247,440 "	695,321.00	75,450.00	770,771.00	1973
30072	Norinyl	6,122,400 "	1,124,413.00	35,530.00	1,160,943.00	1974
30185	Norinyl	17,986,800 "	2,508,695.00	131,492.00	2,630,193.00	1974
40045	Norinyl	15,190,800 "	2,099,314.00	100,017.00	2,263,331.00	1975
70092	Noriday	12,035,000 "	1,890,332.00	216,195.00	2,043,026.00	1975
		<u>60,606,327 M.C.</u>				

TABLE 2
CONDOMS ISSUED TO POPCOM

<u>PIO/C</u>	<u>Description</u>	<u>Quantity</u>	<u>Cost</u>	<u>Freight</u>	<u>Total Cost</u>	<u>Received</u>
10169	Conture	10,000 cr.	27,201.00			
30373	Samoa	10,000	30,700.00	4,551.00	31,751.00	1972
30197	Tahiti, Conture	26,944	126,157.00	1,973.00	32,673.00	1973
50054	Tahiti	100,000	407,000.00	4,856.00	131,013.00	1975
50053	Pink & Blue	126,141	535,504.00	9,737.00	416,737.00	1975
50066	Tahiti	19,974	95,087.00	29,500.00	566,224.00	1975
60070	Tahiti	200,000	502,000.00	3,500.00	90,410.00	1976
FPIA	Tahiti	203,000		40,763.00	542,763.00	1977
FPIA	Tahiti	104,000				1978
FPIA	Tahiti	104,000				1979
		<u>902,959 gr.</u>				1979

TABLE 3
IUCs ISSUED TO POP

From	Description	Quantity				Received
		<u>T</u>	<u>E</u>	<u>C</u>	<u>D</u>	
P.C. 467	Lippes Loops		15,000 pcs.	90,000 pcs.	45,000 pcs.	1972
P.C. 496	-do-		15,000 "	90,000 "	45,000 "	1972
P.C. 4614	-do-		25,000 "	50,000 "	50,000 "	1973
P.C. 4615	-do-		25,000 "	50,000 "	50,000 "	1973
P.C. 1412	-do-		30,000 "	35,000 "	35,000 "	1974
P.C. 457	Copper T. Model	1,000				1975
P.C. 6003	Lippes Loops		16,000 "	32,000 "	32,000 "	1977
P.C. 2328	-do-		18,000 "	17,900 "	36,000 "	1978
			144,000	364,900	293,000	
	Total		892,193 pcs.			

X. POPULATION PROGRAM IN OTHER SECTORS

POPCOM acts as a central coordinator of population and family planning programs with about forty participating public and private agencies. (See Annex I) Some are engaged full time in the population field; others carry out only limited population/family planning activities.

Government Order #18 of 1972 enjoined all sectors to promote the concepts of family planning and responsible parenthood. The role of government agencies in population was further clarified with the signing of LOI 45 in 1976, which instructed twenty-five government agencies to assist in developing and implementing the National Population Plan, to integrate relevant population components into their work plans, to coordinate with POPCOM field personnel, to submit reports to POPCOM, to recommend population policies, and to designate population action officers within their respective agencies.

The most significant implementors of Population programs in the Philippines are: (a) the Ministry of Health which, with the Bureau of Hospitals and City Health Offices, has established almost 2000 health centers providing family planning services, and (b) the 145 provincial/city governments which, under LOI 435, are responsible with POPCOM for carrying out the community-based "Outreach Project". Other government agencies which have made significant contributions include the Ministry of Labor (MOL), Ministry of Education and Culture (MEC), Ministry of Agriculture, Bureau of Agriculture Extension (BAEX), Ministry of Local Government and Community Development (MLGCD), University of the Philippines Population Institute (UPPI), Ministry of Social Services Development (MSSD), and the National Census and Statistics Office (NCSO). Brief descriptions of these programs follow:

1. Ministry of Labor (MOL)

Presidential Decree No. 442, issued in 1975, required that private companies employing more than 200 persons should offer family planning information and services. From 1975 through 1977, the UNFPA assisted the MOL in setting up this program.

There are about 1,522 private firms that should comply with the law. Working with these, the MOL family planning staffs, central and regional, have organized to date 453 labor-management committees to be responsible for the provision of information and clinical

services. About 359 of these committees make regular reports on their activities to the MOL. To date, the MOL has not called into play the enforcement provisions of the law, but it has arranged for the family planning training of health clinic personnel for all 1,522 private firms, and it distributes POPCOM-supplied contraceptives and IEC materials to all clinics.

Although the potential total number of clinics involved would comprise 38% of all clinics providing family planning services in the country, existing MOL services now reach less than 4% of all current contraceptive users. However, this is a young program, becoming increasingly important, and with considerable potential for reaching the male user with vasectomy and condom services.

2. Ministry of Education (MEC)

Since 1972, MEC has been implementing a nationwide Population Education Program (PEP). The program integrates population materials into the curricula of all public elementary and secondary schools and teacher training colleges, and involves curriculum development, teacher training, and research. By the end of 1977, PEP had trained 80% of the elementary and 50% of the secondary school teachers and had produced detailed teachers guides at all levels as well as teacher training modules and self-learning units for students. At the college level, a course syllabus for population education has been prepared and four regional centers were established at state teachers colleges to undertake training, research and curriculum development in population education. While the program has been productive, several problems still exist: (i) Despite all efforts so far, teachers still spend very little time teaching about population. There is a need to develop more simplified materials and to integrate these into the textbooks used in the classrooms. (ii) PEP has been less involved so far with private institutions than with public schools. Since more than 50% of all secondary schools and colleges are private, there is a need to introduce population education in these schools.

3. Bureau of Agriculture Extension (BAEX), Ministry of Agriculture

The home economics extension program of BAEX provides rural families with a variety of integrated services including family planning education. BAEX field workers are responsible for implementation of this program. Two key issues remain unclear: the amount of family planning education in the program and the extent of coordination of BAEX workers with other population field workers.

4. Ministry of Local Government and Community Development (MLGCD)

Since 1972, MLGCD has included family planning education in its community development, local government and cooperative programs. To our knowledge, the effectiveness of their field workers in population activities has not been assessed. MLGCD representatives do participate in POPCOM's regional coordination meetings with Partner Agencies.

5. University of the Philippines Population Institute (UPPI)

In addition to implementing and publishing demographic and family planning research, the Institute offers graduate courses in demography, sponsors conferences and seminars on demographic data analysis, acts in an advisory capacity to POPCOM, and conducts in-service training in population studies for government employees and college and university personnel. UPPI survey research activities have been of particular use to decision makers in helping to shape the population program. A case in point is the very important Community Outreach Survey (COS) which identifies operational problems and measures program impact in the Outreach project.

Other colleges at UP (Institute of Mass Communications, School of Economics, the College of Public Affairs, the Medical School and the Law School) have been closely involved in various activities in the field of population.

6. The National Census and Statistics Office (NCSO)

NCSO is the major statistical agency of the Philippine Government. It is responsible for the collection, tabulation and publication of statistics covering a wide range of social and economic phenomena. NCSO

responsibilities include: conducting the population census; carrying out quarterly labor force surveys; preparing population estimates and projections; maintaining a system of civil registration; and carrying out and analyzing surveys on all aspects of socio-economic activity.

7. Ministry of Social Services Development (MSSD)

One of the basic services provided by the Ministry is family planning information and counselling. The MSSD has been responsible for the implementation of the Population Awareness and Sex Education (PASE) Program, the aim of which is to prepare over one million out-of-school youths aged 13-24 years for responsible parenthood. This non-formal education program is being implemented by 550 MSSD Youth Development Workers; however, coordination between these workers and other field workers implementing population programs appears to have been limited and not much is known about the program's effectiveness.

In addition to the above, the Barangay Nutrition Scholars (BNS) of the Philippine Nutrition Program provide family planning information to their clients as a secondary function, as do also Barangay Health Workers of the MOH. The role of agents of the new Ministry of Human Settlements, with regards to family planning and population issues, is still uncertain. When asked if population is part of the BLISS program, one is told that family planning is included under the health interest of that Ministry.

As noted earlier, the private sector is very active in the implementation of the Philippine Population Program. POPCOM, which has legislative authority to back up its coordination role with the public agencies, also maintains important relationships with the private agencies, in some cases providing funds for part of their activities. The major private groups which cooperate with POPCOM are listed in Annex 1 along with the public agencies. They are referred to as "Partner Agencies" in the Philippine Population Program. The activities of three of them, FPOP, IMCH and INC, are briefly described in Section IV above, as well as the role of the Population Center Foundation (PCF).

The Catholic Asian Social Institute (ASI) sponsors service centers which provide instruction in the rhythm method.

Finally, there have been major contributions in population research from private universities and research institutes. These include contributions to the field of demographic research from Xavier University and San Carlos University; population social science research at Davao Research and Planning Foundation and Ateneo's Institute of Philippine Culture; and operational research at the Asian Institute of Management.

The breadth and scope of population programs in sectors other than health and population have been impressive, contributing substantially to the overall program. In the main, these programs have been family-planning oriented. The time has now come to develop and add in programs, both in the government and in the private sector, which recognize the link between fertility and development programs and which stimulate research on the determinants and consequences of fertility.

ANNEX 1

THE PARTNER AGENCIES

of the Commission on Population

- | | |
|-----------|---|
| APMC | - All Provincial/Local Governments |
| | - Association of Philippine Medical Colleges |
| ASI | - Asian Social Institute |
| BAEX | - Bureau of Agricultural Extension |
| Bre MH | - Brent Memorial Hospital |
| Bro MH | - Brokenshire Memorial Hospital |
| BOH | - Bureau of Hospitals |
| CAC | - Commodity Assisted Clinics |
| CFA | - Communication Foundation for Asia |
| CMC | - Children's Medical Center |
| DCHD | - Davao City Health Department |
| DPFI | - Development of People's Foundation, Inc. |
| EDF | - Economic Development Foundation, Inc. |
| FPIA | - Family Planning International Assistance |
| FPOP | - Family Planning Organization of the Philippines |
| ICCMC | - Interchurch Commission on Medical Care |
| ICFH | - Institute of Child and Family Health |
| IMCH | - Institute of Maternal and Child Health |
| INC | - Iglesia Ni Cristo |
| IPC | - Institute of Philippine Culture |
| JFMH-DFPC | - Jose Fabella Memorial Hospital-
Comprehensive Family Planning Center |
| KPPKP | - Kapisanan ng mga Patnugot at Publisista
ng mga Komiks sa Pilipino |

- LFLC
 - Lingayen Family Life Center

- MCHD
 - Manila City Health Department
- MEC-PEP
 - Ministry of Education and Culture-
Population Education Program
- MLGCD
 - Ministry of Local Government and
Community Development
- MND
 - Ministry of National Defense
- MOH-MCHFPP
 - Ministry of Health-Maternity Center
Hospital Family Planning Project
- MOH-NFPO
 - Ministry of Health-National Family
Planning Office
- MOH-NFPTP
 - Ministry of Health-National Family
Planning Training Project
- MOL
 - Ministry of Labor
- MSSD
 - Ministry of Social Services and
Development

- NCSO
 - National Census and Statistics Office
- NMPC-PIEO
 - National Media Production Center-
Population Information, Education Office

- PCF
 - Population Center Foundation, Inc.
- PF
 - Pathfinder Fund
- PMA
 - Philippine Medical Association
- PPC
 - Philippine Psychological Corporation
- PROCOM
 - Project Compassion
- PWU-FLI
 - Philippine Women's University Family
Life Institute

- RPC
 - Responsible Parenthood Council

- SU-AMH
 - Southwestern University-Aznar Memorial
Hospital
- SUMC
 - Silliman University Medical Center

- TFPMP
 - Tulungan Family Planning Mothercraft
Project

- UPCDRC - University of the Philippines Community Development Research Council
- UPIMC - University of the Philippines Institute of Mass Communications
- UPIPH - University of the Philippines Institute of Public Health
- UPPGH-RBC - University of the Philippines/Philippine General Hospital-Reproduction Biology Center
- UPPGH-TMCP - University of the Philippines/Philippine General Hospital-Total Motivation Care Program
- UPPI - University of the Philippines Population Institute
- UPSRL - University of the Philippines Social Research Laboratory
- USC - University of San Carlos

- WN - World Neighbors

- XU - Xavier University

XI. COST EFFECTIVENESS OF FAMILY PLANNING DELIVERY SYSTEMS

A cost-effectiveness analysis of the Philippines Family Planning Program (FPP) was done in an attempt to assess program performance by relating inputs (costs) to outputs (performance), including an examination of trends in program efficiency (cost effectiveness) over time (1971-77) and variation in efficiency across regions. What follows is a summary of the main findings from the study.

Cost per unit of FPP output increased over the studied time period (1971-77), due mainly to appreciable increases in indirect costs (overhead-administrative, research, IEC); direct costs (commodities and field costs) remained relatively constant. However, when the effects of inflation were discounted by holding costs constant to 1972 prices, the overall rise in FPP costs was found to be more apparent than real, the total real cost per FPP output [acceptor, Couple-Years-Of-Protection (CYP), Years-Of-Effective-Protection (YEP), or Future-Births-Averted (FBA)] remaining relatively constant, dropping slightly between 1971-77. In real terms, the direct costs actually decreased over time while indirect costs still showed an increase. This increase was probably due to the increasing cost of IEC and of major indirect costs associated with the establishment of community-based service delivery programs, first "TIDA", then in 1977 "Outreach".

Using data from a survey of clinics, it was possible to estimate the cost per FBA in 1977 for first segment use by method.^{2/} The table below clearly illustrates that, in the long run, sterilization is by far the most cost effective method, while rhythm is the least cost effective.

<u>Method</u>	<u>Cost/FPA (P)</u>
Pill	281
IUD	275
Sterilization	55
Condom	363
Rhythm	389

Actual FPP expenditure per contraceptive user in 1977 was P99.29 (about \$13.50).

1/ Cost Effectiveness Analysis and Optional Resource Allocation: The Philippine Family Planning Program, Ernesto Pernia, and Rolando Danao, UPSE, December, 1978.

2/ Estimation procedure designed by Dr. John Laing, UPPI.

Analysis at the regional level showed considerable variation in FPP cost-effectiveness. These differences appeared to be associated with regional variations in the levels of income, urbanization, and education. Region IV (which included Metro Manila) had by far the most cost-effective program. A more thorough analysis of regional differences in cost-effectiveness is needed, as the assumptions about allocations of regional costs need to be further refined.

The study has certain limitations that should be noted: (1) The cost data were provided by POPCOM Central as obligations on a national basis; thus, it was necessary to make assumptions about regional allocations and expenditures versus obligations. (2) The output data came from the POPCOM Clinic-based MIS and did not fully account for use of the more traditional methods and for users supplied by BSPOs. (3) The analysis centered around the clinic service delivery program; thus, there is still a need to measure the cost-effectiveness of the Outreach Project.

While the appropriate data is not yet available, it is possible to suggest that the Outreach Project may pass through three phases and, consequently, three different levels of cost effectiveness. In its first phase, the major activity of the FTOWs was the establishment of BSPs and, thus, the project activities were not very cost effective. However, in a second phase, with most of the structure established, Outreach, with unipurpose FTOWs, should reach a maximum level of cost effectiveness. Over time, the project could become less cost effective in its third phase as the need for unipurpose workers in family planning diminished, thus creating the economic drive to develop new development tasks for the staff.

XII. OTHER EFFORTS TO ENCOURAGE SMALLER FAMILIES (SECTION 104D, FAA)

The relationship between population and socio-economic development was recognized by the GOP as early as 1969 in Executive Order 171 which created POPCOM, directing that, among other things, it "formulate policy and program recommendations on population as it relates to economic and social development". Republic Act #6365 (1971) and Presidential Decree #79 (1972) strengthened POPCOM's role to pursue an integrated population policy by expanding its responsibility to coordinate all population activities. A National Population Policy was established, involving public and private sectors in the program. The GOP intention to integrate family planning with other social economic development programs was emphasized in the Philippine Five-Year Development Plan, 1978-82:

"Maintaining the desired health, nutritional and population levels depend, to a large extent, on the maintenance of a desirable balance of improvements in the various socio-economic programs. Oftentimes, the most effective tools to control population and to improve health and nutritional welfare are beyond the sector's ordinary range of activities. Among these are income generation and distribution, food production and prices, and the attitudes and habits of the population which are influenced by economic, agricultural, religious and educational activities. Thus, cross-sectoral linkages are encouraged in plan formulation and implementation."
(p. 189)

In 1978 the Report of the Special Committee to Review the Philippine Population Program (SCRPPP) noted that, even though historically POPCOM has had the authority to pursue an integrated population policy, little has been done to link the population program with other social and economic dimensions of development, and the program has remained, for the most part, a family planning program. The Committee stated that most social and economic policies have evolved with minimum consideration of their demographic impact; furthermore, existing policies which do have a direct demographic impact effect only a small sector of the population: e.g. women employed in the organized sector of the labor market. In spite of the observations of the SCRPPP Report, it should be noted that regardless of reasons for enactment, there exist a variety of laws, acts, or government policies that potentially could have a demographic impact, including: (1) PD No. 996 (1976) which requires compulsory, basic immunizations against

certain diseases for infants and children under eight years of age; (2) a Social Security System (SSS) for government workers and those formally employed by the private sector (There are plans for a phase II of SSS intended to cover the self-employed); (3) a policy of non-discrimination in employment of women workers; (4) a policy for regional dispersal of industries, requiring that new ones be established outside a 50 kilometer radius from Manila; and (5) the Land Reform Act of 1972.

On the basis of their findings, the SCRPPP Report has recommended that the population program be fully integrated into the national development plans and designed on a broader scale to include demographic (fertility, mortality, and migration), manpower, and family welfare policy components. "Economic, social, and institutional policies and programs should be evolved with a conscious consideration of their impact on demographic behavior and objectives."

The SCRPPP Report observed that the lack of integration of population with other development programs and policies has resulted somewhat from a lack of understanding as to which organization has the responsibility for population policy matters. It recommended that, while operationally POPCOM should be primarily responsible for the fertility aspect of population policy, NEDA should coordinate other aspects of population policy. In this connection, NEDA had already established a research arm in 1977. Called the Philippine Institute of Development Studies (PIDS), it was created to, among other things, "provide direction and expand long term, policy-oriented research on social and economic development with the end in view of more directly assisting the government in planning and policy-making."

In reaction to the SCRPPP recommendations, NEDA, with support from UNFPA, will inaugurate a project in 1980 to improve the integration of population and development planning. A Population/Development Planning Unit (PDPU) will be established within NEDA and at all NEDA regional offices. The PDPU will be responsible for coordinating population studies for planning purposes including preparation of a research agenda for population/development policy and dissemination of research findings. It will oversee the integration of the population dimension in development planning and sponsor seminars and workshops to increase awareness for the integration of the population dimension into the planning process. A final project budget has yet to be confirmed; however, the current proposal recommends \$3.5 million, with substantial sums provided for administrative support and research.

While it is not yet quite clear where POPCOM's responsibility ends: the PDPUs will begin, it appears that "104d" activities will be covered by PDPUs. The Ford Foundation has offered interim, short term assistance but no specific arrangements have evolved by this date. USAID has pointed out that technical assistance for the project could be provided through an intermediary such as the Population Council or Batelle Foundation. However, as of now, the GOP has made no request for such assistance. Given the scope of activities to be implemented under the proposed UNFPA project and the population impact research to be supported by the Micro Component of the USAID/GOP funded ESIA/WID project, the Mission will proceed carefully in proposing any new, related activities. However, since the UNFPA-supported activity may initially have only limited impact beyond the NEDA-Central office, AID will explore the possibility of providing technical assistance through an AID intermediary to a region where enthusiasm is high for incorporating the population dimension into development planning. Any such development would be fully coordinated with the NEDA/UNFPA project.

In response to the new U.S. Government legislation, the USAID Mission, in May 1979, established policy and procedures to implement Section 104(d) of the Foreign Assistance Act (FAA) (see USAID Order 1026-3 attached herewith). The new procedures were introduced to the Mission staff last May. They include plans to review all new PIDs and OPGs, evaluating their potential fertility effects and identifying possible interventions to be included in the project design to increase supply of, and/or demand for, family planning services. Some issues concerning the USAID Order must be resolved before the Mission can implement-fully its "104d" policy, including clarification of the timing and content of the review process. Furthermore, the GOP still must be briefed, and hopefully involved, in making the new USAID "104d" Order operationally significant.

A description of research on the determinants and consequences of fertility can be found in Section XIV, "Research Perspectives."

XIII. KEY GOP AND AID EVALUATION STUDIES OF POPULATION PLANNING II

A. The Joint POPCOM/NEDA/AID Evaluation of 1978

This evaluation was conducted in October 1978 by a team of 18 people representing POPCOM, NEDA, USAID/Manila and AID/Washington. Annex 1 (attached) lists the actions taken to date in response to the 19 recommendations which appeared in the final report.

The Evaluation had limited objectives, concentrating attention on the AID/GOP bilateral agreement, Population Planning II. It did not analyze other aspects of the Philippine Population Program nor consider activities supported by AID intermediaries or other donors.

This Evaluation, the results of the 1978 Community Outreach Survey, and the Report of the Special GOP Committee to Review the Philippine Population Program have constituted important management tools for both POPCOM and USAID, focussing attention on areas which urgently needed attention, such as the MIS, BSPO and FTOW training, and the lack of IEC materials.

The broader issues raised by the POPCOM/NEDA/AID Evaluation, such as Program Support, Local Government Accountability, Future of the Outreach Program, Program Coordination, etc. have been more difficult to deal with as their solutions were not completely at hand in POPCOM, but depended somewhat on actions required by the POPCOM Board, other GOP agencies, etc. Nevertheless, as detailed in Annex 1, the Mission feels that progress during the past year on implementing Recommendations of the POPCOM/NEDA/AID Evaluation has been quite satisfactory. Even the most knotty of the problems are being addressed aggressively, such as the current actions being taken jointly by POPCOM, Ministry of Finance, Ministry of Budget, Ministry of Local Government, Commission on Audit, and NEDA to develop a realistic cost sharing scheme for provincial/city/municipal governments to guide their participation in the proposed new bilateral GOP/AID agreement, Population Planning III.

B. Special GOP Committee to Review the Philippine Population Program, 1978

The Special Committee was formed by order of President Marcos in January, 1978 (LOI 661) to review the Philippine Population Program. The Committee, chaired by Mr. Armand Fabella,

submitted its report in June 1978, and it was approved by President Marcos in November of 1978. Attached at Annex 2 is POPCOM's Plan of Action based on the Recommendations of the Special Committee. It describes the actions taken through July 1979. Some of the recommendations will help solve implementation problems, i.e., training, IEC, and coordination with partner agencies. Other actions and decisions, however, will effect the direction of the entire population program, i.e., the Five-Year Population Plan, and the future of the Outreach Program.

C. The Community Outreach Surveys (COS)

In view of the magnitude and cost of the Outreach Program and the fact that it would involve a large number of untested elements, a multi-faceted evaluation plan was designed which involved: (a) internal monthly reports by program personnel on performance and problems; (b) field visits by regional and central personnel; (c) operational research, to be done primarily at the regional level; and (d) a large scale survey to provide overall measurement of program impact, strengths and weaknesses.

The 1978 Community Outreach Survey (COS) was the first of a projected series of national-level surveys designed to meet this last objective. The field work for the COS was conducted in April-September 1978, twelve to eighteen months after the Outreach Program began field operations. At the time of the survey, BSPs had been in existence for an average of seven months.

Three preliminary reports have been published from the 1978 COS. They are entitled "Highlights from Marginal Distributions of COS Variables" (#1); "Coordination of Outreach and Clinic Activities" (#2); and "Reported Contraceptive Practice in Outreach Program Areas and its Apparent Effects on Fertility," (#3). Annex 3, attached, provides the Summaries of Findings from all three reports. One of the more important positive findings of the 1978 COS was that, between March 1977 and March 1978, overall CPR had increased in Outreach program areas by 6.8%, while pregnancy rates had decreased 3.2%. One of the more important negative findings was that the program appears to be promoting relatively ineffective methods more than effective methods.

Four COS Workshops are being held during 1979 to bring the findings of the 1978 COS effectively to the attention of central and field managers and workers of POPCOM, the USAID staff and others, and to involve the appropriate field personnel in developing the interview questionnaires for the 1980 COS.

The 1980 COS will be a more sophisticated and useful instrument than its successful predecessor, regionalizing data for even more effective use in program management and evaluation. Further, it will measure program impact of Outreach at three plus years after program inception, providing a significant, rather than preliminary, evaluation of effectiveness.

STATUS OF ACTIONS ON RECOMMENDATIONS OF JOINT NEDA/POPCOM/AID
EVALUATION OF 1978

1. Program Support and Local Government Accountability

Recommendation:

It is recommended that the POPCOM Board of Commissioners should continue to communicate to the highest political level the need for sustained political and financial support for the population program. Furthermore, it is recommended that local political officials should be held responsible and ultimately accountable for program performance.

Action to Date:

- The POPCOM Board approved all the recommendations of the Evaluation Report except this one. They took the position that the Board was already communicating all appropriate information to the highest political level.

- Plans for the Second Annual National and Regional Population Congresses are in process. The National Congress, which is being chaired this year by the Ministry of Health, will be held in November and can be used to communicate to highest political levels and as a forum to discuss all population problem, proposals and related issues.

- A committee has been formed with members from POPCOM, Ministry of Finance, Ministry of Local Government and Community Development, Commission on Audit, NEDA, and Ministry of the Budget to discuss the cost sharing schemes for provincial/city municipal governments of PP III. Meetings will also be held with the League of Governors and City Mayors. The idea that local governments will eventually finance 100% of Outreach has been abandoned. The present strategy calls for a bill to be drafted and passed into law, which would set forth specific percentages of a local government's budget to go toward funding population programs.

2. Future of Outreach Program

Recommendation:

Considering that a systematic assessment of program effectiveness in terms of contraceptive use, and perhaps demographic impact, has not been completed, it is recommended that the design and field implementation of the Outreach program should not now be substantively changed.

Action to Date:

- To the present, no major changes have occurred in Outreach.

3. Institutional Coordination

Recommendation:

POPCOM should initiate/continue institutionalization of the coordination process with participating agencies.

Action to Date:

- The Population Center Foundation (PCF) and POPCOM sponsored a Consultative Workshop on Coordination for Family Planning Service Delivery in May which was attended by all partner agencies, e.g., the Ministries of Health, Agriculture, Labor, Institute of Maternal Child Health and Others. Guidelines were developed to define functions and linkages of field workers and service delivery personnel, and they will be signed by all partner agencies in November, 1979, and implemented at the central and field levels.

The highlights of the guidelines are: (1) Population/Family Planning Committees will be formed or strengthened, where they exist, at the municipal levels to coordinate functions of the partner agencies; (2) an integrated information system (MIS) will be developed and utilized by POPCOM and partner agencies; (3) a follow-up plan for family planning drop-outs will be designed that will involve FP clinics, BSPOs, FTOWs, and other field workers; and (4) the FTOW will be responsible for supplying all community-based service units with contraceptives, forms, and IEC materials.

4. Planning and Implementation Strategy

Recommendations:

Strengthening of the "bottom up" planning concept is recommended to effect a more realistic planning and target-setting process. This includes clarification of lines of authority and areas of responsibility between POPCOM/Central and the Regional Population Offices (RPOs). It also involves the strengthening of the planning capabilities at both levels.

Action to Date

- Efforts are being made to have local structures set their own goals and targets. These are to be consistent, of course,

Action to Date:

- A supplemental implementation plan to provide for hardship travel allowances for FTOWs was developed in mid-1979. However, because POPCOM felt that more stringent criteria for use of the funds should be developed, the plan has not been implemented to date. Regions have been asked to submit their ideas on the criteria needed to qualify for the allowance. It was discussed at the COS meeting in September and implementation was thereupon authorized by POPCOM management.

7. Operational Year-3 Funding

Recommendation:

To avoid future short-term problems of liquidity, it is recommended that POPCOM and USAID should carefully review OY3 funding requirements and develop a plan to avoid short-term funding short-falls.

Action to Date:

- AID will no longer advance funds to POPCOM. The Ministry of the Budget (MOB) helped solve POPCOM's liquidity problem in 1979 by advancing them part of their 3rd and 4th quarter allotments. Beginning in 1980, MOB will make quarterly advances to POPCOM against USAID contributions.

8. FTOW Training

Recommendation:

Additional training for Full Time Outreach Workers (FTOWs) particularly in family planning and management skills, is needed to better equip them in fulfilling their roles as family planning program implementors.

Action to Date:

- The curricula for FTOW training/retraining has been revised and training is on-going. In 1979, 2,623 FTOWs are being retrained, as well as replacement training being conducted for 680 FTOWs.

9. Side-Effects

Recommendation:

Immediate and serious attention be given to the problems of contraceptive method side-effects. This should include improved training of Outreach workers in dealing with side-effects and

rumors about them and the formulation of IEC materials and campaigns that focus on the facts about different contraceptive methods used in the program.

Action to Date:

- IEC material is being produced and distributed to BSPOs and FTOWs to counteract rumors and FTOW training now includes specific training on counteracting rumors. Specifically, 17,121 flipcharts are being produced in both Tagalog and Cebuano^{1/} and delivered to BSPOs this year. A total of 3,118,032 pamphlets and leaflets are being produced in Cebuano and Tagalog. The subject of these handouts are sterilization (male and female), IUDs and the pill. In addition, a total of 146,714 posters are currently being produced. The subjects of the posters are: (1) Identifying the BSPO, (2) General motivation for family planning, (3) A small family norm of 3 children, and (4) A method effectiveness chart.

10. IEC

Recommendation:

IEC capabilities at both Central and regional population office levels should be strengthened and additional funding should be provided at the local level for personnel and materials.

Action to Date:

- IEC materials are currently being produced and distributed. They were developed in coordination with the regions or at the regional level. Where possible, the materials are being produced outside of Manila. (See Recommendation 9 for types of material being produced). Additional funds (P1,877,600) were added to OY3 specifically for this purpose. In addition, the new IBRD loan for 1980-1984 has approximately \$11.5 million for IEC.

11. Incentives for BSPOs

Recommendation:

A high level task force or committee made up of members from local structures, RPOs, and POPCOM Central, should be organized to study the question of incentives for Barangay Supply Point

^{1/} These two dialects cover perhaps 60% of the total population.

Officers (BSPOs) and to make recommendations on what forms these incentives, if deemed necessary, should take.

Action to Date:

- The Task Force was formed; however, it has not yet begun working. It will make recommendations on BSPO non-monetary incentives for PF III.

12. BSPO Training

Recommendation:

An adequately funded training program institutionalizing formal BSPO training should be implemented in order to equip BSPOs with the necessary skills for family planning motivation and promotion.

Action to Date:

- Special funds (P2,624,970) were provided in OY3 for BSPO training and the training of 588 BSPO trainers and 16,283 BSPOs is now on-going. To date, about 80% of the trainers and 30% of the BSPOs have been trained.

13. Sterilization Subsidy

Recommendation:

Consideration should be given to increasing the subsidies for sterilization. Furthermore, reimbursements should be expedited.

Action to Date:

- The sterilization subsidy rates were raised to P105 for females and remained at P50 for males. A joint POPCOM/USAID Task Force formed to look into other financial matters is currently working on expediting subsidy payments. Efforts will be made to raise the subsidy rates again late 1980 as approximately P150 is now needed to cover the cost of a female sterilization.

14. Sterilization Certification

Recommendation:

POPCOM, USAID, and NEDA should seriously consider the modification of sterilization certification procedures to allow the MOH National

Family Planning Office to certify procedures performed in MOH-NFPO hospitals and clinics.

Action to Date:

- The sterilization certification procedure was revised as recommended.

15. Variety of Program (Contraceptive Methods)

Recommendation:

POPCOM and USAID should jointly study the level of demand and the implication of providing additional brands of orals and other types of contraceptives and the means of acquiring them.

Action to Date:

- Two research projects are currently in the implementation or planning stage to test the side effects of low-dose pills. After the results of these studies are known, the decision will be made regarding other brands of pills. MOH had ordered foam for use in MOL industrial clinics through FPIA.

16. Operations Research

Recommendation:

POPCOM Central Office should provide the direction for Operations Research, strengthen Central and regional capabilities to meet the growing demand for operations research types of activities, and coordinate with the regional staffs in order to assure the program relevance of the research.

Action to Date:

- POPCOM Central and Regional Population Officers can now approve and conduct research activities not exceeding P50,000. Research activities over P50,000 must be approved by the POPCOM Board.

An inventory of all regionally supported operations research activities is currently in process. The inventory will be the basis for decisions on future support to operations research.

17. Transportation Support

Recommendation:

POPCOM should develop a transport plan that can be presented to donor agencies as the basis for a request for additional transportation assistance.

Action to Date:

- A consultant has been hired by POPCOM to develop a transport plan. However, POPCOM's request of last year to purchase the vehicles provided in the first IBRD loan was denied by Malacanang. A letter requesting reconsideration of the request was sent to Malacanang in August, 1979. The transport plan will be completed in 1980.

18. POPCOM Salaries and Status

Recommendation:

Consideration should be given to salary adjustments in the POPCOM structure where indicated. To this end, a salary survey should be undertaken.

Action to Date:

- Retroactive to May of 1979, POPCOM's technical staff received a 40% salary increase. It is hoped that this increase will make it easier for POPCOM to retain trained and experienced personnel and to recruit highly qualified people.

The Associate Director (AD) for Planning position is currently the only vacant AD slot and efforts are being made to fill it. There are, however, other areas of POPCOM that need to be strengthened, i.e., research, and the MIS unit. Because POPCOM people are GOP civil servants, and can only be removed for cause, any efforts to improve the quality of the staff at POPCOM will be slow as positions can only be filled when people leave.

19. POPCOM/AID Coordination

Recommendation:

To bring about continuing improvement in the bilateral relationship, POPCOM and AID should resume the convening of regular meetings to discuss program progress and the resolution of specific problems.

Action to Date:

- The Acting Executive Director of POPCOM and USAID/O/POP personnel hold informal meetings almost weekly to discuss issues and problems. In addition, formal three-day, quarterly meetings are held involving USAID, POPCOM and NFDA personnel. Everyday contact is maintained, of course, by USAID technicians with POPCOM Central and Outreach field staff.

PLAN OF ACTION
Based on the Recommendation of the Special Committee to Review
the Philippine Population Program

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
A. Policy			
1. Monitor all development plans and seek ways to integrate population dimension in these development plans.	Eden R. Divinagracia	Continuing	Under LOI-45, action officers assigned have identified ways and means by which Population/Family Planning could be integrated into their agency plans. To date a number of agencies have reflected Population/Family Planning orientation/reorientation as part of the agency workplan for CY 1979 and 1980. A project proposal on the development of a training curriculum for MNR trainers is being developed by a task force composed of action officers from MRE, MNR, MOA, MAR, MIPC, MEC, MSE and a number of private agencies. The proposal aims to come up with a master training program for extension workers of various agencies. Consultative conference by action officers under LOI-45 is being conducted quarterly to ensure continuous participation and integration of Family Planning/Population in the agency workshops.
2. Preparation of a Five-Year Master Population Plan.	Eden R. Divinagracia	2nd-3rd Quarter 1979	A Five-Year Population Plan is being prepared. This includes the five-year program plan of each component, i.e. Service Delivery, IEC, Training and Research; and the population growth targets.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
3. Redefine family planning program within the context of family welfare through the passing of Presidential Directive stating that Family planning should be formulated within the context of family welfare objective.	Benjamin D. de Leon Board Members	3rd Quarter 1979	Reflected as policy to be formulated within the Five-Year Population Plan. However, a proposal to this effect will be submitted to NEDA Social Development Committee for endorsement to the President.
4. Establishment of coordination guidelines at all levels.	Benjamin D. de Leon Board Members	2nd-4th Quarter 1979	Guidelines are being finalized before presentation to the regions.
5. Make representation with appropriate authorities for the inclusion of either Chairman or Executive Director of NPPCOM in the PCF Board of Trustees.	Board Members	4th Quarter 1979	This may be taken up in October Board Meeting.
6. Encourage PCF to explore other sources of funding to finance the various projects.	Board Members	4th Quarter 1979	This may be taken up in October Board Meeting.
7. Consolidation of studies re Proposed income distribution target, if any. Study on income redistribution target.	Florina Dumlao	4th Quarter 1979 Last Quarter 1979	
8. Recommend the setting of income redistribution targets to appropriate agencies.	Benjamin D. de Leon Board Members	4th Quarter 1979	
9. Continuously improve reporting system.	Noel Viriña	Every 6 months	A review of MIS has been conducted by the MIS Task Force. The report on this study is being reviewed by RMs and ADAs.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
10. Series of meetings with UPFI and WCSSO and other offices such as Inter-Agency Committee Staff to agree on demographic indicators.	Luisa Martatez	Continuing	POPCOM is a member of the Inter-Agency Committee on Population and Vital Statistics of NEDA and relevant technical working groups of the committee.
11. Submit proposal to NEDA-SDC to officially or formally request NEDA-SDC to include POPCOM Chairman as member of SDC.*	Board Members	4th Quarter 1979	This may be taken up in October Board Meeting.
12. Appoint a full-time Chairman of sufficient stature.	Board Members	1st Quarter	This may be taken up in October Board Meeting.
13. Formal designations of Board Members of their permanent alternative who are senior officials of adequate authority.	Board Members	3rd Quarter 1979	This may be taken up in October Board Meeting.
14. Set regular meeting with various major private groups.	Benjamin D. de Leon Regional Officers	Every Quarter	Regional Officers meet with PAS at their respective levels of operations bi-monthly or quarterly. These meetings are generally called Regional Population Committee Meeting (RPCM).
15. Maintain good relation with religious and other civic groups.	All Division Heads and ROs	Continuing	<ol style="list-style-type: none"> 1. Maintains on going dialogue with/ and provides technical assistance to Kapatiran Kamalanan Federation (multi-protestant group). 2. Maintains on-going dialogue with Asian Social Institute (Catholic Institution). 3. Maintains dialogue with Women's Clubs.

*Social Development Committee

ACTIVITIES	O I C	TIME FRAME	TIME ACTION (As of July 1979)
16. Compile, study, monitor and make recommendation of regional population policies.	Eden R. Divinagracia	4th Quarter 1979 2nd Quarter 1980	
17. Formulate policies which will encourage continued participation of private sectors in the financial and other resources to pursue their own activities even without funding from the government.	Benjamin D. de Leon Roque Taas Eden R. Divinagracia	4th Quarter 1979	Guidelines for funding will be prepared in coordination with PCV.
18. Preparation of a Bill to attempt to legislate number of dependents from two or three from which additional loans and benefits may be claimed.	Board Members Benjamin D. de Leon Eden R. Divinagracia	2nd Quarter & 3rd Quarter 1979	Draft population bill is being finalized before submission to Assemblywoman Carmencita O. Reyes.
19. Review of national internal revenue allotment policies to Local Governments.	Eden R. Divinagracia	4th Quarter -1979 2nd Quarter 1980	Proposal is being prepared by UPLC-CPA. This is one of the projects under LOI-45.
20. Study on particular levels of granting community incentives to local areas to post lower growth rates through pilot projects.	Florina Dumlao	1980	Approved for funding by INRD.
<u>2. PROGRAMS</u>			
1. Evolve a national IBC plan and strategy.	Jose Rinon II	2nd and 3rd Quarter 1979	Reflected in the Five-Year Population Plan which is being prepared.
2. Coordinate with Department of Education specifically the Population Education Program Unit to seek ways to integrate population education concepts in textbooks that are being made or developed for	Jose Rinon II	1st Quarter 1979- Continuing	Being done.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
3. Study means by which private schools can integrate population education concepts in their curricula.	Jose Rinon II	3rd Quarter 1979- 1st Quarter 1980	Two studies are being conducted by PCF, namely: A. Institutionalizing Population Family Planning in the Functional Education Program of Selected Private Agencies. B. A research Utilization Project Promoting Population Education in Private Schools.
4. Study the magnitude of the pre-marital conception problem and the urgency of the matter and means to solve the problem.	Jose Rinon II	2nd Quarter - 4th Quarter 1979	Being done
5. Develop a National Training Plan	Hedy Bernardo	2nd-3rd Quarter 1979	Reflected in the Five-Year Population Plan being prepared.
6. Develop training and other support materials.	Hedy Bernardo	on-going	<ol style="list-style-type: none"> 1. Developed 11 modules on FP technology with pre and post tests. 2. Developed 3 Evaluation Tools for FIOW, Basic FP and IUP Insertion. 3. BSPC training materials will be developed. 4. Outreach manual is being revised.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
7. Rejoin all participating agencies and secretariat that from hereon Service Delivery Component will be carried out within the context of family planning welfare.	Ester Sy-Quinsion		<ol style="list-style-type: none">1. On-going, reflected in integrated family planning services in primary health care services, maternal and child health services, industrial health services, integrated nutrition mothercraft family planning services.2. To be developed and reflected in services delivery project documents and contracts to be negotiated by PAs in 4th quarter.3. Reflected in the national Coordination Guidelines thru the referral service for appropriate services used by client in support of Family Planning practice.4. Reflected in meeting with PAs.5. Should be incorporated in training curricula of all family planning service delivery workers to enable workers the use of a holistic service delivery approach6. To be reflected in the service Delivery Component of the 5-year Population Program Plan.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
8. Directive to all Information Officers or similar workers to provide information on all program methods	Ester Sy-Quinsian	Continuing	7. Project contracts to be developed and contracted will reflect family welfare. Family planning will continue to be integrated in other social services as health, and social welfare services.
			8. The proposed five-year service delivery plan is within the context of family welfare.
			9. The National Population Family Planning Project administered by the local government. This project deploys and utilizes around 2,500 Full-Time Outreach Workers (FTOWs).
			The utilization of FTOWs for initial pill dispensing is still to be expanded and strengthened. These are programmed under such activities as:
			- retraining of FTOWs using the upgraded modules in initial pill dispensation and contraceptive method
			- the organization of a Regional Certifying Board to certify trained FTOWs to initial pill dispensation.

A C T I V I T I E S

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A C T I O N T A K E N
(As of July 1979)

- training of BEPOs to become more ~~effective~~ resupply agents.
- b. Barangay Health Station of the MDH
 - training of nurses and midwives to provide pill dispensation and/or insertion even in the houses of clients.
- c. The proposed health care under the pre-paid health medical scheme by the PMA which provides for both preventive and promotional activities in addition to medical care in which family planning is integrated.
- d. The development of Itinerant Teams in areas where no existing service facilities are available.
- e. The Innovative Clinical Support Program under FP III POPCO/ USAID Project. This project aims to fill the identified inadequacy of medical follow-up/check-up of family planning users who cannot go to the existing clinics.

ACTIVITIES	OIC	TIME FRAME	ACTIONS TAKEN (As of July 1979)
9. Provide non-clinic family planning methods especially in far-flung areas.	Regional Officers	Continuing	<p>f. The utilization of harboraries and/or pilots as additional arm for service delivery in the most remote communities is being developed.</p> <p>The program still continues to observe the policy of non-coercion and to respect the religious beliefs and values of individuals. A study to identify priority areas should be proposed to be a part of COS.</p> <p>BSP-level information are being collected every month by the FIOW. The information includes a listing of all program methods being used by the clientele.</p>
10. Directive to all service agencies to accept referred method complications referred to them of method acceptors which methods were prescribed by agencies outside of their recommendations.	Benjamin D. de Leon Board Members	2nd-4th Quarter 1979	Incorporated in the coordinating guidelines which is being finalized.
11. Further study on the indicators of program performance to delineate the impact of family planning program on population growth.	Eden R. Divinagracia Noel Virina Florina Dumlao	2nd-4th Quarter 1979	In line with the Management Audit Improvement Program recommendations, an MIS Task Force is conducting an inventory of program indicators being used in the regions to serve as basis for further study/improvement of program indicators at all levels.

ACTIVITIES	O I C	TIME FRAME	ACTION TAKEN (As of July 1979)
12. Continuous generation of data on prevalence rate on new acceptors.	Noel Virika	Continuing	
13. Enjoin participation of POPCOM regional offices in various sectoral task forces, RDC meetings and the like.	RPOs	Continuing	Corollary to Regional Population Committee Activities, there is a move to tap the Regional development council as a forum for coordinative activities among various agencies involved in the Population Program.
14. Schedule regular meeting with Central Office staff and regional population office to facilitate flow of communication and decision-making.	Benjamin D. de Leon	Continuing	Being done every two months.
15. Initiate feasibility study to determine the financial capacity of local government to gradually absorb the local cost of the outreach project.	Edgard P. Callanta Florina Dumlao	1st Quarter 1980	
16. Initiate feasibility study to determine effectivity of integrated services.	Florina Dumlao	1st and 2nd Quarter 1980	
17. Initiate feasibility study and pilot test on the commercial acquisition distribution of program methods by the private sector.	Florina Dumlao Ester Sy-Quinsian	1st Quarter 1979-1980	Commercial Condom Marketing Program, Phase II is now underway and is expected to be completed this year. The Program for the Introduction and Adaption of Contraceptive Technology will be tapped in contraceptive research and technology.

ACTIVITIES	O I C	: TIME FRAME :	: ACTION TAKEN (As of July 1979)
18. Initiate the feasibility study of local manufacture of some contraceptives local manufacturers of some	Florina Dumaleo Ester Sy-Quinsiam	1st-4th Quarter 1980	A study related to this is being developed by the Service Delivery Division whereby various combinations of pills will be tested to determine what is suitable to the Filipino women. It is envisioned that drug companies will be interested in the local manufacture of contraceptives.
19. Study inventory of past studies like FREPP on how future plans can set population level targets and consolidation of research findings.	Florina Dumaleo	3rd-4th Quarter 1979	
20. Review SSS Payroll Deduction System	Eden R. Divinagracia	1st Quarter 1980	
21. POPCOM package proposal for 1980-84			
a. Prepare Five-Year Research Program Plan	Florina Dumaleo	2nd-3rd Quarter 1979	Included in the Five-Year Population Plan which is being prepared. Contains research leads identified by the Special Review Committee.

Annex No. 3

Summaries and Conclusions from
Preliminary Reports (1 through 3)

of the

1978 Community Outreach Survey

Produced in 1979 by the Population Institute,
University of the Philippines System

SUMMARY AND CONCLUSION

From

"Preliminary Report No. 1 1978 Community Outreach Survey"

The findings reported here point to a number of important accomplishments during the first year or so of the Outreach Program.

1. The large number of FTOWs fielded for the program appear to have been well selected and comprehensively trained.
 - a. Most FTOWs are committed to the belief that population work is an especially important element of economic development.
 - b. Most FTOWs are rated by their supervisors as doing good work or better.
 - c. FTOWs show high morale and put in long hours despite a belief, held by most of them and their DPOs, that they are underpaid.
2. FTOWs and DPOs appear to have developed a close working relationship; the average FTOW sees the DPO twice a month in the field and twice a month at the DPO's office. The positive nature of their work together is underscored by the tendency of both to indicate that they would like to spend more time working together.
3. During the first year of field operations BSPs were established at the scheduled rate of two every three months. Moreover, these early BSPs seem to have been established primarily in relatively remote areas where they are most likely to be needed. Most FTOWs expect to finish establishing BSPs well before the end of 1979.

4. Most BSPOs seem to be selected because they are particularly well-suited for such work by virtue of their status in the community, their participation in community activities, their practice of family planning, or the location of their residences.
5. BSPO morale appears to be nearly as high as that of the FTOWs despite the fact that they are not paid or reimbursed for expenses. Between one-fourth and one-half of the BSPOs actively participate in BSP work apart from their minimal functions of acting as repositories for pills and condoms and keeping records of pill and condom distribution.
6. FTOWs visit their BSPs two to three times a month on the average and seem to have established a good working relationship with their BSPOs.
7. Most BSPs are well-stocked with pills and condoms.
8. Most FTOWs appear to work with clinics, helping them with their wrap work, referring acceptors to them, and providing them with contraceptive supplies.
9. Most FTOWs have established contact with other extension workers in their territories and done joint work with at least some of them.
10. Local leaders appear to be providing active support to Outreach efforts in most BSP areas.
11. Some FTOWs have established satisfied users' clubs and almost universally report that they seem to be effective both for recruiting new acceptors and for maintaining users.
12. Despite the short time period between the launching of the Outreach Program and the field work for the COS (and the even shorter time period since the mean date of establishment of the sample BSPs), data on trends in contraceptive and pregnancy status indicate that the Outreach Program had already had a positive influence on the practice of contraception and a negative influence on the pregnancy rate in BSP areas.

In addition to demonstrating the substantial achievements of the Outreach Program in its initial stages, the COS findings provide information that may be of value to program administrators in their efforts to improve the effectiveness of the Outreach Program. Among these findings the following seem to be particularly important.

1. Most FTOWs and BSPOs (and their supervisors) believe they need more training in every area covered in the interviews. It appears that additional training is particularly needed in contraceptive methods and motivational techniques.
2. Most FTOWs and DPOs believe that FTOWs' salaries and travel allowances are not commensurate with the work expected of them. DPOs also appear to need improved transportation provisions to facilitate supervision in the field.

3. With less than half of their BSIs established, the FTOWs already appeared to be overextended in their efforts to meet all the requirements of their job. With increasing numbers of BSPs, FTOWs will need to rely increasingly on BSPOs to take a more active part in program activities. Even under present conditions, about one-third of the interviewed BSPOs indicated that they thought they should receive payment for their work. If the BSPOs are to be induced to take a more active role, it seems necessary to give serious consideration to providing them with incentives.
4. Most FTOWs are not prescribing pills but are asking potential pill acceptors to go to clinics to accept. It is likely that recruitment of pill acceptors could be increased if more FTOWs took advantage of the fact that they are accredited to prescribe pills.
5. The Outreach records at the BSP level are so incomplete that they cannot, in most cases, provide accurate estimation of prevalence levels or be used efficiently for local program management.
6. Less than half of the BSP residents are aware of the existence of the BSP. Nearly one-fourth say that they would have made use of the BSP services if they had known about them. These findings indicate a need for better advertizing of BSPs and the services they offer.
7. Outreach workers express family size ideals only slightly below the prevailing norm among MCRAAs (four children) and well above the three-child norm proposed by the Special Committee to Review the Population Program.
8. IEC printed materials appear to be in seriously short supply, particularly comic books, materials on advantages of small families, and materials of any sort in the major dialects.
9. Both wives and husbands (especially the latter) believe that the husband should have the final say in matters relating to contraceptive practice. For this reason, special attention needs to be paid to motivating husbands, especially since husbands tend to want more children than wives. However, COS data from interviews of husbands and wives generally indicate that husbands have had less exposure to program-generated IEC materials.
10. While most FTOWs have established contact with and provided some assistance to clinics in their territories, the level of such assistance is often low, particularly the number of clients referred to the clinic and the amount of follow-up of clinic clients overdue for appointment.
11. The monthly number of FTOWs' motivational home visits (23 on the average) is low in relation to the average number of MCRAAs in FTOW territories (nearly 1,500). Moreover, home visiting appears to be concentrated on efforts to recruit new acceptors rather than to encourage dropouts to resume family planning or users of less effective methods to try more effective ones, despite the fact that dropouts and users of ineffective methods far outnumber MCRAAs who have never used any method.

12. In general, the program seems to be promoting relatively ineffective methods more than effective methods. Steps that could be taken to reverse this tendency might include the following: efforts to encourage FTOWs and BSIWs themselves to use more effective methods; more concentration in training and IEC materials on the relative use effectiveness (as opposed to theoretical effectiveness) of the various methods; financial or other assistance to MCRAs willing to go to a clinic for an IUD insertion or sterilization operation; and deployment of more mobile clinics to bring such services closer to potential acceptors.

SUMMARY AND FINDINGS

From

"Preliminary Report No. 2
1978 Community Outreach Survey"

The COS findings yield several insights relevant to the general question of coordination between clinics and the Outreach Project:

1. One fourth of the sampled MCRA's served by BSPs had already been visited at home by doctors, nurses, or midwives (most of them undoubtedly from program clinics) who discussed family planning. Thus, clinic personnel have been making an important contribution to outreach efforts.
2. Clinic personnel have apparently been more successful than Outreach personnel in persuading couples to use the more effective methods. This finding reinforces the preceding point and suggests that clinic personnel would probably be used most efficiently if they focused their IEC efforts primarily on potential candidates for such methods. FTOWs and BSPOs, for their part appear to have been in a better position to stimulate awareness, interest, and early experimentation with contraceptive methods.
3. Clinics were still providing pills to a large proportion of sampled couples, many of whom were not even aware of the fact that they could obtain pills from the BSP. Clinics could reduce their own workload by referring such cases to the BSPs.
4. Only one-sixth of the FTOWs said that they usually prescribed pills themselves; one-third said they did not feel competent to prescribe pills; and half said that they had been instructed not to prescribe pills. Though

the COS did not inquire into the origins of such instructions, it appears that they are often based on agreements between population officers and clinic personnel or their supervisors who object to prescription by non-medical persons.

5. Both clinic and Outreach Project IEC activities appear to focus more on MCRA's who live nearer to BSPs than those whose residences are relatively remote. Scheduling and coordination of IEC activities would benefit from taking this problem into account to ensure that efforts will be made to reach the more remote MCRA's.
6. Although travel over long distances is an important factor in keeping most residents from accepting highly effective methods, mobile clinics or itinerant teams do not appear to serve many rural barangays. COS data indicate that BSP areas visited by mobile clinics had higher prevalence of effective methods than those not visited. FTOWs tended to state that they could recruit acceptors if such visits were arranged, even if the mobile clinic services were limited to the IUD and vasectomy.
7. Transportation, service, and medication costs combine to deter residents in BSP areas from travelling to clinics for sterilization and, to a lesser extent, for IUD insertions. Acceptance of such methods might be increased if some means could be devised for defraying such costs.
8. Many FTOWs do not follow up clients of clinics at all, and many of those to whom clinics refer clients for follow-up do not follow up all the clients referred to them. This latter finding may indicate either that FTOWs do not spend much time on follow-up work or that clinics are giving them unrealistic follow-up requests. Whatever the cause, the situation reflects a deficiency in coordination between clinic personnel and Outreach Project personnel.

9. The task of coordination between clinics and FTOWs is probably more complicated than it may seem offhand, since most FTOWs need to deal with more than one clinic or BHS and since most clinics probably need to deal with more than one FTOW. This is especially problematic in those areas where two or more clinics serve overlapping territories.

SUMMARY AND CONCLUSION

From

"Preliminary Report No. 3
1978 Community Outreach Survey"

Analysis of data from the 1978 Community Outreach survey indicates much higher levels of contraceptive practice in Outreach Program than had been previously anticipated and higher than prevalence rates indicated by previous surveys or even by other large-scale Philippine surveys conducted in 1978. Analysis of differences among COS findings, those of the 1978 Area Fertility Survey, and preliminary findings from the Republic of the Philippines Fertility survey suggest that the COS may have over-reported practice of non-program methods

somewhat, but it is also possible that most of the differences were due to methodological deficiencies of the other two surveys and, perhaps, to circumstances peculiar to the areas covered by the Outreach Project by mid-1978 and represented by the COS sample.

Retrospective data from the COS indicate a substantial increase in contraceptive practice beginning in late 1977 and continuing until the time of the survey, accompanied by a concomitant decline in probability of pregnancy. The decline in the probability of pregnancy, particularly among reported users of contraceptive suggests that the reported increase in contraceptive practice was real and not the result of a tendency to overstate recent use relative to previous use. The increase in contraceptive use was limited to non-program methods and less-effective program methods, indicating that it was due more to a generalized increase in motivation than to a direct response to efforts by Outreach personnel to promote specific program methods.

Methods varied widely with regard to continuation rates and mean expected period of use. Apart from sterilization acceptors, the methods with the highest 12-month continuation rates were the IUD and combinations (64% and 61% respectively), and the methods with the lowest were condoms and abstinence (14% and 9%, respectively). The estimated mean period of use ranged from a high of 27 months for the IUD to a low of five months for abstinence.

There was also considerable variation by method with regard to estimated pregnancy rates the lowest rates being indicated for users of sterilization and the IUD and the highest for condoms. However, since condom users tended to be younger than average, and therefore more fecund, age-standardization reduced the difference between users of condoms and users of other relatively ineffective methods (rhythm and withdrawal). Users of pills, abstinence and combinations of

methods had effectiveness indices that were somewhat above average but not nearly as high as for sterilization or IUD users. Conservative estimates of percentage reduction in conceptions resulting from use of even the least effective methods were well over 50 percent, indicating that use of such methods is far preferable to no contraceptive practice at all.

XIV. RESEARCH PERSPECTIVES

The Philippines Population Program should continue to include a vigorous, comprehensive research program.

The attached chart provides a useful summary of the types of research needed with examples, the suggested mechanism or means for carrying out all the research, and sources of financing.

High priority areas include:

1. Program Monitoring - Upgrade POPCOM Management Information Systems (MIS) to improve quality of service statistics.
2. Program Evaluation - Continue with optimal mixture of Community Outreach Surveys, Area Fertility Surveys, and National Demographic Surveys to provide measures of program effectiveness at national and sub-national levels.
3. Program Development - Explore alternative program innovations through operations related research. This includes testing of new contraceptives, alternative delivery systems, and community and staff incentives. Particular areas of concern include: feasibility of home IUD insertion, effectiveness of sterilization service delivery, interventions to raise acceptance of vasectomy, qualitative study on use of traditional methods of contraception, adolescent fertility, and effectiveness of integration of delivery systems.
4. Policy Significant Research - Examine effects the demographic impact of development projects on the one hand, and on the other, the socio-economic consequences of population growth. Expand AFS to include socio-economic component to identify and analyze factors affecting fertility levels and trends and the demographic significance of migration.

As mentioned elsewhere in this paper, there are, and have been, considerable resources for support (AID, PCF, FORD, UNFPA, IBRD), management (POPCOM, PCF, NEDA) and implementation (UPPI, UPIMC, NCSO, XU, USC, IPC) of population related research in the Philippines. Thus, it is not necessary for the Mission to finance all "priority" research. For example, UNFPA will provide support for population and development research; PCF is already planning to survey the "youth" of Manila about adolescent sexuality and fertility, and IBRD will be financing the testing at various primary health care delivery systems and supporting research for the commercial marketing of condoms.

Special efforts will be made to emphasize research utilization by including specific funds for "feedback" conference, publication dissemination, design workshops, and other related activities.

POPULATION MONITORING, EVALUATION AND RESEARCH FRAMEWORK

<u>TYPE OF ANALYSIS</u>	<u>OBJECTIVE</u>	<u>ILLUSTRATIVE EXAMPLES</u>	<u>MEANS</u>	<u>FINANCING</u>
<u>PROGRAM MONITORING</u>	Provide rapid program activity feedback of immediate value to program managers on regular basis.	Monthly feedback of new and continuing contraceptive users by contraceptive type and sources of services.	POPCOM MES including financial analysis and reports Rapid feedback reports	USAID GOP World Bank
<u>PROGRAM EVALUATION</u>	Provide periodic data on program effectiveness	Current contraceptive use prevalence and fertility levels Users perspective on FP services and fertility control methods. Program impact of Outreach activities.	Community Outreach Surveys Area Fertility Surveys National Demographic Surveys	USAID GOP World Bank UNC or Westinghouse
<u>PROGRAM DEVELOPMENT</u>	Provide continuing exploration of alternative program innovations for delivery of family planning services.	- Adolescent fertility - Program feasibility of new contraceptives, e.g. Copper T, implant, vaginal ring, foam - alternative delivery systems - community incentive schemes - integration - Commercial marketing - Home insertion of IUDs - Improved information on traditional methods - Expanded auxiliary use	Develop program with POPCOM/PCF subcontracting to Partner Agencies, government agencies and private sector or Contracting directly with agencies, public and private Use regional research institutes	USAID GOP ICARF YPLA PIACT Pathfinder World Bank WHO Population Council IFRP Columbia COC
<u>POLICY SIGNIFICANT RESEARCH</u>				
<u>COMMUNITY LEVEL</u>	Provide better understanding of determinants of fertility and fertility related behavior at family and community level.	Female labor force participation and fertility. Female education and fertility. Female labor response to multiple cropping.	Specific projects or set of interrelated projects. Contract through POPCOM, PCF or directly with agencies.	UNEP GOP UNFPA World Bank Battelle Foundation Population Council Ford Foundation SEAPRAF CANS EWPI Australian Govt. ASEAN
<u>MACRO LEVEL</u>	Provide better understanding of interaction between development and fertility change determinants of fertility consequences of fertility	Fertility response to area development projects; rural electrification; Female rural urban migration in response to differential wages rates. Migration Effects of population growth on resources, environment and development.	Specific projects or set of interrelated projects. Contract with NEDA/PDPU or directly with agencies. AFS PREPP	UNFPA GOP IDRC Population Council Battelle Rockefeller Ford Foundation CANS AID/W, PFC EWPI ASEAN USAID/ESIA/WID
<u>BASIC POPULATION RESEARCH</u>	Improve understanding of human fertility behavior	Value of children Culture-fertility interaction Reproductive biomedical research	Specific research projects	IDRC WHO IFRP