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Evaluation of A.I.D.'s Family Planning Program in the Philippines
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Summary

Since the mid-1960s the Agency for International Development (A.I.D.) has been a major donor in helping provide voluntary family planning services to developing countries. In 1991, as part of a six-country impact assessment of the Agency's investments in the population sector, the Center for Development Information and Evaluation (CDIE) sent an evaluation team to the Philippines.

The Philippines launched its family planning program in 1969, with the creation of a population commission (POPCOM) of 23 members. POPCOM was charged with studying the history and status of population growth in the Philippines and, following its report to President Marcos, was made a permanent part of the President's Office and put in charge of national population policy. Subsequently, POPCOM proposed demographic targets and assumed a leadership role in a national family planning program.

The national program had its successes and failures. It succeeded in establishing Outreach, a nationwide community-based distribution system that provided one contraception supply point for every 99 married women of reproductive age. The program provided modern contraceptive methods pill, intrauterine device (IUD), sterilization, and condom free or at nominal charge to users. It established an enduring partnership with nongovernmental organizations (NGOs) for providing family planning services. But costs of the program were high, partly because users were either not charged or charged very little. From its beginning, the program was unable to develop a long-term strategy for financial sustainability. It depended largely on external assistance.

A.I.D. assistance to the Philippine population sector began in 1967, when the Agency provided direct and indirect support to Philippine universities and NGOs concerned with family planning. To support the emergence of POPCOM and the Philippine National Population Program in 1970, A.I.D. authorized its first bilateral project the same year. When Outreach was created in 1976, A.I.D. stepped forward with its second project, designed to fit the requirements generated by the Outreach structure and activities. Likewise, A.I.D. approved its third project in 1980, its largest contribution to that point, for continuation of the Outreach program whose funding had been depleted in the late 1970s. In all, A.I.D. obligated \$100 million to the population sector,

achieving such a close identification with the Government family planning efforts that the Agency's activities and those of the national program became virtually indistinguishable.

All demographic data indicate that fertility rates and population growth have decreased in the Philippines. The Population growth rate fell from 3.0 percent in the 1960s to 2.3 percent in the 1980s. Adjusted total fertility rates (TFRs) declined from 6.18 in 1970 to 4.26 in 1985. Contraceptive prevalence rates increased from 15 to 36 percent of married women aged 15-44 years over the past two decades (see Table 1).

To analyze the trends in contraceptive prevalence, it is important to distinguish between three categories of methods: program methods with high use-effectiveness (primarily pill, IUD, and female sterilization); other program methods of low use-effectiveness (primarily rhythm and condom); and nonprogram methods (primarily withdrawal).

Thus, modern, or high use-effectiveness, methods have shown a steady increase. Less effective program methods and nonprogram methods have remained at almost constant levels of use since 1968. The changes in contraceptive use from 1968 to 1988 can be summarized as follows:

*The prevalence of modern contraceptive methods increased by about 1 percent annually, from 2 percent in 1968 to 21 percent in 1988.

*Female sterilization is the most favored method, with a 20-year increase from 0 percent to about 11 percent of currently married women; but virtually all of the increase in this method occurred between 1973 and 1983.

*The pill became rapidly established during the first interval (1968-1973) but has been stable at approximately 6 percent since 1973.

*The IUD has remained stable at a very low level of about 2 percent.

*The percentage of married women using less effective program methods showed little change; rhythm increased from 6 percent to only 8 percent, and condom use from 0 percent to only 1 percent, despite massive efforts to promote both methods.

*The percentage of married women using nonprogram methods (primarily withdrawal) showed little change throughout the interval, remaining near 6 percent.

*The impact of the national family planning program on population growth can be examined in terms of demand and supply. In addition to what the family planning program might have done to stimulate demand in the Philippines, of greater effect were worsening economic conditions and variables associated with "modernization," such as high literacy and school enrollment

rates, urbanization, the long exposure to Western values, and the higher status of Philippine women relative to men (compared with most other developing countries).

*On the supply side, the family planning program contributed to establishing an infrastructure for family planning services, training large numbers of family planning workers at all levels, and providing a reliable supply of contraceptives free or at nominal cost.

Background

During the 1970s, the Government followed a clinic-based approach and actively promoted all family planning methods with the exception of abortion. It amended income tax and labor laws to encourage small families. It also modified the Philippine Medicare Law to allow reimbursements to participating physicians and institutions for voluntary sterilizations. The Government formed a partnership with Philippine voluntary organizations conducting family planning activities.

In 1976, an analysis of a National Demographic Survey indicated that although 70 percent of the population lived in rural areas, nearly all clinics were in towns. The finding prompted the Government to launch Outreach, which established a supply point in each of 52,000 barangays (villages), with a volunteer who promoted the use of and supplied villagers with contraceptives. Barangay volunteers were supervised by full-time workers, who recruited volunteers and prescribed pills and nonsurgical contraceptive methods.

The growing popularity of family planning, particularly of voluntary surgical contraception, caused apprehension among the country's Catholic Church leaders. They felt that the promotion of artificial birth control methods would corrupt "impressionable youth" and would eventually lead to the legalization of abortion. In 1978, partly because of the opposition of the Catholic Church and more widespread criticism of the population targets set by POPCOM, the Government accepted the recommendation of a review committee that the program shift its emphasis from fertility reduction to family welfare. It also eliminated demographic targets from national 5-year plans.

During the early 1980s, the Government implemented the population program with much less enthusiasm, due in large part to economic stagnation, growing political discontent, and the continuing opposition of the Catholic Church hierarchy. Because the program had been so closely identified with the chief of state, it suffered a serious setback with the fall of the Marcos regime in 1986.

The new Government was initially indifferent, if not openly hostile, to existing population policies and programs. It deleted the population control mandate given in the 1973 constitution and, at the insistence of Catholic Church leaders, inserted a clause to "equally protect the life of the mother and the life of

the unborn from conception." Subsequently, the Government issued a new population policy emphasizing child spacing rather than fertility reduction, rights of married couples to determine family size, and the rejection of abortion as a means of controlling fertility. The Government transferred program direction to the Department of Health (DOH), but failed to provide sufficient resources to maintain program performance levels.

A.I.D. Assistance

In furnishing about \$100 million from 1968 to 1988, A.I.D. has been the single most important external contributor to the Philippine family planning program. A.I.D.'s contribution met 58 percent of the total family planning expenditures during the first 5 years, when family planning was gaining a foothold in the country. Between 1970 and 1988, when donor agencies accounted for nearly 57 percent of total program expenditures, A.I.D. was supplying 70 percent of that amount. Both critics and supporters agree that A.I.D. assistance, channeled through three large projects, has been critical for the program's continuation and growth.

The first project, Population Planning I (1970-1976), was signed within a year of the establishment of POPCOM. The project provided funds to train staff for DOH and NGO clinics, to support the establishment of 2,400 family planning service units and 11 POPCOM regional offices, and to promote voluntary surgical contraception units in 35 hospitals and in 456 nonhospital settings. Later, when Outreach was implemented, project funds were also used to train 513 district population officers, 3,103 full-time Outreach workers, and 77 trainers.

A.I.D.'s second project, Population Planning II (1977-1980), was designed to provide funding for implementing Outreach, which received 75 percent of the project's funds. Its major emphases were voluntary surgical sterilization; a logistics support system that reached 52,000 barangay supply points; and an information, education, and communications system for full-time Outreach workers.

A.I.D. initiated its third project, Population Planning III (1980-1986), when it became apparent that adequate funds for Outreach would not be forthcoming from local sources. This 5-year project budgeted \$30 million in grant funds and \$27 million in loans intended for salaries, training, and travel expenses for 3,000 full-time field workers and 600 population officers; upgrading of DOH regional centers; reimbursement of clinic costs for voluntary surgical contraception; innovative efforts by private and public sectors; operations and research; and an improved management information system.

When the project ended, A.I.D. used unexpended funds to support family planning activities of NGOs and to strengthen the operational capacity of the DOH. A.I.D. also used centrally funded projects to initiate new efforts and strengthen old ones.

Findings

Effectiveness

The program succeeded in building a delivery system that provided easy access of the target group (married couples of reproductive age) to affordable contraceptive services.

Outreach, though it fell into disarray in the late 1980s, helped transform what was an urban, clinic-based distribution effort into a national program. It achieved a remarkable access level of one service point for every 99 married women of reproductive age. As a result, more than 30 percent of users in the program obtained supplies from Outreach points. In terms of access then, Outreach earned high marks far higher, for example, than the program in Indonesia, where only 19 percent of acceptors received supplies through community-based distribution, or Thailand, where only 10 percent were reached.

Nevertheless, the Philippine family planning program had its shortcomings. For example, the training of field workers failed to adequately inform workers about contraceptives and the relative effectiveness of different methods. Workers were as likely to promote condoms as IUDs. Moreover, rather than teach the benefits of child spacing and limiting, the instructions to field workers almost mechanically stressed the potential health contraindications of contraceptives, particularly pills and IUDs.

The inadequacies of training could have been overcome somewhat had field supervision been strong and frequent. But lack of technically qualified supervisors and the absence of a well-defined authority structure eliminated that possibility. Field workers were not under a unified command: POPCOM retained technical direction while local government units had administrative control. Moreover, POPCOM provided contraceptive supplies, but referrals for specialist services were made to DOH clinics.

The effectiveness of the program was also undermined by the "target" incentive system that rewarded field workers for only attracting new acceptors and not for the continued use of contraceptives by existing clients. The problem was further compounded by the fact that individuals who changed from an effective to a less effective method were also counted as new acceptors.

Women have a higher status in the Philippines than in any other country in the world, with the possible exception of certain Nordic nations. Only in the areas of maternal health and life expectancy do statistics for Filipino women fall below developed country standards. The elevated status of women in society has positively affected adoption and use of contraception in country after country, and the Philippines is no exception. Recent research has shown, for example, that the prevalence of modern

contraceptive methods was substantially higher for Filipino women who were better educated (see Table 2).

Based on estimates of numbers of currently married women ages 15-44 who were not using contraception but who were in need of birth control methods (reflected in statements about their desire for more children or the degree to which the last birth was wanted), about 20 percent of the women wanted contraception to limit the size of their families and about 19 percent wanted contraception for spacing births. Even a very conservative interpretation of these data suggests that contraceptive prevalence could rise to 60 percent in the Philippines, and unmet need would still not be completely satisfied.

The state of the Philippine economy, especially the high incidence of poverty, forms a backdrop to the finding that while fertility is higher and contraceptive use lower among poor households, demand for contraception is high among these families. When asked why they want to limit family size, many parents below the poverty line said they could not afford to clothe, feed, and educate additional children.

Efficiency

The CDIE study examined the efficiency of the program, first through analysis using the FamPlan System of Models, in which a scenario of "no family planning program" was compared with the "with family planning program" (i.e., the Philippine national family planning program). The FamPlan analysis showed that when health, education, and other social service expenditures were aggregated and the "with family planning program" was compared with the "without family planning program," annual savings exceeded annual family planning costs by 1978, and cumulative savings exceeded cumulative costs by 1982. Even when benefits (reductions in total social sector expenditures) are discounted at 15 percent per annum, the break-even point is achieved by 1985. Assuming no increase in prevalence and a 10-percent discount rate, FamPlan calculated a five-to-one benefit-cost ratio by the year 2000.

Second, the CDIE study examined how certain changes in program organization and operations could have brought about greater efficiency. One example was the indication that poor method selection, plus a 50-percent dropout rate among pill users, could have been corrected, if not largely avoided, had field workers been better trained to steer people away from the less effective methods. Another example related to the adoption of voluntary surgical contraception, which at \$12 per procedure was below the average world cost. Efficiency would have been greater if larger numbers of Filipino acceptors had adopted voluntary surgical contraception after the birth of their third child, instead of waiting until the fourth or higher order birth.

Sustainability

Sustainability of a program depends on several factors,

particularly political commitment, efficient management, effective delivery systems, and, above all, sufficient funding. As of 1988, the population program was not in a strong position with respect to sustainability. It did not enjoy strong support from the Government or powerful political leaders. Although the Government had a small, experienced, and dedicated cadre of officers in DOH and POPCOM, they seemed demoralized, if not frustrated. The usually active NGO community had not been able to raise resources locally. And most important, the Government had not made an attempt to establish a sustainable financing strategy for the program. As a result, the program in its present form did not appear sustainable without external assistance.

Impact

The data in Table 1, together with interviews conducted by the evaluation team, led to several additional findings concerning the longer term effects, or impact, of the program.

First, the use of the three reversible methods pills, condoms, and IUDs that apparently appealed to only a small fraction of couples, hovered near 10 percent (combined) throughout a 15-year interval. Moreover, nearly 30 percent of the pills and condoms were obtained commercially rather than through the program. The lack of appeal of these methods has also been reflected in higher discontinuation rates in the Philippines than in neighboring countries.

Despite such evidence, the DOH continues to project steep rises in each of these three methods, with their combined prevalence increasing to 15 percent by 1994. An increase may occur, of course, but it is impossible to extrapolate one from the known historical trends. It is also possible that there is indeed a greater demand for reversible contraception and that some other method, such as Norplant, will meet this need and be culturally acceptable.

Second, as a related point, the program was not effective in increasing demand for these reversible methods. From the mid-1970s until the late 1980s, the program provided free contraceptives to large numbers of potential users. However, economic development, often a source of demand, did not take place during that period, especially in rural areas, and apparently the program was unable to act independently of the economic situation to generate demand.

Why has the absence of increased demand for modern reversible methods received so little notice? Probably the main reason is that the program needed to distribute large quantities of supplies and other outputs simply to maintain the status quo that is, the prevalence level that existed in 1973. Moreover, the number of so-called new acceptors has always been large because of the unusually high dropout rate and the subsequent reinstatement of these dropouts as new acceptors. The total number of new acceptors and continuing users has indeed increased over time, although simply in proportion to the increases in the

population at risk.

Third, the impact of the program lies mainly in whatever contributions it has made to the use of female sterilization and rhythm the only program methods to show evidence of increasing use and demand. The role of A.I.D. has been substantial in the training of doctors and nurses in surgical sterilization, and the Outreach program unquestionably has helped motivate use of this method. A high proportion of tubal ligations were carried out at NGO clinics, which were also the main promoters of the various forms of rhythm.

Conclusions

1. A major conclusion of the CDIE study is that over the 20-year period under review, the family planning activities supported by USAID/Philippines and those of the Philippine national program were virtually indistinguishable. A related conclusion is that when a donor's efforts become this closely identified with those of a partner country, the donor shares both the credit and criticism for what transpires.
2. The evaluation showed that neither the Government nor A.I.D. was initially able to approach Philippine population issues in terms of committing resources and being engaged over many years in what might be termed an intergenerational program. The experience of the Philippines, together with what we have learned elsewhere about family planning, confirms that creating an effective, efficient, and sustainable family planning effort is not a one- or two-project undertaking. Long-term commitment makes possible the creation of a multiyear strategic plan in which other donors are encouraged to participate in specific ways.
3. Funding for training ended too soon; by 1988 normal attrition and emigration had reduced the ranks of workers at all levels, seriously undercutting program sustainability. Moreover, training was uneven in quality. For example, despite recurrent reports of failure of training to equip field workers to improve their performance, the training programs changed very little. There is no evidence that training was improved to solve the three continuing problems of high dropout rates, knowledge-practice gaps, and choice of ineffective contraceptives.
4. NGOs have been very important in initiating and sustaining family planning in the Philippines, serving as the earliest advocates, before the national program began, and continuing a constructive involvement to the present. NGOs have been the principal institutional force for innovation and training outside the Government. They were especially influential in pioneering the use of voluntary surgical contraception and were the main promoters of the various forms of the rhythm method. They initiated adolescent fertility projects that focused on sex education; they led the way in the rapid expansion of clinical services, maintaining qualified staff and adequate supplies and serving clients 7 days a week.

The evaluation team concluded that had the Government, A.I.D., and other donors planned for the best use of NGOs, capitalizing on their substantial strengths and finding ways to compensate for their weaknesses, these organizations might have been even more effective. It is also reasonable to conclude that had these private sector organizations not participated in family planning, the Philippines program would have achieved much less success and might have disappeared altogether.

5. A sustainable financial strategy was never developed for the family planning program. From its beginning, the program lacked adequate domestic resources to cover recurrent costs. External funding supported 85 percent of expenditures during the program's first 4 years, without which the program could not have begun when it did. Donors provided almost 58 percent of total program expenditures from 1970-1988, of which A.I.D. contributed 70 percent.

The Philippine experience demonstrates that for family planning programs to achieve sustainability managerial, institutional, and financial host countries and donors have to plan for and pursue this objective systematically. Moreover, without sustained economic growth, developing countries cannot bear an increasing part of the burden of financing a massive family planning program.

6. The study concluded that each element of the program should have had targets that went beyond immediate outputs, such as training a specified number of personnel or distributing a specified number of condoms each year. The Philippine program tended to set goals independent of any evidence that the goals could be achieved, with resulting damage both to the credibility of the program and to staff morale. Much of this damage could have been avoided if targets had been set based on more direct evidence of possible change.

7. From the beginning of the program, A.I.D. was inconsistent if not ambivalent about the establishment of a management information system to monitor program performance. While it repeatedly emphasized the importance of the system, it did not take action to ensure that it was implemented. This ambivalence was matched by A.I.D.'s inconsistency with respect to financial efficiency measures. Regular and systematic cost analyses, despite having a proclaimed high priority with A.I.D., were not conducted. Consequently, timely corrective measures could not be taken to improve program performance.

The evaluation team concluded that because there was never a longer term research and data collection plan, performance indicators did not receive attention in terms both of depth and frequency of measurement.

Moreover, both A.I.D. and Philippine national family planning program managers failed to take full advantage of key messages from those data that did reach them, for example, from service statistics and surveys of knowledge, attitudes, and practices.

8. A program that offers services must also generate demand for them. Potential clients must be aware of the existence and benefits of these services. Although Outreach was an exciting innovation, it gave little attention to generating demand for contraception.

Currently, the demand for services sterilization rather than reversible methods appears high, but the program can take only some of the credit for this situation. The conclusion here is that if the demand for sterilization has increased during the past decade, it is due more to changes in the cultural setting and the perceived costs of children than to economic development (which was slow in the 1980s) or to program stimuli (which diminished throughout the 1980s).

9. Fertility has continued to decrease at a rate that cannot be accounted for by the methods in which A.I.D. has made its greatest investment. Related to this is the conclusion that disproportionate resources may have been devoted to supplying pills, condoms, and IUDs which apparently appealed to only a small fraction of couples. In terms of the question, Who is most likely to use nonsupply (i.e., withdrawal, rhythm) methods? it was concluded that, for reasons of inaccessibility of modern methods or unwillingness of couples to use them, poorer households have turned to nonsupply methods.

10. At several key points during the past 20 years, A.I.D. technical staff served as a resource to the Philippine Government. However, because at times their number was not sufficient, they were often not able to participate actively as peers in discussing issues and developing new program concepts and approaches. In retrospect, given the size of the A.I.D. investment in the population sector, A.I.D. should have maintained staff in sufficient numbers and with strong professional credentials to promote more meaningful and extensive engagement in the population program.

This Evaluation Highlights was prepared by Robert Schmeding of the Center for Development Information and Evaluation (CDIE). The Highlights summarizes the findings of the Philippines field study, part of a six country assessment of the A.I.D. Population Program. The complete Philippines study, Evaluation of A.I.D. Family Planning Programs: The Philippines Case Study; Technical Report No. 4, November 1992 (PN-AAX-261), can be ordered from the DISC, 1611 North Kent Street, Suite 200, Arlington, VA 22209-2111.