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AN IMPACT ASSESSMENT:
POPULATION PLANNING II

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EXECUTIVE SUMMARY

This report serves as a preliminary assessment of the impact on fertility and contraceptive prevalence of Population Planning II, the phase of the Philippine family planning program which extended from July 1, 1977 to December 31, 1980. It is preliminary in the sense that at this time the available data on fertility do not extend beyond early 1979 and the available data on prevalence do not extend beyond mid-1980. The report is also preliminary in the sense that the consequences of the shift from a clinic-based program to community outreach may extend several years into the future.

Because it has only been possible to a limited degree to relate quantifiable program inputs to quantifiable program outputs, much of this report deals instead with larger issues and suggests strategies for analysis. These issues grow out of a conceptual framework in which the national family planning program is only one of several potential influences upon fertility and within which there are several different kinds of impact that the program can have. Thus, for example, we consider changes in the desire for more children; changes in the implementation of these preferences through the use of efficient contraception; and changes in fertility. Changes in each stage of this sequence were goals of PP II.

Although there are no data on fertility thus far which reflect upon the performance of PP II, this report has attempted to synthesize and to evaluate the most recent fertility data that are available, extending back as far as a decade. It appears that from 1970 to 1977 the CBR fell by about one point a year and the TFR by about 2% a year. Almost all of this decline has only recently been shown to be due to a decline in marital fertility. Age at marriage continued its steady rise but, perhaps because it was counterbalanced by declines in widowhood, the marriage structure did not have the same impact it had during the 1960's. Surprisingly little is known about socio-economic differentials in fertility during the 1970's. Most analyses have examined differentials in the number of children ever born, a variable which includes many births from earlier periods. It appears that the earlier differentials according to region, type of place of residence, education, occupation of husband, and labor force participation are still important (Cabigon, 1981), but the differentials can be expected to change because of socio-economic differentials in contraception. At this time we cannot speculate on whether these changes will exaggerate past differentials or, as in Thailand, will reduce them. A reduction would, of course, be more consistent with the structure and goals of PP II.

The Area Fertility Surveys were intended to provide rapid feedback on fertility changes. However, because they were not national, they had large sampling errors, they included no measures of program inputs,

they included few socio-economic correlates of fertility, and their analyses have not been rapid, we cannot say that they have fully met their intended purpose. The results that have emerged thus far have had academic interest but less program relevance. The 1979 and 1980 analyses should show more concern for data quality and multivariate analysis.

Our only evidence for fertility change during the course of PP II comes from a comparison of the percentages pregnant in the two Community Outreach Surveys. We have felt an obligation to present these percentages, in the absence of any better data, but are skeptical of the observed rise, rather than decline, in the percentage. We attribute this apparent change to greater self-recognition of pregnancy. These two surveys also show a decline in the percentages of women wanting more children, particularly for women who already have three or more children, and a dramatic rise in the use of efficient methods among these women. Both of these changes are consistent with the previous trends. In our judgement, marital fertility is continuing the decline which began in the mid-1960's and which was observed with great clarity in the 1978 RPFS. It is impossible at present to attribute this hypothesized decline to PP II, but the documented impact of program characteristics upon prevalence, summarized below, requires by extension that the program has affected fertility. The report includes a strategy by which this impact may begin to be quantifiable later in 1981.

Data on contraceptive prevalence from 1968 to 1980 are available from several surveys. The data often are not directly comparable due to differences in the coverage and methodology of these surveys, making the analysis of trends extremely difficult. From what we can judge as reasonable estimates of national levels of contraceptive prevalence the following appear to be underlying trends. The prevalence for more effective methods (i.e., pills, IUD, and sterilization) increased sharply during the early program years from 2.2 percent in 1968 to 10.4 percent in 1973, a 1.6-point average increase per year. Thereafter, the increase was slow and gradual, increasing at the average annual rate of 0.5 points between 1973 and 1978, and by 0.7 points for the more recent period. In 1980 the prevalence rate for these methods stood at 14 percent.

In contrast, the prevalence for less effective methods (i.e., rhythm, condoms, withdrawal, abstinence and others) remained at around 13 to 14 percent between 1968 and 1973, but quickly rose by 2.1 points per year between 1973 and 1978 and by 1.8 point per year between 1978 and 1980. In 1980 the prevalence rate for these methods stood at around 28 percent, twice the rate of the more effective methods.

The rapid growth of the prevalence for all methods (1.8 points per year between 1968 and 1973, and around 2.5 points per year between 1973 and 1980) was due to the rapid increase in the use of less effective methods since the mid-1970's.

In the Outreach areas, the short term trend in prevalence based on the COS data reveal an increased use of more effective methods (from 11.4 percent in 1978 to 14.9 percent in 1980, in the same areas covered by the 1978 COS). The prevalence of the less effective methods for comparable areas, however, declined from 36.7 percent in 1978 to 32.2 percent in 1980. It cannot be clearly determined however whether this decline is due to a real decline with or without concurrent shift towards more effective methods, or simply a reduction in the upward bias in the reporting of such methods in the COS surveys.

The PP II goal was to increase the percentage of Voluntary Surgical Contraception (VSC) acceptors from 11 percent of total users in 1978 to 15 percent by 1980. Available estimates at the national level indicate a trend as follows: from a level of 4.9 percent in 1973 (NDS), the percentage of acceptors to total users rose to 14.3 percent in 1978 (RPFS), and stayed at that level in mid-1980 (COS). At face value, the VSC program appears short of its target. In the Outreach areas where program efforts were more intense, the COS data reveal that the percentage of acceptors to total users rose from a level of 8.6 percent in 1978 to 14.2 percent in 1980. While this suggest a rapid increase in sterilizations, the comparison of the two-period rates is not entirely appropriate in view of the different coverages of the two COSs. It was not possible from published data to determine comparable rates for sterilization as was possible for the more aggregative prevalence

categories. A more detailed analysis of trends in the use of sterilization vis-a-vis other methods is therefore suggested in the future.

With respect to the determinants of contraceptive prevalence, there is evidence from the COS data that from 1978 to 1980, in the areas covered by Outreach, there was substantial decline in family size preferences, measured by the percentages of currently married non-pregnant, fecund women wanting more children -- particularly among women with three or more children. Among those wanting to stop childbearing, there was a dramatic increase in the use of more effective contraception which occurred virtually completely through a shift away from the less effective methods. Both these changes are consistent with the objectives of the program, but it is not possible to attribute them specifically to the shift from a clinic-based program to Outreach.

Available evidence suggest that the awareness of contraception has reached uniformly high levels across all strata of society. However, there appears to be evidence of widespread misperceptions about the relative use effectiveness of specific methods, at least in 1978. To what extent the situation had improved by 1980 is difficult to say due to the unavailability of published data.

Results from a multivariate analysis of the 1980 COS suggest that Outreach Program variables have had a significant impact on contraceptive prevalence in the covered areas, independent of other program efforts and of concurrent social change.

RECOMMENDATIONS

1. It is very important that in-depth analyses be undertaken periodically, based on national surveys which include a wide variety of data on background characteristics, fertility preferences, contraceptive use, and fertility. The previous National Demographic Surveys and the RPFS serve as fine examples of such research.
2. However, it is also essential to have more rapid analysis of some surveys, even if only regarded as preliminary, than has sometimes been the case. Thus far, the analyses of the Area Fertility Surveys have become available later than desirable, probably because the investigators have regarded them as analogous to the NDS and RPFS series, rather than as instruments intended for rapid feedback.
3. In view of the multiplicity and diversity of surveys conducted during the past few years and planned for the future, it is essential that investigators coordinate their efforts. The researchers and funding agencies should have a clear understanding about the function of each survey. Duplication should be minimized;

comparability and continuity should be maximized. For example, there should be consistency in the wording of attitude questions, in the choice of reference periods for contraceptive use, in the categories of socio-economic measures, and in the procedures for calculating fertility rates, etc. Comparability will also be improved if samples are national (as planned).

4. Sampling designs for future surveys should attempt to minimize the expected sampling errors of key measures, such as the Total Fertility Rate. The Area Fertility Surveys should be a guide for future surveys in this respect. The calculation of sampling errors for fertility rates in those surveys was both unusual (by international standards) and highly desirable. If possible, particularly for future samples which also have a large design effect, standard errors should also be computed for other key variables, such as use of contraception. If standard errors for single-year rates are too large, then rates should be presented for intervals such as 2, 3, 4, or 5 years.

5. For descriptive purposes, it will continue to be useful to present data on prevalence, fertility, etc., according to the age of the respondent. However, the inter-relationship between (a) the desire for more children, (b) the use of contraception, (c) the use effectiveness of contraception, and (d) fertility will be improved by an increased use of the number of living children as a demographic

control. Within a family-building or life cycle framework, the costs and benefits of another child depend much more upon the number of children already in the family than upon the woman's age. Moreover, as fertility declines, most children will be born within a narrow range of maternal ages (25 to 35) and age will begin to lose its earlier interpretation as an indicator of the biological capacity to reproduce. The Total Marital Fertility Rate should be de-emphasized as a summary measure of marital fertility because of its insensitivity to age at marriage as the initiation of family building.

6. Increasing emphasis should be given to the measurement and analysis of fertility preferences, particularly the stated desire for another child. Despite conceptual weaknesses, in most countries this variable is a better predictor of contraceptive use than any socio-economic variable. It is also recommended that, perhaps through supplementary surveys, the attitude of the husband toward future children and use of contraception be measured. There is a tendency in demographic surveys to overlook the fact that the couple, not just the woman, are the true reproductive and decision-making unit .

7. Better measurement is needed of socio-economic and background variables which may affect contraceptive use and fertility. Particular attention should be given to the possible impact of the woman's work history and of possible opportunity costs of childbearing. Thus far,

for example, education has been observed to have a major impact on fertility, but the mechanisms of this impact are not known. Some researchers have speculated on the mechanism behind the curvilinear association, but the large scale fertility surveys have not been suited for resolving these speculations. Work history data has not been observed to have a role nearly as important as education, quite possibly because it is harder to measure but also because the mechanisms of such an effect — which rest upon the degree of incompatibility between working and raising children and between working and children as alternate sources of satisfaction, security, etc. — have been glossed over almost entirely.

8. More effort should be made to link data from different levels of analytic units, even if this requires the linkage of quite different data sources. More specifically, it would be desirable to relate program inputs at the level of the barangay to the contraceptive use and fertility of the women in that barangay. Thus, in the surveys of ever-married women planned for the 1980's, program data could be assembled for the sampled barangays as well. These data at the barangay level (e.g., per capita distribution of IEC materials, date of establishment of BSP, attitudes of the BSPO, and so on) could be attached to the individual woman's data and treated as contextual sources of variation. Future evaluations of the impact of various program inputs could then be based on standard multivariate techniques.

9. A re-analysis of the Seven Provinces Survey and the four Area Fertility Surveys is needed in order to clarify an apparent reporting bias in the birth histories. The fairly consistent exaggeration of the last calendar year's fertility has already caused some misinterpretation of recent trends. This effect was not observed in earlier fertility surveys and may have resulted from the methodology of these five surveys. Obviously, such a bias must be avoided in the future.

10. Program objectives should be developed according to a hierarchy, and program assessments should investigate each of them. The PP II Project Paper set specific targets for the growth rate, the prevalence rate, and the number of sterilizations. This report examines data on each of them. But in our view the Project Paper should have focused on several other measures also, whether or not specific targets were set for them. These would include, for example, the Total Fertility Rate, which, unlike the growth rate and CBR, is not weighted toward the young ages, and Marital Age-Specific or Duration-Specific Rates. We would also include parity-specific measures of the percentage of women who want another child, parity-specific prevalence rates, and parity-specific fertility rates. In essence, this is a suggestion that the goals be focused more upon the prevention of high order births than births in general. There is a

powerful norm in the Philippines for at least two children, and even three children are acceptable to the present program, but the main measures do not distinguish between lower and higher order births.

B A C K G R O U N D

THE PURPOSE OF THE REPORT

This report is an assessment of the impact of Population Planning II (PP II), a recently completed population program which was conducted by the Commission on Population (POPCOM) of the Republic of the Philippines with partial financial support from USAID. At approximately the same time, a process evaluation is being carried out by another team to review field issues.

The scope of this report is defined to include an assessment of the following:

- "1. Changes in fertility;
2. Contribution of age structure, nuptiality, and marital fertility to that change;
3. Relationship between contraceptive use and marital fertility to that change;
4. Contributions of the Government of the Philippines' program, especially the PP II Project, to changes in trends and levels in knowledge of family planning, in desired family size, and in contraceptive use."

It includes a review of "fertility and contraceptive use differentials by place of residence over time, correlating these with program performance, female employment, and female education. To the

extent possible, the report should also include regional breakdowns. The report should be presented in a style to be used to formulate modifications in project implementation that could lead to increased impact during PP III (1981-85) and beyond 1985". (Quotation from job assignment.)

It will be indicated in the course of this report that the necessary data for such a task are only partially available at this time; it could be argued that some of the necessary data in fact, are impossible to collect. Hence the task must be interpreted more broadly than stated above. The emphasis will differ somewhat, but it is intended to maintain the overall thrust of the assignment and to provide conclusions which could lead to the enhancement of PP III.

POPULATION PLANNING II AND ITS GOALS

Only a brief summary of PP II is required in order to establish the context of this impact assessment. A more complete description is easily available elsewhere (e.g., in the PP II Project Paper, pp. 10-31). PP II extended from 7/1/77 to 12/31/80. It was preceded by PP I and has been succeeded by PP III (1/1/81 to 12/31/85).

The primary demographic goal of PP II was stated in the Project Paper (p. 12) to be, "in conjunction with other public and private programs, . . . to reduce the population growth rate in the Philippines

by an average of 0.1% annually during the life of the project". In order to achieve this reduction in the growth rate, a secondary goal was specified (p. 12): the achievement of "a contraceptive prevalence rate of 35% among married couples of reproductive age (MCRA) by December 1980". That is, by the end of the program 35% of all MCRA's were to be current users of voluntary surgical sterilization (VSS), oral contraceptives, the IUD (the three most efficient methods), or condoms or rhythm (two less efficient alternatives). At the beginning of PP II, the prevalence level was estimated to be 24%, so this goal could be restated as an increase of about 2 1/2 points per year.

Two features most sharply distinguished PP II from its predecessor program. The first was a new strategy of recruitment, through outreach rather than the previous clinic-centered program with part-time motivators. The outreach program rests upon the establishment of approximately 54,000 Barangay Supply Points (BSP's), each of which serves about 70 MCRAs. Associated with each of these supply points is an unpaid Officer (BSPO) who is responsible for motivating his or her neighbors to adopt family planning, maintains supplies of pills and condoms, and keeps records on a monthly basis. The BSPO is responsible to a paid, full-time outreach worker (FTOW), from whom he receives supplies and to whom he refers couples interested in VSS or the IUD. Couples are also referred directly to clinics. Each FTOW supervises approximately 15 BSPOs. He or she is relatively well trained and is to provide follow-up motivation

for couples who are referred to him or who appear to have discontinued use. The FTOWs are in turn responsible to District Population Officers (DPOs), who are supervised by Provincial Population Coordinators and Officers (PPCs and PPOs). An important mechanism of the Outreach Program is the emphasis on information, education, and communication (IEC). This includes personal discussion, group meetings, and the distribution of written materials by the FTOWs and BSPOs.

The second distinctive feature of PP II was to be an emphasis on voluntary surgical sterilization, both male (vasectomy) and female (tubal ligation). Sterilization has been a legal method of family planning in the Philippines only since September, 1973. As a program method, it is to be used only with full information and consent and to be performed by a trained physician. It was projected to account for 15% of total users by the end of the program, from an initial level of about 8%. Specifically, 256,519 sterilizations were to be performed by the end of 1980.

The only other aspect of PP II requiring mention here is its demographic measurement component. This was "designed to provide both national and regional estimates of trends in fertility and contraceptive prevalence and to determine the correlates of fertility and prevalence, particularly those subject to family planning program control" (PP II Project Paper, pp. 28-29). This component was obviously intended to

provide the basis for an eventual impact assessment such as the present one, and to the extent possible this report will make use of that component. Two major kinds of activities were planned and conducted. The first was a series of Area Fertility Surveys carried out annually in 1977, 1978, 1979 and 1980 with independent samples. Second was a series of Community Outreach Surveys, intended to be annual but actually only conducted in 1978 and 1980. On a smaller scale, the measurement component included the Misamis Oriental Fertility Study, conducted by Xavier University in Cagayan de Oro, and further analysis of the 1976 National Acceptor Survey. Later in this report we shall provide a brief description of these surveys, as well as of the data sets relevant to the impact assessment.

METHODOLOGICAL ISSUES

The overall task of this report may be re-stated in the following four steps:

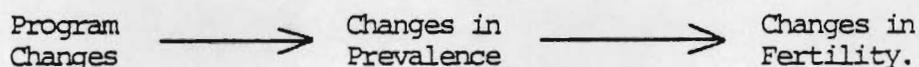
1. to determine whether there has been a recent decline in Philippine fertility, particularly marital fertility;
2. to determine whether there has been an increase in contraceptive prevalence among MCRAs;
3. to determine whether an increase in prevalence has in fact been responsible for a decline in marital fertility; and

4. to determine whether the Government of the Philippines' family planning program, particularly the Outreach Program of PP II, has been responsible for any rise in prevalence.

The third of these steps is needed to demonstrate that contraceptive use has been accurately measured, has been by women at a non-negligible risks of conceiving, and has been effective use. The fourth step is required to distinguish between program effects and non-program effects upon prevalence. The bulk of this report will be oriented around these four steps.

Virtually any impact assessment in any area of social change is hampered by questions of causality. In the present context, it is impossible to resolve completely the question of whether (a) the GOP program induced a demand for family planning through Outreach and IEC activities, which it then met through FP services, or whether (b) the demand already existed, and family limitation would have occurred even in the absence of the program as a result of concurrent social change. Even with the best practicable monitoring procedures, this fundamental issue would remain because of the impossibility of having an experimental control of equivalent national scope, in which the program, or certain of its key features, were absent. Having recognized this difficulty of determining causality, however, we shall not dwell upon it.

We shall now focus more specifically on issues peculiar to the evaluation of PP II. Probably the most serious of these is the delay which should separate any program changes or new inputs from their measurable consequences for contraceptive prevalence and fertility. The implicit logical sequence may be represented as follows:



A time lag is associated with each of the arrows in this sequence. The shift from a clinic-based to an outreach program began early in 1977 (a few months before the official commencement of PP II) and rapidly rose to approximately its present level of input. Figures 1 and 2 trace the growth of the program in terms of the proportion of MCRAs nationwide who were covered by BSPs and the numbers of FTOWs. How soon is it reasonable to expect the consequences of these changes to be manifested?

Consider first the delay until a change in prevalence. For those couples who in 1977 had already formulated a desire to stop child-bearing, the intended function of the program would be to facilitate the implementation of this desire through easier access to contraception. Some of these couples would have been users of contraception under the earlier program, and for them the new program could simply make it easier to continue. For them the impact of the Outreach

Program would be almost immediate but the significance for the overall measures of prevalence would be minor unless they shifted from a less efficient to a more efficient method. Other couples, while desiring no more children, would not have been users at the beginning of PP II. The program could induce them to commence the use of contraception. Because this represents the adoption of a new behavior, the time lag could be substantial.

Another target group consisted of couples who were not ready to stop childbearing in 1977; that is, they still wanted more children. For them, an adoption process of at least two stages would have been required: first, an attitude change to desire no more children and second, the adoption of a program method which would appear in the prevalence statistics. This two-stage transition would be expected to require still more time than the simpler changes of the preceding paragraph.

Non-users are, of course, at risk of pregnancy, and even users (particularly of non-clinical methods) are at risk of contraceptive failure followed by pregnancy. In 1977 approximately 20% of all MCRAs were pregnant. For these women, it would have been impossible to appear as users prior to the completion of their pregnancy, requiring a lag of several months. Other MCRAs were of parity 0, 1 or 2, i.e., below the current program-prescribed maximum of three children. A program change might not have any impact upon them for several years.

BEST AVAILABLE DOCUMENT

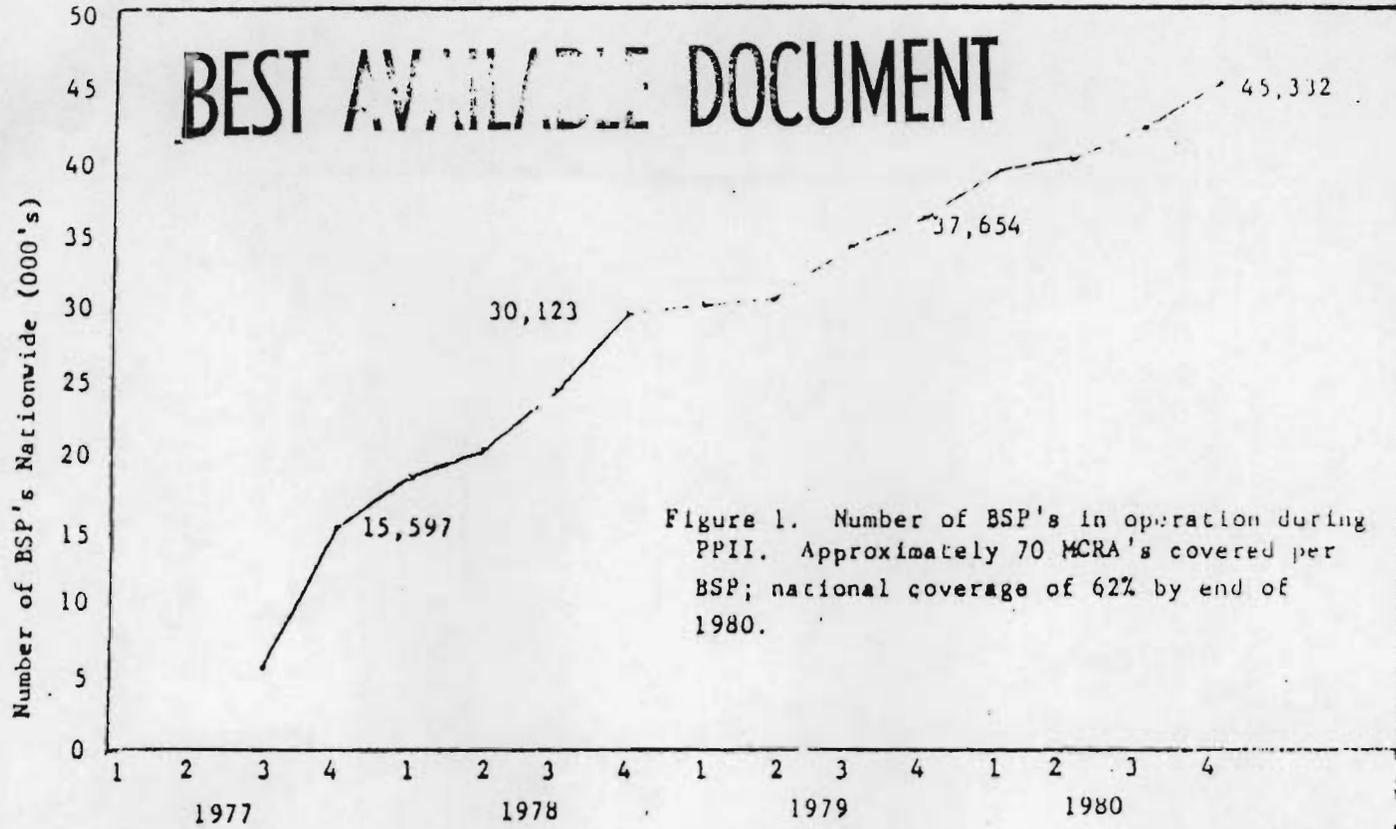


Figure 1. Number of BSP's in operation during PPII. Approximately 70 MCRA's covered per BSP; national coverage of 62% by end of 1980.

Date (1= March, 2= June, 3= September, 4= December)

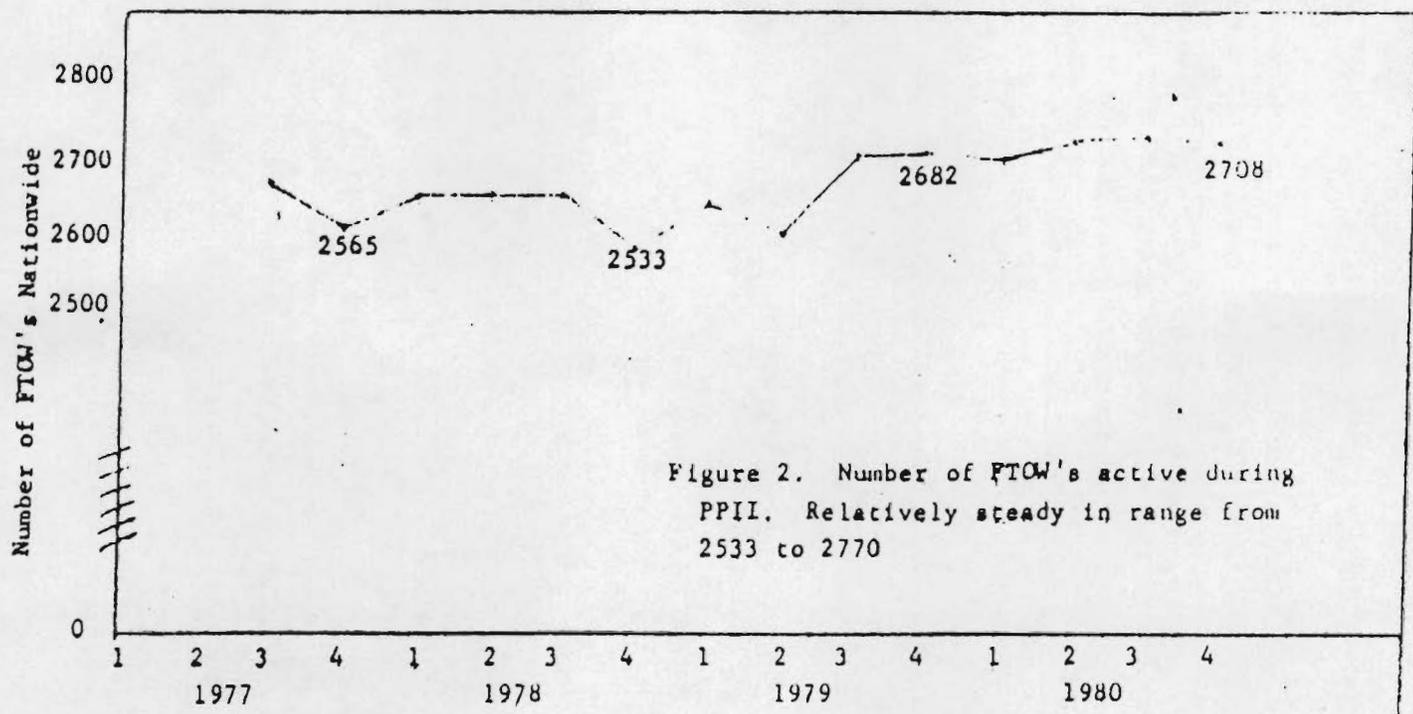


Figure 2. Number of FTOW's active during PPII. Relatively steady in range from 2533 to 2770

Date (1= March, 2= June, 3= September, 4= December)

(It will be suggested later that the prevalence measure be refined to take into account such factors as pregnancy status, parity and fecundability.)

The above discussion is intended to show that the lag between a program change and a change in prevalence is a mixture of the lags experienced by various sub-populations, each of which is problematic. Hence we do not believe it would be appropriate to regard prevalence levels as of July 1, 1977 nor even at the earlier date in 1977 when Outreach actually began, as the base level for assessing the impact of PP II. Taking into account both the period of initial implementation and the indeterminate lag preceding a change in use levels by MCRAS, early or mid-1978 may be considered the earliest plausible baseline date for evaluating PP II's impact on prevalence levels. We shall regard changes in prevalence after that date as indicative of PP II. Changes prior to that date are indicators of earlier program performance. By the same reasoning, the impact of PP II upon prevalence will continue beyond the end of 1980, when it officially ended and PP III began. The levels in mid-1980, from the 1980 Community Outreach Survey (COS), which is the most recent survey at the time of this report, can be regarded only as suggestive of the final, cumulative impact of the program activities through 1980, some of which will be better expressed in future surveys.

The second major lag in the causal sequence extends from the use of contraception to a detectable change in fertility indicators. The best indicator of fertility is, of course, a live birth; another one which we shall use cautiously is pregnancy status. The effect of contraception is first to prevent a conception, so the minimum interval from a change in contraceptive practice to a detectable change in the number of births is the gestation period, nine months. For a fecund, currently married, non-pregnant and non-amenorrheic woman who is an immediate target of the GOP program, nine months is a rough estimate of the average time until her next conception if she does not use efficient family planning.* Therefore, for the average woman it will be this interval plus the gestation period, i.e., 18 months, before a change in prevalence will induce a change in fertility.

These calculations are admittedly rough, but suggest that almost no change in fertility could be expected within less than a year of a change in prevalence, that is, before early or mid-1979. The fertility rates for calendar year 1978, which may be estimated from both the 1979 and 1980 rounds of the Area Fertility Survey, are baseline

* The average interval would probably be less than nine months for a woman who was not using any method and longer for one who was. This estimate is based on the average length of the inter-birth interval for women who do go on to higher order births.

estimates for the impact of PP II. The change from calendar years 1978 to 1979 will be the first annual change which may be attributed even in part to the Outreach Program. At the date of this assessment, the most recent available fertility data are from the 1979 AFS and refer to calendar year 1978. Thus, unfortunately, the most recent data provide at best a baseline for the program which this report is intended to assess.

Because of the unavailability of more recent fertility data, some use will be made of Community Outreach Survey data on pregnancy status. Special tabulations from the 1978 and 1980 COS, prepared at our request, will be analyzed.

To sum up, the greatest methodological difficulty in this assessment (apart from the inevitable difficulty of imputing causation) is the lack of congruence between the period of the Outreach Program, which is the distinguishing feature of PP II, and the available data on prevalence and fertility. At least two more years of data would be desirable.

This report will nevertheless follow the strategy of reviewing the most recent available data on trends in prevalence and fertility, even though they will largely reflect program inputs prior to PP II. Such a synthesis and review should facilitate the interpretation of new data when they become available, and the ongoing evaluation of the GOP

program. Data on fertility preferences and contraceptive knowledge will also be reviewed. These variables are not subject to the same kinds of lags as are prevalence and fertility, but they are subject to well-known measurement errors and are of secondary value as indicators of program performance.

BRIEF DESCRIPTION OF THE AVAILABLE DATA SETS

This section briefly identifies bodies of data which are of possible relevance to the analysis. Reference will be made to some data which were judged to be of inferior quality, or which are not fully accessible at the date of this report, in order that readers will not infer that these data were overlooked. A minimum of detail will be provided; more complete descriptions are included in items cited in the bibliography to this report.

Census and birth registration data. At this point, only a preliminary report has been issued on the 1980 Census, and it does not include any age or marital status breakdowns. Hence at this time no use of the 1980 Census is possible for this analysis. Also, as is well-known, the birth registration data suffer from a serious undercount which varies a great deal from one region to another. The most recent full year for which birth registration data are available is 1976, which is no more recent than the available survey data.

Census and registration data, if accurate and recent, could be combined to provide estimates of the growth rate and birth rate and age-specific fertility rates for each region and for each year. NCSO staff have made sophisticated efforts to estimate fertility during the mid-1970's using registration data up to 1975 and the results of the 1970 and 1975 censuses. Such efforts are described in Prepotente and Adlakha (1979) and in Gonzales, Cross, and Adlakha (1979). For the Philippines as a whole and for each region, these authors provide a range of estimates which reflect alternative assumptions about under-registration. They confirm the decline found with survey data and are consistent with the survey estimates. This report will exclusively use survey estimates, however. They are more recent and include covariates which are not present in registration data under the best of circumstances.

The 1968 and 1973 National Demographic Surveys (NDS). Some use will be made of these two national surveys, which included 8,175 and 9,412 ever-married women, respectively. They included birth histories, KAP questions, and a number of socio-economic characteristics of both the woman and her husband. A large number of reports have appeared from these surveys, most of them prepared by the University of the Philippines Population Institute (UPPI).

1978 Republic of the Philippines Fertility Survey (RPFS). This survey of 9,268 ever-married women was conducted jointly with the World Fertility Survey (WFS). It substituted for a 1978 National Demographic

Survey; that series is to be resumed in 1983. It is generally quite comparable to the earlier NDSs, except for a slight relative deficiency of socio-economic information. The quality of the RPFS was carefully evaluated by Reyes (1980), with the assistance of WFS staff in London. It is believed that its fertility data are unusually accurate by international standards. For example, there was no internal evidence of timing biases or omissions in the fertility histories. However, Reyes found that the RPFS gave slightly but consistently higher estimates of fertility than the NDS's during their years of overlap (pre-1968 and pre-1973). The pattern of this excess suggests to us (and to WFS staff with whom we have conferred) that it is due to a broader definition of marital status. That is, the RPFS appears to have included some births which would have been judged to be non-marital in 1968 or 1973. This is an important point. If it is overlooked, one is sure to underestimate any decline in fertility between 1973 and 1978.

1977-1980 Area Fertility Survey (AFS). These four annual surveys were conducted in five regions in 1977 and 1978 (3-Central Luzon, 6-Western Visayas, 10-Northern Mindanao, 11-Southern Mindanao, and 13-Metro Manila) and in seven regions in 1979 and 1980 (the preceding plus 4-Southern Tagalog and 5-Bicol). Each round included approximately 4,000 women age 15-54 in each region, in new annual samples from a fixed selection of urban, semi-urban and rural barangays. These large sample sizes permit considerable statistical confidence in estimates of prevalence.

However, the sampling design and a systematic reporting bias appear to limit the use of single-year fertility data. This difficulty will be described below.

At this date, all four rounds have been completed. The 1977 AFS was reported upon by Madigan, et al. (1979). That report includes prevalence levels as of 1977, and fertility rates for calendar years 1972-1976. The practice has been to prepare single-year and grouped rates for the five calendar years prior to the survey, and to ignore totally the birth history for the calendar year of the survey. (Each survey was conducted in the early months of the year and provided too few births for a reliable estimate of the survey year; this is a common practice.) The report on the 1978 AFS was recently issued by Hackenberg, et al. (1980). It includes prevalence data for 1978 and fertility rates for the five-year interval 1973-1977, generally labelled "1975" in that report. The only single-year data in that report are for 1977 (labelled "1978"). Unpublished tabulations of the other single-year rates have been made available to us through the University of the Philippines Population Institute (UPPI).

The 1979 AFS report will be completed later in 1981 by Wilhelm Fliieger and the staff of the Office of Population Studies, University of San Carlos, Cebu. Some of its basic tabulations have already been prepared, describing prevalence in 1978 and fertility rates for the five years 1974-1978. We were given access to these tabulations and were

able to discuss them with Father Flieger in Cebu City. The 1980 AFS questionnaires are still being coded. The fourth report is to be written by Mercedes B. Concepcion and the staff of UPPI in 1982.

The available rounds of the AFS overlap considerably with the RPFS data. Their potential advantages over the RPFS are that (a) their very similar methodologies may permit the elucidation of trends, (b) they provide successive estimates of current prevalence, which is notoriously difficult to estimate retrospectively rather than currently, and (c) they are large enough for regional estimates and further breakdowns by socio-economic characteristics. On the otherhand, not all regions are included (the national coverage was 43% in 1977 and 1978, 64% in 1979 and 1980). National estimates are not possible unless, like Madigan and Hackenberg, one is willing to assume that the selected regions, when aggregated, are representative of the nation. In terms of assessing the impact of the Outreach Program, the major shortcoming of the Area Fertility Surveys is that they do not include information on whether or not a respondent lived in an area served by a Barangay Supply Point.

1976 National Acceptor Survey (NAS) and 1978 and 1980 Community Outreach Surveys (COS). The 1976 NAS was the third in a series of three biennial nationwide surveys of family planning acceptors. A sample of 8,250 acceptors registered between January 1970 was drawn from records of 100 clinics representing all regions except Region 9. A large proportion

(29%) of the sample acceptors could not be located or were not available for interview. An assessment for potential bias made by Laing and Alcantara (1980) concluded that "the sample of acceptors interviewed in the 1976 NAS appears to have been approximately representative of the 1970-1976 acceptors as a whole". The contraceptive prevalence rate estimate from this survey was 32 percent during the first quarter of 1977. While this rate was well above the official estimate of 25 percent for mid-1977, the NAS estimates by specific methods was found by Laing to be consistent with data from other program sources. (Laing, Research Note No. 136, 1977). Since the estimated number of users applied only to couples who had been listed by program clinics, it is likely that users of such methods as rhythm, withdrawal or abstinence were not included. Hence, the actual prevalence among eligible couples may in fact be higher than the NAS estimate. Estimates for less effective methods from the 1978 RFFS suggest that this might be the case.

The 1978 and 1980 COS were the first two of a projected series of national surveys designed to provide overall measures of program impact, strengths and weaknesses. The latter provides the most recent estimates on prevalence rates. In the 1978 survey, data were obtained from interviews of DPOs, FTOWs and BSPOs, from project records of the sample FTOWs and BSPOs, from enumeration of households in the areas covered by the sample BSPs, and from interviews of sub-samples of wives and husbands in those areas. The 1980 COS used a similar design but omitted the survey of

husbands and incorporated changes in the questionnaires.

One report has already been prepared out of the 1980 COS, which will be analyzed here. Unpublished tabulations were made available at UPPI and extensive discussions were held with Dr. Laing.

PP II Project Performance Reports. A series of quarterly reports starting from the first quarter of 1978 contain data aggregated from regional reports on prevalence rate and method mix distribution, among others. These data sets were investigated for regional and national trends in prevalence and method mix distribution. Data from the 1978 COS, however, indicate a serious underenumeration of married couples of reproductive age and numbers of current users in the BSP records. Comparison of BSP records with the COS enumeration data reveal that while the prevalence rate was approximately the same, the method mix was different. BSP records greatly overstated the use of pills; they understated the use of sterilization and other methods. In view of these deficiencies, greater reliance on the COS and alternative sources of data will be made in this report.

CONCEPTUAL FRAMEWORK

Given a constant or slowly declining level of mortality, the reduction of the national population growth rate, the primary demographic

goal of the Philippine Population Program, will be determined largely by the reduction in fertility.

Fertility change in turn will be determined by changes in such intermediate variables as nuptiality and contraception. The fertility effect of other intermediate variables such as breastfeeding, post-partum amenorrhea, regularity of menstruation, frequency of sexual relations and post-partum abstinence are difficult to assess at present in view of the limited data on these variables. Preliminary analysis of the 1978 WFS-RPFS data (the only national survey which obtained detailed data on these variables) indicate that post-partum abstinence is of relatively short duration in the Philippines and has only a minor fertility effect. Similarly, temporary separation of spouses also seemed not to affect the length of pregnancy intervals. Breastfeeding, on the other hand, tended to exert a relatively greater influence on the length of the pregnancy interval and therefore, potentially on births. (WFS-RPFS 1978) Analysis of the 1974 NAS reported by Laing (1979) suggested that the effect of breastfeeding was equivalent to 0.15 births averted, i.e., was equivalent to the average protection provided by condoms following an acceptance of that method.

From the standpoint of the impact assessment of PP II, the effect of such intermediate variables on fertility levels is expected to be relatively small compared to the potential impact of effective contraception. In addition, since there is no reason to expect

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economic change through IEC and motivational campaigns. On the supply side, changes in contraceptive practice depends on the knowledge of contraceptive methods and on access to such methods. Again, socio-economic and environmental factors can be expected to have an impact on such supply factors similar to that of direct program efforts.

While conceptually both program and non-program factors can affect the demand for and supply of contraceptive methods, it is often difficult to estimate their independent and interactional effects.

INFERRING FERTILITY TRENDS FROM THE AREA FERTILITY SURVEYS

The Area Fertility Surveys were conducted on an annual basis in order to detect changes in prevalence and fertility as rapidly as possible. It is with that goal in mind that we shall examine them. This section is concerned with their use for estimating fertility trends.

At this time, single-year estimates of recent fertility are available from the AFS rounds of 1977, 1978 and 1979; reports have already been issued on the first two of these surveys (Madigan, et al., 1979; Hackenberg, et al., 1980). Age-specific fertility rates (in five-year age groups) for all women, for all ever-married women, and for all currently married women were made available to us. The calendar years of births included in these rates are 1972-6 for the 1977 survey, 1973-7 for the 1978 survey, and 1974-8 for the 1979 survey.

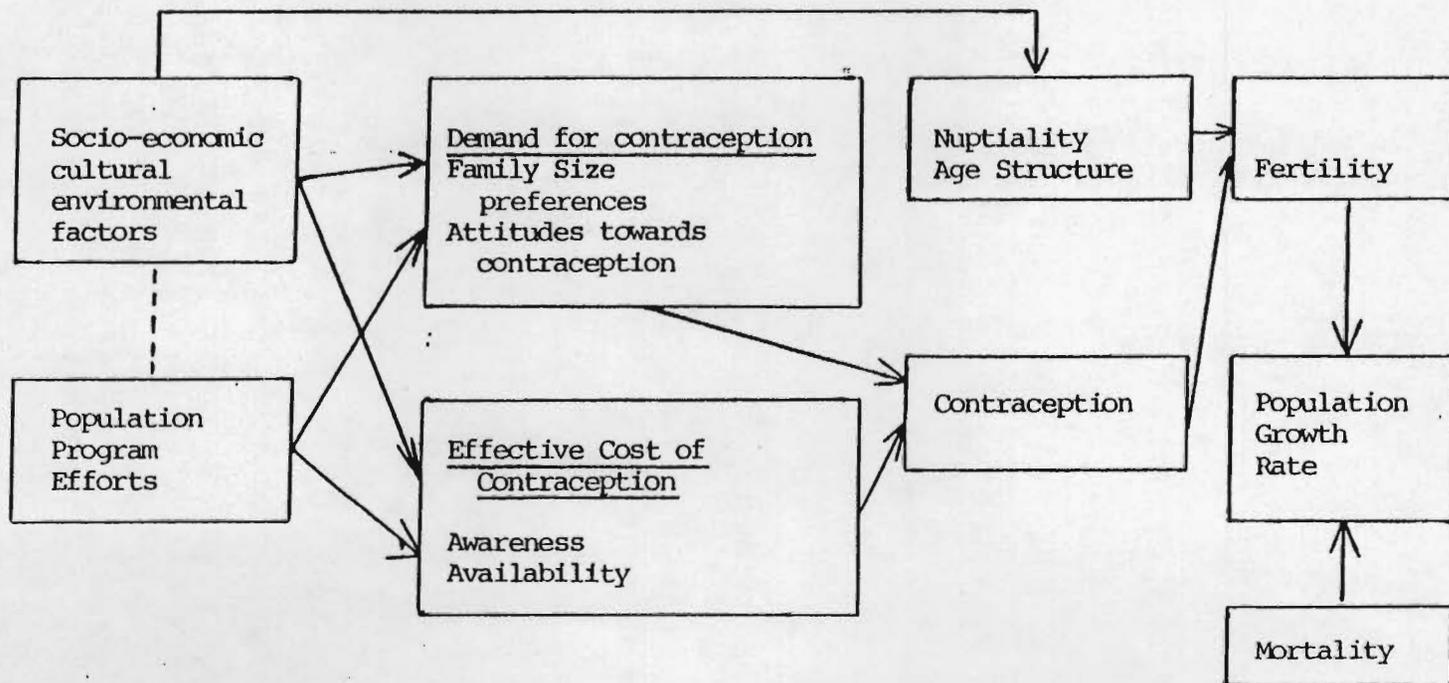


FIGURE 3: CONCEPTUAL FRAMEWORK FOR ASSESSING THE DEMOGRAPHIC IMPACT OF THE POPULATION PROGRAM II PROJECT

Thus far these surveys have not all been subjected to a thorough evaluation of their accuracy; Cabigon (SP 13, 1979) conducted a preliminary evaluation of the first two surveys. Therefore our first priority was to undertake some consistency checks between the various rounds to search for possible reporting biases. This review was much facilitated by estimates of sampling error which have been computed for nearly all the AFS rates. These estimates, due to Professor Henry Magalit of UP-Los Baños, are particularly important because of the clustered sampling design of the Area Fertility Surveys.

Table 1 gives the Total Fertility Rates (TFR's), the sum of the all-women ASFRs, for the five regions covered in all Surveys. The Regions are the largest analytic unit of these Surveys and should show maximum consistency from one round to the next. However, Table 1 shows an alarming magnitude of discrepancy within each region for the three calendar years of overlap, 1974-6. It is common to have a range of half a child (0.5) in the three corresponding estimates. In two cases (Region 3 in 1974 and Region 6 in 1975) there is a range of one full child.

There are two possible explanations for this large degree of variation: sampling error and non-sampling error. The latter may be further divided into a component which is the same for every survey, such as systematic displacement of dates in the retrospective birth histories, and a component which is unique to each survey.

Consider first the degree of discrepancy which could be due to sampling error alone. Despite the large sample sizes for each region, it turns out that the TFR do have sizable sampling errors. The large clusters (50 Households per sampled barangay) caused high intra-class correlations, a high design effect (deft), and a loss of efficiency. This may, of course, have been outweighed by a great savings in field operations, but the effective sample size was evidently only a fraction of the number of households interviewed.

For Region 3 (Central Luzon) in 1974 we have, for example, three estimates of the TFR: 4.42, 4.54, and 5.43. These estimates should be statistically independent (although some households appeared in more than one round). The unweighted numbers of women used for each estimate are 5,734, 5,704, and 7,528, respectively. The standard errors for these TFRs have been calculated by the UPPI computer program at the stratum level, but not at the regional level. Our own estimates of the standard errors are 0.33, 0.43, and 0.41, respectively.* These suggest that the 95% confidence interval for the TFR in Central Luzon in 1974, for example,

* At the regional level, the computer program gives only the variance of the ASFRs and only for the most recent calendar year. Because the TFR is five times the sum of the ASFRs (the ASFRs cover five years of age), we estimate the variance of the TFR to be 25 times the sum of the variances of the ASFRs. The standard error of the TFR is the square root of the variance. Then, assuming that the s.e. is proportional to the TFR, the s.e. for 1974 was estimated by multiplying the most recent s.e. by the ratio of the 1974 TFR to the most recent TFR.

TABLE 1 - ALL-WOMEN TFR'S FOR CALENDAR YEARS 1972-1978 FROM THE AREA FERTILITY SURVEYS OF 1977, 1978, 1979.

Year of Survey	1972	1973	Calendar Year of Births				
			1974	1975	1976	1977	1978
Region 3 - Central Luzon							
1977	6.05	5.58	4.42	4.58	4.90	x	x
1978	x	5.24	4.54	4.50	4.16	4.23	x
1979	x	x	5.43	4.97	4.68	4.64	4.66
Region 6 - Western Visayas							
1977	6.35	5.81	5.96	5.23	5.91	x	x
1978	x	6.00	5.65	5.85	5.28	5.96	x
1979	x	x	5.44	6.22	5.14	5.24	5.44
Region 10 - Northern Mindanao							
1977	7.55	7.21	6.59	6.23	5.80	x	x
1978	x	6.15	6.68	6.49	6.44	6.21	x
1979	x	x	6.13	6.24	6.17	5.18	5.88
Region 11 - Southern Mindanao							
1977	6.84	6.14	6.06	5.78	4.96	x	x
1978	x	6.44	6.19	5.63	5.36	5.70	x
1979	x	x	Not yet available				
Region 13 - Metro Manila							
1977	3.78	3.58	2.95	3.12	3.42	x	x
1978	x	3.45	3.10	3.24	3.01	3.41	x
1979	x	x	3.55	3.57	3.44	3.62	3.68

would be:

4.42 \pm 1.96 (.33)	or	3.77 to 5.07
4.54 \pm 1.96 (.43)	or	3.70 to 5.38
5.43 \pm 1.96 (.41)	or	4.63 to 6.23

using the 1977 AFS, the 1978 AFS, or the 1979 AFS, respectively. There is substantial overlap in these three intervals. All of them include the range 4.63 to 5.07, which is in itself rather wide, and the total range is 3.70 to 6.23.

These calculations, as well as an actual test for the difference between means, imply that the alternative estimates for 1974-6 in Table 1 are indeed within sampling variation of one another.* Nevertheless, the differences are so large that it would appear virtually impossible to reach statistically significant conclusions about trends or about subgroup differences within regions.

We would be extremely reluctant to dismiss all use of the single-year AFS fertility data, which have been relied heavily upon in the reports on the 1977 AFS and 1978 AFS. The next step will be to use non-parametric procedures (ignoring the question of sampling error

* We lack the facilities for a truly simultaneous test of all differences within columns and panels, but believe that such a test would sustain this conclusion.

altogether) to try to identify possible trends or patterns across years. For a moment, the question of whether any discernible patterns are real or result from non-sampling error will be left open.

Referring back to Table 1, a pattern is immediately detectable within each row. There are 14 rows with 5 TFRs each, and 11 of them show a decline followed by a rise. (The exceptions are Regions 10 and 11 in the 1977 AFS and Region 10 in the 1978 AFS.) Typically, the "lowest" year in this V-shaped pattern is better identified as 2 to 3 years before the survey rather than as a specific calendar year. Such a tendency suggests a systematic distortion in the AFS birth histories, rather than a trend.

The possibility of distortion may be investigated better at the stratum level; the smaller sample sizes are acceptable for non-parametric tests. We presently have a full five years of observation from all three Surveys on 11 strata: Three each for Regions 3, 6 and 10 and two for Region 13. (The 1979 AFS tables are not yet ready for Region 11, so the previous two surveys will be momentarily ignored for that region. With just two years of data, a "real" pattern and a "reporting" pattern would be too difficult to distinguish.) The cells in Table 2 give the number of provinces in each survey whose year of minimum reported fertility is 1, 2, 3, 4, or 5 years before the survey. For example, in the 1977 AFS, one province had its minimum one year before the

TABLE 2 - FREQUENCY WITH WHICH THE YEAR OF MINIMAL FERTILITY (TFR) DURING THE 5 YEARS BEFORE THE 1977, 1978, AND 1979 AREA FERTILITY SURVEYS OCCURRED DURING THE CALENDAR YEARS 1, 2, 3, 4, AND 5 YEARS BEFORE THE RESPECTIVE SURVEYS. RESTRICTED TO THE 11 STRATA INCLUDED IN ALL THREE SURVEYS.

<u>Years Before the Survey</u>	<u>1977 AFS</u>	<u>1978 AFS</u>	<u>1979 AFS</u>	<u>Total</u>
1	1	1	1	3
2	6	8	6	20
3	4	1	4	9
4	0	1	0	1
5	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	11	11	11	33

survey (in 1976), six had their minimal fertility two years before (in 1975), and four the year before that (in 1974).

In Table 2, diagonals drawn from the upper left to the lower right refer to the same calendar year. Thus, for example, the year 1976 was one year before the 1977 survey, two years before the 1978 survey, and three years before the 1979 survey. If there had been a genuine, nationwide tendency for fertility to decline during the early 1970's and then to have begun to rise again in the mid-1970's (as was suggested in the Report on the 1978 AFS), then the minimal year would tend to occur on one or two diagonals of Table 2. But of the 33 minima, 20 occurred two years before the survey and 9 occurred three years before the survey. The pattern is far more regular than could occur by chance, and we interpret it as conclusive evidence that the rates include an overlay of reporting distortion.

Birth dates of children thus appear to have been shifted systematically within the birth histories to exaggerate the fertility of the calendar year immediately preceding the survey. This shift must come from either of two directions. One possibility is that births two to three years before the survey have been shifted toward the interview date. The alternative is that births during the calendar year of the survey have been shifted backwards. The latter direction of shifting

has been observed in some other countries, but the Area Fertility Surveys were all conducted too early in the calendar year for this to be a plausible explanation. Hence a forward shift seems more likely.

To this point, the discussion has been based on Total Fertility Rates, but it should be clear that a systematic reporting bias will affect all measures of fertility. The published analyses of the 1977 AFS and 1978 AFS have given single-year estimates of the Crude Birth Rate, a standardized CBR, the General Fertility Rate, a standardized GFR, the TFR, the Total Marital Fertility Rate, and some other hybrid rates. Except for weights which vary by age, all of these rates have in their numerators the births reported for successive calendar years. And even though the bias probably inflates the latest annual birth count by no more than 5% (simply a rough estimate), it will have some degree of impact on recent trend estimates for all measures.

Continuing with the TFR as a measure of fertility, it is possible to purge it of the reporting bias by taking only one year from each survey in sequence. Thus we shall now consider the sequence formed by the 1976 rate from the 1977 AFS, the 1977 rate from the 1978 AFS, and the 1978 rate from the 1979 AFS. We have suggested that there seems to be a cultural bias to inflate the rate for the last full year (at the expense of adjacent years). But if this bias is approximately the same every year, then genuine trends may still emerge. Each of these three rates may be a bit high, but the fluctuations may be real.

These final-year rates are given in Table 3 for each region and each stratum (the strata are urban, semi-urban, and rural, respectively). To repeat, the main interest of this table is in the sequence across time (or in the differentials across regions and strata); the individual rates have some upward bias. The fourth column of the table reduces the temporal pattern to a sequence of the letter H, M, and L, which refer to whether a rate is high, medium, or low within the three year interval. The sequence HML implies a steady downward trend, and so on. Some of the numerical differences between adjacent ranks are quite small. Even so, if there was a continued downward trend in fertility from 1976 to 1978, then the sequence HML would occur more often than expected by chance. But it does not do so. Of the 11 strata in Regions 3, 6, 10, and 13, only three show a steady downward trend: Urban and Semi-urban Luzon and Semi-urban Western Visayas. One stratum (Semi-urban Metro Manila) actually shows a small but steady rise.

Recalling the substantial sampling errors of these TFRs, perhaps they will not bear such close scrutiny even when "purged" of the reporting bias. Our final strategy for the single-year rates will therefore be to look only at the columns for 1976 and 1978 in Table 3. By skipping a year (1977), any real movement in fertility will be more likely to manifest itself. The fifth and final column of Table 3 gives the arithmetic change from the 1976 to the 1978 TFR. Seven strata (the first seven in the table, coincidentally) show a decline, even if not a

TABLE 3 - SINGLE-YEAR TFR'S FOR 1976-8, USING THE LATEST CALENDAR YEAR IN THE 1977-9 AREA FERTILITY SURVEY, RESPECTIVELY.

Region and Stratum	Calendar Year of Births				1976-8 Change
	1976	1977	1978	Trend*	
Region 3	4.90	4.23	4.66	HLM	- .24
Stratum 1	3.83	3.10	2.67	HML	-1.16
Stratum 2	4.45	3.87	3.76	HML	- .69
Stratum 3	4.97	4.29	4.81	HLM	- .16
Region 6	5.91	5.96	5.44	MHL	- .46
Stratum 1	5.06	4.21	4.54	HLM	- .52
Stratum 2	5.55	4.40	3.96	HML	-1.59
Stratum 3	6.16	6.33	5.70	MHL	- .46
Region 10	5.80	6.21	5.88	LHM	+ .08
Stratum 1	4.43	4.47	4.18	MPL	- .25
Stratum 2	5.13	4.39	5.25	MLH	+ .12
Stratum 3	5.95	6.49	6.04	LHM	+ .09
Region 11	4.96	5.70	-	-	-
Stratum 1	3.70	4.29	-	-	-
Stratum 2	4.28	5.24	-	-	-
Stratum 3	5.07	5.79	-	-	-
Region 13	3.42	3.41	3.68	MLH	+ .26
Stratum 1	3.38	3.36	3.63	MLH	+ .26
Stratum 2	3.62	3.69	3.96	LMH	+ .34

* H = High, M = Medium, L = Low rate in the row.

steady decline. Across the two years it ranges from -0.16 to -1.59, with a simple average of -0.69. In four strata it shows a rise, ranging from 0.09 to 0.34 and averaging 0.20. There is the appearance of a decline — but is it statistically significant? If the change in each stratum is separately tested for significance, the declines in Stratum 1 of Region 3 (-1.16) and in Stratum 2 of Region 6 (-1.59) are significant at the .05 level.* One must be wary of the fallacy of multiple statistical tests; purely by chance, we would expect one difference in twenty to be significant at the .05 level. However, these two differences are large enough that we are prepared to say that they are real. We also believe that across the eleven strata, there was a small net decline in fertility from 1976 to 1978 but that no specific conclusion are possible about any strata other than these two.

This section of the report has gone into considerable detail because it reaches conclusions that are not particularly welcome. It will be repeated that these conclusions extend to all age-adjusted measures of fertility constructed from the Area Fertility Surveys, and are not limited to the TFR. Sampling error will be even more serious for marital rates and their sums, because those rates will have smaller denominators. Sampling error will be less serious for

* This result is the same whether the standard errors come from the computer program or are calculated according to the previous footnote in the section.

unadjusted (unstandardized) crude rates such as the CBR and GFR, but the loss of an age control is a serious limitation for those rates. Hackenberg, et al. (1980) used as their main measure the sum of age-specific fertility rates for currently married women in age-groups 15-19 to 50-54, the MIFR. As they recognized (p. 63 and elsewhere), the standard errors were very large. Because of their natural desire to exploit the 1978 AFS fully, they may have drawn more conclusions from the 1977 rates than was advisable. Madigan, et al. (1979), in reporting on the 1977 AFS, fell into the same trap.

Our conclusions regarding fertility trends from the AFS are as follows:

1. Because of the magnitude of the sampling errors, virtually no conclusions can be reached with the single-year age-adjusted types of rates. We have focused on trends here, but this conclusion is implicit for differentials as well. Typically, two TFRs must differ by at least one child (1.0) to be significantly different. A confidence interval typically has a width of two children (2.0).

2. There is a systematic pattern of distortion in the retrospective birth histories which causes an exaggeration of fertility during the calendar year before the survey. This appears to be common to all of the Area Fertility Surveys and has been noted in other surveys as well, such as the Seven Provinces Survey. The source of this distortion

may be either the prevailing methodology of the birth history questionnaires or some cultural factors. At any rate, until this distortion is better understood, great care must be taken with all fertility measures in inferences about very recent trends from a single survey.

3. After piecing together the 1977, 1978, and 1979 AFS's to refer independently to the calendar years 1976, 1977, and 1978, it has been cautiously concluded that there was a minor decline in the TFR across those three years. Metro Manila notably showed no decline. The urban areas of Central Luzon and the semi-urban areas of the Western Visayas were the only strata, out of the eleven included and reported for all three surveys, which showed significant declines. However, it must be noted that a spectacular annual rate of decline of about 10% or more would have been needed to achieve significance in these Surveys. It is ironic that most demographers would immediately suspect the quality of any data which produced a fluctuation of statistical significance. For these reasons, the AFS data can be considered to be statistically consistent with the RPFs evidence for a 2% annual decline in the TFR during the 1970's, but beyond that observation the conclusions for trends are limited.

RECENT LEVELS AND DIFFERENTIALS IN FERTILITY

Having reviewed in some detail the ability of the AFS's to describe short term fertility trends (or, rather, their inability to do so), we turn now to the most recent available data on levels and differentials. Two principal sources will be used: the 1978 RPFS and the 1978 AFS. Both surveys provide descriptions of the five year interval 1973-1977, which is centered on 1975. In addition, rates will be given for the single-year 1977, but only at the level of the entire Philippines (for the RPFS) or all five AFS regions combined (Regions 3, 6, 10, 11, and 13). Only at these levels is the sampling error of the single-year rates tolerable. Earlier it was suggested that the AFS rates are biased upwards by perhaps 5% for the year before the survey. There is no evidence of such a bias in the RPFS (see Reyes, 1980).

Table 4 gives the rates described above as they are available from the published reports. Two kinds of age-specific rates are given, those for all women (ASFRs) and those for married women (MASFRs). The marital rates from the RPFS are for ever-married women, which do not reduce the woman's exposure to childbearing (the denominators of the rates) to take into account marital dissolution. Although somewhat less refined, these rates are more conventional than the marital rates in the 1978 AFS report. Those rates are limited to currently married women. The difference due to definition alone is about 10% past ages 35-39 and about 3% in the total.

TABLE 4 - NATIONAL AND FIVE-REGION FERTILITY RATES FROM THE RPFS AND 1978 AFS, 1973-1977 AND 1977.

Age at Birth	RPFS - National			1978 AFS - Five Regions			
	(1) ASFR's 1973-7	(2) ASFR's 1977	(3) MASFR's 1977	(4) ASFR's 1973-7	(5) MASFR's 1973-7	(6) ASFR's 1977	(7) MASFR's 1977
15-19	53	41	436	44	434	40	527
20-24	216	204	443	190	411	184	427
25-29	245	236	331	243	331	239	341
30-34	235	241	288	214	252	229	273
35-39	180	172	202	161	183	157	180
40-44	91	89	99	69	80	67	78
45-49	29	18	20	15	18	8	10
Totals	5.20	4.96	9.10	4.68	8.54	4.66	9.22

Source: RPFS Report, pp. 102 and 105; Hackenberg, et al. (1980), pp. 29 and 56; and Concepcion (1981).

Note: The marital rates from the RPFS refer to ever-married women. Those from the 1978 AFS refer to currently married women. The source for columns (6) and (7) included rates of 7 and 8, respectively, for women aged 50-54. Hackenberg, et al. (1980) labelled the 1977 rates "1978".

Table 4 clearly shows that the Five Regions are not representative of national fertility. When columns (1) and (4) are compared, we find lower ASFR's for every age group in the Five Regions, and the TFR is 11% less (4.68 vs. 5.20). The single-year ASFR's for 1977 in columns (2) and (6) sustain this inference with a Five-Region TFR that is 6% below the national (4.66 vs. 4.96).

The 1978 AFS does not show a decline in the TFR from 1973-1977 (pooled) to 1977, whereas the RPFS suggests a rate of decline of about 2% each year. The AFS reporting bias could easily account for this apparent absence of trend (as well as for the difference between the 11% and 6% figures in the preceding paragraph). Alternatively, the Five Regions could be unrepresentative of the nation in terms of trends as well as levels.

In any case, it would be improper to use the AFS's to describe levels and trends at a national level. We believe that references in the 1978 AFS Report to paradoxes and trend reversals arose largely from a faulty linkage between that survey and the earlier National Demographic Surveys. A valid comparison would require that the earlier surveys be re-analyzed and new tables be run for the aggregate of Regions 3, 6, 10, 11, and 13. In this section we shall refer to the entire Philippines and to the Five Regions, but will be very clear about the distinction.

Both survey reports included marital age-specific fertility rates and totals thereof. Although such rates are commonly calculated for fertility analyses, they pose analytic problems which Table 4 serves to illustrate. We differ with the emphasis on the TMFR in the AFS analyses to date, and urge a more cautious approach in the future. The marital rates decline sharply with age because the Philippines has already moved a substantial distance from the pattern of essentially natural fertility which it experienced less than twenty years ago. In a context of increasing fertility control, duration-specific marital fertility rates are a far better description of the volume of marital fertility and the process of family formation.

The RPFS Report (p. 72) estimated that in 1978 the singulate mean age at marriage (SMAM) was 24.4. The SMAM is well known to be unusually high in the Philippines compared to other developing countries or other countries in Southeast Asia. Hence it is particularly inappropriate to summarize marital fertility rates by adding from age 15 upwards. The TMFR's calculated in this way are interpreted as the number of children a woman could be expected to have if she were first-married at age 15 (for the ever-married rates) or if she were continuously married from age 15 (for the currently married rates). But when the average woman in a cohort actually marries at 23 or 24 and extremely few women marry at 15, the TMFR ceases to be descriptive of actual experience. It also is heavily affected by the fact that

the MASFR for age 15-19 is (a) almost always the largest MASFR (partly because it includes numerous births which were pre-maritally conceived or even premarital) and it is (b) based on a small denominator of early-marrying women, and therefore is subject to large sampling error.

A fixed starting age for the summation, such as age 15, will also obscure actual trends and differentials in age at marriage. The effect is always to exaggerate the number of children born to a woman who marries after the starting age, and this upward bias will be especially serious for women who marry later than average. Although MASFR's have value in relating marital fertility to marital exposure, and they are very useful in separating components of change, as in the next section, the totals of MASFR's can obscure important differences. The sum of the duration-specific marital rates is much easier to interpret as the expected number of children that a married woman will ever have.

In Table 4, the MASFR's before age 25 do not describe the experience of the majority of women and should be given little weight. Beyond age 25, the sub-totals of the rates are 4.70 in column (3), 4.31 in column (5), and 4.45 in column (7). These subtotals, plus the individual MASFRs for age 25 and later, become fully consistent with the earlier conclusions from the ASFRs: (a) fertility, overall

or marital, is 7 to 11% lower in the Five Regions than in the nation as a whole, and (b) from 1975 to 1977, fertility was steady or declined very slightly in the Five Regions, but the 1977 rate was biased upwards by timing distortion. We do not believe that the apparent rise in AFS marital fertility from column (5) to column (7) was real. Most of the change appears in the unstable age groups before 25 and we have already argued that all AFS's included a latest-year bias of around 5%. We note that the report on the 1978 AFS recognized the instability of the MASFR for ages 15-19 and proposed a truncated rate for ages 20-39 (p. 154). It gives this truncated total for a variety of subpopulations using the single year 1977. These include two categories of socio-economic status, with each of the five regions and fourteen strata (p. 157); three categories of household head's employment within regions and strata (p. 168). With reluctance, we must refuse to cite these results in detail. The rates have large standard errors, which are not provided; there is a probable upward bias for 1977 rates in the 1978 AFS (although this would have less effect on differentials than on levels); and even the truncated TMFR obscures the effect of differences in age at marriage. As one might expect from these factors, the patterns in these tables are not consistent. The only generalizations to be made are these:

1. In the urban and semi-urban strata, the rate is inversely related to the SES measure.

2. In the urban and semi-urban strata, the rate is lower for high income women than for low-income women, but the rate for the middle income category is indeterminate.

There is no discernible pattern at all involving occupation of household head.

This report has now reviewed all of the ASFR's, MASFR's, and totals thereof, given in the reports on the RPFS and the 1978 AFS (with the exception of one 1978 AFS table to be discussed in the section on "The Impact of Contraception on Fertility"). The 1977 AFS report (Madigan, et al., 1979, pp. 78-88 and pp. 206-229) includes data on fertility differentials between 1972 and 1976 according to education of mother, socio-economic status (a different, three-category measure) and occupation of husband. Again, the data are given in single-year form for detailed categories and standard errors are not provided. In addition to TMRs (for ages 15-49), age-standardized GFRs are given. This measure is much preferable to the TMR.

Education is the only socio-economic predictor in the 1977 AFS report that is not included in the 1978 AFS report. It is found to have a negative relation to fertility if a suitable level of aggregation is reached. The range appears to be at most 20% in the contrasts between 1 - 6 years of schooling and some college or more. There is

a negative relation to the SES measure, as expected. It appears highly consistent and suggests that the 1977 measure of SES may be preferable to the 1978 measure. The 1977 AFS Report would have been much easier to read if the rather detailed Appendix tables had included summary panels, rows, and columns. There are too many alternative measures of fertility, too many small categories, and insufficient aggregation to permit real patterns to become visible.

Moving now from rates as such, we shall briefly consider two other ways of measuring fertility differentials in the mid-1970's. The first of these is a standard WFS measure, the mean number of children born during the five years before the survey to women married continuously during those five years. For the RPFS, this measure refers to the five years centered on 1975. Because the quantity varies a great deal with a woman's age, it is desirable to standardize, within sub-groups, upon the overall age distribution.

Table 5 is copied from Table 5.11 of the RPFS Report. It might seem desirable to have additional places to the right of the decimal point, but one place is probably sufficient in view of sampling error. According to this measure, the effect of education is curvilinear; women with no schooling at all have lower fertility than those with 1-6 years, presumably because of deficiencies of health and nutrition. This pattern has been seen in numerous Philippine surveys of cumulative

TABLE 5 - MEAN NUMBER OF CHILDREN BORN IN THE PAST FIVE YEARS TO WOMEN WHO HAVE BEEN CONTINUOUSLY IN MARRIED STATE IN THE LAST FIVE YEARS OF BACKGROUND VARIABLES

Background Variable	Mean	Standardized Mean ^a	Background Variable	Mean	Standardized Mean ^a
Level of Education			Husband's Occupation		
None	1.0	1.1	Professional	0.8	0.9
Primary	1.3	1.4	Clerical	0.9	0.9
Intermediate	1.3	1.2	Sales	1.0	1.0
High School	1.1	1.0	Agriculture, Self-Employed	1.3	1.3
Some College	1.0	0.9	Agriculture, Not Self-Employed	1.4	1.3
With College Degree	0.9	1.0	Services	0.9	0.9
Region of Residence			Manual, Skilled and Unskilled ^b		
Metro Manila	0.9	0.9		1.2	1.2
Luzon	1.2	1.2	Pattern of Work		
Visayas	1.2	1.3	Before and Now	1.1	1.2
Mindanao	1.4	1.3	Now not Before	1.0	1.1
Place of Residence			Before & After	1.5	1.4
Urban	1.0	1.0	Only After	1.1	1.1
Rural	1.3	1.3	Only Before	1.5	1.3
Religion			Never Worked	1.3	1.2
Roman Catholic	1.2	1.2	All	1.2	1.2
Protestant	1.2	1.2			
Iglesia ni Kristo	1.2	1.1			
Aglipayan	1.1	1.2			
Islam	1.4	1.2			
Others	1.2	1.2			

Source: WFS-RPFS Final Report, 1979. p. 100.

^aStandardized on current age.

^bMean recalculated for combined category.

fertility, but here is evidence that it persisted into the mid-70's in period fertility. The range across educational categories is more than the 20% figure given above, and appears close to one-third. Scanning Table 5, the low fertility categories emerge as Metro Manila, urban residence, and professional or clerical or service workers. It is notable that Religion and Pattern of Work show only a minor relation to recent fertility.

The final measure of fertility to be examined for differentials is the mean inter-birth interval. This was employed in the report on the 1978 AFS with reference to birth intervals which began during 1967-1976 and were closed before the survey. Women who had three children, for example, will be included only in the intervals from one to two and from two to three (referred to as Intervals 1 and 2, respectively). Tables based on this measure appear on pages 26, 33, 40, 127, 135, 165, and 169 of that report. Summarized qualitatively here, i.e., without giving numerical estimates, they show that

1. Intervals were shortest in the rural areas, longest in the metropolitan areas, and intermediate in "other cities". The latter category is nearer to the metropolitan areas than to the rural areas (in terms of intervals).

2. The five regions may be ranked rather consistently across birth intervals 2 to 7 as follows: S. Mindanao (shortest), N. Mindanao,

W. Visayas, Luzon, Metro Manila (largest). The rank order of the first three regions is more clear than in the TFRs of the previous section.

3. For most, although not all birth intervals, the curvilinear relationship with education is apparent. Birth intervals are shortest for those with elementary education, they are longest (by far) for women with some education beyond high school, and otherwise they are intermediate. An interesting table (p. 165) includes the separate effects of the wife's education and the husband's education. It is difficult to interpret this table without the use of a procedure such as multiple classification analysis, but it appears that both of the educational levels are important determinants of fertility. The intervals are consistently much longer when both spouses are highly educated (i.e., when both have more than high school education).

4. Turning to the husband's occupation, birth intervals are consistently shortest when the husband is an agricultural worker, longest when his occupation is professional, administrative, or clerical, and intermediate (but closer to the latter) for other non-agricultural occupations.

This section has focused on levels and differentials in fertility in the mid-1970's -- that is, upon measures derived from births during that time. Cumulative fertility, measured by children ever born, has

been documented in the reports referred to here and in reports on earlier surveys as well. Of special note, Cabigon (1981) has provided a multivariate analysis of children ever born using the 1978 AFS. Her analysis has the virtues of being based upon the most recent available data and of using statistical procedures for examining several variables simultaneously. However, when patterns of nuptiality and marital fertility are changing -- and they have changed substantially during the past twenty years, especially nuptiality -- then the differentials in children ever born may be largely due to circumstances which no longer hold. A review of earlier fertility is not believed to be part of this report's task.

The data available for the present purpose have been disappointing, but mainly due to the real difficulty in obtaining statistically reliable estimates of short-term fertility for small sub-populations. Part of the difficulty lies also in the fact that there are no completely satisfactory summary measures of fertility which can take into account simultaneously the roles of age and marital status. In addition, it is difficult to measure socio-economic status except through education and occupation, and even these measures pose problems of interpretation. Does a college education somehow induce lower fertility, or is a college education simply an indicator of parental background, aspirations and ambitions, or some other more fundamental determinants of fertility? These issues are familiar to all who have

developed and analyzed fertility surveys in the Philippines. This report shall later suggest some ways of handling them in the future.

RECENT TRENDS IN THE PROPORTION PREGNANT

If each woman knew and correctly reported her pregnancy status at the time of a survey, researchers would be furnished with an excellent indicator of the number of births in the next nine months. In reality, pregnancy data have some serious deficiencies. Some women who are actually pregnant will not know that they are or will refuse to say that they are. This bias appears in most countries to vary according to a woman's age and parity, but not with a pattern clear enough to permit adjustments. Furthermore, of course, some pregnancies will not terminate in a live birth, and the risk of pregnancy loss also varies according to age and parity. The number of pregnancies reported will be substantially less than the number of births in a year, and we have already seen from the Area Fertility Surveys that annual fertility rates are subject to substantial sampling errors.

Despite these warnings, the 1978 and 1980 Community Outreach Surveys will be compared in a search for a possible impact of the Outreach Program on the percentage pregnant and thence on actual fertility. Table 6 is derived from tabulations prepared at UPPI especially for this report. The percentage pregnant is given for

TABLE 6 - THE PERCENTAGE OF FECUND, CURRENTLY MARRIED WOMEN AGE 15-49 IN THE 1978 COS AND 1980 COS WHO STATED THAT THEY WERE CURRENTLY PREGNANT, BY FAMILY SIZE AND DATE OF ESTABLISHMENT OF BSP.

Period and Sample Coverage	Number of Living Children								
	0	1	2	3	4	5	6	7+	All
1978 COS	39.0	23.5	18.4	18.3	14.0	17.5	16.5	12.5	15.9
1980 COS, BSP established by 6/78	50.4	21.9	19.4	11.7	15.1	15.0	9.4	10.6	17.9
1980 COS, BSP established after 6/78	55.1	24.1	15.7	18.7	11.2	17.9	8.1	10.6	18.3
1980 COS, Total	52.1	22.9	17.7	14.5	13.7	16.4	8.8	10.7	18.1

current family sizes 0, 1, ..., 7+. The data from the 1980 COS are further classified according to the date of establishment of the Barangay Supply Point in the woman's barangay. If the BSP was established by June, 1978, i.e., by the time of the 1978 COS, then the women's barangay would have been included in both of the Community Outreach Surveys. Thus the first two rows of Table 6 refer to the same population. The third row refers to women whose Barangay Supply Point was established sometime during the two-year interval between the two surveys. The fourth row refers to all women in the 1980 COS. (The number of sampled women in these four rows is 3760, 2223, 1612, and 3835, respectively.)

If there was a change in the pregnancy rate attributable to the Outreach Program, it would appear as a decline from the first row to the second row of Table 6. Unfortunately, rather than a decline, a comparison of these two rows shows a general increase in the percentage pregnant from 15.9% to 17.9%. The increase is not quite statistically significant (because of the design effect) but it is a far cry from a decline. There is a decline for family sizes 1, 3, and 5 or more, but it is small and is offset by increases at parities 0, 2, and 4.

It is difficult to make use of the third (and fourth) row of Table 6 because of the possibility that the barangays whose supply points were established after June, 1978, are systematically different in some

way from those represented in the first two rows. It would probably not be valid to regard the women in the third row as a control group for this reason.

Because the RPFS definitely showed a decline in marital fertility up to 1978, we would have expected Table 6 to show a decline in the percentage pregnant even if the Outreach Program had added nothing to other unmeasured sources of decline. The previous secular decline in the TFR of 2% a year would have implied a drop in the percentage pregnant from 15.9% to 15.3% in two years. Even putting aside questions of sampling error and changes in nuptiality, a decline would have to exceed a minimum amount in order to indicate a program effect. But not only do we fail to find that minimum amount of decline, there is actually a small increase in the percentage pregnant.

Recalling the warnings at the beginning of this section regarding the use of the percentage pregnant, these findings must not be regarded as conclusive. However, they are puzzling at best, and alarming at worst. It is suggested that UPPI staff continue this analysis in greater depth than is possible in the present report. It is our preliminary speculation that the observed rise is due to an improved perception of the pregnant state, i.e., to an increase in the accuracy of the pregnancy self-report.

COMPONENTS OF CHANGE IN FERTILITY

Rapid population growth has been determined by the Government of the Philippines to be deleterious to future economic development. The primary goal of PP II was expressed in terms of a reduction of the growth rate by one-tenth of a point per year. This section of the report will consider the following questions:

1. What are the most recent estimates of national vital rates?
2. What changes may be projected into the future?
3. To what degree can change in the Crude Birth Rate be attributed to various sources?
4. Is change in the growth rate or even in the CBR an appropriate form for expressing program targets?

According to the Preliminary Report on the 1980 Census (NCSO, 1980, p. 1), the May 1, 1980 population of the Philippines was 47,914,017. This implies an annual growth rate of 2.64% during the five years since the 1975 census. For the preceding five-year period, the annual growth rate was estimated to be 2.78%. The difference, 0.14%, implies an annual decline which was only one-fourth of the target set for PP II. Of course, the Outreach Program was in effect only for the final three years of the decade, and it is unlikely that the intercensal decline was uniform.

The 1980 Census total is preliminary, at this time, and in our judgement, only very tentative use of the census growth rates is justified.

The national growth rate is affected by immigration, out-migration, and mortality, as well as by fertility. Since migration and mortality levels have no direct bearing upon PP II, and vice versa, the goal of the program would have been better stated in terms of the Crude Birth Rate.

Cabigon (1980) has assembled a large number of estimates of the CBR at the national level dating back more than a century. Up to about 1960, most estimates vary around 50 births per year per thousand population. Frank Lorimer's often-quoted estimate for 1960 was 46.0. Direct estimates and a great variety of indirect estimates have been continued up to the most recent past. The UPPI estimates will be used here because of their continuity and because they consistently fall within the range of other researchers. They are 44.5 in 1965, 39.25 in 1970, 34.85 in 1975 and 31.9 in 1977. The 1970 figure was derived from the 1973 NDS using births during the interval 1968-1972 and the 1970 Census. The 1975 figure was analogously obtained from the 1973-1977 births to women in the 1978 RPFS, together with the 1975 Census. The 1977 estimate used the RPFS births for 1977 only. This is the only estimate for which a standard error is available; its value is 2.4.

TABLE 7 - DECOMPOSITION OF CHANGES IN CBR BY SOURCE OF VARIATION, PHILIPPINES: 1960-1975

Period	CBR T-1	CBR T-2	CBR Change		Absolute Change Due to			% Decline Due to		
			Amount	%	Age Structure	Marriage Pattern	Marital Fertility	Age Structure	Marriage Pattern	Marital Fertility
1960-1970	46.00	39.25	-6.75	-14.7	-1.2	-1.9	-3.6	17.9	28.5	53.6
1970-1975	39.25	34.85	-4.40	-11.2	0.4	0.1	-4.9	-8.8	-1.9	110.7
1960-1975	46.00	34.85	-11.15	-24.2	-0.7	-1.8	-8.7	6.5	15.8	77.7

Source: Concepcion (1980), p. 10.

The five-year rate referred to as "1975" may be assumed to have a standard error in the vicinity of $2.4/\sqrt{5}$ or 1 point per thousand. If the CBR estimates for 1960, 1965, 1970, 1975, and 1977 are taken at face value, they suggest that fertility decline began somewhere between 1965 and 1970. Since the late 1960's, the rate has declined by about one point per year.

Of course, at the date of the Project Paper for PP II in 1977 the RPFs had not even been conducted, and estimates of levels and trends in the CBR were several years old. In retrospect, it now appears that over a period of at least ten years prior to the beginning of PP II and the Outreach Program, the CBR had been declining by an annual amount of one point per thousand and perhaps more. Even if the programs and social changes of the preceding decade had not been modified by PP II, a continued decline of one point per thousand would have been expected. Hence, in retrospect, the intended impact upon the CBR was stated conservatively. We would be surprised if it was not met, but doubt whether an actual determination of that question will be made before the analysis of the 1983 NDS. The apparent regularity of the trend from 1965 to 1977 suggests that an annual decline of one point will continue to be a conservative goal.

A decomposition of the trend into its components also shows a rather regular pattern. A standard type of decomposition of CBR

change has been undertaken by Concepcion (1980). The main components to be disentangled are CBR change due simply to changes in (a) the age distribution, (b) the proportions married at each age, and (c) marital fertility rates. Changes in the age distribution are a consequence of historical patterns of mortality and fertility and have no program relevance. In the Philippines, family planning efforts are not specifically directed at changing the proportion married. Even though the trend has been steadily toward later marriage with the consequence of reducing fertility, the program cannot properly take credit for such effects. The program is focused on the reduction of marital fertility. It is therefore desirable to determine the amount of pre-program (or pre-Outreach) decline in marital fertility; this provides a standard against which one may hope to evaluate the program (eventually, even if sufficient data do not now exist). As a working hypothesis, one would expect the marital fertility component of change to be increased if the Outreach Program were effective.

Table 7 is copied directly from the paper by Concepcion (1980). Its first row decomposes the 1960-1970 decline from a CBR of 46.00 to a CBR of 39.5 into its three major components, all of which apparently worked together to reduce the CBR. Of the 6.75 point decline, 17.9% was due to a change in age structure, 28.5% to a change in the proportion married at each age, and 53.6% to a change in marital

age specific fertility rates. (In the present case these are rates for currently married women, rather than ever-married women.) Half of the decline even prior to 1970 was due to a decline in marital fertility.

The second row of Table 7 refers to the five-year interval 1970-1975, a period of more rapid annual decline. For these five years, all of the decline was due to reduction in marital fertility; the other components actually had a small effect in the opposite direction.

As Concepcion remarks, this decomposition appears to contradict several earlier analyses of Philippine fertility, in which the decline had generally been attributed almost entirely to changing marriage patterns up to 1970 and largely to that source in the early 1970's.

The decomposition referred to in Table 7 takes into account whether a change in age structure or in the proportion married or in marital fertility occurs in an age group which contributes many births to the CBR or in one which contributes few births. A reduction in the proportion married in an age group, for example, will have a very small impact on the CBR if that age group was already contributing few births to the CBR. It now appears in retrospect that earlier interpretations did not fully recognize this weighting effect and consistently exaggerated the impact of nuptiality changes at the expense of marital

fertility changes. Concepcion's decomposition of CBR change, which we have explicitly checked and verified, should also be applied to changes in the TFR, which is based on an unchanging, uniform age distribution. We have not had the time to undertake this ourselves, nor to update the CBR decomposition to 1977. However, it is expected that the two-year decline from 1975 to 1977, derived from the RPFS, was due virtually entirely to the same forces as in the early 1970's.

It is simply not possible, unfortunately, to extend this sort of procedure beyond the RPFS data for 1977. As has been demonstrated in detail, there are no ASFR's or MASFR's beyond 1977 at a national level, and the 1979 AFS rates for the six regions now tabulated are statistically unstable, as well as biased, for 1978.

Although we strongly advocate the decomposition of rates in the future, it is specifically recommended that it not be undertaken for short intervals such as a year. The procedure combines three different kinds of age-specific schedules, all of which are subject to uncertainty and measurement error. The age distribution, for example, should come directly from census data, preferably for a year of enumeration; if it is merely a projection following a census, then errors in the projection can have a compounding effect in the calculations.

In assessing the impact of a population program of only three or four years duration, particularly when that program is not specifically

directed toward delaying marriage, one will be mainly interested in identifying changes in the MASFR's, and only secondarily in whether these changes were supplemented by the other components. It is suggested that future targets be expressed not in terms of the growth rate nor even the CBR, but in terms of the MASFR's as a set or in terms of the TFR (not the MIFR), regarded as a weighted sum of the MASFR's which is itself interpretable.

EFFECT OF CONTRACEPTIVE USE UPON FERTILITY

The degree to which contraception will reduce fertility is obviously dependent upon the clinical effectiveness of the methods used (under conditions of continuous and correct use), the length of time during which a method is used, and the use-effectiveness of a method (i.e., the effectiveness taking account of misunderstanding or negligence in use). The amount of fertility reduction will also depend upon the fertility expected statistically from a woman if she had not been using. All of these components are difficult to measure. In the Philippines, most of the research on them is due to the high quality work of John Laing and his collaborators. It is noteworthy that in a recent Population Council paper by Bongaarts and Kirmeyer (1980, p. 4), the authors state that "the Philippines is the only developing country with reliable estimates of method specific use effectiveness levels." Those estimates, coming out of the National Acceptor Surveys, are 1.00

for sterilization, 0.95 for IUD, 0.90 for pill, and 0.70 for other methods. These are the proportionate reductions in pregnancies in a group of women during a period of use. The effectiveness for all methods combined is an average which depends upon the method mix.

Although use effectiveness is below clinical effectiveness for all methods except sterilization, the main reason why acceptance of family planning does not translate readily into fertility declines is rapid discontinuation of use. From the 1978 COS, Laing (1979, p. 8) estimated that the average number of months of actual use between the time of acceptance and the next pregnancy (i.e., the Couple-Months of Protection or CMP) was 15 months for the Pill, 27 for the IUD, 15 for rhythm, 6 for condoms, 13 for withdrawal, 5 for abstinence, and 24 for various combination of these. An IUD acceptance tends to provide nearly twice the duration of protection of the Pill, despite their very similar clinical and use effectiveness levels. Taking these factors into account (this time from the 1976 NAS, using 1970-1976 acceptors), Laing (1979, p. 19) estimated that the number of births averted by a Pill acceptor was 0.5; by an IUD, 0.9; by rhythm, 0.3; and by condoms, 0.15. He also estimated that sterilization averted an average of 2.3 births and the period of breastfeeding after a birth, with its resultant extension of post-partum amenorrhea, caused 0.15 of a birth to be averted. Bongaarts and Kirmeyer suggest that breastfeeding has

even a more serious impact upon fertility. Based upon the RPFS data on the extent of breastfeeding in the Philippines, they estimate (1980, p. 4 and p. 34) that marital fertility is only 0.759 of what it would be in the complete absence of lactation.

Because of high discontinuation levels, PP II placed increased emphasis upon sterilization, access to supplies, and follow-up. Consequently the indicator of use shifted from acceptance to prevalence. All of these changes were desirable, but there is still some uncertainty as to the meaning of "current use" in the survey data. The practice has been to accept the respondent's own statement, and then to deflate the stated use, roughly speaking, with the use-effectiveness level of the methods, as listed above. It seems likely to us that use effectiveness will tend to rise in the long run, partly as a consequence of Outreach efforts, and estimates should be revised periodically.

In a cross-sectional survey such as the AFS's, it is notoriously difficult to obtain retrospective estimates of the duration and period of contraceptive use because of the usual problems of defining use and of recalling earlier events. Frequently, analysts will prepare tabulations on the mean length of the open interval according to whether or not the woman is currently contracepting or did so earlier in the

open interval. Examples of such tables occur in the RFFS Report (p. 373) and in the 1979 AFS report (p. 197). These tables (in the Philippines and elsewhere) generally show, satisfyingly, that users have longer open intervals than non-users. (A cautionary note: when tubal ligations are becoming more common and tend to be post-partum, some WFS Reports have confusingly shown shorter open intervals for users.) However, there are always other sources of variation in the length of the open interval and causation is difficult to determine. Future researchers are encouraged to apply multivariate techniques rather than simple corss-tabulation to the length of the open interval, to attempt to estimate the incremental effect of contraception.

The fundamental question with which we have yet to deal, however, is the impact upon fertility of a change in prevalence — taking into account all of the factors referred to above. This is specifically the question taken up by Bongaarts and Kirmeyer in their recent working paper (1980), in which they use regression to combine the experience of 22 developing countries as a substitute for longitudinal data from a single country. They generated the following relationship, which applies to age groups 20-24 to 45-49 (p. 24):

$$\text{MASFR2} = \text{MASFR1} \frac{1 - mJ2}{1 - mJ1}$$

In this formula, MASFR1 and MASFR2 give the marital age-specific fertility rates at times 1 and 2, respectively, and U1 and U2 give the proportions of married and fecund women using contraception at those times (i.e., the prevalence rates). The letter m represents a multiplier which is 0.620 for women 20-24, 0.823 for women 25-29, 0.940 for women 30-34, 1.022 for women 35-39, 1.309 for women 40-44, and 1.898 for women 45-49. The formula assumes that the method mix and use effectiveness do not vary across age or time, and that breastfeeding practices do not change. Adjustments can be made if these assumptions are considered unreasonable. It should be noted that a change in prevalence can only produce a change in fertility after a time lag, and for that reason the time points should be taken to be about one year earlier for the prevalence data than for the fertility data.

We propose the following activity:

1. Take 1977 as the base year for prevalence for PP II and 1978 as the base year for fertility (even though we have argued elsewhere in favor of a year later).
2. Estimate 1977 prevalence using the 1977 AFS; estimate 1978 MASFR's by pooling 1977-1979 from the 1980 AFS as soon as it becomes available.
3. Estimate 1980 prevalence from the 1980 AFS or from the 1980 COS.
4. Apply the preceding formula to estimate 1981 fertility rates and thereby the fertility change from 1978 to 1981.

5. Use estimates of the 1978 age by sex by marital status distribution (obtained by standard procedures from the 1980 Census when it becomes available), together with the 1978 MASFR's, to calculate other fertility measures such as the CBR for 1978.

6. Using the same 1978 population estimates, combined with the projected 1981 MASFR's, calculate the corresponding CBR for 1981.

By following these procedures, one could estimate the amount of change in the CBR and in other measures which is attributable entirely to changes in prevalence during the program years 1977-1980.

At this time, all of the data referred to above have been collected, but not all are accessible. The AFS data are regional, rather than national. Nevertheless, through acceptable adjustments it will be feasible before the end of 1981 to calculate the above estimate of the impact of contraception upon fertility during the years of the Outreach Program.

CONTRACEPTIVE PREVALENCE

The achievement of the PP II goal will be partly measured by the prevalence of contraceptive use, that is, by the percentage of currently married women of reproductive ages 15-44 who are currently using contraceptive methods as of the interview date. Two types of analysis on prevalence will be distinguished. The first shall determine the

national trend in prevalence, while the second shall determine the trend in the Outreach areas where the major program effort has been implemented. This distinction is essential in our analysis since even if the prevalence in the impact areas has increased, the goal of the population program still may not be totally achieved if the changes in the impact areas are not enough to significantly affect national prevalence rates. On the other hand, analysis only of national trends may hide the emerging impact of the program in the specific areas where it is being implemented.

NATIONAL ESTIMATES OF CONTRACEPTIVE PREVALENCE

Data on contraceptive prevalence from 1968 to 1980 are available from different sources. The different sources, however, are not directly comparable in terms of coverage, and in some cases in measurement techniques, making analysis of levels and trends extremely difficult. In addition, estimates of standard errors are not published for these surveys. Nevertheless, the data from these sources will be presented and evaluated in an attempt to provide a general overview of contraceptive prevalence before and after the PP II Program.^{1/} Table 8 presents the data from these various sources.

^{1/}We based our assessment upon Laing's evaluation of the accuracy of the earlier surveys, since we did not have the time to go back to these sources. See Laing (1977). We reinterpret where necessary his conclusion on the highlight provided by the more recent surveys unavailable to Laing when he was making such assessments.

TABLE 8 - ESTIMATES OF NATIONAL CONTRACEPTIVE PREVALENCE, CURRENTLY MARRIED WOMEN (15-44)
FROM VARIOUS SOURCES 1968-1980

Method	1968 ^{a/}	1972 ^{a/}	1973 ^{a/}	1976 ^{a/}	1977 ^{a/}	1977 ^{b/}	1978 ^{c/}	1978 ^{c/}	1978 ^{c/}	1979 ^{d/}	1980 ^{e/}
	NDS	BCS	NDS	SPS	NAS	AF'S	RPFS	AF'S	COS	AF'S	COS
A. Modern Program Methods	2.2	9.0	10.0	14.1	15.5	14.9	12.7	14.5	11.4	16.6	14.1
Pill	1.3	7.0	6.9	9.8	8.1	7.3	4.8	6.1	5.3	6.4	5.0
IUD	0.9	2.0	2.6	2.7	4.2	3.3	2.4	2.7	2.0	2.6	1.8
Female Sterilization	*	*	0.9	1.6	3.2	3.5	4.7	5.1	3.3	6.9	6.1
Vesectomy						0.8	0.6	0.5	0.8	0.5	0.4
Injection	**	**	**	**	**	**	0.2	0.1	**	0.2	0.8
B. Other Program Methods	5.5	8.0	4.7	7.6	10.4	10.0	12.8	15.5	20.0	13.6	15.0
Rhythm	5.5	7.0	3.9	6.2	6.5	8.0	9.0	8.8	10.5	7.7	7.9
Condom	*	1.0	0.8	1.4	3.9	2.0	3.8	2.4	4.1	2.0	1.8
Combination	-	-	-	-	-	**	-	4.3	5.4	3.9	5.3
C. Non-Program Methods	7.8	6.0	3.2	4.9	6.1	5.1	11.6	7.5	16.7	8.1	16.4
Withdrawal	6.2	4.0	2.6	4.3	4.7	4.1	9.6	4.4	12.4	5.0	13.5
Abstinence	-	-	-	-	-		1.8	2.8	3.3	2.8	1.9
Others	1.6	2.0	0.6	0.6	1.4	1.0	0.2	0.3	1.0	0.3	1.0
D. All Methods	15.5	23.0	18.3	26.6	32.0	30.0	37.1	37.5	48.1	38.3	45.5
A. More Effective Methods	2.2	9.0	10.4	14.1	15.5	14.9	12.7	14.5	11.4	16.6	14.1
B. Less Effective Methods	13.3	14.0	7.9	12.5	16.5	15.1	24.4	23.0	36.7	21.7	31.4
All Methods	15.5	23.0	18.3	26.6	32.0	30.0	37.1	37.5	48.1	38.3	45.5

Sources: ^{a/} Unadjusted survey-based estimates compiled by Laing, 1977.
^{b/} Cabigon, 1979.
^{c/} Estimates compiled by Concepcion, 1980.
^{d/} Calculated by UPPI from AFS 1979, unpublished tabulations.
^{e/} 1980 COS unpublished tabulations made available by Laing.

* Cannot be determined from available data; less than 1%.

** Included in others category.

The earliest data on contraceptive prevalence come from the 1968 NDS, where it was found that 15.5 percent of the respondents said they were using a method of contraception at the time of interview, (May 1968). Among these respondents two (2) percent reported they used the more effective methods, while 13 percent used the less effective methods. This figure can be conveniently taken as a baseline figure of the national contraceptive prevalence prior to the inception of the Philippine Population Program in the early 1970s.

Estimates of contraceptive prevalence in the early stage of the Population Program can be obtained from two surveys: the 1972 KAP Survey conducted by the Bureau of Census and Statistics (BCS), and the 1973 NDS. After adjustments made by Laing (Research Note No. 136, 1977), the contraceptive prevalence rate in 1972 stood at 23 percent.^{2/} This is broken down into 9 percent using more effective methods, and 14 percent using less effective methods. The 1973 NDS, on the other hand, conducted the following year (May 1973) yielded a prevalence rate of 18.3 percent: 10.4 percent for effective methods, and 7.9 percent for less effective methods. This survey included sterilization as a contraceptive method, while the previous two surveys did not. However, the contribution of sterilization to the total rate was only 0.9 percentage points.

^{2/}The 1972 BCS considered lactation as a method but not in the 1968 NDS. Furthermore, in cases where two or more methods were reported as currently being used, the BCS apparently counted each method. The results of the adjustments however are minor: from 25 percent reported by the BCS to the adjusted 23 percent. (Laing, 1977. p. 2)

Comparison of the 1972 BCS and the 1973 NDS data show that the prevalence rates for more effective methods were practically the same: 9.0 percent in the 1972 BCS and 9.5 percent in the 1973 NDS (excluding sterilization). The congruence of these rates suggests that the prevalence rate for more effective methods in 1973 based on the NDS can be taken as reasonably accurate.

With respect to the less effective methods, however, the 1973 NDS yielded a rate of only 7.9 percent compared to 14 percent from the 1972 BCS. Laing (1977), who examined the interview schedules employed in the two surveys, suggested that the NDS rate may be biased downwards. Laing found that the BCS respondents were asked about knowledge, past use and current use of each contraceptive method separately. On the other hand, while the NDS asked about knowledge and past use of each method, only later in the questionnaire were the respondents asked: "Are you presently using any method of family planning?" Laing suggested that: "Many users of folk methods like withdrawal or abstinence or methods that they practiced on their own without the help of family planning clinics may have interpreted "family planning" methods as those provided by family planning clinics or involving special supplies or devices and therefore said "no" in answer to the NDS question, whereas the structure of the BCS questionnaire created no such ambiguities." (Laing, 1977 p. 4) While it might be possible that the use of less effective

methods in fact declined between 1972 and 1973, we feel that measurement error is the more likely reason. We therefore concur with Laing's view. Hence the true prevalence rate for 1973 for less effective methods would be closer to the BCS rate than the NDS rate.

The 1973 rate was therefore estimated as follows: we considered the 1973 NDS rate for more effective methods as correct, but raised the level for the less effective methods at least to the level obtained by the 1972 BCS. The estimated prevalence for 1973 would then be close to 25 percent: 10.4 for more effective methods and 14 percent for less effective methods.

The third national survey was the 1978 RPFS which yielded a prevalence rate of 37 percent: 12.7 percent for the more effective methods and 24.4 percent for the less effective methods. We assume these rates to be reasonably accurate for 1978 and quite comparable to the two previous NDS. We take 1978 as the baseline from which to assess the impact of the program on contraceptive prevalence, based on consideration made at the earlier part of this report. Nevertheless, it might be useful to obtain an estimate of the national prevalence rate for 1977 to see what was going on prior to the implementation of the PP II program. To do this we looked at three other surveys conducted between the 1973 NDS and the 1978 RPFS. These are the 1976 SPS, the 1976 NAS, and the 1977 AFS. The contraceptive prevalence estimated from these sources were 27, 32 and 30 percent respectively. Neither

the 1976 SPS nor the 1977 AFS, however, is representative of the national population. The 1976 SPS covered only the seven provinces where the Total Integrated Development Approach (TIDA) program was piloted, while the 1977 AFS covered only five regions. The 1976 NAS on the other hand covered all the regions except Region 9 due to the peace and order situations. Laing and Alcantara (1980) reported that several problems related to the NAS sample which could potentially bias the results (e.g., a large proportion of sampled acceptors could not be located or interviewed, small clinics could not be included because of cost considerations, etc.). However, they carefully investigated these factors for potential bias and concluded that "the sample of acceptors interviewed in the 1976 NAS appears to have been approximately representative of the 1970-1976 acceptors as a whole". (Laing and Alcantara, 1980, p. 1). We accept this conclusion and proceed to examine the resulting rates by broad categories.

The prevalence rate estimated from the 1976 NAS was 32.0 percent: 15 percent for the more effective methods and 16.5 percent for the less effective methods.

Since the sample of acceptors in the NAS survey included only those who have been listed by program clinics, the resulting rate might therefore tend to underestimate the actual national prevalence rate by its exclusion of users not listed in the program clinics. Since the more effective methods are costly and can be obtained outside the

program clinics only by high income couples which constitute a relatively small proportions of all couples, it would seem that the prevalence rate for more effective methods would not be very much understated. On the other hand, the less effective methods like withdrawal, abstinence, and rhythm entail no large expense and hence can be used by a larger number of couples independently of the services of program clinics. Hence the use of less effective methods might tend to be much more underestimated than the more effective methods.

Comparison of the 1976 NAS with the 1978 RPFS provides partial support for this suspicion. The 1976 NAS prevalence rate for less effective methods was 50 percent less than that yielded by the 1978 RPFS. While it is possible that a substantial increase in the use of less effective methods may have occurred between the two periods, we believe it more likely that the reason is due largely to the under-enumeration of these methods by the 1976 NAS. If the true rate is anywhere between 16.5 and 24.4 percent, the respective rate from the 1976 NAS and the 1978 RPFS, then an overall prevalence rate of 35 percent for 1977 could be obtained.

In addition to the 1978 RPFS, several other surveys provide estimates of prevalence. These are the next two rounds of the AFS, 1978 and 1979, and the two rounds of the COS, 1978 and 1980. The 1978 AFS covered 5 regions, while the 1979 AFS covered 7 regions. The 1978 AFS yielded a prevalence rate of 37.5 percent, a rate very close to the

1978 RPFS. The prevalence rates by categories of more effective and less effective methods were likewise very close. The 1979 AFS yielded a prevalence rate of 38.3 percent: 16.6 percent for more effective methods and 21.7 for less effective methods. The AFS series, however, in comparison with the 1978 RPFS, tends to overestimate the prevalence of the pill and abstinence and to underestimate the prevalence of rhythm, condom and withdrawal.

The 1978 and 1980 COS provide the final data on prevalence rates for the most recent period. These surveys were designed specifically to determine the impact of the program in the Outreach areas. Neither of these two surveys is representative of the national population sampled in the 1978 RPFS. The 1978 COS represented approximately 43 percent while the 1980 COS represented around 57 percent of the total MCRAs. These surveys represented areas subject to the special effect of the Outreach Program, which should show higher contraceptive prevalence than the rest of the national population if program efforts are having an impact.

The COS data do in fact reveal higher prevalence rates than those reported by the 1978 RPFS or by the AFS. The 1978 COS yielded an overall prevalence rate of 48 percent, 11 points higher than the 1978 RPFS. The bulk of the difference was due to the very high rate of contraceptive prevalence reported by the COS for less effective methods, especially withdrawal, abstinence and combinations. The pattern is

similar for the 1980 COS, although the prevalence for less effective methods declined somewhat.

From the standpoint of inferring the national prevalence rates, from the COS, we took the 1978 RPFS rates as reasonably accurate. For 1980, we took the prevalence for more effective methods of 14 percent as probably a slight overestimate but probably close to the actual national rate, since users of more effective methods outside of the program services are probably too small to significantly affect the true rate.

The COS rate is clearly problematic for the less effective methods. What would account for the high prevalence rates for these methods in both the 1978 and 1980 period? Two possibilities were earlier suggested by Laing. A first possibility is that the Outreach Project has indeed had a substantial effect on the practice of relatively ineffective methods while a second possibility is that areas selected for the BSPs were previously characterized by relatively high prevalence of such methods. We add a third possibility, namely that the high prevalence rate yielded by the COS data is partly a result of measurement problems arising from the survey situation itself including the presence of the FTOWs in the area during the survey and the awareness of respondents that they are being surveyed to assess the impact of the Outreach Project. Given this condition (an impression received from

discussions with Dr. Laing) it is possible that respondents who do not want to practice contraception, and who would not like to be bothered by motivators to come and persuade them to practice contraception, simply respond positively to the question on use of contraception by indicating that they are using withdrawal, abstinence or rhythm. While willful misreporting is possible for any of the other methods, it is more likely for respondents to state that they are using the above methods since nobody would check whether one is using withdrawal or abstinence. However, stating falsely that one is using either the pill or IUD might occasion a follow up by motivators for further resupply and check-ups which the respondent tries to avoid in the first place.^{3/}

Field personnel who are knowledgeable to the local conditions and of the people may be able to provide an impression as to the potential for such misreporting. In any case, this possibility needs to be explored in future surveys.

Lacking information to assess the relative biases of the various possibilities, one may assume that the COS prevalence rate for less effective methods is an overestimate of the national level for such methods. The overall rate for 1980 might in fact be closer to 40 percent rather than 46 percent.

^{3/}After rereading Laing's report (1980), we found that he in fact described the possibility that the survey situation (presence of FTOWs in survey area, etc.) may affect responses in the manner suggested above.

Given the above consideration, the national estimates of contraceptive prevalence may be as follows:

	<u>1968</u>	<u>1973</u>	<u>1977</u>	<u>1978</u>	<u>1980</u>
More Effective Methods	2.2 ^a	10.4 ^b	15.5 ^d	12.7 ^f	14.1 ^g
Less Effective Method	13.3 ^a	(14.0) ^c	(20.0) ^e	24.4 ^f	(28.0) ^h
All Methods	15.5	24.4	35.5	37.1	42.1

^aBased on 1968 NDS which is taken as correct.

^bBased on 1973 NDS which is taken as correct.

^cBased on 1972 BCS which is taken as approximately correct with a potential downward bias.

^dBased on 1976 NAS which is taken as approximately correct.

^eAdjusted estimate to take account of the potential downward bias of the 1976 NAS figure, assuming that the true rate is somewhere between the 1976 NAS and the 1978 RPFPS rate.

^fBased on the 1978 RPFPS which is taken as essentially correct.

^gBased on the 1980 COS which is taken as approximately correct with a possible minor upward bias.

^hBased on the adjusted 1980 COS assuming that the true national rate is somewhere between the rate reported by the 1978 RPFPS and the 1980 COS.

Further breakdown of the above estimates might look like this:

	<u>1968</u>	<u>1973</u>	<u>1977</u>	<u>1978</u>	<u>1980</u>
Program Methods	2.2	10.4	15.5	12.7	14.1
Other Program Methods	5.5	(8.0)	(12.0)	12.8	(14.0)
Sub-total	7.7	18.4	27.5	25.5	28.1
Non-program Methods	7.8	(6.0)	(8.0)	11.6	(14.0)
All Methods	15.5	24.4	35.5	37.1	42.1

Several conclusions and caveats are in order. First, the most reliable series in both sets of estimates are probably those of the more effective program methods. If so then the increase in national prevalence seems to have occurred mostly during the early and mid-period of the population program, declining somewhat in the interim period 1977-1978 when the PP II program was being set up, but picking up again since 1978 when the PP II program was well established.

It would seem that the PP II program had done two things. One is that it succeeded in raising prevalence rate from 1978 to 1980 during its period of implementation; and two, it may have prevented a further decline in prevalence from its peak in 1977. Another interpretation however is possible, as described in the following paragraph.

The 1977 NAS rate may not be truly comparable to the rates obtained above, in spite to what was said earlier, due to features unique to this survey, e.g., the sample consisted of all acceptors to start with.

Acceptors who were being followed up might have a tendency to misreport actual use, especially of pills and condoms, thereby biasing the rates upward and more than offsetting the possible minor downward bias referred to earlier.* In view of the inconclusiveness of such speculations, we disregard the 1977 estimates from the series in describing the underlying trends.

The trend in national prevalence for the more effective methods suggest a sharp increase in the early program years from 2.2 percent in 1968 to 10.4 percent in 1973, equivalent to an average annual change of 1.6 points. Thereafter prevalence increased only gradually up to 1978 at an average annual rate of 0.5 points. Between 1978 and 1980, the rate of increase went up slightly at an average annual rate of 0.7 percent. In 1980, the national prevalence rate stood at 14.1 percent. The more dramatic increase was in sterilization in the most recent period, which is consistent with program objectives.

In contrast, the prevalence rate for the less effective methods stayed essentially the same between 1968 and 1973 at around 13 to 14 percent, then rose sharply by 2.1 points per year until 1978, and by 1.8 points per year from 1978 to 1980. In 1980 the rate stood at approximately 28 percent.

* The consistency between the observed high prevalence rate (relative to 1978) and the logistics data on pills and condoms noted by Laing (1977; p. 14) does not entirely preclude the potential impact of misreporting. Acceptors who received such supplies may have greater motivation to report actual use of such supplies even when this is not the case in order to avoid additional queries from interviewers.

When the less effective methods are distinguished between those consisting of rhythm, condoms and combinations (to be referred to as Other Program Methods) with those consisting of withdrawal, abstinence and other, (to be referred to as Non-Program Methods),

the trend are as follows. Prevalence of Other Program methods increased by an average of 0.5 points per year between 1968 and 1973, and by 1.0 points between 1973 and 1978. Thereafter the rate of increase declined to 0.6 points per year. By 1980, prevalence rate was 14 percent. In contrast, the prevalence for the Non-Program methods rose only slightly over the ten-year period for 1968 to 1978 at 0.38 points per year, but between 1978 and 1980 it rose by 1.2 points annually, indicating a relatively rapid rate of increase in the most recent period.

Given the above trend in the various components, the overall trend for the all method prevalence suggest a growth of 1.8 points per year between 1968 and 1973, increasing further at 2.54 points per year in the next five years, and again in the more recent period. In 1980 prevalence rate stood at 42.1 percent. The rapid increase since 1973 was due to the relatively faster growth in the prevalence of less effective method especially of the non-program methods of withdrawal and abstinence.

It should be pointed out at the outset that the trends for the less effective methods reflected by the above sets of estimates are

partly a function of the adjustments that have been made. It is possible that the adjustments actually cancelled out the actual changes that may have occurred. The preceding discussions however suggest that the adjustments were not entirely unreasonable, that one could speak of trends with some degree of confidence. The alternative of not making judgements on what might be reasonable adjustments would have precluded any analysis of trends at all in view of the nature of the data available.

The trend in the use of less effective methods can be viewed from different perspectives. On the positive side one may view the wider use of less effective methods as the first step to a more sustained use of the more effective methods at a later time. That is, it is possible that current users of less effective methods, after some trial period and further experience and experimentation with contraception, will shift to the more effective methods when the need for such methods arises. Earlier data however, have suggested the opposite, that is, that after accepting the more effective methods, women tended to shift to the less effective methods, or simply to discontinue altogether because of fear of harmful effects on their health and other reasons. If this continue, then we would probably expect further increase in the prevalence of the less effective methods at the expense of the more effective ones.

It is also possible that the less effective methods are what the users are comfortable with in the first place, rather than as the last resort when the more effective methods are either perceived as harmful or as inconsistent with current religious or cultural beliefs. If so, then the most positive effort that the program can do is to increase the use effectiveness of such methods by providing timely and adequate supplies, as in condoms, or by more intensive training in the proper use of such methods as in rhythm. At the same time, the investigation of the pattern of shifting between specific contraceptive methods needs to be continued in order to determine to what extent the shift toward less effective methods can be minimized and the shift toward the more effective methods encouraged.

CONTRACEPTIVE PREVALENCE IN THE OUTREACH AREAS

Estimates of contraceptive prevalence in the Outreach areas are facilitated by the availability of the two COS surveys (1978 and 1980) especially designed for the assessment of program impact in these areas, and of the quarterly and annual performance reports of the MIS. With respect to the latter data, an analysis by Laing (1979) indicates that the BSP records, the primary source of information, underenumerated the number of married couples of reproductive age and the number of users. The number of eligible couples recorded by the BSPs account for only 74 percent of the total found by the 1978 COS enumeration. A major reason for this underenumeration of MCRAs according to Laing

was that the baseline survey of MCRAs had not yet been completed in 25 percent of the BSPs established at the time of interview. It is probable that by 1980 the percent coverage of MCRAs by the BSPs would have improved. In addition, comparison of BSP records with the 1978 COS enumeration data revealed that while the prevalence rate was approximately the same, the method mix was different. The BSP records tended to overstate the use of pills and to understate the use of sterilization and other methods. (Laing, 1979). The differential pattern of method mix between the COS and the MIS continued to exist in 1980, as indicated below:

	<u>1980 COS</u>	<u>July-September 1980 MIS</u>
Modern Program Methods	14.1	17.7
Other Program Methods	15.0	23.0
Non-Program Methods	16.4	3.3
All Methods	45.5	44.0

In 1980 the MIS reported higher prevalence of Other Program Methods and lower prevalence of Non-Program Methods compared to the COS. We did not have time to investigate in detail the major reasons for such discrepancies. In the absence of such an assessment we have decided to use the COS data to describe prevalence in the Outreach areas, since these data contain detailed information which allows for the analysis of the impact of program inputs on contraceptive prevalence in the BSPs. Such analysis was in fact done by Laing (1981) and will be discussed later.

Comparison of the results of the 1978 and 1980 COS reveal that contraceptive prevalence for more effective methods increased from 11.4 percent to 14.1 percent. Much of the reported increase was due to sterilization. On the other hand, the prevalence rate for the less effective methods declined from 36.7 to 31.4 percent. Much of the decline was due to the decline in the reported use of abstinence, condom and rhythm.

While the 1978 and 1980 COS used essentially a similar survey design, the coverage was different, making the rates for the two periods not directly comparable. The 1978 survey was limited to the areas covered by BSPs established by that time, of which two-thirds were located in rural barangays; whereas the corresponding 1980 figure was four-fifths. (Laing, 1981). On the basis of previous data on differential prevalence, prevalence in the rural areas tend to be lower than in the urban areas. Laing (1981) disaggregated prevalence data from the 1980 COS into areas covered by the 1978 COS and the areas where BSPs were recently established. This is shown in Table 9. The data show that contraceptive prevalence was in fact lower in the new and more rural areas as expected. Comparing the prevalence in the old areas between 1978 and 1980 the data reveal an increased prevalence for more effective methods, and a decreased prevalence for less effective methods, making for a slightly lower overall rate observed in 1980.

TABLE 9 - CONTRACEPTIVE PREVALENCE AMONG MW 15-44 IN 1980
BY DATE BSP ESTABLISHED AND COMPARATIVE DATA FOR 1978

Type of Method ^{a/}	Date BSP Established			All BSPs 1980 Prevalence
	1978 Prevalence	6/78 Earlier 1980 Prevalence	After 6/78 1980 Prevalence	
Clinical	11.4	14.9	13.4	14.1
Non-Clinical	36.7	32.2	30.5	31.3
Total	48.1	47.1	43.9	45.4
(N)	(3,379)	(2,104)	(1,745)	(3,907)

Source: Laing, J. R. 1980. "The Effect of the Philippine Family Planning Outreach Project on Contraceptive Prevalence," 1980. Community Outreach Survey Report #1. (Mimeo)

^{a/} Laing defined clinical methods as methods offered by program outlets which include pills, IUD, ligation and vasectomy. Non-clinical methods are all other methods. In our terminology, the clinical methods refer to the "more effective methods" and the non-clinical methods refer to the "less effective methods."

Taking the entire data set, it would appear that the contraceptive prevalence for more effective methods where reporting tends to be more accurate, have increased in the Outreach areas. On the other hand the decline in prevalence of less effective methods may be due either to an actual decline with or without a concurrent shift towards more effective methods, or a reduction in the upward-bias in the reporting of prevalence of such methods in COS surveys. However, it cannot be determined from the data available which of these factors is the more significant.

A note may be made with respect to the trend in prevalence of voluntary surgical contraception (VSC). The PP-II goal was to increase the percentage of VSC acceptors from 11 percent of total users in 1978 to 15 percent by 1980. When the prevalence data shown in Table 8 are transformed into percentages of users, the data reveal that from 4.9 percent of total users in 1973 (NDS), the percentage of sterilization (mostly female sterilizations) to total users rose to 14.3 percent in 1978 (RPFS), and stayed at that level in 1980 (COS). At face value, the VSC program was a percentage point shy of its target with a quarter of a year still remaining.

Within the Outreach areas, where program efforts were more intense, the COS data show an increase in sterilization, from a prevalence rate of 4.1 based on the 1978 COS to 6.5 based on the 1980 COS. In percentage terms these represent 8.6 percent of total users in 1978

and 14.2 percent in 1980. The above comparison however is not entirely appropriate. It was not possible from published data to determine the prevalence rate for sterilizations (or percentage of total users) for comparable COS areas, as has been done for the more aggregative prevalence categories. A more detailed analysis of trends in the use of sterilization vis-a-vis other methods is therefore suggested in the future.

DETERMINANTS OF CONTRACEPTIVE PREVALENCE

As suggested in our conceptual framework, changes in contraceptive behavior are assumed to depend upon both demand and supply-related conditions, which in turn are affected by direct population program efforts, and by independent socio-economic and environmental factors. On the demand side, changes in contraceptive practice depend on changes in family size preferences and on the attitudes toward contraception. On the supply side, changes in contraceptive practice depends on the knowledge of contraceptive methods, and on access to such methods.

This section briefly reviews relevant findings from previous studies on demand and supply indicators. In addition, analysis is made of the determinants of contraceptive prevalence in the Outreach areas with emphasis on the determination of the impact of program efforts on changes in such prevalence.

Demand-Related Factors

Family Size Preference. Measures of family size preferences have been obtained by several fertility surveys including the 1968 and 1973 NDS, the 1978 RPFS, and the 1978 and 1980 COS. The most common of these measures are the "desired family size" and the "ideal family size". In addition, these surveys obtain percentages of women who want no more children.

The first of these two measures requires women to respond to a question based on a hypothetical situation. With respect to desired family size, the 1968 and 1973 NDS respondents were asked the following question: "If you could start your married life over and have just the number you want by the time you will be 45, how many children would you want altogether?" In the 1978 RPFS the question was: "If you could choose exactly the number of children to have in your whole life, how many children would that be?" The median number of children desired by ever-married women in the 1968 NDS was 5.1. This declined to 3.9 in the 1973 NDS, and remained the same in the 1978 RPFS (RPFS Report, p. 120). The modal desired family size was 5-6 in 1968 and 3-4 in both 1973 and 1978.

Data from the 1978 RPFS show that the mean number of children desired by currently married women aged 25-34 (a) declined monotonically with education (5.1 for grade zero to 3.4 for with college degree), (b) is higher in the rural areas (4.2) than in the urban areas (3.6),

and (c) is lower for women who worked before marriage, irrespective of whether they worked after marriage, and higher for women who either never worked or who only worked currently or after marriage. Furthermore, the mean desired family size for currently married women increased with age, duration of marriage and family size. The last relation is worth noting. The high correlation between actual and desired family size, which is also observed in other countries, may mean that women do act upon their fertility intentions so that women who desire large families actually tend to produce them. If so, then desired family size can be a sensitive indicator of demand for contraception, all things being equal.

A number of studies using data from the Philippines and from other countries, have questioned the validity of such interpretation on the grounds that it is too difficult for a respondent to abstract herself from the actual family circumstances. There is a tendency for her to report a large desired family size simply as a rationalization for the number of children born but not planned. The same comments apply to the measure "ideal family size".

The percentage of currently married fecund women at each family size who state they want no more children is probably a better measure of family size preferences because it is not affected by rationalization, and it requires less abstraction by the respondents. In the 1978 RPFS,

these percentages (including women who had been sterilized for contraceptive purposes) were as follows: 1.0% for women with no children, 7% for women with one child, 33% (2 children), 51% (3 children), 68% (4 children), 73% (5 children), 76% (6 children), and approximately 85% for women with 7 or more children. The percentage for all family sizes combined was 54 percent. Family size 3 was critical at the time of the RPFS — and the beginning of the Outreach Program — in the sense that half of the women with three children wished to stop there.

The RPFS report also presented differentials in the desire to stop childbearing. Using age of the woman as the major control for the differentials in the explanatory variables (although family size would have been preferable), the following were noted. The percentage of women age 25-34 who wanted no more children (a) is curvilinearly related to education, with a peak for women with high school education, and (b) is higher in the urban (51%) than in the rural areas (48%). Variations by husband's occupation and pattern of female work did not show a definite pattern.

With this background, consider now the empirical relationship between the desire for children and the use of contraception during the period of the Outreach Program, at least insofar as data are available. The following discussion will focus on two questions:

1. Was there a decline in the desire for more children?
2. Among women who wanted no more children, was there an increase in the use of contraception?

Elsewhere this report has examined changes in contraceptive use without reference to preferences; the focus here is on the linkage between preferences and use, i.e., on the implementation of stated preferences. The discussion draws upon tabulations from the Community Outreach Surveys kindly prepared by UPPI at our request.

Table 10 shows the percentages of fecund, non-pregnant, currently married women aged 15-49 who stated that they wanted more children in the 1978 COS and 1980 COS.^{1/} (Because of differences in denominators, these percentages are not strictly comparable with those given earlier from the RPFS.) The first two rows, which refer to the same population of women (those in barangays with BSPs established by mid-1978) show a decline from 34.1% to 30.6%. These two percentages are based on 2577 and 1820 cases, respectively, so it may be shown that the decline is statistically significant (unless the design affect for the COS was greater than we suspect). For family sizes 3 and above, the drop was even sharper, from 15.1% to 11.6%.

^{1/}The percentage shown are based on the unweighted sample, whereas the weighted sample would have been preferable.

TABLE 10 - PERCENTAGE OF FECUND, NON-PREGNANT CURRENTLY MARRIED WOMEN AGED 15-49 IN THE 1978 COS AND 1978 COS WHO WANTED MORE CHILDREN, BY FAMILY SIZE AND DATE OF ESTABLISHMENT OF BSP

Period and Sample Coverage	Number of Children									
	0	1	2	3	4	5	6	7+	All	(3+)
1978 COS	96.4	78.7	51.4	32.0	21.2	9.0	5.7	4.2	34.1	(15.1)
1980 COS, BSP established by 6/78	100.0	83.3	42.1	25.4	10.6	6.7	3.5	2.8	30.6	(11.6)
1980 COS, BSP established after 6/78	94.4	86.3	50.0	25.8	14.9	9.4	1.8	2.0	30.5	(11.4)
1980 COS, All BSPs	97.8	84.5	45.9	25.5	12.3	7.9	2.4	2.4	30.6	(11.5)

Because the barangays added after mid-1978 may not be comparable to those added earlier, they are difficult to include in this analysis. However, their similarity in the percentage wanting more (30.5% vs. 30.6%) suggests that the decline from 1978 to 1980 may have been nationwide and not necessarily a consequence of the Outreach Program. Nevertheless, the decline in fertility preferences, particularly by higher parity women, is clear and is consistent with program objectives. We suggest that more attention be given to this particular measure in the future.

The next question concerns the implementation of these preferences. Table 11 gives the percentages of women who are using some kind of family planning (any of the five program methods) limited to those women are implementing their preferences. It should be remarked that failure to use a method cannot be attributed to lack of knowledge; these surveys show (the figures will be presented later) that virtually all women knew of at least one of these methods by the late 1970's. But the two-thirds levels of implementation — which may be interpreted as an adjusted prevalence level (after women who are infecund or pregnant or who want more have been removed) — is already quite high.

As presented, the percentages in Table 11 show little change — certainly none that is significant — from 1978 to 1980. In the basic set of barangays represented in both surveys, the percentage of users

TABLE 11 - OF FECUND, NON-PREGNANT CURRENTLY MARRIED WOMEN AGE 15-49 IN THE 1978 COS AND THE 1980 COS WHO WANTED NO MORE CHILDREN, THE PERCENTAGE WHO ARE USING CONTRACEPTION BY SPECIFIC METHODS, ACCORDING TO FAMILY SIZE AND DATE OF ESTABLISHMENT OF BSP

Period and Sample Coverage		Number of Living Children								
		0	1	2	3	4	5	6	7+	All
1978 COS										
	MEM ^{a/} *	3.9	9.4	12.7	11.2	6.7	15.7	7.1	9.7	10.1
	LEM ^{a/} *	50.6	52.9	57.4	55.9	59.9	51.8	63.2	57.3	58.5
	ALL *	54.5	62.3	70.1	67.1	67.6	67.5	70.3	67.0	68.6
1980 COS, BSP established by 6/78										
	MEM *	16.0	32.0	25.6	31.3	14.8	24.2	12.3	22.7	21.7
	LEM *	42.0	40.7	37.3	40.2	49.8	42.0	57.3	44.8	45.4
	ALL *	58.1	72.7	62.9	71.5	64.6	66.2	69.6	67.5	67.1
1980 COS, BSP established After 6/78										
	MEM *	2.9	18.7	30.3	24.2	22.3	27.2	16.5	22.6	23.7
	LEM *	42.1	41.1	39.3	56.9	45.4	40.3	49.9	45.0	45.5
	ALL *	45.0	59.8	69.6	81.1	67.7	67.5	66.4	67.6	69.2
1980 COS, All BSPs										
	MEM *	12.1	26.6	27.2	28.8	18.6	25.5	14.2	22.7	22.5
	LEM *	42.4	40.9	37.9	46.6	47.7	41.1	52.6	44.8	45.5
	ALL *	54.5	67.5	65.1	75.4	66.3	66.6	66.8	67.5	68.0

* Denominators include 0-5 woman only.

^{a/}MEM = More effective methods; LEM = Less effective methods.

changed from 67.0% to 67.5%, certainly not a significant amount. There is very little variation across actual family sizes. However, Table 11 combines all contraceptive methods, regardless of their effectiveness. If only the three "clinical" methods — pill, IUD, and sterilization — are included, then a much different picture emerges. The summary percentages at the end of each row in Table 11, when limited to these methods, become 9.7% for 1978 and 22.7%, 22.6% and 22.5% for the three 1980 populations. The increase in use of efficient methods by these women appears to have been very substantial indeed, and to have occurred as a result of shifts from less effective methods, since the totals remained almost constant.

In summary, there is firm evidence that from 1978 to 1980, in the areas covered by Outreach, there was a substantial decline in the percentages wanting another child — particularly among women with three or more children. Among those wanting to stop childbearing, there was a dramatic increase in the use of efficient contraception which occurred virtually completely through a shift away from inefficient methods. Both of these changes are consistent with the objectives of the program, although it is not possible to attribute them specifically to the shift from a clinic-based program to Outreach.

Attitudes About Use of Contraception. Data on approval of contraception for three periods, 1968, 1973 and 1978 compiled by

Laing (1979) reveal little change. The proportion of MCRA who said they approved of doing "something to avoid getting pregnant too often or to plan the number of children they have " was 58 percent in 1968, and 63 percent in 1973. In the 1978 COS, where the question was reworded to refer specifically to "the use of family planning methods like pills, IUDs, or condoms", the percentage was 67 percent.

To what extent did the PP II Project improve attitudes toward contraception? This could not be answered easily. The percentage of MCRA who approved of contraception in 1980 could not be determined as of this writing due to lack of time. However, it is interesting to note that in the 1978 COS both the FTOWs and the BSPOs, who are the ones directly in contact with the MCRA in their respective areas were found not to have 100% approval of the "use of family planning methods like pills, IUD or condoms". Ninety-six percent of the FTOWs gave favorable responses; but only 66 percent gave strong approval. Among the BSPOs, 93 percent approved; 60 percent strongly. While the level of approval is much higher than that of the MCRAs, one would have expected that persons employed or recruited to motivate couples in the use of program methods such as pills, IUDs and condoms should at least themselves have favorable attitudes toward their use as such even if they themselves do not use such methods for various reasons.

Data on characteristics of women approving family planning methods are not available in published form for recent periods. Data from the 1968 NDS and the 1972 BCS reported by Earetto (1974), indicate that the percentages of women approving family planning methods were highest among urban women, among Catholics and Protestants, among women with college education, and among women of high family incomes. However little or no differentials existed by age group of women, or by number of living children.

To what extent attitudes reflect behavior is difficult to assess. In addition, measures of attitudes such as this, tend to be ambiguous and fraught with measurement errors. For example, what does approval or disapproval of contraceptive use really mean? In the 1972 BCS data reported by Baretto (1974) those who disapproved cited the following reasons for objecting: danger to health (28%), moral or religious objections (24%), disapproval of husband (17%), desire for large family (9%), trouble or inconvenience (7%), expense (7%), and effect on sexual act (5%). It seems that health, inconvenience and expense-related reasons are more properly supply-related factors than demand factors, in the sense that better information and increased access to contraception could minimize such "disapproval". We have not come across more recent data on this subject. We cannot determine whether changes in attitudes towards contraception have occurred in the

recent past, and to what extent such stated "approval" or "disapproval" is due to the above reasons. Published data from recent surveys such as the AFS provide information only on reasons why women abandon use of methods or shift to other methods. This is different from prior approval of contraception. Conscience problems and expense and travel difficulties did not figure prominently among the reasons. Instead, fear of side effects was considered by 59% of those who shifted to other methods, and 37% by those who ceased contraceptive use. In addition 14% considered method difficulties (to learn or to practice) as the reason for changing to other methods. (Madigan, et al., 1978, Appendix Table 79).

Supply-Related Factors

The major component of PP II, the Outreach Program was essentially designed to minimize supply constraints to the use of contraception. Effective supply is increased (i.e., effective cost of contraception is reduced) by increasing information on and access to contraceptive methods. Two supply-related indicators are examined, namely awareness of contraceptive methods and provision of family planning services.

Awareness of Contraceptive Methods. Awareness of specific contraceptive methods has risen markedly since the inception of the population program, such that by 1978 the most recent date for which published data are available to us, awareness has reached very high

levels, especially for such program methods as the pill, IUD, condoms, and even sterilization. Higher levels are noted in the COS areas than for the representative national population. Data compiled by Laing (1979) are shown in Table 12.

Data from the 1978 RPFS which cross-tabulated awareness by age of woman and family size reveal almost uniformly high levels of awareness. Likewise the level of awareness among currently married fecund women who wanted no more children was as high as those wanting more. Hence by 1978, awareness of family planning methods had reached high levels mainly due to the effect of programs prior to PP II and concurrent socio-economic change. In view of this, the Outreach efforts may be expected to increase awareness levels only marginally.

Awareness as such, in terms of whether couples have heard of specific contraceptive methods, or even of knowledge of their use, are now less important than effective knowledge of the differential effectiveness of specific methods. Increased use of the more effective methods is more likely when couples accurately perceive such methods as effective. Data from the 1978 COS reported by Laing (COS Preliminary Report No. 1, 1979) provide evidence of widespread misperceptions about the relative effectiveness of specific family planning methods by both FTOWs and MCRA.

TABLE 12 - PERCENTAGES OF MWRA WHO HAD HEARD OF SPECIFIC METHODS ACCORDING TO 1968 NDS, 1973 RPFS, AND 1978 COS*

Method	1968 NDS	1973 NDS	1978 RPFS	1978 COS
Pills	44	83	90	97
IUD	16	68	36	95
Rhythm	39	52	66	83
Condoms	23	44	88	96
Female Sterilization	-	23	75	89
Vasectomy	-	16	70	82
Withdrawal	34	44	65	79

Source: Laing, J. E. "Currently Relevant Findings and Implications from Family Planning Program-Oriented Research at the U.P. Population Institute," Population Institute, University of the Philippines, December 1979 (Mimeo) Table 2.

* COS sample includes only BSP areas and therefore probably indicate higher awareness than a representative national sample would.

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Two prevalence measures were distinguished. The first is the overall prevalence, defined as the percentage of MWRA (15-44) in the BSP (BSP is the unit of analysis) who were practicing any method of contraception during the enumeration date. The second measure restricts prevalence only to the more effective methods (Laing refers to them as the clinical methods) such as the pill, IUD, and sterilization. The results of the stepwise regression analysis are reproduced in Table 13 for overall prevalence and in Table 14 for clinical prevalence.*/ The statistics of interest for our purposes here are the signs of the regressions indicating the direction of the relationship between the dependent and the independent variables, and the R^2 indicating the proportion of the total variation in the dependent variables explained by specific independent variable(s).**/

* Although some of the independent variables might appear at first glance to be highly intercorrelated (the correlation matrix was not shown in Laing's report), we learned from Laing (from a note to the earlier draft of this paper) that this in fact was not so.

** We first disregard the variable, "percentage pregnant". Obviously those who were pregnant at the time of the enumeration cannot be expected to practice contraception. This variable is actually a component of the dependent variable, and it should not appear as an independent variable. The bias is probably small however. We suggest in future analysis that this variable be dropped. If a more sensitive dependent variable is desired, then prevalence could be redefined to exclude pregnant women at time of interview. A further refinement would include in the prevalence estimate only "fecund", non-pregnant MWRA.

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TABLE 14 - PERCENTAGES OF VARIATION IN CLINICAL PREVALENCE
EXPLAINED BY SELECTED VARIABLES AND CORRESPONDING
MULTIPLE REGRESSION COEFFICIENTS

Independent Variable	Cumulative R ² (%)	Change in R ² (%)	Unadjusted Regression Coefficient
1. Percentage pregnant	<u>7.1</u>	<u>7.1</u>	- .27
2. Five community SES variables	<u>31.3</u>	<u>24.2</u>	
a) Household SES index		<u>18.0</u>	.07
b) Percent of household heads with high education		3.1	.07
c) Type of barangay (urban vs. rural)		1.5	3.49
d) Distance from BSP to farthest MCRA		1.2	-.03
e) Percent from households		.3	-.02
* 3. Four non-Outreach family planning program inputs	<u>35.5</u>	<u>4.2</u>	
a) Frequency of BHS midwife's visits to BSP area		1.9	1.92
b) Travel time for ligation		1.1	-.49
c) Number of other agencies promoting FP in BSP area		.9	.70
d) Number of FP clinics serving FTOW territory		.4	.39
4. Fourteen Outreach Variables	<u>48.6</u>	<u>13.0</u>	
a) BSPO's current use of a clinical method		3.0	1.52
b) BSPO's referrals to a clinic (reporting by BSPO)		2.3	2.86
c) FTOW's time allocation index		1.7	1.10
d) BSPO's referrals to a clinic (reporting by FTOW)		.9	2.03
e) Recent completion of baseline survey		.8	2.94
f) Date BSP first established		.8	-.08
g) BSPO's experience with non-clinical methods		.7	-.89
h) BSPO's experience with clinical methods		.9	1.27
i) Formal training of BSPO		.4	1.19
j) Completeness of BSP records		.4	.03
k) FTOW's current use of a clinical method		.4	1.47
l) Number of MW 15-49 in BSP area		.3	.01
m) FTOW's stock of printed IEC materials		.3	.30
n) BSPO perceives IUD more effective than condoms		.3	1.11

Source: Laing, J. E. (1981), p. 26.

First, the results show that socio-economic variables account for a large proportion of the variation in overall contraceptive prevalence. Three of the indicators (2a, 2b, and 2d) are expected to relate to such demand factors as family size preference and attitudes toward contraception. Thus BSPs which have a higher percentage of highly educated people with non-farm or urban occupations and higher income tend to have relatively higher proportions of couples who would be predisposed to contraception. One variable (2c) tends to reflect an environmental advantage making for easier access of residents to contraceptive supplies and information.

Secondly, both the non-Outreach program variables are supply-related, and are expected to positively improve overall prevalence. That their relative impact is small is expected in view of their limited coverage of more rural and remote areas covered by the BSPs. This is consistent with the observation that the basic components the earlier programs have had limited impact on areas further removed from the town center in which they are usually located.

Thirdly, the Outreach variables combined tended to explain a relatively large amount of the variation in overall prevalence. Examination of these variables reveal that some of these are supply-related variables which tend to increase awareness of contraceptive methods and of their relative effectiveness among the MWRAs (2a, 2c and 2d) or to increase the availability of services and supplies (2e, 2f, 2h, 2i

and 2j). In addition, two of the variables tend to be demand-related, that is, they tend to facilitate a more favorable attitude toward contraception (2b, 2e, and 2g) among potential acceptors.

The results of the regressions on the clinical prevalence are similar to that of the overall prevalence except with the addition of several new "significant" variables. We would interpret these specific variables in the same manner as above.

In summary, there appears to be evidence to suggest that the Outreach Program variable have had a significant impact on contraceptive prevalence in the covered areas, independent of other program efforts and of concurrent social change. A more refined cross-section analysis of the 1980 COS data, and of a longitudinal analysis of both the 1978 and 1980 COS data could provide a firmer basis for the above conclusion. We strongly urge that these analysis be undertaken.

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REPORT ON THE FINAL EVALUATION OF

POPULATION PLANNING II
(PROCESS EVALUATION)

March 26, 1981

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I. EXECUTIVE SUMMARY

Population Planning II, the subject of this evaluation report represented the second in what is planned as three phases of U.S. support for the Philippines population program. Population Planning I, the first AID project, helped to get the newly established Commission on Population underway and supported the growth of a clinic-based service delivery structure throughout the country. During the course of this first effort at national program support, the prevalence of contraceptive use rose swiftly from around 15 percent of married couples of reproductive age (MCRA) to about 25 percent. The prevalence level then appeared to "plateau" for several years during the mid-1970s. As a result of 1) this "plateauing" phenomenon and 2) a research finding that the probability of contraceptive use was in inverse proportion to distance from a family planning clinic or other source of contraceptive supply, the decision was made in 1976 to launch a national "population outreach" program. Population Planning II (PP II) was the result of that decision. Its centerpiece was "outreach" which, among other activities, involved training and deployment of a cadre of Full-Time Outreach Workers (FTOWs) who in turn recruited and trained thousands of Barangay Service Point Officers (BSPOs) who served as village (barangay) level sources of oral pills and condoms for all eligible couples.

PP II was evaluated in 1978 -- at the end of its first operational year -- in order to determine whether or not the Outreach concept seemed operationally sound and in order to identify early on problems that could be corrected during the course of subsequent project implementation. A copy of the major findings and recommendations of that evaluation is attached to this report. The 1978 evaluation also provided significant inputs to the preparation in 1978-79 of a new program plan of action (also appended) and USAID's Multi-Year Population Strategy for the Philippines. These documents, in turn, led to the preparation of the current AID-funded population project: Population Planning III (1981 - 1985). The 1978 evaluation identified as key program issues 1) the matter of local government financial support to the program; 2) coordination among implementing and participating agencies; 3) liquidity and liquidation; and 4) the mix of contraceptive methods (more vs. less effective methods) in the program. These were among the more important problem areas addressed by the 1981 end-of-project evaluation.

Major Findings

The evaluation was divided into two parts: 1) an impact evaluation that addressed the question of project effect on levels of contraceptive use and demographic impact; 2) a "process" evaluation that looked at issues of program implementation, management, and

operations. It was felt that the findings from the "process" evaluation could be used to improve implementation of PP III. The results of the "impact" evaluation are being reported separately. Basically they were as follows: 1) it is too early to say much about demographic impact (i.e. the effect on the birth rate or the rate of population growth); 2) the program appears to have had a significant effect on overall levels of contraceptive use; 3) prevalence of more effective methods in Outreach areas improved between 1978 and 1980 and it is legitimate to infer that this difference is attributable to the Outreach project.

The "process" evaluation was organized according to the major themes of the 1978 evaluation. The evaluation team gave particular attention to the following issues: 1) local government support; 2) liquidity and liquidation; 3) Outreach fieldworker effectiveness; 4) sterilization subsidies and their effect on performance; 5) management information; 6) operations research; 7) institutional coordination.

The team concluded that Outreach is a fundamentally sound concept and a solid basis for future program implementation. FTOWs were found to be well-motivated, well-trained and effective in their supervision and training of BSPOs. The BSPOs, in turn, were felt to be generally far more effective if they were active house-to-house motivators than if they remained relatively passive custodians of contraceptive depots. Those who had received training and were encouraged by the FTOWs to work house-to-house had significantly higher contraceptive prevalence in their areas than the more passive BSPOs. Furthermore, the idea of BSPO (nonmonetary) incentives, which had received some attention in the 1978 evaluation and in subsequent POPCOM activities, was strongly endorsed by the evaluation team.

A major area of implementation difficulties in 1978 was interagency coordination. Outreach was then a new concept and POPCOM had not done a very effective job of introducing it to partner agencies, especially the Ministry of Health (MOH). In 1981 the evaluation team found a gratifying improvement in the situation. POPCOM-MOH relations at all levels, but especially at the provincial level and below, were found to be satisfactory or better. This was reflected in a virtual termination of the competition for acceptors that seemed to plague the program in 1978. The program appeared to have gained considerable legitimacy and to have become institutionalized in the eyes of the local governments since the 1978 evaluation. At that time there was considerable question about the possibility of acquiring significant local government financial support for the program, a sine qua non of true institutionalization. By 1981 the question was no longer whether local governments would contribute to the program, but rather how much they could contribute. The variation ranges from nearly 100 percent of local costs to near zero

but the average is now well over 30 percent of recurrent costs being assumed by the local government structures. While there remains significant room for improvement real progress on this front has clearly been made.

Two areas of persistent problems surfaced: financial liquidity and the method mix. Regarding liquidity, it is clear that the program is plagued by a continuing problem of delayed funds transfers, whether for sterilization subsidies, salaries, or travel allowances. While the problem of sterilization subsidies is especially acute, it is clear that more generally the financial procedures of the Government and the Fixed Amount Reimbursement system (FAR) used by AID have affected the timely transfers of funds to the operating levels of the program. The evaluation team concluded that the liquidity problems almost certainly have had a negative impact on program effectiveness.

While overall prevalence of contraceptive use has risen from around 25 percent of MCRA in 1975 to over 40 percent in 1980, the prevalence of use of more effective methods (sterilization, oral contraceptives, IUDs) has not improved at all. While the team found significant variation across regions and provinces, it was clear that inadequacies with respect to training and method-specific IEC continue to hold back improvements in the growth of popularity of more effective methods.

Major Recommendations for Immediate Consideration

1. To facilitate institutionalization of the population program as a local government (LG) activity it is proposed that following discussions with LGs and POPCOM regional personnel POPCOM issue a guideline that LGs shoulder 100% of the cost of salaries of Outreach personnel by 1985.
2. POPCOM and the appropriate GOP agencies should carefully study the causes of delays in releases of funds to regional and local levels and should take appropriate steps to assure the continuing liquidity of the population program.
3. AID should reconsider its position with respect to cash advances as opposed to the reimbursement system currently employed.
4. The status of BSPOs should be upgraded and they should be trained and encouraged to make home visits within their barangays and become active agents for follow-up and recruitment of clients. The use of BSPO incentives should be expanded.

LIST OF ABBREVIATIONS

BSP	Barangay Service Point
BSPO	Barangay Service (Supply) Point Officer
COA	Commission on Audit
COS	Community Outreach Survey
CPO	City Population Officer
CRP	Cooperative Research Project
CY	Calendar Year
DPO	District Population Officer
ED	Executive Director
FP	Family Planning
FTOW	Full-Time Outreach Worker
IBRD	International Bank for Reconstruction and Development
IDP	Institutional Development Program
IEC	Information/Education and Communication
IMCH	Institute of Maternal and Child Health
IUD	Intra-Uterine Device
LG	Local Government
LOI	Letter of Instruction
MCH	Maternal and Child Health
MCRA	Married Couples of Reproductive Age
MIS	Management Information System
MLGCD	Ministry of Local Government and Community Development
MOB	Ministry of the Budget
MOE	Maintenance and Operating Expense

MOH	Ministry of Health
NEDA	National Economic and Development Authority
PCF	Population Center Foundation
PD	Presidential Decree
POPCOM	Commission on Population
PP II	Population Planning II
PP III	Population Planning III
PPO	Provincial Population Officer
PROCOM	Project Compassion
REC	Research and Evaluation Coordination
RPO	Regional Population Office
RU	Research Utilization
SAC	Satisfied Acceptor Club
SUC	Satisfied Users Club
UPPI	University of the Philippines Population Institute
USAID	United States Agency for International Development

II. INTRODUCTION

On August 31, 1977, the Government of the Philippines (GOP) and the United States Agency for International Development (USAID) entered into a grant agreement to implement the Population Planning II Project (PP II) consisting of a nationwide community-based family planning service delivery Outreach Project with support subprojects in voluntary sterilization, information/education, logistics, training, research, demographic measurement, and management information systems. Funding support for the three and one-half year project came from a USAID grant of \$13,660 million and GOP budgetary resources equivalent to \$15,802 million.

The initial phase of the Project which began in mid-1977 called for the recruitment and training of personnel to staff the more than 120 Provincial/City Population Offices set up throughout the country.

After the first year of operations, both the Commission on Population (POPCOM) and USAID thought it desirable to review the accomplishments and strategies of the Project to guide them in subsequent project implementation decision-making.

As a result of the evaluation*, a plan of action was developed by POPCOM and USAID incorporating the recommendations advanced by the Team (see Annex A). This plan proved to be essential in making the implementation of the Project more effective and efficient.

By the end of 1980, which was the last year for the initiation of new activities under Population Planning II, 43,000 Barangay Service Points (BSPs) had been established nationwide. Agreement has now been reached between the USAID and the National Economic and Development Authority (NEDA) to continue the activities initiated under PP II through 1985 under a new Project, Population Planning III (PP III), covering the period 1981 to 1985.

With this development, the final evaluation of the Population Planning II Project, which is the subject of this report, becomes important in that it will help program implementors focus on issues requiring revision and/or strengthening.

Evaluation Plan

The purposes of the evaluation were to assess the behavioral impact of the PP II Project and to facilitate the implementation of Population Planning III. The evaluation consists of two complementary components, one focusing in impact and the other on process.

* This evaluation was carried out in September 1978 by a team of 18 people representing POPCOM, NEDA, USAID Manila and Washington. It covered the entire country with the exception of Regions I, VI, and XII.

The impact assessment includes an analysis of (1) changes in fertility; and (2) changes in prevalence and patterns of contraceptive use. To the extent possible, the assessment considered the contributions of PP II to changes in fertility and in trends and levels in knowledge of family planning, desired family size, and contraceptive use.

The process component focused on a few key project issues and is intended to be complementary to the impact assessment. Issues reviewed include among others project financing, liquidity/liquidation, coordination, program services (Outreach, Clinic Services and IEC), support services (Training, Logistics, Research, and MIS), and coordination.

Key project issues addressed by the 1978 evaluation and the resulting plan of action which are considered to be less of a problem at this stage were not included in this evaluation.

Methodology*

The impact assessment was accomplished by a team of two demographic experts, one from the United States** and one from the Philippines. They reviewed existing fertility and family planning data from recent surveys, censuses, and POPCOM MIS and conferred with key demographic experts in the Philippines. The impact team reviewed background materials for one week beginning on 19 January 1981 and spent three weeks from 26 January through 13 February 1981 completing data-gathering efforts, analyses, and report-writing.

The Process evaluation was accomplished through field observations at the central, regional, provincial/city, municipal (town), and barangay (village) levels. The team was composed of ten members representing the following:

- POPCOM Operations Group
- POPCOM Research Office
- POPCOM Monitoring Office
- POPCOM Regional Office
- Ministry of Health - National Family Planning Office
- NEDA - Social Services Staff
- USAID- Office of Population, Health and Nutrition
- USAID- Dacca
- POPCOM/UPPI

* For the complete list of participants, see Annex B.

** Financed by AID through its contract with the American Public Health Association.

The participants were divided into two teams consisting of five persons to a team. Each team worked independently, collecting data through field interviews, each covering two regions* and the central offices.

Two low performing and two high performing regions were chosen on the basis of available demographic data from the Community Outreach Survey and the POPCOM MIS data. Originally, a region in the Mindanao area was chosen but due to heavy rains and severe flooding, it was dropped from the list.

The process evaluation began on 16 February and ended 27 February. One week was devoted to writing the report. This final report is being presented to POPCOM and USAID management for their review and approval. Recommendations requiring policy action will be presented to the POPCOM Board of Commissioners for appropriate endorsement and adoption.

Only the process evaluation report is included here. The impact assessment report will be distributed separately as soon as final revisions and editing have been completed. The process report is a highly distilled summary of hundreds of individual observations. The basic "data" which underlie the findings and conclusions presented in the following pages are contained in the field notes which have been retained by the team members. They are available for inspection by anyone who might be interested in exploring in depth any of the issues covered in this report.

* Team 1 covered Regions III and V (Luzon).

** Team 2 covered Regions VI and VII (Visayas).

III. FINDINGS AND RECOMMENDATIONS

A. PROGRAM FINANCING

Findings

Levels of financial support at the national level

The funds available to the project seem to have been sufficient to allow for implementation of planned activities. Because of other constraints, however, it was not always possible to implement activities in a timely manner, even when funds were available. A case in point relates to previous inadequacies of IEC materials at the field level. Originally, only limited funds were put into IEC under PP II. The 1978 Evaluation, however, pointed out the lack of IEC materials at the field level, and in response AID and POPCOM in 1979 and 1980 programmed funds for the mass production of IEC materials which reached the field in mid-1980.

Local Government Commitment/Contribution

The current LG share in the financing of the project is, on the average, about 30% of total project cost. This indicates that the assumptions made at the start of PP II regarding LG absorptive capacity were not fully realistic and that the necessary legal and institutional support to maximize LG participation in project financing may not have been adequately explored.

The evaluation team observed that city governments generally seem to be in a better financial position to absorb the cost of Outreach than provincial governments as reflected in the consistently higher proportion of project cost shared by city governments.

The level of LG financial support to the project appears to be strongly influenced by the following factors:

- a. the perceived degree of significance/priority ranking attached to the population program by the LG executive, i.e., governors, mayors;
- b. the resourcefulness/persistence of the RPO/PP0/CPO in soliciting LG executive or legislative support to the program;
- c. the levels of goodwill between RPO/PP0/CPO and LG executive/legislative body;
- d. the level of financial resources of the LG as a whole.
- e. legal sanctions such as LOI 435 and 436 which provide that LGs allocate and progressively assume funding for population and other social services.

On the whole, local governments were found to be quite supportive of the program as indicated by the relatively greater financial commitment extended to Outreach activities than to programs in health and social services. In some areas, the local government contribution to project financing even exceeded the required share. There were a few places, however, where LGs said they had financial difficulties and could not meet the required cost-sharing target.

The rate of compliance by LGs to their pledged financial commitments has progressively improved so that it reached an average of 80% in 1980. Quite a number of cases reported more than 100% compliance.

Among the most cited reasons for low levels of cost-sharing by LG's are the following:

- a. local political/religious opposition to family planning
- b. lack of synchronization between the project contract preparations and the LG budget cycle such that LG share under PP II too often was allocated as a supplemental budget rather than part of the regular funds.
- c. insufficient emphasis by population officials on the relative (percentage) sharing of cost rather than absolute amount contribution.

It has been noted that LG contribution to project cost generally comes from the provincial/city general funds although quite a number reported utilizing part of the 20% LG development fund for this purpose.*

Because of the relative importance of LG support, both financial and political, to the project, the evaluation team felt that findings bearing on this issue should be given special emphasis in this evaluation.

RECOMMENDATIONS

1. To improve the capacity of LGs to support the project financially the POPCOM Board should negotiate at the highest level with MOB and MLGCD for population activities to be designated a priority area for the utilization of the 20% LG development fund.
2. At the same time, continued efforts should be exerted in support of the proposed provision creating a Population Office under the Local Government Code. Such a law would serve as a firm statutory basis for the commitment of LG

* This fund refers to Section 5 of P.D. 1741 which provides that no less than 20 percent of the allotments received by the local governments from their share in national internal revenue collections shall be spent for development projects. At the national level, 20 percent of the national internal revenue is set aside for the local governments based on established criteria on population, land area, and equal sharing. Thus, the reference here is to the 20 percent of the 20 percent share of the local governments from national internal revenue/collections.

funding support to the project and facilitate its institutionalization as a LG activity.

3. To facilitate institutionalization of the population program as a LG activity it is proposed that following discussions with LGs and POPCOM regional personnel POPCOM issue a guideline that LG's shoulder 100% of the cost of salaries of Outreach personnel by 1985 as a minimum requirement. POPCOM, on the other hand, should as necessary assume a larger percentage of MOE and support costs essential for maintaining the national character of the program.
4. The planning Guidelines for 1981 and 1982 should be reviewed by the POPCOM Task Force on Local Government* for consistency with the basic salaries guideline referred to in 3. above for the realistic financial support that can be provided by LGs. This should then form the basis for the year-to-year negotiations of the LG share in project financing.
5. When LG is found to be financially capable but unwilling to shoulder the required cost share, the following should be considered after discussions between POPCOM/Central, Regional, and local authorities:
 - a. suspension of recruitment of personnel to fill vacant or vacated positions
 - b. reduced total project allocation (e.g. via work force reduction or wage freeze) provided however, that expected performance is not seriously prejudiced.
 - c. National Government (POPCOM) consideration of financing a greater share of the project cost.
6. A legal panel should be organized by POPCOM/Central to study and recommend appropriate legal means to ensure LG compliance with the pledged financial commitment to the project.
7. POPCOM ED, RPO, PPO and CPO should initiate a campaign among city mayors, governors and municipal mayors to increase LG support and financial contributions to the program. The level of support may be included as a Key Result Area (KRA) for the ED, RPO, PPO and CPO.
8. In support of the above, Regional/Central operations staff needs to monitor low contributing LGs which the ED, RPO, PPO and CPO should closely motivate and encourage to support the program.

* Three task forces have been set up to review Outreach Operations. They are: Local Governments, Urban Outreach, and Sparsely Populated/Special Problem Areas.

9. Related to the above, the status of LG contributions should be fed back to mayors and governors individually. Outstanding LGs should be publicly recognized based on performance and levels of cost-sharing.
10. POPCOM should see to it that PPOs/CPOs prepare the LG counterpart budget at the time of the regular LG budget preparation so as to ensure its inclusion in the general budget allocation.

Liquidity and Liquidation

Findings

Despite the generally adequate levels of funding for the project, financial constraints were encountered with respect to project liquidity. The problem of liquidity is quite complex. The evaluation team felt it did not have sufficient time to explore the problem fully. From the interviews with the various personnel in POPCOM, MOB and USAID concerned with project financing, the following problems were identified:*

* The following brief and much simplified financial history of PP II will help the reader to understand the financial and liquidity problems of the project.

- USAID advanced funds for the project from 8/77 to 8/78.
- Beginning in 1978, problems with accountability and implementation difficulties caused AID to institute a Fixed Amount Reimbursement (FAR) system. Under the FAR, AID reimbursed POPCOM for specific activities based on financial reports. Because of the abruptness with which the FAR system was installed, some POPCOM and LG personnel were not aware of the important role the financial reports played in the FAR system.
- From August 1978 to December 1979, MOB did not advance AID's share of the project. In addition, the necessary financial reports from the structures were delayed. This consequently delayed AID reimbursement of funds to POPCOM which created a severe liquidity problem at POPCOM and affected the release of funds to the Regions.
- In CY 1980 MOB advanced to POPCOM the MOB share of PP II. However, delayed reports from the regions and provinces caused problems. MOB at the start of the 2nd quarter requested that POPCOM submit documentation of 1st quarter funds utilization and at the start of the 3rd quarter also requested that POPCOM submit the statement of funds utilization for the 1st two quarters releases. The inability of POPCOM to comply immediately with MOB's requirements because of delayed reporting from the regions and the LGs caused the delay of the 2nd quarter release and the subsequent releases. Second quarter funds were released only in May and the 3rd and 4th quarter funds were released in October 1980.

- a. Releases of funds are almost always delayed, especially to the lowest level, thereby affecting the rate and quality of project implementation.
- b. The adoption of the reimbursement system for AID funds compounded the liquidity problems experienced in the field.
- c. The rate of liquidation of quarterly fund releases is very slow. Because of this, subsequent quarterly releases which are contingent on the liquidation of the previous quarters' releases are progressively delayed, thus compounding the delays and the lack of liquidity.
- d. Restrictive accounting and auditing rules (or local interpretations of them), particularly at the lower levels, impose additional constraints on liquidity. Even when the money is available, it cannot always be used in time to meet program objectives because of accounting/auditing restrictions or interpretations.
- e. Delayed reimbursement of sterilization subsidies has contributed to a slackening in the rate of growth of this method despite reportedly high demand both because of its effect on physician motivation and because it restricts the ability of hospitals and clinics to buy the medicines and supplies required to support the sterilization service.

Efforts were made to sort out the various issues connected with the above mentioned problems. There are however, a lot of gaps in the information at hand, inhibiting the evaluation team from making a conclusive assessment of the problem. Nevertheless, a preliminary assessment of the problem is attempted in this report in order to shed some light on the various factors that probably contribute to the problem.

The key element contributing to the liquidity problem appears to be encompassed within the liquidation and reimbursement processes that were instituted at the outset. Project experience indicates that liquidation and reimbursement processes take from four to nine months to complete. The major variables affecting the delays are

- a. geographic factors which make it difficult to transport/communicate reports from outlying areas to regional center and finally to POPCOM central;
- b. poor postal and transport services which delay report transmission;
- c. lack of assignment of specific responsibility to an individual to prepare the financial report necessary for liquidation;

- d. delayed releases of funds from the central office, resulting in the delays in disbursement and consequent reporting of disbursements.

It seems clear that when MOB quarterly releases are delayed, the disbursement and liquidation of these releases are consequently delayed unless the implementing units have a starting capital fund on which to draw while the regular allocations are outstanding.

RECOMMENDATIONS

A more thorough examination of the GOP financial system is clearly in order. Pending such study, no conclusive recommendations can be made that would assure resolution of the various problems encountered. The recommendations stated here are therefore attempts to minimize in the short-term the existing inconveniences with respect to financial liquidity and liquidation.

1. POPCOM should implement the series of Area Conferences of Local Treasurers and Auditors as soon as the NPFPO Project Financial Guidelines and Joint Circular have been approved by COA, MOF, MOB, MLGCD and COA.
2. The Financial Task Force should closely monitor the implementation of MOB National Circular No. 386-A (1/14/81). The circular allows MOB to advance 50% of the yearly funds with subsequent releases made on the basis of liquidation of the initial advance.
3. USAID should reconsider its position with respect to cash advances as opposed to the reimbursement system currently employed.

B. PROGRAM SERVICES

1. Outreach

Findings

A primary objective of this evaluation was to review the performance of Outreach. Interviews with local government officials, Outreach supervisors, Full-Time Outreach Workers (FTOWs), Barangay Service Point Officers (BSPOs), participating agency personnel, and visits to Satisfied Acceptor and User Clubs constituted the largest amount of time spent during the evaluation. On the basis of this review and after having also reviewed data from the 1980 COS, the evaluation team concludes that Outreach has been an effective approach for the promotion of family planning practice and that significant improvements have been made in the management of Outreach since the 1978 Evaluation of Operational Year One of Population Planning II. Additional improvements are needed and the future institutional arrangements of Outreach need to be clearly defined if Outreach is to continue to be an effective system for family planning promotion.

FTOW Effectiveness

The success of Outreach hinges on the performance of FTOWs. Of the FTOWs interviewed by the evaluation team, almost all were found to be articulate, hardworking, enthusiastic, and apparently genuinely dedicated to their work. Their ability to select and work with BSPOs is generally exemplary and is recognized as such by local government and community leaders. FTOWs understand and use basic program and demographic data. While they are conscious of the need to improve contraceptive use effectiveness, their understanding of contraceptive technology and especially its relationship to factors such as relative use effectiveness, lactation, side effects, and MCH, is still below the level of competency needed to counsel clients adequately. This finding is supported by the 1980 COS. For instance, the COS found that when asked about the relative use effectiveness of the IUD and condoms, which have consistently been found to be the most and least effective non-surgical methods, respectively, one-fifth of the FTOWs said they thought IUDs were less effective than condoms. FTOWs' perceptions of the relative effectiveness of pills and the IUD were also found to be inaccurate; three-fourths of the FTOWs believed that the pills were more effective and over two-thirds thought they were much more effective.

On the other hand, the evaluation team observed significant improvements in the FTOWs' self-confidence in counselling clients in the use of contraceptive technology, a skill found lacking during the 1978 evaluation. However, COS data did show that 45 percent of the FTOWs were still unwilling to provide an initial supply of pills to a woman even if she had no contraindications and could not go to a clinic to receive supplies. The pill dispensing course for FTOWs should improve their confidence in this respect since the evaluation team found that those FTOWs, especially midwives and nurses, who had received this training were much more confident about dispensing pills than those who had not received the training.

According to the COS, although calendar rhythm is one of the most popular methods in the program, half of the FTOWs interviewed were unable to provide acceptable advice regarding the first and last days of the abstinence period for a woman with a regular 28-day cycle.

Both the evaluation team and the COS found that there appears to be a continuing need for better training on contraceptive technology for FTOWs. The evaluation confirms that where retraining efforts have been made, especially the pill dispensing course, there was a marked improvement in the confidence of FTOWs to promote the use of more effective methods.

Contraceptive Use Among Outreach Workers

The COS reports that current family planning practice among FTOWs and BSPOs is a very important determinant of overall prevalence. Current family planning practice among these workers mirrors the use of methods in the national program and strongly suggests that if more effective methods were used by Outreach workers, the use effectiveness of the national program might also improve. Nearly three-fourths of married FTOWs and two-thirds of married BSPOs were using contraception. FTOW usage was evenly divided between more and less effective methods. The most popular method among FTOWs was the combination of rhythm and condoms, followed by ligation and pills.

BSPOs tended to favor less effective methods, although by only a small margin; 30 percent were using more effective methods and 36 percent less effective methods. The most popular method of BSPOs was ligation, followed by rhythm plus condoms, pills, and rhythm alone. Rhythm, either alone or in combination, was used by 30 percent of the FTOWs and 21 percent of the BSPOs and thus constituted the single most popular method of both types of Outreach worker.

Organizing and Managing BSPs

A principal responsibility of FTOWs is to organize and manage barangay service points. The evaluation team was impressed at the wide variety of creativity and innovation which FTOWs brought to this aspect of their work. Training courses given to FTOWs were not reviewed in any depth, but it does seem clear that FTOWs have gained considerably greater confidence and skill in managing a growing number of barangay supply points than they had in 1978. FTOWs attribute these skills to the training programs of POPCOM.

FTOWs support and manage BSPOs in a creative and innovative fashion. We found a wide range of activities initiated by FTOWs to increase and sustain the enthusiasm and motivation of the volunteer Barangay Service Point Officers. In some areas, local life insurance schemes have been established for BSPOs. Fund raising activities have been undertaken in order to provide small incentives, such as tee-shirts and bags, for BSPOs. Radio greetings for BSPOs have also contributed to high morale in some places. The development of satisfied acceptor and user clubs and BSPO associations has not only served to improve contraceptive prevalence, but has also enhanced feelings of self esteem of BSPOs in the community. In areas lacking clinic facilities FTOWs and BSPOs have worked together to organize family planning and health facilities. These local innovations have been very important factors in sustaining BSPO motivation and enthusiasm for their work. Those which combine psychological incentives for BSPOs with innovative program approaches, such as satisfied acceptor and user clubs, contribute most significantly to the goals of Outreach.

The COS data strongly support this evaluation finding. Membership of BSPOs in BSPO associations was found to have a strong influence on the prevalence of contraceptive practice. However, only 14 percent of the BSPOs were members of such associations at that time which implies that if the number of BSPO associations were increased, they could have a significant impact on increasing prevalence of contraceptive use.

Only 11 out of the 355 BSPOs interviewed in the 1980 COS said that there was a club in the BSP area (e.g. , SAC, SUC) for promoting and maintaining contraceptive prevalence. However, without exception they responded favorably when asked whether such clubs were "helpful enough for promoting family planning practice to justify the effort required to establish and maintain them". SACs and SUCs which were visited by the evaluation team reinforced the finding of the COS.

BSPO Effectiveness

It was difficult for the evaluation team to judge the effectiveness of BSPOs but our field observations do generally support the more systematically collected COS data. The evaluation team found evidence to suggest that formal training of BSPOs makes a significant difference in their effectiveness as Outreach workers and in sustaining their enthusiasm for the program, since BSPOs consistently report that training is an incentive for them to stay in the program. The COS reports that formal training of BSPOs has an important effect on contraceptive prevalence. According to the COS, nearly half of the BSPOs had not had any formal training before the date of their interview. The potential for improving program use effectiveness by providing training for BSPOs is clear in that the COS reports that nearly two-thirds of the BSPOs interviewed in 1980 thought that condoms were more effective than the IUD. (As with FTOWs, about three-fourths also thought pills were used more effectively than the IUD).

In the original Outreach concept, BSPs were to be static resupply points for clients who received initial family planning counselling and supplies from the clinic network. However, evidence from the evaluation field trips and data from the COS support the view that BSPs can and should become more than supply points. This is particularly important in view of the impression of the evaluation team that FTOWs, whose job is to visit clients, cannot possibly do this effectively given the large number of barangays they cover and their transportation constraints.

Home Visits

COS data show that BSPOs and FTOWs who do home visits to motivate and follow up clients are more effective than those who do not. Analysis of the COS data indicates that home visits are very important in determining the level of contraceptive prevalence.

Nearly one-fourth of the FTOWs interviewed in the 1980 COS said that they had done home visits during the week preceding the interview. The median number of home visits per FTOW during that week was eight. At this rate, the typical FTOW could be expected to do about 400 home visits in a year -- thereby covering only about one-fourth of the MCRA even if each couple were visited only once.

Of the wives interviewed in the 1980 COS, all of whom live in BSP areas, only 11 percent said that the FTOW had discussed family planning with them during the year preceding the interview, and 18 percent said the BSPO had discussed family planning with them during the same period.

A little over half the BSPOs interviewed in the COS said that they had done no home visits in the month preceding the interview. The average number of home visits per BSPO was 3.5, implying an annual figure of 42. Since some couples are visited more than once, only a small minority of residents of the BSP areas would be seen by the BSPO in a year.

Training and other program incentives would have to be used to motivate BSPOs to take on an active home visiting role in Outreach. Support services, such as greater quantities of more useful IEC material, would also be necessary to develop greater confidence among BSPOs to enable them to deal more effectively with their clientele. Our field observations suggest that home visits by both BSPOs and FTOWs could produce very significant improvements in contraceptive prevalence in the program -- a conclusion which is supported by the COS, which found home visiting to be the most important correlate of overall prevalence.

Contraceptive Supplies and Source of Supply

In three of the four regions visited the evaluation team found adequate contraceptive supplies down to the BSPO level. However, COS data show that many users of pills and condoms continued to receive their supplies from clinical sources. Among pill users interviewed in the COS, slightly under half said they had received their current supply from the FTOW or the BSPO. Almost all of the remainder said they had received it from a medical doctor, nurse, or midwife, implying a resupply role for clinic personnel which was not planned under Outreach. Sixty percent of the condom users said they received their current supplies from either the FTOW or BSPO. Again, most of the remainder cited a clinical source. Only one percent mentioned a commercial source for the condom. Examinations of BSPO records during the evaluation revealed relatively small caseloads of clients per BSPO. This also was supported by the COS which indicated that the mean number of pill cycles given out per BSPO during the month preceding the interview was 4.2, and the mean number of condoms was 27.

IEC Materials

While the distribution system for contraceptive flows to the barangay level seems to be working, the same is not the case for IEC material. A consistent complaint of both FTOWs and BSPOs during the evaluation was the lack of IEC materials.* In the 1980 COS, four-fifths of the FTOWs reported that they had no comic books for distribution; and half reported that they had no leaflets, brochures, or pamphlets for distribution. Two-thirds of the BSPOs said they had no printed IEC materials other than posters. One-tenth of the FTOWs said that they had distributed comic books and about one-fourth that they had distributed leaflets,

* Mass production of Tagalog and Cebuano method-specific materials under IBRD Loan II was delayed because of government regulations regarding printing. Only 30,500 flipcharts and 4,600,000 copies of seven types of method-specific materials were produced through supplemental funds made available by A.I.D. under PP II.

brochures, or pamphlets during the week preceding the survey. Almost none of the BSPOs (one percent and five percent, respectively) had distributed such materials in the month preceding the survey. Our field observations confirmed that IEC materials are in short supply at the FTOW and BSP levels.

Coordination

Coordination at all levels of the Outreach program has improved substantially since 1978. The effectiveness of coordination between FTOWs and participating agency personnel varies. Principal correlates of effective coordination are institutional arrangements for coordination at the regional, provincial and municipal levels and good interpersonal relations between FTOWs and their counterparts, especially in the Ministry of Health. However, there are lingering problems between some FTOWs and clinic personnel concerning the follow-up of clients who receive their initial supply of contraceptives from clinics. While many FTOWs and MOH personnel have worked out a system to manage the client load by sharing the names of clients, some have not. Thus, there is a lingering sense of unhealthy competition, charges of "client-grabbing," and concern over duplication of reporting and follow-up in a few areas.

Referrals and Supervision

Inadequate coordination may explain in part why FTOWs make few referrals to clinics. According to the COS, one-third of the FTOWs interviewed claimed that they made no referrals to a clinic or to a barangay health station during the month preceding the interview. The average number of referrals was 3.2, implying an annual rate of 38 per FTOW, which is about two percent of the average number of MCRA's in an average FTOW territory.

Outreach supervisors, from the RPO level down to FTOWs, see Outreach as a clear priority and reflect this in their support for the program. With the exception of District Population Officers (DPOs), the role of Outreach supervisors is well defined: DPOs, on the other hand, play a variety of roles depending on the circumstances and needs of the locality. These roles range from close association and supervision of FTOWs to office managers with substantial responsibilities for report preparation.

The provision of motorcycles for FTOWs has obviously improved their ability to manage the BSPOs more effectively. On the other hand, in those structures where auditors and treasurers interpret the FTOWs' travel allowance as a reimbursable line item (rather than an outright allowance), FTOWs are experiencing serious problems in travelling as frequently and as widely as they should in order to supervise the BSPOs effectively.

Non-FP Responsibilities

In addition to family planning responsibilities, FTOWs and BSPOs often perform other functions for the community. In some cases, these additional duties have been used quite effectively by program personnel to gain credibility for family planning. In other cases, while the additional activities have been valuable in their own right, they have not contributed to lowering fertility. However, local governments and other Ministries have begun to recognize that Outreach is an effective way to deliver social services. In the future, Outreach personnel may be called upon to assume increased responsibilities for the delivery of other social services. This is more likely to occur as the proliferation of Government extension workers becomes too expensive to maintain and the practicability of using multi-purpose field workers becomes more evident. If the priority is to maintain a strong family planning field structure, this issue will have to be faced with considerable bureaucratic courage. It is an important factor to consider in the context of the future of Outreach.

Local Government Support

A major assumption in PP II has been that local governments would increase their share of the cost of Outreach. As local governments provided a greater share of Outreach costs, FTOWs would become local government employees. In more cases than not, this has not happened even when a local government structure has assumed a significant portion of funding for Outreach. Generally, FTOWs prefer to consider themselves POPCOM employees. They sense greater job security in POPCOM and a heightened sense of professionalism by belonging to a national government organization. In spite of the fact that local governments participate in the selection and salary support of FTOWs, many local government officials also see FTOWs as POPCOM employees. This is true of many BSPOs who think of themselves as extensions of FTOWs and value the added prestige of working for a national organization. This ambiguity in the identity of Outreach personnel has not had a negative effect on their performance. In fact, in many respects, it has been advantageous for FTOWs to identify as local government employees in order to garner greater local support and yet maintain their identification as POPCOM employees at other times in order to enhance their image of professionalism and reputation as central government employees. In the short term, this ambiguity may have increased the effectiveness of Outreach in general and the role of FTOWs specifically by maximizing support for Outreach from both local governments and POPCOM. However, in the context of Outreach's long term viability local government identification is essential.

This evaluation supports the contention that Outreach has made a significant contribution to increasing the prevalence of contraceptive use, and for providing a strong human infrastructure for a permanent system to provide family planning information and services to the barangay level. Many of the improvements which are needed to make Outreach a more effective and efficient system can be affected by program managers. Based on the improvements which have already been made in Outreach since the 1978 evaluation of Population Planning II, the evaluation team believes that POPCOM, in concert with its participating agencies, has been responsive to making changes in Outreach and for allowing innovation to occur at the field level.

The evaluation team believes that it is reasonable to assume that there will be a continued need for community-based family planning service delivery project beyond 1985, the termination date of planned AID financial support for Outreach.

RECOMMENDATIONS

1. With the exception of the liquidity and liquidation issues, which represent the most serious immediate implementation problems for Outreach, the need to define the long term role of Outreach in the national program is paramount. Based on experience gained in the PP III Project, POPCOM should:
 - a. develop policies regarding the content and methodology of Outreach after 1985;
 - b. determine the most cost-effective model for Outreach
 - c. develop a financial plan for Outreach beyond 1985.
2. The status of Barangay Service Point Officers should be upgraded and BSPOs should be trained and encouraged to make home visits within their barangays and become active agents for follow-up and recruitment of clients.
3. POPCOM Central should develop broad policy guidelines for local implementation regarding the use of incentives to encourage BSPOs to stay in the program and to reward high performance. Furthermore, the development of BSP support organizations (such as SACs and SUCs) should be made a part of Outreach policy since these organizations tend to be strongly endorsed by FTOWs and BSPOs where they have been established.
4. In order to optimize the effectiveness of Outreach as a delivery system for family planning services, care needs to be taken to insure that Outreach personnel continue to give family planning their utmost attention. RPOs,

PPOs, and CPOs should monitor the activities of FTOWs to make sure that their family planning responsibilities do not suffer at the expense of their additional community development activities.

5. While coordination between Outreach and participating agencies has improved substantially since 1978, coordination, especially at service delivery levels, needs to be strengthened. The guidelines on coordination which will be pilot-tested in April 1981 should be flexible enough to capitalize on existing coordination mechanisms which have been developed in the field.
6. POPCOM should issue a circular to local governments explaining the purpose of the travel allowance for FTOWs and explaining that, since it is an allowance, FTOWs are not required to submit receipts for this budget item.
7. POPCOM should launch evaluation of the pill dispensing course for FTOWs to determine its impact on increasing the use of pills. Also, because supplies of method-specific IEC materials are inadequate, comprehensive review of the development and distribution of IEC materials needs to be undertaken.
8. FTOWs who have been nurses and midwives appear to have been especially effective. However, there is a high turnover rate of FTOW nurses. POPCOM should give preference to hiring midwives as FTOWs.

2. Clinical Services

Findings

Sterilization

The popularity of sterilization grew rapidly between the mid 1970's and 1978. Since 1978 there has been a leveling off in the rate of growth of this method. The evaluation team was informed by program personnel at all levels -- central, regional and local -- that the delays in payments were responsible in large measure for the decline in growth. Clearly, the delays in payment of these subsidies has resulted in a lessening of enthusiasm among physicians performing sterilizations and a loss of momentum in the rate of growth of sterilization as a method of family planning.

It appears that the demand for sterilization is high and that not all of this demand has been satisfied. Where facilities and trained physicians exist, sterilization tends to be a popular method.

In some areas there is a lack of sterilization facilities; and in other areas, existing sterilization centers are not being fully utilized. The preference is to refer sterilization clients to private clinics and not to Government facilities which in many cases may be more conveniently located. Another problem is that the Regional Sterilization Teams (RSTs) frequently provide services from existing sterilization centers, thus duplicating effort, rather than choosing areas where no services are available.

There were widespread reports that the P90 in the sterilization subsidy earmarked for the procurement of drugs and supplies was inadequate. Vasectomy remains a minor method. It did not appear that special emphasis was being given to male sterilization anywhere that the teams visited. By the same token, vasectomy receives no special emphasis in the POPCOM Central plans and field guidance.

Other Clinical Methods

The method mix has been the subject of considerable concern in the Philippines for a number of years. Despite the relatively high national prevalence rate and the gratifying growth in prevalence in recent years, the proportion of this prevalence that is accounted for by less effective methods (mostly condoms, rhythm, and withdrawal) has been a source of consternation to program officials. Survey data show that the proportion of couples using less effective methods may actually have increased. At the same time, the use of the pill and the IUD appears to have declined in absolute as well as relative terms. Only female sterilization among the more effective methods has shown a significant increase in the past four to five years. (Depoprovera, which is not now a program method, is used only by a small number of clients.)

In general, clinic personnel are responsive to the needs of clients who request clinical methods. Clinics have adequate supplies of contraceptives, but lack method specific IEC material. However, real and perceived side effects of the pill and IUD combined with the imperfect understanding of these methods by Outreach workers have discredited these methods in the minds of potential clients.

At the same time, rumors about the side effects of pills (as opposed to real physiological effects) are less of a problem today than they were in 1978. The evaluation team also collected anecdotal evidence that many Outreach workers are emphasizing more effective methods. Because program data of this sort lag some distance behind actual implementation, it may be that the positive effects of these efforts are yet to be seen in program statistics.

POPCOM - MOH Coordination

In general, and especially in comparison with the situation at the time of the 1978 Program Evaluation, coordination at all levels between Outreach and MOH is excellent (see Section B.1. above). Whereas in 1978 it was learned that many clinic personnel regarded Outreach as a competitor in the recruitment of clients, this evaluation found that through extensive consultation and the development of mutual understandings regarding record keeping and the establishment of targets, most sources of friction have disappeared. The team felt that this improvement was largely attributable to the fact that clinic personnel were reassured their performance would not be judged solely on the basis of new acceptors and that those acceptors who received services from the clinics would be appropriately credited to the clinics. In most areas visited there have been regular consultative meetings between POPCOM and MOH personnel at the regional and provincial/city levels designed to work out problems and jointly set program targets for the next year. At the same time, lingering problems between Outreach and MOH personnel persist in some cases.

RECOMMENDATIONS

1. The sterilization subsidy for MOH should be the subject of careful study to overcome the chronic delays in payment (see Program Finances).
2. The RSTs should operate only in areas where there are no available trained physicians or where clinical services are otherwise constrained.
3. POPCOM and the participating agencies, especially MOH and IMCH, should review the number and location of sterilization facilities in order to determine whether the geographical distribution of such centers could be improved.
4. POPCOM and the participating agencies, especially MOH and IMCH, should publicize more widely to field personnel the location of sterilization facilities in order to increase their utilization.
5. POPCOM should authorize RSTs to provide sterilization training to physicians and clinic personnel. As trainers, RST physicians should then be allowed to certify physicians for sterilization services.
6. POPCOM should develop a facilitative financial system for the transportation of clients to and from clinics for sterilization services.

7. Outreach should be used more effectively in support of the sterilization program by encouraging FTOWs and BSPOs to promote sterilization, by organizing sterilization acceptors to act as motivators for others, and by providing sterilization-related IEC materials in large quantities to Outreach personnel.
8. POPCOM, in consultation with MOH and IMCH, should review the level of the sterilization subsidy to determine if it is adequate for procuring drugs and supplies.
9. A special IEC campaign should be launched to dispel misimpressions concerning vasectomy and to promote it as an acceptable method for men.
10. POPCOM should immediately launch a long-delayed program to develop, print, and distribute large quantities of method specific IEC material to counteract rumors and misconceptions.
11. The pill dispensing course should be extended to all FTOWs and refresher training in all clinical methods should become a routine training objective for Outreach workers.
12. The present research efforts to determine an appropriate pill composition for the program should be completed as quickly as possible with the aim of introducing a low-dose formulation in 1982, but in any case no later than 1983.
13. Increased efforts should be devoted to popularizing the IUD, including the introduction of medicated IUDs, such as the Copper-T.

3. Information, Education and Communication (IEC)

Findings

Radio is the priority medium of the IEC program. Population radio messages seem to have penetrated every area of the country. However, the COS reports that when asked whether there was a radio program about family planning broadcast locally, only 43 percent of the FTOWs and 34 percent of the BSPOs were able to name a program. Only six percent of the pairs of FTOWs and BSPOs working in the same areas identified the same program. Furthermore, many of the programs mentioned were not POPCOM-sponsored.

Other activities include the pre-testing and production of flip charts, motivational leaflets and comic books, calendars and posters, BSPO signboards and barangay theater.

Financial assistance for IEC, which is provided by IBRD, the Government of the Philippines, and USAID, seemed to be adequate during PP II. Beginning in 1979, financing for IEC activities was partly decentralized to enable regional offices to strengthen local capabilities to develop and produce materials responsive to local needs and languages. Despite the availability of funds at the central and regional levels of the program, auditing rules and regulations again often delayed the production of material.

Coordination for IEC activities at the regional level is accomplished through the Regional Population Commission IEC Task Force which is composed of representatives from POPCOM and participating agencies. This Task Force is responsible for developing the priorities and relevant material for IEC in the region. The RPO, in addition to providing resources for IEC, is responsible for monitoring implementation of IEC activities.

Messages have been developed to counteract rumors and misconceptions regarding contraceptive methods and to promote more effective methods. However, participating agency staff were not always fully aware of available IEC material and did not regularly receive such materials. In spite of the fact that much of the needed IEC material is now developed and produced at the regional level, there are complaints that printed materials are not being produced in the local dialects. At all levels and among all agencies, there were shortages of method-specific materials.

Although population radio messages have penetrated most of the country, program personnel believe that greater emphasis on interpersonal communication is necessary, reinforcing the desirability of program personnel having relevant and understandable print material available to them.

Distribution of existing materials seems to be a very serious constraint. The materials, whether posters (which are popular) or leaflets on countering rumors on the pill, simply are not in the hands of Outreach or clinic personnel or potential acceptors in the necessary quantities.

RECOMMENDATIONS

1. POPCOM should give priority to developing an effective distribution plan for all IEC material. Consideration should be given to mailing material directly to FTOWs and/or BSPOs. Consideration might be given to using commercial means to deliver materials.

2. Massive production of IEC materials with specific messages, such as maintenance of continuing users, promotion of specific methods, and remotivation of dropouts, should be targeted to Outreach and clinic personnel and to potential acceptors.
3. POPCOM's policy of decentralizing the financing and development of IEC activities to the regions should be reviewed to determine if, in fact, it has increased the availability of relevant IEC material.
4. POPCOM should encourage the private sector to develop and produce IEC materials on a pilot basis to determine if the private sector can produce such materials in a cost effective way.
5. POPCOM should evaluate its radio strategy to determine its impact and, at the same time, should seek to link radio messages to the Outreach approach.

C. SUPPORT SERVICES

1. Training

Findings

Observations in the field show additional training efforts in contraceptive techniques, human sexuality, and family planning program management have improved the confidence of FTOWs to counsel clients in the use of contraceptive technology and increased their capability to manage a growing number of barangay service points.

There is strong evidence in the field to suggest that formal training of BSPOs makes a significant difference in their effectiveness as Outreach workers. Further, the quality of record-keeping and the level of enthusiasm for the program is higher among BSPOs with formal training than among those who have not undergone formal training. Indeed, almost all BSPOs interviewed said they consider training to be a major factor in sustaining their interest in the program. Information at the central level reveals that only about forty-four percent of all BSPOs have received formal training on population and family planning.

2. Logistics

The quantity of contraceptives (pills and condoms) stored at the regional, provincial/city, district, municipal (FTOW), and barangay level varies considerably in the four regions visited. There is evidence that the 12-month supply requirement which should be present within the Outreach structure is not strictly followed.

Outreach structures which do not receive adequate financial support from the local government for maintenance and operating expenses have very low levels of office supplies and encounter difficulties in reproducing POPCOM-required forms and reports such as client information sheets and progress reports.

Some Outreach structures visited complained that projectors do not last very long and are constantly in need of repair. The problem is compounded by the unavailability locally of spare parts.

It has been observed that in certain cases, program vehicles issued to the Outreach structures are not properly maintained and are used for non-family planning activities.

Stock cards are apparently not properly maintained at the FP clinic and BSP levels. Although the FTOWs generally understand and comply with procedures for monitoring logistics, the information on balances at various levels where stock are maintained is frequently inaccurate. At the central level, the Logistics Division says that information received from the field is generally inaccurate and delayed. One bit of evidence to support this claim is the wide disparity between the stock reported against the actual count made during yearly inventories of contraceptive supply. Corollary to this finding is the observation that formal training and close FTOW supervision of BSPOs and close coordination with clinic personnel contribute to accurate logistics data and service statistics.

While adequate storage facilities generally exist at the central, regional and provincial/city levels, there is a need to emphasize the correct handling of commodities by using proper warehousing techniques (i.e. first-in/first-out procedure).

Although efforts were made by the Program to retrieve and destroy defective condoms, it is the observation of the evaluation team that in a number of places there are still defective condoms. Efforts to ensure that program pills are safe and effective seem to be successful. Pills manufactured in 1973 and 1976 have already been tested by the Philippine Food and Drug Administration for safety and effectiveness and have been confirmed as safe for human consumption.

There seems to be a discrepancy at the regional level between the salary of logistics personnel and the responsibilities assigned to them. Their responsibilities are comparable with those of technical staff.

RECOMMENDATIONS

1. POPCOM Central should enforce strict compliance with the supply requirement of the Outreach program. The Logistics Officer at the regional level should regularly monitor the supply levels at all operational outlets.
2. POPCOM Central should allocate the necessary funds to provide an adequate supply of record and report forms to the Outreach structures. Where feasible and economical, printing of these recording and reporting forms should be done centrally. Renewed efforts should be made to get assistance from local governments for office supplies.
3. As part of the redesign efforts in the Program MIS, basic logistics information requirements should be established and simple procedures and reporting forms should be adopted.

4. There should be renewed efforts to retrieve all defective condoms in the field.
5. POPCOM should review the status of the logistics officers and should consider hiring additional logistics personnel on a permanent basis.

3. Operations Research

Findings

Central Level

There has been plenty of money for research; generally, not all the money available for research has been spent. Certain types of research that are seen as particularly needed have not been undertaken, for example, qualitative research, particularly in-depth studies designed to probe beneath the superficial level of responses usually obtained in large-scale surveys, studies utilizing the special skills of commercial market research firms to feed into planning for IEC and service delivery. A major bottleneck in undertaking research has been the difficulty of finding institutions and individuals with the inclination, time and ability to carry out all the types of research deemed desirable. This problem is exacerbated by the fact that POPCOM is not permitted to advance funds for contractual work.

POPCOM has identified a list of research leads to guide researchers in writing proposals. The number of leads is large, and each one tends to be broad in scope, which allows for flexibility in responding to research proposals. Priorities within the list are not indicated in writing but are specified in POPCOM's dealings with potential research proponents.

POPCOM tends to be reactive with regard to research rather than preparing concept papers and asking for specific proposals. It tends to wait for others, principally the Population Center Foundation (PCF), to initiate the proposal process. Given the small size of the POPCOM central Research Unit and the availability of a much larger staff of research specialists at PCF, such a posture appears to be most appropriate. PCF is in a better position to develop concept papers and proposals, and a mutually beneficial collaborative relationship for research planning and implementation has developed between POPCOM and PCF over the years. The existence and functioning of PCF are seen as major factors in facilitating research in a variety of other ways as well. PCF's private status allows POPCOM to avoid many of the bureaucratic obstacles to the funding

of priority research activities PCF specializes in activities designed to promote research utilization. PCF thus acts as a broker for finding institutions to do needed research and as a "linker" for bringing research findings and their implications to the attention of managers.

Regional Level

During PP II, the objectives of decentralizing research has taken major forward strides. Before PP II there had been almost no regional research activity. By the end of PP II, every region had begun to undertake research, and in most regions one or more research projects had been completed and others were under way.

The Institutional Development Project (IDP) of PCF has ensured the existence of at least one research institution in each region with a capacity for undertaking program-related research. The provision of IDP consultants to provide assistance to these institutions has been extremely important, both for furthering institutional development and for ensuring reasonably high quality (and credibility) of research findings.

It was observed in field visits that the number of research projects undertaken so far in any of the four regions visited tends to be small. This is partly due to the newness of the effort to decentralize research. However, there was a nearly universal complaint that central controls on research (to ensure high quality and relevance) have been stifling initiative. Proposals that are sent back from the central level to the regional level for revision are often simply discarded, apparently because the proponents are too discouraged to spend the time required for revision. The tendency for research money to go unspent, already noted at the central level, is more pronounced at the regional level.

There have been some problems of coordination. At least four entities are usually party to regional research projects; POPCOM central, POPCOM RPO, the research institution, and the IDP consultant. As a result, tensions tend to develop, particularly between the research institution and POPCOM RPO and between the two regional entities on one hand and POPCOM central on the other. The researcher-manager tension is inherent in operations research, although it is probably more pronounced at present in many regions owing to the newness of regional research efforts. The central-regional conflict is caused by the perception at the central level that the regional proposals and research tend to be of relatively low quality and/or relevance and the converse perception at the regional level that central standards are unrealistically high.

POPCOM has attempted to facilitate the approval of regional research by allowing proposals budgeted for less than P50,000 to be approved without clearance from the Technical Committee. However, such projects still need to get clearance from the POPCOM central Planning Division and the technical division concerned.

Research Utilization

Explicit efforts to foster research utilization accelerated during PP II. Examples of important research utilization activities include several focused workshops of PCF (such as the workshop on contraceptive "continuance"); the series of workshops, involving POPCOM central ADs and RPO staff (ROs and RECs), to discuss managerial implications of the 1978 COS findings and to formulate an action plan; the series of workshops to prepare coordination guidelines; and the workshop and action plan that grew out of the 1978 POPCOM/USAID Evaluation of OY 1. At a less conspicuous level, many research findings were utilized without benefit of special workshops. For instance, at the national level, the Cooperative Research Project (CRP) created greater awareness on the part of central MOH and IMCH personnel of the obstacles encountered at the field level to implementation of directives from central offices. Several smaller-scale, highly focused studies provided detailed data on perceptions about family planning methods that were used in designing new IEC and training materials (e.g., focus group discussions on the rhythm method, studies of rumors).

At the regional level several research projects provided findings that were found useful. In Regions 5 and 6, for instance, studies of BSPOs produced findings that were employed to improve the formal training of BSPOs. In Region 3, findings from a region-wide KAP survey were used as input to IEC design.

The 1980 COS was designed in consultation with RPOs explicitly to provide useful feedback at both national and regional levels (whereas the 1978 COS had been designed only for national-level analysis).

RECOMMENDATIONS

1. Institutions/individuals with a potential for doing useful research for the program should continue to be sought, especially those potentially capable of undertaking qualitative research. The possibility of making greater use of existing market research capabilities should also be explored.

2. The existing relationship between POPCOM and PCF should continue to be encouraged.
3. The IDP should continue to receive support, particularly for the provision of consultants to travel regularly to each region and assist in the preparation of research proposals and in the implementation of research projects.
4. During the early stage of institutional development, it may be more important to fund relatively low-priority, low-quality research at the regional level than to insist on high standards. The early research experience of regional institutions should be viewed as part of the training of regional researchers and a proving-ground for establishing lasting working relationships between the RPOs and the research institutions. Perhaps some proportion of regional research funds should be set aside for purely discretionary funding of low-budget projects (e.g. about P50,000 per year) which would not require any advance clearance from POPCOM central. It is recommended that such a scheme be tested for one year.
5. It has been demonstrated that research findings can be brought to the attention of managers and utilized if explicit efforts are made to foster research utilization. RU workshops seem to be particularly effective for this purpose and should continue to be convened.
6. There is a consensus that managers will be more receptive to data if they are involved in the planning and design of research activities. Such involvement appears to have increased during PP II and should continue to be nurtured in PP III.

4. Management Information System

Findings

Management and Resources

There is evidence that more attention and resources are being placed on the Management Information System (MIS) by POPCOM management and the donor agencies in order to overcome major deficiencies in the MIS that were identified during the 1978 evaluation. In the Medium Term Plan of the Philippine Population Program concern is expressed that an improved MIS provide accurate and timely information considered vital for program planning and implementation.

GOP programs, with complementary inputs from USAID (under the new PP III Project) and the World Bank (Population II Project) are therefore geared towards strengthening the MIS organization at the central level and providing the proper leadership and management of the information systems as they are implemented in the field. The different inputs are generally considered sufficient for the MIS plan developed by POPCOM.

POPCOM, in this regard, has stepped-up its efforts to recruit qualified technical staff in the MIS organization. At present only two technical positions are vacant. Three senior technical staff were recruited in the last quarter of 1980. However, non-competitive salary scales remain a problem.

A continuing staff development program to enhance the skills of the MIS staff is presently being implemented by POPCOM. It covers fundamentals of electronic data processing, computer programming, specialized computer languages, and systems analysis and design.

Systems Design

The basic system design has already taken into consideration the service delivery program itself. Thus, in the current redesign efforts a premium is being placed on the linkage between Outreach and clinic personnel and their contact with clients and follow-up of delinquent clients.

MIS management wants to continue concentrating on the provision of continuous service and follow-up in the program. The Task Force which reviewed the Population Program MIS in 1979 recommended the placing of most emphasis on continuing users and the use of geographical and/or administrative reporting units instead of a service point-centered management. These recommendations, in fact, formed part of the basic framework of the coordination guidelines which will be piloted in 1981.

The current redesign efforts to improve the total MIS (IEC, Training, Research, Finances, Manpower, and Planning), being undertaken by POPCOM with consultancy services of INFORMATICS, INC., focus on the service delivery and logistics information systems. Now that a survey of information needs has been completed, the Informatics group will begin actual redesign efforts. It is intended to keep the field information system very simple and easily understandable.

Field Level

At the regional level, there is now a conscious effort to actually manage the flow and utilization of data coming from the field. It was noticed, however, that in regions where

there is an obvious lack of skilled personnel doing research and related work, there is a limited use and analysis of data coming from the field.

The Information System of the Outreach and clinic structures are in place. The level of efficiency of implementation, however, varies from region to region. It is the consensus of the team members that in places where the BSPOs have been formally trained, a substantially greater proportion of required information/reports are being submitted and they are more complete and on time.

Prevalence data at the BSP-level remains unreliable. There are, exceptions to this in some places. In places where the BSPOs have been formally trained and are closely supervised by the FTOWs, prevalence data appear to be more accurate. The current MIS produces low quality service statistics and logistics data. However, a brief comparison of the 1978 and the 1980 service statistics revealed an improvement in the quality of data presently being received from the field. Some regional offices have reported the implementation of a systematic program for the readjustments of service statistics based on resurveys and verification.

One major cause of this problem is the failure of the BSPOs and the FTOWs to fill in the "deadline for next service" column in OP 1. Often, even when it is completed, follow-up has not been made although the date indicated has long since passed.

Based on the COS data and observations in the field, it was found universally that, in areas covered by BSPs, the count of eligible couples for the baseline survey was consistently far below the estimates based on the rule-of-thumb that the number of eligible couples equals one-eighth of the total population. Many field workers and managers believed that the cause of discrepancy lay in the accuracy of the estimates. However, while it appears that the estimates may be imprecise for small BSP populations, the chief cause of the discrepancy is usually incomplete enumeration during the baseline survey. The 1980 COS identified a substantial proportion of MCRA in sample BSP areas who were not included in BSP records. The BSP records indicated an average of only 59 couples, whereas the enumeration indicated that the true figure is between 78 and 87, depending on the definition of MCRA. In BSP areas where MCRA have not been enumerated completely, prevalence rates tend to be overestimated since missed couples are likely to be found in more remote areas and therefore are less likely to use FP.

The problem regarding the delayed submission of Outreach and clinic reports has been greatly minimized for outreach

reports. Only reports from areas theoretically inaccessible or experiencing serious difficulties (e.g., bad weather conditions or "peace and order" problems) are not generally included in the current month's report. The submission of clinic reports remains a problem.

The COS data and observations in the field showed that BSP surveys were not being repeated annually. Data on the number of MCRA, therefore, tended to be out of date.

RECOMMENDATIONS

1. Personal attention from the senior levels of POPCOM (and the partner/donor agencies) should continue to be given to the MIS. This requires utilization of the MIS as a management tool for decision-making and policy-formulation.
2. A continuing in-house and/or formal training program should be developed and implemented together with an incentive package that will include upgrading of salaries of MIS personnel.
3. The staff development program of the Central MIS should also include Regional MIS personnel.
4. The redesigned MIS should emphasize the use of geographical and/or administrative reporting units.
5. The redesigned system should be as simple as possible but designed in such a way as to support the clinic and Outreach staffs in coordinating the monitoring of service delivery and referral functions.
6. Each BSP will maintain a listing of all MCRAs in the area. This list should be updated regularly. In cases where the BSPO is unable to note all changes in MCRA status, the FTOW should give the necessary assistance.
7. Both the BSPs and clinics should maintain client service records for current users.
8. Among all the systems being developed presently, focus on Outreach and clinic information systems should be emphasized.

At least one full year (CY 1981) should be allowed for the establishment of the field MIS. This will give sufficient time for the redesign of forms and procedures, piloting, and writing of the manual. Training and implementation nationwide should be undertaken in 1982.

9. The other components of the MIS should be implemented immediately to make it more responsive to the needs of program managers.

10. Data-verification and spot-checking activities of all levels of operations should be strengthened and should become part of the regular monitoring activities of these units.
11. A strong feedback mechanism which will focus on the quality of data being submitted upwards should be initiated by the MIS unit. There should be a conscious effort to utilize periodic management conferences participated in by the regional population officers as a venue for discussion of the MIS.
12. At the central MIS, a data-verification team should be formed immediately. This team should have the capability to undertake frequent field travel and should systematically cover all regions.
13. Reorientation on proper procedure for survey work and maintaining BSP records with the use of an operations manual should be undertaken.
14. Baseline surveys should be done rapidly and systematically. Resurveys should be done annually to update information on number of MCRA and on use of FP.

ANNEX A

REPORT ON THE EVALUATION
OF THE
POPULATION PLANNING II PROJECT
OF THE
PHILIPPINE POPULATION PLANNING PROGRAM
(OPERATIONAL YEAR ONE)

Jointly conducted by:

Commission on Population
National Economic & Development Authority
U.S. Agency for International Development
(Manila and Washington)

Manila, October 1978

I. INTRODUCTION

This report represents a review of the first year of operations (OY 1, July 1977 to March 1978) of the Population Planning II Project, the project under which the U.S. Agency for International Development provides financial support for the Philippine Population Planning Program. Because the project supports the major areas of program activity, this evaluation unavoidably touches upon broad issues of population policy and overall program effectiveness.

Also, because the program activity which was initiated during OY 1 continues into the present, this evaluation has relevance for decisions today and in the immediate future. We make this point because this evaluation report is being issued at a time when the Government of the Philippines (GOP) is wrestling with difficult questions of far-reaching significance for the population program--questions pertaining to levels of financial support and future directions, including program organization and structure. These issues were raised during the course of the current review of the Philippine Population Program per instructions by the President of the Philippines. We believe that the findings and recommendations contained in this report have considerable relevance for the decisions the Government must make in the future. It is for this reason that the report may from time to time appear to reach beyond the narrow confines of PI II.

This evaluation was carried out by a team of 18 people representing the Commission on Population (POPCOM), the National Economic and Development Authority (NEDA) and USAID Manila and AID/Washington; their names are listed in Annex A. The team was divided into four field teams which visited and prepared reports* on the following areas: Northern Philippines (Regions II, III, and IV); Central Philippines (Regions V, VII and VIII);

*The reports follow the outline provided in the "Evaluation Guidelines". See Annex B.

Southern Philippines (Regions IX, X and XI); and Manila (central agencies and Metro Manila Outreach). The reports of the four teams are attached to this opening summary and represent the principal "data" upon which our findings and recommendations are based.* The report was reviewed in its present form by the entire team of 18 and is being presented to the three participating agencies for review and consideration.

Each field team spent two weeks in its assigned region. The teams then convened in Manila where a week was spent preparing and reviewing the individual reports. A fourth and final week was spent reviewing and consolidating the four reports into this final report. The reader will note that the final recommendations may occasionally exclude or contradict an individual recommendation in a field team report. This reflects the fact that perfect consensus is not possible in such a complex undertaking and that some recommendations were too operationally specific to be included in this summary. Nonetheless, we are extremely pleased to note the high degree of consistency between the field reports which gives us confidence that this final report is accurate in its findings and responsible in its recommendations.

II. FINDINGS AND RECOMMENDATIONS

1. Program Support and Local Government Accountability

Findings:

All four field teams found fairly high levels of political support for the population planning program. There are strong additional indications of positive efforts by local governments to assume an increasing share of program

*Also attached as Annex C is a checklist of OY 1 accomplishments. Annex D is a memorandum from the POPCOM Executive Director to Regional Population Officers outlining their responsibilities in assisting the field teams.

BEST AVAILABLE DOCUMENT

3

costs.** Teams which travelled outside Manila found a particularly gratifying response on the part of local government officials (provincial governors and city mayors). However, there were indications that these same officials do not regard themselves as being responsible for program performance in their areas. Several implied that because they could not afford to assume the full cost of outreach operations, they should not be held accountable for program performance. The evaluation team believes quite strongly that these officials must be made to feel accountable for program performance in their areas if the Outreach Project is to work with maximum effectiveness.

We understand those local officials who argue that they should not be held accountable where they do not have control of the resources through which performance is achieved. Therefore, we urge that steps be taken to assure that the resources are available for local officials to acquire control consistent with the responsibility we feel they should assume for program effectiveness. Hence, to the extent the local governments are unable to provide the resources required to support 100 percent of local costs over the time period stipulated in the original project plans, the National Government should be prepared to make such funds available on grant-in-aid basis. The population effort is so important, that to the extent necessary, the National Government should be willing to divert resources from less essential areas of activity to assure that the population program is adequately funded. Having done so, the National Government, at the highest level, should make clear to local government officials that they will be held accountable for the quality and the impact of the programs in their areas. POPCOM, through its Board of Commissioners, should present a plan for program monitorship which produces information that can be available to political leadership and that can be used to

**See Annex F which provides a detailed breakdown of local and national government contributions and a linear projection to 1980.

alert local leaders and administrators to the fact that considerable interest exists at the highest level in local population program implementation.

The evaluation team believes it is extremely important for the Government to assume as large as possible a proportion of cost of the population planning program by 1981-82. However, we believe that AID and other donors should be prepared to provide support for specific areas of program activity should there be clear evidence of the Government's inability to shoulder the full financial burden of the program.

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.

2. Future of Outreach Program

Findings:

As will be noted in their report, the Manila-based evaluation team reports a fairly widespread view among central policy-makers that the Outreach Project, as presently designed, may not be financially viable in the long run. Due to financial and budgetary constraints, local governments will find it difficult to assume an increasingly larger share of program costs. Members of the POPCOM Board interviewed by the team reported that of the three options*

*See preliminary printed copy, "Report of the Special Committee to Review the Philippine Population Program", (Manila, June 1978), pp. 139-140.

outlined in the Special Review Committee's report, the first one--continuation of the program as planned--no longer appears feasible. Therefore, they said, the Board is considering whether to recommend retrenchment or integration with other barangay-based social service activities--or some combination of the two. The evaluation team feels that "financial viability" is dependent upon more fundamental resource allocation choices. If the program is important enough, it can be afforded at the expense of other, less important activities. Since few development expenditures can be regarded to have as high an economic rate of return as an effective population program, we suggest the Board thoroughly review data on program impact and effectiveness before a decision concerning the future of Outreach is made. The evaluation upon which this report is based suggests that the program, despite some weaknesses, is being quite effectively implemented. Outputs are being achieved more or less on schedule and it is too early to know whether or not purpose is being achieved--i. e., whether or not contraceptive use prevalence is increasing and the birthrate declining.

Data on acceptor rates that are presented in the team reports below are encouraging but based on too few cases to be representative. Also, they are based on data from a Management Information System which is of questionable reliability. (See finding and discussion No. 5 below.) Within the next four months, however, preliminary data will become available from the nationally representative Community Outreach Survey and the Philippines portion of the World Fertility Survey. These data will yield reliable estimates of current contraceptive use prevalence and crude birthrates which can be compared with data from the 1977 Area Fertility Survey in order to get accurate information on overall Outreach program effectiveness at the halfway point in implementation.

Recommendations:

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.

3. Institutional Coordination

There is a consensus among fieldworkers, implementors, managers, and policymakers that there has been inadequate coordination at all levels of operations in the initial stage of program implementation due to the rushed pace of project development and initial operations. This lack of coordination resulted in poor program linkages at the FLOW and clinic levels where major problems were reported. This has considerably hampered the smooth delivery of services.

In spite of the problems in coordination, there is a strong sentiment among the people interviewed, especially POPCOM staff members, that POPCOM should largely remain a coordinating body. One major advantage cited is that POPCOM is able to draw upon resources of the participating agencies to assist in the implementation of a program which is to be integrated into the local government structure.

It is generally acknowledged that coordination can occur at different levels, but most people interviewed were quick to add that it is at the regional level that institutionalization of the coordination process is greatly required.

The Regional Population Offices (RPOs) find it difficult to coordinate program implementation due to the different thrusts and objectives of participating agencies at their level. To answer this problem, the RPOs implement varying strategies ranging from a relatively personalized approach, as in Region IX, to a more formal institutionalized approach as embodied in the organization of functional Regional Population Committees (RCPs), composed of participating agencies in the region, which meet monthly

to discuss policy, program direction, and integration. Problems related to operations are discussed in this forum with the goal of paving the way for smoother implementation of program activities.

From the PPO/CPO down to the FTOW level, integration and coordination takes place in a personalized manner.

It was further suggested that the Regional Population Offices should be given some sort of leverage, such as funding, in working with participating agencies in the region. This is deemed necessary to strengthen the coordinating function of POPCOM and to improve the working relationship with the agencies directly involved in service delivery.

Recommendation:

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

4. Planning and Implementation Strategy

The general opinion of the RPOs visited was that the planning and implementation processes between POPCOM/Central and the RPOs needed to be strengthened for more realistic planning and target setting. Clearer policy guidance and improved lines of authority and communication seem to be the most important areas of concern of the regional staffs.

POPCOM is one of the leaders among government agencies in decentralizing operations, yet several problems still exist which are slowing down the development of a more effective planning and implementation strategy. These include inadequate financing, lack of consensus concerning the Outreach program by members of the POPCOM Board, pressures and demands from external donor agencies and other COP agencies. Each problem is serious enough by itself to hamper increased effectiveness and taken as a

whole they have caused a certain confusion among regional and local structures. Solutions to these problems should be found as quickly as possible to give increased impetus to the Philippine Family Planning Program.

It is the opinion of the evaluation teams that POPCOM should strengthen and fully implement its present planning and implementation strategies. These include having POPCOM/Central set the broad family planning program directions. These are based upon inputs made by the RPOs from information gathered from the local structures and other regional sources such as the Regional Development Councils, the Regional Population Committees, and regional research studies. The regional inputs are coupled with GOP national policy declarations, national research, and other national and international inputs and developed into a national program strategy. The RPOs are then given the responsibility to plan their programs and set their targets based upon regional needs.

Both POPCOM/Central and the RPOs feel that "top down" planning would place unrealistic demands on the program and would force target-setting and program implementation that would not meet the needs of the Philippine Family Planning Program in general and, more important, the objectives and targets of the individual regions.

Recommendation:

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.

5. Program Impact and Management Information System (MIS)

All four field team reports note the questionable quality of the MIS. There were cases where apparent double counting of acceptors was noted and also cases where apparently there was confusion of program employees about how the MIS should operate. In one instance a City Population Officer was unable to properly fill out the basic form that is used for aggregating national data (the OP-6).^{*} Our basic findings are six:

- a) Program employees from the Regional Population Officer/City Population Officer level down to the Barangay Supply Point Officer (BSPO) need basic training in operating the MIS.
- b) This training should include not only "how to" information, but also the "why" explanations.
- c) Outreach and MOH officials at the provincial and national levels need to acquire a better understanding of the meshing of the Clinic Information System and Outreach Information System in order to prevent double-counting of current users.
- d) An internal system of checks and audit needs to be instituted in order to assure MIS accuracy.
- e) MIS data needs to be fed back more quickly than the three month average turnaround cited in the field reports.
- f) Management level Outreach and clinic employees need training in both the management and evaluative uses of the MIS.

^{*}See Northern Philippines team report.

Overall, the evaluation team urges POPCOM to give serious attention to establishing the integrity of the MIS so that it can be effectively used both to monitor program performance and to identify specific areas in need of short-term attention. Feedback to the field of accurate program data is an important part of insuring the integrity of the entire program.

Recommendation:

POPCOM should take immediate steps to improve implementation of the system of reporting and the flow of information regarding Outreach program and clinic impact and effectiveness. Both the timeliness and the accuracy of the Management Information System need to be improved.

o. Outreach Salaries and Travel Allowances

Findings:

In all structures visited, delays in payment of salaries and travel were reported during the first two quarters of OY 1. The delays were minimized, however, during the third quarter (equivalent to the first quarter of calendar year 1978) because local government support was made available.

Local government auditing regulations caused problems regarding releases of travel allowances. The reimbursement scheme for travel allowances has caused serious delays in the release of travel money. Consequently, the mobility of structure personnel has been negatively affected. In spite of these difficulties, the structure personnel, in most cases, continued to perform their responsibilities.

Information gathered from field visits indicates that field allowances for OY 1 were inadequate. In the provinces visited it is estimated that the FTOWs need from ₱150 to ₱200 per month to cover all expenses related to fieldwork. In areas where there is regular transportation, the ₱115 allowance is enough to cover purely travel expenses but does

not meet the other expenses incurred such as meals and lodging. In areas where there is irregular transportation the P115 allowance is not enough to meet even travel expenses.

It is suggested that standard procedures be discussed and agreed upon among POPCOM, local governments, the Department of Finance, and the Commission on Audit to allow for the smooth disbursement of salaries and field expenses.

Recommendation

To avoid recurrence of delays in salaries and travel, it is recommended that standard operating procedures be established for releases of travel funds. The level of travel allowances should be carefully reviewed with a view toward establishing a more equitable system, of travel support.

7. Operational Year 3 Program Funding

Findings:

The financial plan in the Project Agreement, specifically the Fixed Amount Reimbursement (FAR) system, remains a matter of contention. POPCOM has felt the need of working capital to initiate activities which were delayed in OY 1 because of initial problems regarding the workability of the disbursement scheme.

The problem was felt at the field level where there were delays in the release of funds for payment of salaries and travel allowances. These delays ranged from two to ten weeks. Some Outreach personnel had to resort to borrowing money. During the third quarter of OY 1 the delays were not so great because local government support began to be made available.

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Recommendation:

To avoid future short-term problems of liquidity, it is recommended that POPCOM and USAID should carefully review OY 3 funding requirements and develop a plan to avoid short-term funding short-falls.

8. FTOW Training

Findings:

During their basic 21-day initial training, the FTOWs' general expectations had been that they would spend more time working in community development than in family planning. In reality, most FTOWs spend more time working in family planning. Because of this, additional training in contraceptive techniques, human sexuality, and family planning program management is needed by the FTOWs for meeting their job demands.

During the initial stages of the Outreach program when the training modules for the basic FTOW training were being developed, it was generally assumed the FTOWs would need community organization skills to help facilitate the acceptance of family planning. Only 25 percent of the training sessions were devoted to family planning skills. This apparently was a carryover from the forerunner of the Outreach Project, the TIDA (Total Integrated Development Approach) Program. Almost immediately it proved to be a misconception.

Almost every FTOW interviewed by the field teams indicated that he or she needed additional training in family planning skills. The vast majority of their time (75 to 95 percent) is spent directly in dealing with family planning or family planning related activities. Because of the lack of training in family planning technology, the FTOWs feel restricted in implementing the Outreach program. They do not fully understand the advantages and disadvantages of the various contraceptive methods and thus cannot pass on to

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perspective acceptors the proper advice. An example of this is the dispensing of pills. The FTOWs cannot yet adequately explain the effects of pill usage on a woman's body and consequently, many users drop out with real or imagined side effects.

Some efforts have already been made to correct this situation. Most RPOs have or are now conducting basic pill-dispensing courses for the FTOWs. On the national level, 11 Family Planning modules were developed and pre-tested. These modules, however, have yet to be approved by the POPCOM Board and cannot be implemented nationwide until Board approval is received. These efforts are laudable but need to be expanded in order to increase the FTOWs' competence and confidence.

Management training is also needed. The RPOs are beginning to decentralize the planning and implementation processes by giving the local structures the responsibilities of planning and implementing their individual programs. The FTOW, being the closest to the target group, has to understand basic program planning and implementation in order to manage the program in his or her area of responsibility.

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.

9. Side-Effects

Findings:

Information received from all levels indicated numerous types of problems regarding contraceptives. Problems regarding pills were the most numerous, followed by IUDs, and then sterilization. There were also some complaints about condoms.

Side-effects that women reported experiencing or fearing from pills are expressed in terms of physical discomfort such as dizziness and nausea as well as amnesia, sterility, and premature senility. The genuine side-effects are elaborated upon through an active, informal communications network that gives rise to and spreads rumors in the attempt to understand this recently introduced innovation. There are also complaints because the brands of AID-provided pills originally accepted by the clients are no longer available to them. Many such clients have dropped out the program or switched to a less effective method because of the real or perceived side-effects of Norinyl. Availability of Norinyl in two dosage levels does not solve the problem.

The Outreach personnel do not yet appear to have enough understanding of actual pill-induced changes and, therefore, are not yet able to provide adequate information to clients regarding their use. Even the primary-level health personnel (especially midwives) of the rural health units do not appear to fully understand pill-induced physiological changes or to be adequately informing clients regarding their use.

Likewise regarding IUDs, there is not yet sufficient information provided to clients regarding potential complications. Occasionally, improper-sized IUDs are inserted and many clients are not informed of the importance of follow-up. Consequently, many women who do experience discomfort present themselves at clinics to have the IUD removed.

Regarding sterilization, some vasectomy failures have been documented. These and the male worry that sterilization will inhibit sexual performance impede greater acceptance of this method. Problems reported concerning tubal ligation derive from pain experienced by some women upon whom the procedure has been performed under local anaesthetic.

Project personnel are aware of the problems caused by the rumors and are taking steps to counter them within their limited means. Full-Time Outreach Workers use barangay

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assemblies and, to the extent possible, trace back the source of the rumor and undertake face-to-face communication. In Region IX, a booklet entitled "Family Planning Methods: Rumors and Misconceptions" was locally produced and distributed through the Outreach structure. It is the opinion of the review team members that basic IEC campaigns and materials should be developed to counteract the rumors and misconceptions. Additional funding to initiate or improve IEC programs at the regional level should be provided.

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.

10. Information/Education/Communication (IEC)

Findings:

POPCOM Central Office assistance to the field is both financial and material. Material support is in the form of films, centrally-produced print materials, and equipment. All the regions visited expressed the need for increased general support from the Central Office such as equipment, films, technical staff assistance, and consultants as well as specific financial support for production of easily-comprehended materials in the local dialects.

While IEC capabilities vary from region to region, inadequate funding is seriously hampering IEC activities of regions in planning, developing, producing, and distributing materials to support program needs. Among the regions visited, only three are considered not in a position to develop and produce their own IEC materials.

Participating agencies involved in both the preparation and dissemination of IEC materials have been reported to be generally supportive of the IEC activities of regional offices. For example, major IEC agencies such as the Ministry of Public Information, Ministry of Education and Culture, and the National Media Production Center in coordination with the RPOs, have been conducting seminars and programs integrating family planning messages.

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.

11. Incentives for the Barangay Supply Point Officer

Findings:

In the various reviews and evaluations of the Outreach Project that have been conducted in the past several months, the problem of maintaining the interest of the BSPOs has been raised. Since the BSPOs are the key in the whole Outreach service delivery scheme and are expected to work on a voluntary basis, this concern is very real. The question is whether or not it is possible, to maintain a highly motivated group of workers over a long period of time without incurring unsupportably high expenses.

All four field teams recommended that some kind of incentive may be necessary if the Outreach Project is to continue to rely on the BSPOs as the major service delivery point. Several people interviewed by the Manila-based team suggested it would be necessary to provide monetary incentives. All four field teams report that some sort of non-monetary incentives is needed. People interviewed in the field stated that monetary incentives would be too costly and would place an unaffordable financial burden on the national and local governments. One team also reported that providing monetary incentives could be counterproductive because it would

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undermine the spirit of volunteerism and "service to the nation".

Some of the local structures have already developed certain incentives. These include providing the BSPO with a sign-board identifying the BSP, presentation of recognition awards and certificates by local officials, presentation of storage boxes which are brightly decorated with family planning slogans, and the distribution of T-shirts with family planning slogans.

Since the program is now nearing the end of its second year and many individuals are participating as BSPOs, it is important that a committee or task force be organized to carefully study the question of BSPO incentives and make recommendations on types of incentives that are within the financial capabilities of the local and national governments but which retain the basic spirit of volunteerism. Operations research funds should be considered for this purpose.

Recommendations:

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

12. BSPO Training

Findings:

Except in a few places where formal BSPO training has been conducted by local structures, there has been no organized POPCOM effort--mainly due to the lack of funding--to formally train the Barangay Supply Point Officers in the necessary family planning skills and management techniques.

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It was observed by the field evaluation teams that the quality of record-keeping is generally higher and the level of motivation greater among BSPOs with formal training than among BSPOs who have not undergone formal training.

Formal BSPO training was scheduled to begin during OY 1. Because of the lack of funds, this plan did not become reality and most FTOWs resorted to training their BSPOs informally on a person-to-person basis. Although this gave the BSPOs some basic knowledge of the program, it was not sufficient to give them an understanding of family planning and the importance of accurate record-keeping. The BSPOs have, therefore, been identified by the RPOs and the local Outreach structures as one of the high priority groups for immediate training. It is important that sufficient funding be made available to meet this need.

Training designs have been developed by POPCOM Central and all RPOs have planned training programs. Some of the innovative local structures have been able to draw upon these resources and have found local funds to implement the training plans. Their funding has come from provincial government sources with municipal governments often contributing a portion. The BSPO training includes some basic family planning technology, records management, motivational skills, and an orientation to the population program as a whole. The local managers who have held this type of training believe it is very effective in increasing BSPO motivation and competence. It also serves as one type of incentive in maintaining the BSPOs' interest in the program.

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.

13. Sterilization Subsidy

A particularly bright aspect of the program is the increasing acceptance of sterilization among eligible women. However, the problem of an inadequate subsidy and the delayed payment of this subsidy unnecessarily hinders this part of the program. It is generally agreed that the present subsidies--92 and 50 pesos respectively for tubal ligation and vasectomy--are not enough to cover the supply and materials costs incurred by the hospital or clinic and the honorarium for personnel performing the procedure. The rising cost of pre and post-sterilization medications has contributed to the expressed need for a higher service subsidy.

Complaints about the delay in reimbursement were also expressed by agencies and physicians participating in the sterilization program. While the problem is procedural in nature, every effort should be made to speed up payment. Prolonged delays in reimbursement may affect performance of participating physicians and diminish enthusiasm and project support.

Recommendation:

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

14. Sterilization Certification

Findings:

The certification procedures for sterilization recently agreed upon by POPCOM, USAID and NEDA are producing both confusion and resentment on the part of Ministry of Health personnel.

The four evaluation teams reported that the new FAR procedures are causing many unnecessary problems and tensions

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in most of the regions visited. The Manila-based team was told that the certification of sterilization procedures by the RPOs is not acceptable to the MOH for professional reasons and that the submission of duplicate consent forms to POPCOM is considered a violation of patient privacy, and thus unethical.

The Northern Philippines team was told that regional coordinators of the MOH National Family Planning Office are capable of certifying the requests for reimbursements and that they prefer to maintain the old system (NFPO certification). The Central and Southern Philippine teams did not encounter such direct criticism of the certification procedures but were told the procedures were creating confusion in all but one region, Region IX. In this region there was no problem because of the personal relationships between MOH and POPCOM personnel. In the other five regions visited, the procedures were causing unnecessary delays and problems.

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.

15. Variety of Program Contraceptive Methods

Findings:

It has been program policy to offer a "cafeteria" approach in the delivery of family planning services. While this

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approach strengthens the non-coercive nature of the program and is seen as a critical element in achieving wide acceptance by the different sectors of the community, it could result in training and logistics complications at the field level.

Although the program makes available to the clientele various methods of contraception to effect this approach, it does not provide multiple brands of orals at the BSP and clinic levels.

The clinic and field personnel interviewed reported a growing demand for other brands of pills and other types of contraception (such as contraceptive jelly and foaming tablets). This may be necessary to minimize the occurrence of pill side-effects and, thereby, also the number of drop-outs from the program.

Ideas advanced by the evaluation team members include exploring the possibility of tapping other donor agencies and the use of the contraceptive loan to be provided by USAID to procure other brands of pills and other contraceptives.

Recommendations:

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.

10. Operations Research

Findings:

At the regional level, there is increasing awareness about the need for operations research types of activities to support program implementation. At present, small-scale research activities are being undertaken by the Regional

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Population Offices (RPOs) and/or research institutions contracted for this purpose. This was considered to be a good indication that regional capabilities, including the presence of regional and provincial research institutions, are getting stronger.

POPCOM Central Office should respond by providing the necessary direction and financial support to this type of activity and should undertake contracting its own research activities to provide immediate solutions to implementation problems. In almost all regions visited, research leads and projects were identified and formulated with the assistance of Outreach personnel and research institutions. Forums like the Regional Outreach Management Conferences, Regional Population Committee meetings, Secretariat Management Conferences, and consultative meetings with research institutions are being used to discuss ideas related to 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.

17. Transportation Support

RPOs emphatically expressed the need for additional new vehicles. While there are around 300 units in the field, 70 percent are rehabilitated and only 30 percent were new when acquired. Since most of these vehicles were delivered in 1974 after undergoing extensive repairs, continuous operation of the present fleet of vehicles has become uneconomical. Should there be no replacements, nearly the entire secretariat would be immobilized.

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With the implementation of the Outreach Project and the fielding of FTOWs, the problem of lack of transportation is becoming more acute. Considering the different places and areas to be covered, demand for different types of transportation should be met. It is the opinion of the review team members that other forms of transportation for the FTOWs should be provided (such as pumpboats and horses) to reduce costs and increase effectiveness. The need for these types of transportation is felt throughout the country.

Recommendation:

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

18. POPCOM Salaries and Status

The field teams were told that, compared to some other government agencies, or even compared to its participating private agencies, the prevailing salary rates of certain categories of POPCOM personnel are low. Since these salaries are not competitive, it is difficult for POPCOM to retain trained and experienced personnel and to attract highly qualified new recruits.

While attempts have been made consistently to upgrade POPCOM salaries, they have been mostly unsuccessful. Nonetheless, the problem is sufficiently serious to warrant action at the highest levels possible to retain and recruit the best available talent for the population program.

Recommendation

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

19. POPCOM/AID Coordination

The Manila-based team reported widespread discussion of strained AID/POPCOM relations during OY 1 of the Outreach Project. Several teams noted that these tensions seriously impaired OY 1 project implementation. Without belaboring the point, the evaluation team notes significant improvements in the relationship in recent weeks and expressions of desire to further improve collaborative working relations through the remainder of the project. (Indeed, the team notes that the process of carrying out this evaluation has helped to speed the process of reconciliation.) Such remaining irritants as those relating to certification of sterilizations and the FAR system disbursement of funds can be handled without rancor if the current atmosphere of reconciliation persists. The persistence of such an atmosphere could be facilitated by a regularly scheduled meetings to discuss project problems and issues of mutual interest. A special meeting to deal with special issues should also be held as needed.

Recommendations:

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.

POPCOM/NEDA/USAID PLAN OF ACTION, IMPLEMENTATION RECOMMENDATIONS
MADE IN THEIR JOINT SEPTEMBER - OCTOBER 1978 PP II EVALUATION

ACTIVITY	TIMEFRAME/DEADLINE	RESOURCES REQUIRED	ACTION OFFICERS	
			GOP	USAID
A. Program Support and Local Government Accountability				
1 The POPCOM Board will be provided with an inventory, ranked by percentage of contribution to the Outreach Program, of all provinces and cities. It is recommended that this list be presented to the President of the Philippines for his consideration and possible action.	First Quarter 1979		POPCOM/NEDA POPCOM/OED (R. Balandra)	
a.2 The National Population Congress should be used as a forum to discuss all population problems, proposals, and other related issues. The Commission should develop a plan for this and should ensure the full participation of all local chief executives in future National Population Congresses.	First Quarter 1979		POPCOM/OED	
Corollary to this, Regional Population Offices should organize annual Regional Population Welfare Congresses to be sponsored by the Regional Development Councils.		UNFPA funding proposed	POPCOM/OED (R. Balandra)	
An activity related to this is the National Conference of Outreach structure Heads. A similar plan of activities should be developed to utilize this forum to the fullest extent.		GOP and USAID funding	POPCOM/OED (J. M. dela Rosa)	

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Organization of a task force composed of senior-level representatives of the POPCOM, NEDA, USAID and Budget Commission to develop a revised plan for the financing of the Outreach Program.

Representatives from the Ministry of Finance, Commission on Audit, and the Ministry of Local Government and Community Development should act as resource persons. The plan should take into account total cost of the program, projected local government revenues and expenditures, desirability of continued National Government financial inputs, and other matters related to this.

POPCOM/OED/
FINANCE
(R. Balandra, R. Taas)
NEDA

POP/O
(H. E. Haight)

USAID Funding

Structure of the Outreach Program

The Outreach Program concept and design should be maintained as it is now with no immediate substantive changes. This recommendation and associated findings have been brought to the attention of the POPCOM Board.

POPCOM/OED

Institutional Coordination

Preparation of memorandum of agreement which clearly identifies responsibilities, policies, procedures, and other related issues by POPCOM in concert with partner agencies. This memo of agreement should be signed by Ministers/Heads of office of participating agencies and approved by the POPCOM Board.

POPCOM/PLANNING
(F. YASAY)
NEDA

POP/O
(T.H. van der Vlugt)

First Quarter 1979

Planning and Implementation Strategy

Synchronization of the POPCOM/Outreach Planning cycle with the national planning cycle (NEDA-Budget Commission) beginning with the 1980 planning process.

POPCOM/Planning/Finance POP/O
(F. Yasay, R. Taas) (W. Goldman)
NEDA

First Quarter 1979

d.2 Development of broad national strategy and targets and breaking them down into regional/provincial strategies and targets. For 1979, a comparison of strategies and targets between the national and regional plans will be made to determine areas that would require enhancement or redirection. Beginning in 1980, local governments using the national guidelines and more specific Regional guidelines will develop short and medium action plans. It will be the responsibility of the local governments and Outreach structures to determine the specific actions needed and resources required to accomplish the above.

First and Second Quarter
1979

POPCOM/OED/
Planning
(F. Yasay)

POP/O
(W. R. Goldma

d.3 Regional Development Councils should be oriented to the population planning concept. A Staff Development plan will be developed by POPCOM Central Office in coordination with NEDA Staff.

First Quarter 1979

Proposed funding
through AID Central
Contracts

POPCOM/OED/
Planning
(F. Yasay)

POP/O
(W. R. Goldma

d.4 Strengthening of the planning process not only by transferring planning technology but also by emphasizing philosophy of planning.

First Quarter 1979

POPCOM/Planning
(F. Yasay)

E. Program Impact and Management Information System

e.1 Preparation of a position paper by POPCOM in consultation with UPPI regarding the use of current users and/or new acceptors as a measure of Program effectiveness.

January-February

POPCOM/OED/
Planning
(F. Dumlao, F. Yasay)

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c. 2 Hire an MIS consultant to enhance implementation of the system for OY 3 and 4.	Operational Year 3	USAID funding	POPCOM/OED (J. M. dela Rosa)	POP/O (W. R. Goldr)
c. 3 Creation of a special task force to examine the effectiveness and relevance of the present Management Information System.	First Quarter 1979 Target date: March 31, 1979 of submission of report		POPCOM/OED (J. M. dela Rosa)	POP/O (M. P. Bro W. Goldma
c. 4 Development and production of a manual of operations for MIS for Outreach and other Population workers.	Target date: June 30, 1979	USAID funding	POPCOM/OED (J. M. dela Rosa)	POP/O (W. R. Goldr M. P. Broa
c. 5 Preparation and implementation of retraining/reorientation program to enhance implementation of the MIS Manual of operations for Outreach and other Population Workers.	Operational Year 3	GOP/USAID funding	POPCOM/OED/ Training (J. M. dela Rosa, B. Villartg)	POP/O (M. P. Broa
F. Outreach Salaries and Travel Allowances				
f. 1 Organization of a task force from POPCOM Central Office to discuss with the MLGCD, Commission on Audit and the Ministry of Finance procedures on how to make basic travel allowances commutable.	First Quarter 1979		POPCOM/OED/ Finance (R. Taas)	
f. 2 Provision of funds in SP 1 for travel Allowances of Outreach Personnel in hardship areas and exceptional cases. This will require a supplemental implementation plan which will outline how the money will be expended	January	GOP/USAID funding	POPCOM/OED/ Finance (R. Taas)	POP/O (H. E. Haigl
f. 3 Organization of a committee composed of POPCOM and USAID Officers to study methods and procedures to simplify accounting and processing of documents between the two agencies.	First Quarter 1979		POPCOM/Finance (R. Taas)	POP/O (H. E. Haigl B. Medina

Best Available Document

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G. Operational Year 3 Funding

- g.1 Organization of a Committee composed of POPCOM, USAID and Budget Commission officers to examine the fixed amount reimbursement concept and how the other GOP agencies work within the FAR system. If POPCOM's problems are unique and there is a need to revise the system, this committee will make the necessary recommendations to prevent any further financial problems and misunderstanding on the part of either agency.

First Quarter 1979

- g.2 Start negotiations with NEDA and Budget Commission to get additional funding from PL 480

First Quarter 1979

- g.3 Explore the possibility of getting a 30% release from the Budget Commission for each first quarter of the fiscal year.

First Quarter 1979.

POPCOM/OED/
Finance
(R. Taas)

POP/O
(B. Medina)

POPCOM/Finance
(R. Taas)
NEDA

POPCOM/Finance
(R. Taas)
NEDA

H. FTOW Training

- h.1 Implement revised FTOW curricula and modules of FP technology as approved by the Technical Committee and the Board in training/retraining of FTOWs.

Operational Year 3

GOP/JSAID funding

POPCOM/OED/
Training
(B. Villarta)

POP/O
(M. P. Broa
(I. van der

It will be necessary to provide funds for this purpose at the Regional level.

- h.2 Develop and pre-test additional modules and training on FP and management.

Operational Year 3

POPCOM/Training
(B. Villarte)

- h.3 Conduct management training among PPOs, CPOs, and DPOs, to enhance capabilities in program/project management.

Operational Year 3

USAID funding

POPCOM/OED/
Training
(B. Villarta)

POP/O
(M. P. Broa

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I. Information/Education/Communication

i.1 Hiring of additional contractual staff in the Regional Offices; 1 Senior IEC Specialist in charge of projects to be contracted out and 1 technical writer.

First Quarter

Donor funds

POPCOM/IEC
(J. Rimon)

POP/O
(Z. Rienda)

i.2 Synchronization of three central messages; delaying marriage for the young, spacing pregnancies for newly married, terminating child-bearing when family is completed.

Operational Year 3

POPCOM/IEC
(J. Rimon)

POP/O
(Z. Rienda)

i.3 Mass production and distribution of regionally-adapted existing method-specific IEC materials. Materials about side-effects should be included here.

First & Second Quarter

Interim USAID funding
subject to submission
of supplemental IP in
OY 3.

POPCOM/IEC
(J. Rimon)

POP/O
(Z. Rienda)

i.4 Full implementation of the service delivery-linked Regional IEC strategy.

Operational Year 3

POPCOM/IEC
(J. Rimon)

POP/O
(Z. Rienda)

i.5 Develop training modules to improve communication skills in motivation, referrals, use of IEC materials by Outreach personnel.

First & Second Quarter
1979

POPCOM/IEC/
Training
(J. Rimon, B. Villarta)

POP/O
(Z. L. Rio
M. P. Br)

i.6 Continue retraining TOWs in handling misconceptions and counter-acting rumors regarding side-effects.

Operational Year 3

see h.1

POPCOM/IEC/Training
(J. Rimon, B. Villarta)

POP/O
(Z. L. Rio
M. P. Br)

J. BSPO Incentives

j.1 Creation of a task force consisting of the following personnel offices: POPCOM/COA/USAID/NEDA/MLGCD to study BSPO incentives. A report should be presented to POPCOM not later than April 30, 1979.

First Quarter 1979

POPCOM/OED/Finance
(R. Taas)
NEDA

POP/O
(M. P. Br)

K. BSPO Training

k.1 Implement BSPO Training Program

Operational Year 3

GOP/USAID funding

POPCOM/OED/
Training
(B. Villarta)

POP/O
(M. P. Br)

L. Sterilization Subsidy

- l.1 Follow-up action taken by the Clinic Technical Committee and the Board regarding the recommendation to increase subsidies.

First Quarter 1979

POPCOM/SD
(E. Sy-Quimsiam)

POP/O
(T. H. van)

M. Sterilization Certification

- m.1 Revise Exhibit C No. II of EIL No. 5 to allow certification of reported sterilization acceptors of MOH hospitals/centers to be signed by MOH Regional field assistant coordinators and attested by the Director of the MOH-NFPO before submission to POPCOM Central Office. Reports from the other centers will be certified by the Regional Population Officers.

January

POPCOM/SD
(E. Sy-Quimsiam)

POP/O
(T. H. van)

N. Variety of Program Contraceptive Methods

- n.1 Organize study committee to determine the demand and need for additional brand of orals and other types of contraceptives. This committee should also study the implications of this kind of move on the logistics supply management and service delivery aspects.

First Quarter 1979

POPCOM/Logistics/SD
(T. Arenas,
E. Sy-Quimsiam)

POP/O
(H. E. Haig
E. Flores)

If the committee recommends the procurement of additional brands of orals and additional types of contraceptives, the recommendation should be incorporated into the contraceptive loan now under negotiation.

The Study Committee will identify other donor agencies which are interested to provide other brands of contraceptives. If desirable, POPCOM should negotiate with these agencies.

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O. Operations Research

o.1 POPCOM Central Office will seek authority from the Board to approve and conduct OR activities not exceeding P50,000/project without the approval of the Technical Committee and the Board.

January

o.2 POPCOM Central Office will also seek approval from the Board for the Regional Population Officers to be given the authority to approve and conduct OR activities not exceeding P20,000/project. This will hasten implementation of the OR activities and strengthen decentralization of OR activities.

January

o.3 Each year, POPCOM Central Office will provide the general directions for OR activities to insure proper conduct of such activities.

January-February

POPCOM/OED

POP/O
(W. R. Goldm)

P. Transportation Support

p.1 Provision of funds in SP 4 Operational Year 3 Implementation Plan for a transportation expert.

January

GOP/USAID funding

POPCOM/Logistics
(T. Arenas)

POP/O
(E. Florentin)

p.2 Gather pertinent data on the status of existing vehicles assigned to all regions: present condition, age, kms. travelled, maintenance costs, types and numbers of vehicle requirement, etc.

First Quarter

POPCOM/Logistics
(T. Arenas)

POP/O
(E. Florentin)

p.3 Development of a master transportation plan by the Logistics Division with the help of the transportation expert.

First Quarter

POPCOM/Logistics
(T. Arenas)

POP/O
(E. Florentin)

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Q. POPCOM Salaries and Status

- q.1 Documentation of personnel movement in the Commission to reflect inadequacy of salaries for technical people involved in the PP II Project. Means of providing additional compensation for these people should be locked into.

January

POPCOM/OED/Admin.
(B. Balagtas)

R. POPCOM/AID Coordination

- r.1 Inclusion in SP 1 Operational Year 3 Implementation Plan sufficient funds for formal quarterly POPCOM/NEDA/USAID operations planning meetings and related activities.

January

USAID funding

POPCOM/OED

POP/O
(H. E. Haigh)

- r.2 Continuation of informal monthly meetings when requested by either POPCOM, NEDA or USAID.

Operational Year 3

POPCOM/OED

POP/O
(All)

- r.3 Institution of tripartite field visits (POPCOM/NEDA/USAID) to cover all seven subproject activities.

Operational Year 3

POPCOM/OED

POP/O
(H. E. Haigh)

PP II PROJECT PROCESS EVALUATION
(Feb. - March 1981)PARTICIPANTS

POPCOM: Jose G. Rimon II
Jose Miguel R. de la Rosa
Ma. Florina I. Dumlao
Rene S. Bautista

Technical Staff:
Ma. Nenita A. Sison
Erlinda B. Gascon
Concepcion M. Sebastian

USAID: Steven W. Sinding
George A. Laudato*
John J. Dumm

NEDA: Marilyn Gorra/Josefina Villasin

MOH: Carmencita Reodica

POPCOM/UPPI: John E. Laing

* The participation of Mr. Laudato, Program Officer of USAID Manila, was limited to the preparatory phase of the evaluation process including the initial phase of field visitation.

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POPULATION PLANNING II EVALUATION ITINERARY OF TRAVEL

TEAM 1

Mr. Jose C. Rinon II	POP/COM
Mr. Jose Miguel R. de la Rosa	POP/COM
Dr. Steven W. Sinding	USAID
Dr. John E. Laing	POP/COM/UPPI
Ms. Marilyn Gorra	USA
Ms. Josie Villasin	USA

<u>Date</u>	<u>Places Visited</u>
February 16, 1981	Regional Population Office No. 3 (San Fernando, Pampanga) Regional Offices of Partner Agencies
February 17	Zambales Province
February 18	Olongapo City
February 19	Bataan Province
February 20	Nueva Ecija Province
February 21 - 22	Rest Days
February 23	Regional Population Office No. 3 (Legazpi City) Regional Offices of Partner Agencies
February 24	Legazpi City Albay Province Sorsogon
February 25	Iriga City Camarines Sur Province Naga City
February 26	Camarines Norte Province

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POPULATION PLANNING II EVALUATION LIST OF INTERVIEWEES

A. Team 1

Region 3

1. Regional Population Office (RPO)
Regional Population Officer
Project Coordinator
Training Coordinator
IIC Coordinator
Research Coordinator
Medical Specialist
Logistics Officer
Budget Officer
Accountant
Auditor
2. Ministry of Health (MH)
Medical Service Supervisor II
Regional Medical MCI-FP
Coordinator
Medical Specialist II
Primary Health Care Coordinator
3. National Economic and Development Authority (NEDA)
Regional Executive Director and
Vice-Chairman of Regional
Development Council
4. National Nutrition Council
5. Zambales Province
Vice-Governor
Officer-in-Charge, MGO
Dietary Nutritionist
Provincial Health Educator
Asst. Provincial Treasurer
Auditor
Provincial Health Officer

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Provincial Population Officer
District Population Officers (3)
Full-Time Outreach Workers (3)
Barangay Service Point Officers (2)

6. Cebu City

Mayor
City Health Officer
City Treasurer
Asst. City Auditor
Provincial Population Officer
District Population Officers (2)
Full-Time Outreach workers (2)
Barangay Service Point Officers (2)
Barangay Captains (2)

7. Batang Province

Governor
Provincial Development Coordinator
Provincial Development Officer
Provincial Health Officer
Treasurer
Auditor
Officer-in-Charge, PIO
District Population Officers (2)
Full-Time Outreach Workers (3)
Barangay Service Point Officer (1)
Institute of Maternal and Child Health Medicine (1)

8. Angeles City

Full-Time Outreach Worker
Accounting Clerk

9. Nueva Ecija Province

Governor
Head, Provincial Social Services and
Development Officer
Asst. Provincial Health Officer
Treasurer
Auditor
OIC, Provincial Population Office
District Population Officers (3)
Full-Time Outreach Workers (6)

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Barangay Service Point Officers (4)

Region 5

1. Regional Population Office (RPO)

Regional Population Officer
Project Coordinator
Medical Specialist
IEC Coordinator
Logistics Officer
Budget Officer
Regional Accountant
Auditor

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

3. National Nutrition Council

4. National Economic and Development
Council

5. Ministry of Health (MOH)

Asst. Regional Health Officer
Chief, Medical Services
Primary Health Care Coordinator
Family Planning Coordinator

6. Legazpi City

Mayor
City Health Officer
City Development Coordinator
Treasurer
Auditor
City Population Officer

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7. Albay Province
 - Governor
 - Provincial Health Officer
 - Prov. Development Coordinator
 - Auditor
 - Treasurer
 - Nutrition Coordinator
 - Prov. Population Officer
 - District Population Officers (3)
 - Full-Time Outreach Workers (3)

8. Sorsogon Province
 - Prov. Health Officer
 - Prov. Development Coordinator
 - Prov. Auditor
 - Supervising Public Health Nurse
 - Acting Prov. Population Officer
 - Budget Officer
 - Health Nurses (3)
 - District Population Officers (3)
 - Full-Time Outreach Workers (4)
 - Barangay Service Point Officer (1)

9. Iriga City
 - Mayor
 - Local Assembly Representative
 - Min. of Social Services and Development Rep.
 - City Health Officer
 - MLGCD Representative
 - Nutrition Coordinator
 - Budget Officer
 - Full-Time Outreach Workers (3)
 - Barangay Service Point Officers (2)

10. Camarines Sur Province
 - Governor
 - Prov. Health Officer
 - Prov. Executive Assistant
 - Prov. Administrator
 - Prov. Population Officer
 - Deputy PPO
 - District Population Officers (4)
 - Full-Time Outreach Workers (3)

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11. Naga City

Mayor
OIC, Prov. Population Office
Full-Time Outreach Workers (3)

12. Camarines Norte Province

Governor
MCO Representative
Prov. Development Staff
Coordinator
Min. of Education and Culture
Representative
Treasurer
Auditor's Representative
Budget Officer
Prov. Development Officer
Prov. Population Officer
District Population Officers (2)
Full-Time Outreach Workers (3)
Barangay Health Station Midwife (1)
Rural Health Unit Midwife (1)
Barangay Service Point Officer (1)

POPULATION PLANNING II EVALUATION
ITINERARY OF TRAVEL

Team 2

Ma. Florina Ileta-Dumlao	POPCOM
Mr. Rene Bautista	POPCOM
Mr. John Dumm	USAID
*Mr. George Laudato	USAID
Dr. Carmencita Reodica	MOH

*Only from the period February 16-19.

<u>Date</u>	<u>Places Visited</u>
February 16, 1981	A.M. RPO, Iloilo No. 6 P.M. Participating Agencies
February 17, 1981	A.M. CPO's, PA's, LG, Iloilo City P.M. Field Visit to PPO's, FTOW's, and BSPO's
February 18, 1981	A.M. PPO's, PA's, LG's - Iloilo Province P.M. Field Visit to Passi and Dumangas
February 19, 1981	A.M. PPO Office/LG's/PA's, Negros Occidental P.M. Field Visit to Talisay, Silay
February 20, 1981	A.M. Visit to Hospital/Puericulture Centers P.M. Performance of Teatro sa Barangay
February 21, 1981	A.M. Arrival in Cebu P.M. Discussion with RPO Staff 7
February 22, 1981	R E S T D A Y
February 23, 1981	A.M. LG's, CPO, PA's, Dumaguete City P.M. Field Visitation enroute to Bais City
February 24, 1981	A.M. PPO, DPO, FTOW, RST, BSPO, LG in Guihulngan P.M. DPO, FTOW in Canlaon City
February 25, 1981	A.M. Surprise visit to CPO, San Carlos City, RPO 6 Boat trip to Toledo City PPO, Mayor interview in Toledo City

<u>Date</u>	<u>Places Visited</u>
	P.M. Enroute to Minglanilla PPO, DPO, FTOW Meeting with PA's in Cabu City
February 27, 1981	A.M. I M C H /USAID Controller A.M. N E D A /POPCOM Associate Director

Region 6:

1. Regional Population Office
Regional Population Officer
Project Coordinator
Training Coordinator
IEC Coordinator
Administrative Officer
2. Ministry of Health (MOH)
Regional Health Officer
Chief Regional Training Center
3. National Economic Development Authority
Regional Executive Director
Acting Social Services Specialist
4. National Nutrition Council
Training Coordinator, PUSH Project
Regional Nutrition Coordinator
Representative of Nutrition City Action Officer
5. Iloilo City
Auditing Examiner
City Planning Officer
City Treasurer
City Auditor
City Nutrition Coordinator
Representative of Nutrition City Action Officer
City Health Officer
City Population Officer (2)
District Population Officer (3)
City Development Coordinator
Full time Outreach Workers (4)
Barangay Service Point Officers (4)
Clinic Midwife (IMCH) (1)

6. Iloilo Province
 - Governor
 - Provincial Development Coordinator
 - Assistant Provincial Treasurer
 - Provincial Auditor
 - Provincial Health Officer
 - Provincial Population Officer
 - Population Coordinator
 - Provincial Nutrition Coordinator
 - District Population Officers (3)
 - Full time Outreach Workers (5)
 - Barangay Service Point Officers (6)

7. Negros Oriental
 - Provincial Development Coordinator
 - Provincial Administrator
 - Provincial Bookkeeper
 - Provincial Nutrition Coordinator
 - Provincial Population Officer
 - District Population Officer (2)
 - Municipal Health Officer (2)
 - FTOW's (4)
 - BSPQ's (6)
 - Midwife (Talisay Emergency Hospital)

Region 7:

1. Regional Population Office
 - Regional Officer
 - Training Coordinator
 - Medical Specialist
 - Research Coordinator
 - IEC Coordinator
 - Auditor
 - Field Support Team (2)
 - Budget Officer

2. Other Participating Agencies*
 - NEDA Regional Executive Director
 - Regional Health Officer
 - Assistant Regional Health Officer
 - Regional Nutrition Coordinator

*No formal interview was made, but open forum where questions and answers were shared.

MLGCD Regional Director
Ministry of Trade Director
Regional Budget Officer

3. Dumaguete City
Governor
City Population Officer
Assistant City Health Officer
Nutrition Specialist
District Population Officer (2)
Full time Outreach Workr (2)
BSPO's (3)
4. Bais City
Mayor
Vice-Mayor
City Population Officer
District Population Officer (1)
FTOW's (3)
BSPO's (3)
5. Guihulngan Province
Mayor
Provincial Population Officer
District Population Officer
FTOW's (3)
BSPO's (18)
6. Canlaon City
Provincial Population Officer
FTOW (1)
7. Toledo City
Mayor
Provincial Population Office
FTOW (1)
8. Minglanilla
Population Coordinator
District Population Officer (2)
FTOW's (3)
Municipal Health Officer (2)