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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^o 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/JPPI

* 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., 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 FLOW and BSP levels.

Coordination

Coordination at all levels of the Outreach program has improved substantially since 1978. The effectiveness of coordination between FLOWs 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 FLOWs and their counterparts, especially in the Ministry of Health. However, there are lingering problems between some FLOWs and clinic personnel concerning the follow-up of clients who receive their initial supply of contraceptives from clinics. While many FLOWs 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 FLOWs make few referrals to clinics. According to the COS, one-third of the FLOWs 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 FLOW, which is about two percent of the average number of MCRA's in an average FLOW territory.

Outreach supervisors, from the RPO level down to FLOWs, 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 FLOWs to office managers with substantial responsibilities for report preparation.

The provision of motorcycles for FLOWs has obviously improved their ability to manage the BSPOs more effectively. On the other hand, in those structures where auditors and treasurers interpret the FLOWs' travel allowance as a reimbursable line item (rather than an outright allowance), FLOWs 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 BSPCs 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.