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Working Paper

Review of the Population Program: 1986-2002

PIDS Discussion Paper Series, No. 2002-18

Provided in Cooperation with:

Philippine Institute for Development Studies (PIDS), Philippines

Suggested Citation: Orbita, Aniceto C.; Matro, Jeannette; del Prado, Fatima (2002) : Review of the Population Program: 1986-2002, PIDS Discussion Paper Series, No. 2002-18, Philippine Institute for Development Studies (PIDS), Makati City

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Philippine Institute for Development Studies
Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

Review of the Population Program: 1986-2002

*Aniceto C. Orbeta Jr., Jeannette Matro
and Fatima del Prado*

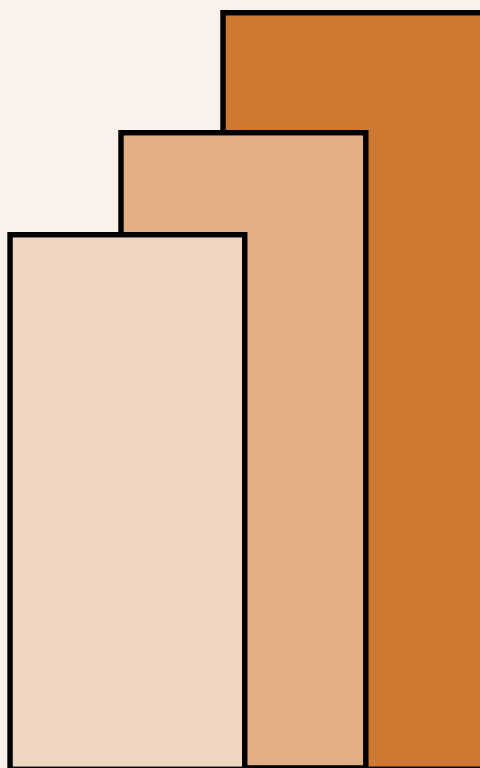
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December 2002

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Review of the Population Program: 1986 -2002

Aniceto C. Orbeta, Jr.
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December 2002

Abstract

This paper reviews the developments in the population program from 1986-2002. It summarizes the main components of the program as well as highlights the developments in its management and financing. The activities of donors, other government agencies and non-government organizations in these areas are likewise described. Finally, the review identified the main challenges of the program and provides ideas on the future directions on program thrusts, management and financing.

Keywords: population program, population and family relation, reproductive health, family planning, population and development

Prepared for the “Policy Evaluation Research on the Philippine Population Management Program (PPMP)” jointly undertaken by the Population Commission (POPCOM) and the Philippine Institute for Development Studies (PIDS)

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Review of the Population Program: 1986 -2002

Aniceto Orbeta, Jeannette Matro and Fatima del Prado¹
December 2002

A. Introduction

This review is one of the background studies undertaken for the project “Policy Evaluation Research on the Philippine Population Management Program (PPMP)” jointly undertaken by the Population Commission (POPCOM) and the Philippine Institute for Development Studies (PIDS). One of the objectives of the project during its first phase is to prepare a comprehensive inventory and analysis of completed, ongoing and planned policies, programs and research on population issues. Thus, together with this paper, two other papers are being prepared, namely: a review of population policy, and a review of population-related research.

The take-off point for the program review is 1986. This was chosen because with the change in government administration a new population policy, significantly distinct from that of the Marcos administration, had been adopted. The population program under the Marcos administration, from its inception in 1970 up to 1978, was reviewed extensively by the Special Committee to Review the Philippine Population Program (SCRPPP). The main thrust of the program then was the reduction of fertility through family planning. Starting from a clinic-based delivery system, the program expanded in 1976 to reach a larger segment of the population through the National Population and Family Planning Outreach Project (NPFPOP). In addition to service delivery, the other major activities were information/education/communication (IEC), training, and research. From then on, the program expanded its concerns in response to various influences. These changes are catalogued in the paper.

The review is organized as follows. The next two sections discuss the features of the two primary components of the program, namely, reproductive health / family planning and population and development² after a brief overview of program performance. This is followed by a discussion of program management. Then the developments on program

¹ Senior Research Fellow and Project Assistants, Philippine Institute for Development Studies, respectively. Correspondence: aorbeta@pids.gov.ph. This paper has benefited from the comments of the members of the Steering Committee of the Project, participants to the Technical Workshop on “Policy Evaluation Research of the Philippine Population Management Program,” 3 April 2002, Carlos P. Romulo Hall, NEDA sa Makati Building, particularly former Undersecretary B. de Leon, and by the POPCOM Secretariat and NEDA Secretariat. Errors, however, remain the responsibility of the authors. Opinions expressed here are solely of the authors and not of the institution they are affiliated with.

² Since 1986, the program was designed with two major components, namely, Family Planning that was latter broadened into Reproductive Health/Family Planning (RH/FP) and Population Policy Formulation and Evaluation later known as Population and Development (POPDEV). As before support activities included IEC, training and research.

financing are presented. Finally, the projects of donors, other select government agencies and activities of non-government organizations are described.

B. Population Programs

1. Brief Overview of Program Performance

The family planning program performance is usually measured through the ultimate indicator -- fertility or its intermediate output – contraceptive prevalence. The common measure of fertility is the total fertility rate. Total fertility rate (TFR) declined from 5.7 in 1968 to 3.7 as of the last assessment in 1998 (Table 1). This is slow by Asian standards (Table 2). For instance, starting with about the same TFRs at the start of the 1960s Thailand and Indonesia have reduced their TFR to 2.1 and 2.6, respectively, by the middle of 1990s. The contraceptive prevalence rate has not increased as expected. What is worrying is that it is even showing signs of a decline (Table 1). The redeeming fact is that the proportion using modern methods is steadily rising. In comparison to other countries in Asia, the country is clearly lagging behind such countries as Thailand, Indonesia, and Vietnam (Table 3).

The performance of the POPDEV component is difficult to measure. We resort to project output indicators such as coverage of POPDEV training in planning, gathering of literature and data. In terms of training, training modules for national, regional and LGU planners have been written and published. In terms of training coverage, planners at the national, regional sectoral agencies as well as local levels, except for 60 LGUs, have been trained when the PPLL project was completed (POPCOM n.d.). It does not mean, however, that the LGU planners have not undertaken similar training through other projects. Unfortunately, we don't have information on these.

In terms of literature on POPDEV integration, there appears to be neither systematic gathering of studies nor a central repository judging from the difficulty of gathering the studies needed to do the review of studies for this project. In terms of data generation, while there is much more regular data being gathered on fertility and contraception from the National Demographic Surveys and the annual Family Planning Surveys, data on other demographic processes such as migration are wanting. Finally, it will be clear later in the paper that data for program monitoring is spotty at best.

2. Reproductive Health / Family Planning (RH/FP)

The SCRPPP (1978) declared that at the beginning of the program “it was necessary to integrate the Population Program with the health structure specifically with the maternal and child health care delivery system.” Later in was deemed necessary to take out the program from the health structure to “strengthen the Population Program.” This move was aimed to “extend the reach of clinic services and to utilize non-medical personnel to motivate people to practice family planning.” Thus, since 1975 the population program

has shifted from a purely clinic-based service delivery system to a combined community and clinic-based information and service delivery system (Jamias, 1985).

In tracing the subsequent evolution of the reproductive health / family planning program, we use as organizing structure the different government administrations. This is because the importance given the subprogram is largely dependent on the stand of the Chief Executive on the population issue.

Aquino Administration (1986-1992)

Several policy and program developments have taken place after the Aquino administration took over in 1986. These include: (1) the adoption of a new population policy in 1987; (2) the designation of the Department of Health as the lead agency in the implementation of the Family Planning Program by the POPCOM Board in August 1988; and (3) the approval of the Five-Year Directional Plan covering the Period 1989-1993 in June 1989 (UNFPA 1989).

The population policy statement of 1987³ shifted the program emphasis from fertility regulation to family welfare. Many observers attributed this shift in emphasis to the influence of the Catholic Church hierarchy who have been against the promotion and use of artificial contraceptives ever since the program started.

Previous to the designation of DOH as lead agency in family planning in 1988, the program has been implementing a combined clinic-based program under the DOH, and a community-based program under the POPCOM. With DOH now as the lead agency, it performed the two roles, namely, (1) that of a service delivery agency delivering FP services through the DOH hospital and clinic network, and (2) that of a coordinating agency for consulting, organizing, guiding, monitoring and leading other participating government and non-government agencies in the delivery of family planning services. With the designation of DOH as the lead agency, the family planning program became a component of the total health program. While maintaining its role as coordinator and policy-making body of the National Population Program, POPCOM shifted its focus to population and development activities.

The 1989-1993 Five-Year Directional Plan focused on two major areas, namely: (1) integrated population and development; and (2) family planning and responsible parenthood. The family planning and responsible parenthood subprogram was to cost 51.3 million pesos with the GOP contributing 42% and UNFPA 53%. The family planning and responsible parenthood subprogram, on the other hand, was designed to reduce the total fertility rate from 4.31 children per woman in 1989 to 3.74 in 1993. In order to achieve this, the program expected to expand the number of married couples of reproductive age (MCRA) practicing family planning and responsible parenthood from 48.6% in 1989 to 55.4% in 1993. The program was estimated to cost 5.3 billion pesos for

³ Please refer to the accompanying study on the evolution of the population policy for the details.

five years with the GOP contributing 46.6%, the USAID 29% and UNFPA 13.5% (UNFPA 1989).

The changes to the family planning program during this period were summarized in World Bank (1991) as follows:

- (1) The family planning program became essentially a health program with a important demographic impact. While rapid population growth remains a strategic national development issue, the program's stated primary goal is no longer to reduce fertility, but to improve family welfare by providing accurate and timely information and services to support individual couples' fertility decisions.
- (2) The program strategy was on the promotion of family planning to improve the health of mothers and children, and to help achieve the fertility preferences expressed by married couples.
- (3) The institutional and operational responsibility of the program shifted from POPCOM to the DOH. While POPCOM continued to perform its mandate relative to population policy, the DOH assumed the management and leadership of the multi-provider system delivering FP services and information to individuals and households.
- (4) The new program expected to rely increasingly more on domestic support even as it continues to welcome external donor assistance.

Ramos Administration (1992-1998)

There were several significant influences to the family planning program during the Ramos administration, namely: (1) the unequivocal support to fertility regulation personally given by the President; (2) the passage of the Local Government Code, which devolved many frontline services (including health and family planning) to local government units⁴; (3) several international conferences that provided venues for rethinking of many issues that affected the program, e.g., the UN Conference on Environment and Development 1992, the International Conference on Population and Development (ICPD) in 1994, the Fourth World Conference on Women in 1995, and the World Summit on Social Development 1995.

During the opening of Congress, President Ramos pointed to the "serious imbalances that today threaten the sustainability of both our economy and environment have risen primarily from our pervasive and proliferating population growth." Taking a cue from this statement, the Population Program, adopted the "population and sustainable development" framework, which considers the close interrelationships among population, resources and environment in the quest for sustained growth and development. The key goal is the balance among population, resources and environment. The Philippine

⁴ It must be noted that the Local Government Code was passed in 1991 under the administration of the President Aquino. The implementation of the provisions of the code, however, was done in the Ramos Administration.

Population Program Plan 1993-1998 was formulated adopting this framework, called the Population-Resources-Environment (PRE) framework.

The objectives of the Plan (1993-1998) related to the FP component, included: (1) to pursue a strong FP program not only in the context of improving maternal and child health but also in the context of moderating the population growth rate; (2) to promote among the marginalized or vulnerable population groups (the poor, women, men, adolescents, the upland population) the small family norm and allow them to decide freely and responsibly on the number and spacing of their children; (3) to strengthen and institutionalize local government participation and ensure greater political support and sustainability of the program.

The demographic target for the program was to achieve replacement fertility by 2020. This involved the following specific targets: (1) reduction of population growth rate from 2.46% in 1993 to 2.28 in 1998; (2) reduction of crude birth rate from 30.67 births per 1,000 population in 1993 to 28.54 in 1998; (3) reduction in crude death rate from 6.86 death per 1,000 population in 1993 to 6.32 in 1998; (4) reduction in infant mortality rate from 55.21 in 1993 to 49.39 in 1998; (5) reduction of total fertility rate from 3.85 children per woman in 1993 to 3.57 in 1998; and (6) increase in contraceptive prevalence rate from 42.5 percent in 1993 to 51.6 in 1998.

The strategies of the program included the following: (1) promote and implement a strong FP program as a health program and a fertility reduction program; (2) strengthen local-government capabilities to implement a decentralized population program; and (3) strengthen the implementation of population education program and adolescent fertility program.

The Philippine Population Management Program (PPMP) Directional Plan 1998-2003 prepared by POPCOM in 1997 continued to adopt the PRE framework. Its stated overall goal is to create "a favorable environment for achieving rational population growth and distribution defined in relation to availability of resources and environment situation." While the PRE balance was emphasized, the fertility objective was stated in terms of assisting couples and individuals "in meeting their reproductive goals in a framework that promotes overall health, responsibility and well-being." The Program adopted a reproductive health orientation to family planning, de-emphasizing the fertility reduction orientation. The Plan stated that: "In the next six years, PPMP shall promote the reproductive health approach in the implementation of population policies and programs. As such population policies should go beyond reducing population growth, instead, the well-being of women and men be the paramount end."

Given the influence of international thinking such as those in the International Conference on Population and Development in Cairo in 1994 and in the Fourth World Conference on Women in Beijing in 1995, issues such as reproductive rights and freedom begun to be formalized during this period. The call for a gender sensitive reproductive health program followed.

On the eve of the departure of the Ramos administration AO No. 1-A was issued by the DOH in January 1998 creating the Reproductive Health Program. The Reproductive Health program had ten elements, namely: (1) Family Planning; (2) Maternal and Child Health and Nutrition; (3) Prevention and Treatment of Reproductive Tract Infections (RTIs); (4) Prevention and Management of Abortion and its Complications; (5) Breast and Reproductive Tract Cancers; (6) Education and Counseling on Sexuality and Sexual Health; (7) Adolescent Health; (8) Violence against Women and Children (VAWC); (9) Men's Reproductive Health; and (10) Infertility Prevention and Treatment. The key approach is integration, emphasizing quality and expanding coverage through partnership with LGUs, NGOs and the private sector.

The key shifts of emphasis during this period were: (i) the re-emphasis of the fertility reduction objective of FP even while FP is continually recognized for its health benefits in the 1993-1998 Philippine Population Program Plan, although the fertility reduction objective was de-emphasized in the 1998-2003 PPMP Directional Plan in favor of reproductive health; (ii) the recognition of the devolution in FP service delivery; and (iii) explicit consideration of specific concerns such as the status of women, and groups such as the adolescents.

Estrada Administration (1998-2001)

The Estrada Administration inherited the PPMP Directional Plan 1998-2001, which was prepared during the Ramos administration. After what appears to be an ambivalent support to family planning during the early days of his presidency, President Estrada later came out with a clearer and strong support for the program.

In year 2000, POPCOM completed the PPMP Directional Plan for 2001-2004. This Plan has expanded the Population, Resources and Environment (PRE) framework into what is known as the Population and Sustainable Development Framework to accommodate other concerns of the program, e.g., to explicitly emphasize human resources in addition to natural resources and environment; and more importantly to adopt a more explicit position regarding the objective of the family planning program. The 2001-2004 PPMP Directional Plan produced by POPCOM pursued the following objectives: (1) to help couples/parents to achieve their desired family size within the context of responsible parenthood; (2) to improve the reproductive health of individuals and contribute to the lessening of maternal mortality, infant mortality and early child mortality; to reduce the incidence of teenage pregnancy, incidence of early marriage and the incidence of other reproductive health problems; and (3) to contribute to policies that will assist government to achieve a favorable balance between population distribution, economic activities and the environment.

With respect to the Reproductive Health and Family Planning subprogram, the PPMP adopted the following targets by 2004: (1) reduction of high risk births from 59% (in 1988) to 30%; (2) reduction of maternal mortality ratio (MMR) from 172 deaths per

100,000 live births (in 1991-1997) to less than 100 deaths; (3) reduction in infant mortality rate (IMR) from 35.3 per 1,000 live births to 32; (4) reduction in perinatal mortality rate (PMR) from 27 per 1,000 live births to 18; (5) reduction in under five mortality from 48 deaths per 1,000 live births to 33.6; (6) attainment of desired fertility at the rate of 2.7 to 2.1; (7) increase of contraceptive prevalence rate from 47% to 60%; (8) increase in proportion of modern contraceptive use from 28.2% in 1998 to 32.5%; (9) reduction of the proportion of teenage pregnancies (ages 19 and below) from 7% to 3%; (10) private sector provision of RH/FP services increase from 28% to 40%; and (11) reduction of health care expenditures for RH/FP from direct government subsidy from 70% to 30%.

At the initiative of the DOH, the PPMP considered and adopted a more aggressive family planning program to achieve a total fertility rate of 2.1 by 2004. This objective goes beyond simply achieving the desired fertility by couples of TFR at 2.7 as revealed in 1998 NDHS. This meant explicit consideration not only the contraceptive prevalence level to be reached to achieve the fertility target but also the contraceptive method mix. The method mix under the accelerated program placed a greater role on voluntary surgical contraception (VSC) and injection than the other methods. The scenarios to achieve the goal of TFR of 2.1 by 2004 are described in the PPMP.

Arroyo Administration (2001- Present)

The Arroyo administration came in a year after the PPMP 2001-2004 was completed, and therefore, has inherited the program. Many, however, feared that the closeness of the administration to the Catholic Church hierarchy may again mean lukewarm support for the family planning subprogram as in during the Aquino administration.

In September 2001, DOH issued AO No. 50-A, which spelled out the National Family Planning Policy of the DOH. In this policy statement, family planning is seen mainly as a health intervention, specifically, as an element of reproductive health. The general objective of the Program is "to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development." Among the Program's specific objective is the attainment by year 2004 the reduction in TFR from 3.7 in 1998 to 2.7 in 2004, consistent with the achievement of attaining the desired fertility estimated in 1998. This reverses the "accelerated program" objective of the DOH under the Estrada Administration and adopted in the PPMP 2001-2204

3. Population and Development

As mentioned earlier, the population program was originally focused on family planning and reducing population growth. When this singular focus on population growth reduction was challenged, the need to clearly articulate the interrelationships between population and development concerns emerged. From a purely family planning program,

the population program soon added another subprogram loosely called population and development (POPDEV). One of the seminal ideas towards this broadening of the scope of the program came as one of the primary recommendation SCRPPP (1978) which states that “the Philippine Population Program should be designed on a broader scale and be fully integrated in the national development plans of the country.”

In contrast to the reproductive health / family planning subprogram, the POPDEV subprogram has not been subjected to strong undercurrents. The only profound influence that required drastic overhaul of the subprogram thrusts is the devolution process as mandated by the Local Government Code (LGC) of 1991. We use this to structure the presentation of the evolution of the subprogram.

Pre-Devolution

According the 1989-1993 Directional Plan, the main objective of the integrated population and development subprogram is “to support the national government in improving its efforts in achieving consistency of plans, policies and programs by systematically incorporating population concerns into the wider spectrum of development efforts.” The population and development (POPDEV) subprogram focused on three activities, namely: institutional capability building, advocacy and innovative approaches (POPCOM 1992).

Institutional capacity building revolved around the formulation of mechanisms for institutionalizing the integration of population concerns in national, regional and sectoral policies, plans, and programs. The strategies were: (i) to train planners and program managers of concerned agencies with knowledge and skills on POPDEV integration; and (ii) development of the POPDEV framework and data for use in various stages of planning.

The advocacy activities include POPDEV orientation sessions for program influentials; public relations projects; provision of information services to population and development professionals, policy makers, and influentials; development, production, and packaging of multimedia materials on population and development topics.

During this period, the innovative approaches included incorporating POPDEV concepts on the DENR’s social forestry program; DSWD’s program for children; DA’s training for extension workers; and women projects in selected local government units.

While POPCOM was mandated as the lead agency of this subprogram, the capability building was focused on the NEDA, the planning agency. This not surprising since the vehicle identified for POPDEV integration was the economic policy and planning process, which was the main mandate of NEDA. Up until 1992, from the POPCOM point of view, POPDEV “remains to be a concept which needed to be operationalized and translated into program initiatives” (POPCOM 1992). This assessment is not surprising given that POPCOM was mainly a family planning program implementor until 1988.

In the process of identifying the interrelationships between population and development concerns and due to the influence of international thinking on these issues put forward in the international conferences held during this period, two issues became the focus of attention. These are the interrelationship between population and the environment, and women status that are intertwined with their reproductive and productive roles (POPCOM 1992).

The key project that developed the concepts of POPDEV integration is the Population and Development Planning and Research (PDPR) project implemented since 1981 with support from the UNFPA. The project linked planning to research and developed a core group of trainers and training modules for integrating population and development interrelationships into development policy and planning. It was implemented in four pilots regions: 1, 6, 7 and 10 with a roughly corresponding set of Area Research and Training Centers (ARTCs). The ARTCs are the Research Institute of Mindanao Culture at the Xavier University in Cagayan de Oro City, University of San Carlos in Cebu City and UP Baguio.

Post-Devolution

The objectives of POPDEV subprogram stated in the Philippine Population Program Plan 1993-1998 include: (i) to pursue and promote policies and measures that will allow and facilitate the attainment of rational/balance population distribution; (ii) to promote and ensure explicit, full and conscious consideration of population and sustainable development interrelationship in policy formulation, development planning and decision making.

The corresponding strategies include: (i) strengthen efforts for greater and more effective integration of population concerns in policy formulation, development planning and program implementation at all levels; and (ii) strengthen development programs that enhance the status and role of women.

Two key projects were implemented in this subprogram during this period. This is the Integrated Population and Development Planning (IPDP) implemented in 1991 and its successor project the POPDEV Planning at the Local Level (PPLL) implemented between 1996-1999.

The Integrated Population and Development Planning (IPDP) project was the sequel to the PDPR project and was intended to cover the rest of the regions not covered by PDPR. This project trained the staff of regional planning units of national sectoral agencies in POPDEV planning. Given the devolution of services through the LGC of 1991, the 1993 mid-term review of the project emphasized the need for: (1) strengthened and continued efforts in integrating population in development planning with emphasis at the LGU level; (2) fostering scientific and data-based planning of LGUs; (3) POPCOM to play the lead role in providing technical assistance in all aspects of the population program,

including POPDEV planning at the sub-national levels given the devolution; and (4) addressing the lack of methodologies and baseline information that will relate demographic data to socio-economic processes which the line agencies can use in their specific planning needs.

The successor project to the IPDP, the POPDEV Planning at the Local Level (PPLL), was designed to address the above-mentioned issues. The project developed training modules and trained LGU planners on the critical steps of planning, namely: (1) preparing socioeconomic profiles and situation analysis, (2) preparing local development plans, (3) preparing local investment plans, and (4) establishing POPDEV indicators for LGU planning and monitoring activities.

With this project four training modules initially developed in the IPDP project were updated and attuned to the needs of LGU planners, namely: Module 1 – Basic Concepts of POPDEV Planning; Module 2 – Improving the Socioeconomic Profile (SEP) and Situation Analysis (SA); Module 3 – Improving the Local Development Plan (LDP); Module 4 – Improving the Local Investment Program. Towards the completion of the project, avenues for institutionalizing the integration of POPDEV into planning were explored. It was proposed that the best way of providing continuing training supply was through the regular training institutions such as colleges and universities. Training demand, on the other hand, will be generated through the integration of POPDEV concepts in the guidelines for the formulation of local plans such as the Comprehensive Land Use Plan of the HULRB.

The Philippine Population Management Plan Directional Plan for 2001-2004 had the following specific objectives for this subprogram: (1) to elicit sustained commitment of key officials (president, legislators, heads of national government agencies, and local government executives) to POPDEV integration and institutionalize the POPDEV planning approach at the national, regional and local level; (2) integrate POPDEV concerns in the formulation of local development plans of 60 LGUs not covered by the PPLL project; (3) to enhance the capabilities of planners in providing technical assistance to participating agencies and LGUs on POPDEV integration and in analyzing the impacts of migration and urbanization on demographic processes and behavior; (4) to strengthen the management information system of relevant national government offices and local government units for POPDEV planning; (5) to promote POPDEV-sensitive management of human settlements; (6) to promote adequate provision of basic social services and ensure its accessibility to the poor communities of urban and rural areas; and (7) to promote measures discouraging relocations to ecologically-sensitive areas. Migration and urbanization that used to be a separate subprogram in the 1998-2003 PPMP Directional Plan became part of the Population and Development subprogram.

The thrust during this period is the continued promotion of the POPDEV approach to planning for policy makers at all levels and extending assistance in the formulation of local development plans to 60 LGUs not covered by the PPLL project.

The key shifts of emphasis during this period were: (i) the focus on training LGU planners on POPDEV integration in planning; (ii) the explicit consideration of special issues such as women status and welfare of the adolescents and youth; (iii) the emphasis on sustainability of development efforts; (iv) the explicit consideration of migration and urbanization issues as part of this subprogram.

C. Program Management

While the POPCOM Board has always been the overall coordinator, planning and policy-making body of the program after it was created in 1970, the implementation of specific program components particularly the family planning component has seen several overhauls.

The SCRPPP (1978) noted the complexity of the interrelationship between some 40 agencies participating in the implementation of the Population Program. In the initial stages, POPCOM concentrated on “its policy formulation, project evaluation, and coordinating functions and did not concern itself with implementation of projects.” With the introduction of the NFPOP in 1976, POPCOM has taken on some program implementation function. As the program went into the 1980s, several other shifts have been introduced in the management of the program.

1. Management of the Family Planning/Reproductive Health Subprogram

During the Aquino administration, the management of the Family Planning Program saw profound changes not only in policy but also in program administration. POPCOM has been transferred from one agency to the next and DOH was later (in 1988) designated by the POPCOM Board as lead agency in the implementation of the family planning program. Finally, in 1991 the local government code was enacted transferring many front line services, including health and family planning, to local governments.

During the Aquino administration POPCOM was transferred to two different agencies in rapid succession. In 1990 it was transferred from the Department of Social Welfare and Development (DSWD), where it was attached since 1982 but whose current head then did not find family planning activities a priority, to the Office of the President through EO 408. In 1991 it was attached to the National Economic and Development Authority through EO 476 where it is attached up to now. POPCOM has pointed out that the continuing shift in the home of POPCOM across various departments, which has happened even before the Aquino administration, had varying effects on program thrusts that tended to be influenced by the stand on population issues of the head of agency it is attached to (POPCOM 1992).

Before the Aquino administration the Family Planning program has been implementing a combined clinic-based approach and a community-based approach. The clinic-based

component was managed by the DOH, while the non-clinic based (outreach) component, involving NGOs, was managed by the POPCOM Secretariat.

In August 1988, the POPCOM Board decided to designate DOH as the “lead government agency among both government (GOs) and non-government organizations (NGOs) in the delivery of family planning services (both clinical and non-clinical) to all target family planning clientele.” Of course, the overall coordination, planning and policy-making remain to be the role of the POPCOM.

In 1991, the Local Government Code was enacted transferring many front line services, including health and family planning (Section 17 of the LGC of 1991), to local government units. The funding, staffing and administration of the reproductive health services and family planning program have become the prerogative of the LGUs. This made the administration of the family planning program more complex. If DOH needs to intervene it has to negotiate with LGUs individually with the former having no administrative supervision over the latter.

The management of the RH/FP subprogram has not substantially changed since the Aquino administration. Overall coordination, planning and policy making is lodged in POPCOM; the implementation leadership is with the DOH while actual service delivery is the primary concern of the LGUs.

2. Management of the Population and Development Subprogram

The management of the population and development (POPDEV) subprogram has always been with the POPCOM by mandate. As mentioned earlier, the key activity of the program is the clarifying of the interrelationships between population and development concerns and integrating these into the policy, planning and programming processes at the national and local levels. Being primarily a program implementor of the non-clinic based component of the family planning program prior to the transfer of this function to the DOH, the POPDEV component the program is new to POPCOM, hence, it was not quite prepared to take on leadership at the initial stages. Given that the technical expertise in planning was with the NEDA, the capability building activities were entrusted to NEDA national and regional personnel more than to POPCOM personnel. Only in the latter stage of program implementation did capacity building (training activities) involved POPCOM personnel. Only then did POPCOM gradually and progressively assumed the leadership role in this subprogram.

The other major activity in this subprogram is advocacy for POPDEV concerns. Again initially POPCOM was more prepared for advocacy of family planning services than for POPDEV concerns in policy and planning circles.

Finally, together with POPCOM progressively assuming leadership in this subprogram, data and information management role increasingly became their responsibility as well.

All of these problems became more pronounced when the LGC was passed in 1991. Now the arena of integration is not just confined to the national sectoral agencies but should include the various local government units as well. NEDA was reluctant to take on the challenge and POPCOM was not yet prepared to take on technical leadership in integrating POPDEV concerns in policy and planning. Up until now this issue of who should take technical leadership in providing POPDEV integration in economic policy making and planning largely remains unresolved.

In addition, with the clarification of the population and development interrelationships and with the influence of international thinking on these issues, several concerns begun to catch the attention of stakeholders. These include population and the environment, women status in their dual reproductive and productive roles, and adolescent health and youth development. Again in each of these areas there are existing agencies that were organized with specific mandates, i.e., DENR for environment, NCRFW for women, and NYC for youth. POPCOM has assumed the coordinative role on these issues and have negotiated that the concerned agencies take the technical leadership in these issues.

D. Program Financing

1. Sources of Funds

The Population Program has been funded by the Government of the Philippines (GOP) and international donors, notably USAID, UNFPA, WB, UNICEF, EU, AusAID, ADB, JICA, KfW, GTZ and the Ford Foundation.

At the start of the Population Program in 1970 and 1971, all financing came from external sources (Table 4). Over the life of the program until 1998, about half of the program was externally funded. It has been noted that there is a declining proportion of external financing. This has been the cause of concern (POPCOM, 1999).

The 1989-1993 Five-Year Directional Population Plan for the Family Planning identifies the following potential sources of funding then: (1) GOP (46.7%), (2) USAID (29.6%); (3) UNFPA (13.5%), (4) Others (9.5%). Using the percentage distribution for 1986-1991 from the Table 4, GOP and USAID is a couple of percentages short and UNFPA seems to have picked up the slack.

A recent attempt at accounting for the total expenditures on the family planning program in 1994 including the LGUs, NGOs and the private sector was done by Herrin et al. (1997).⁵ Thirty six percent came from donors with the USAID contributing 32%; the government (national and local) contributing as similar 35% with national government contributing 18%; NGOs contributing 10% and the private sector contributing 20% (Table 5).

⁵ Another set of estimates for 1998 was estimated in 2000. The data will be described in the final report.

2. Uses of Funds

The uses of funds by functional categories are provided in Table 6. This disaggregation came from the UNFPA 1992 Country Brief. The authors were not able to get any data on the disaggregation of population spending beyond 1991. From the table there are no substantial realignments of allocations across activities. The two biggest allocations went to clinic services (38% between 1970- 1991) and outreach (25% between 1976-1988) until 1988 when the designation of the DOH as the lead agency in the FP program was made. Understandably, after that move clinic services began to claim more resources. After these two categories the next bigger allocations goes to administration (17% between 1972-1991) and IEC (11% between 1970-1991).

Herrin et al. (1997) estimates for 1994 total expenditures on family planning puts the allocation for service delivery at 56%, IEC at 6% and administration at also 6% (Table 7). Furthermore, the study puts expenditure on commodities at 31% with contraceptives accounting for 28%; salaries and wages at 14%, maintenance and operation 5%, capital outlay at 4% (Table 8).

It is clear from this report that the accounting of expenditure on population activities is poor. POPCOM is currently in the process of developing the PPMP Expenditure Accounts, which shall estimate sources and uses of funds for population activities contained in the PPMP.

E. Activities of Donors

The main international donors of the program include USAID, UNFPA, WB, UNICEF, EU, AusAID, ADB, JICA, KfW, GTZ and the Ford Foundation. What follows is a brief list of activities in this area of the major donors, namely USAID, UNFPA, World Bank, GTZ, AusAID and the Ford Foundation. A list of some of the recent projects participated in by the donors are given in Table 10.

1. UNFPA

The UNFPA have been assisting the Philippine government since 1969 even before the First Country Program was launched in 1972. Since then four successor programs have been implemented.

a. First Country Program

The First Country Program was originally intended to run from 1972-1977 with a budget of \$8.3 million (\$3.32 million original and additional \$5 million) but was extended until 1979 with UNFPA support amounting to only \$6.9 million. Twenty five projects were implemented with family planning services and training given more emphasis receiving a

share of 36.6% in the program budget (Table 9). The biggest allocation (38.8%), however, went to population information, education and communication.

b. Second Country Program

The Second Country Program was approved in June 1980 and originally was supposed to be implemented from 1980 to 1984 with a budget of \$20 million. The program encountered funding problems so that by the end of 1984 only \$4 million had been disbursed. The program was extended through 1988 utilizing the remaining funds. By 1988 the program utilized only around \$9.125 million, the rest of the budget was withdrawn.

Under the program, 20 projects were implemented. The highest priority was given to family planning services, training and research (40%) (Table 9). The formulation and evaluation of population policies got 25% from a minuscule proportion in the first country program due to the population and development (POPDEV) planning integration initiatives during the period. From the largest allocation in the first country program, population information, education and communication only got 10.5% in this cycle.

Some observation for First and Second Country Programs: (1) actual level of spending fell short of the amounts committed (\$6.9 vs. \$8.3 million for the First and \$9.125 vs. \$20 million for the Second); (2) financial assistance to DOH, the key agency in the implementation of the FP program, has been limited; (3) as far as the FP services are concerned, the bulk of UNFPA assistance has been channeled to NGOs; (4) both program had to be extended for various reasons.

c. Third Country Program

The Third Country Program was approved by the Governing Council in June 1989. The program is expected to run for five years until 1993. The major objectives are: (1) to extend the coverage of the family planning and responsible parenthood program; (2) to promote the implementation of sectoral development programs and projects; and (3) to improve the overall well-being of the individual and the family. The strategies include; (1) broaden the awareness among Filipinos of population and related matters; (2) increase coverage of and improve family planning services; (3) expand the use of NGOs as executing agencies for improved family planning service delivery especially those directly concerned with women welfare; (4) integrated the population concerns into national, regional and sectoral development plans; and (5) co-ordinate program implementation with activities of other donor organizations.

There were a total of 25 projects approved under the Third Country Program with a budget allocation of \$22.3 million. The family planning/maternal and child health subprogram accounted for (65% two thirds); population IEC (13%); policy formulation and evaluation (11%), special programs (4.5%), and basic data collection and population dynamics (.04%) (Table 9).

d. Fourth Country Program

The fourth country program was approved in June 1994 and is scheduled to end in 1998. The total package is \$35 million with \$25 million coming from the regular UNFPA funds and the \$10 million from multi/bi-lateral sources. The program was extended for another year with an additional budget of \$6.4 million for a total of \$41.4 million. One important shift is that fertility reduction is no longer the singular obsession and what emerged is the more diverse, comprehensive and broad-based social effort to balance population with resources and the environment. Other themes include the provision and utilization of reproductive health services where family planning is a part, advancing gender equity and women empowerment, increasing attention to adolescent reproductive health and further development of population-sensitive sectoral policies.

The program overall program objective is to assist the national population program in support of the national policy focusing on “revitalizing and decentralizing the national population program as a means of helping the GOP achieve population growth and distribution that are consistent with sustainable development.” The specific objectives include: (1) extending coverage of the family planning program; (2) promoting integration of population concerns in sectoral development program and projects; (3) strengthening capabilities of key participating agencies. From six original workplan categories, four sub-program emerge, namely: (1) family planning and reproductive health subprogram (FP/RH); (2) population policy subprogram; (3) gender, population and development subprogram (GPD); and (4) adolescent health and youth development subprogram. The first have been supported by the UNFPA for a long time while the last two are relatively new.

Table 9 show that 63% of the resources as allocated to FP/RH; 15% to population information, education and communication; 11 to a new program called women, population and development and 7% to population policy.

e. Fifth Country Program⁶

The fifth country program is to be implemented from 2000 to 2004 with a proposed budget of \$30 million with \$20 million coming from the UNFPA regular sources and \$10 million from multi/bi-lateral sources. The over all goal of the program is to contribute to the improving quality of life of all Filipinos through better reproductive health; the attainment of population outcomes that are in harmony with available resources and environmental conditions; and reduction of poverty and inequalities in development opportunities. The reproductive health subprogram would focus on implementing four core components, namely: family planning, maternal care, prevention of RTIs/STDs/HIV, and sexual education. Given the decentralized population program, assistance would focus on the LGUs. Nine provinces will be assisted with one model

⁶ This is based on the proposal submitted in July 1999

province (Nueva Ecija). The population and development strategies subprogram would contribute to the creation of a policy environment conducive to population and development. This will be achieved through improved utilization of population-related information to keep strategic population issues on the national agenda, facilitate decision making at the central and local levels and sustain resource mobilization efforts and operational actions consistent with declared policies. The advocacy subprogram aims to increase political, institutional and community support for a comprehensive, gender-sensitive reproductive health program, and to increase the domestic allocation of financial and human resources for the reproductive health program.

The allocation of resources to has not changed much compared to the fourth country program with RH getting even higher allocation of 80%; population information, education and communication 12%; population policies 6% (Table 9)

2. USAID

USAID has contributed to the program since its early beginnings in 1967. USAID is also acknowledged as one of the largest contributor to the program. It is the major contributor in the provision of contraceptive supplies and in the improvement in family planning motivation and services.

The chronology of USAID assistance to the program is as follows:

Population Planning I Project (PP I) – 1970 - \$ 11 Million

This project aided the start-up of the POPCOM and supported the clinic-based family planning service delivery network. In particular, it financed institution-building; training of service providers of DOH and NGOs; the establishment of FP facilities in over 2,400 RHUs, 11 POPCOM regional offices, and about 500 VSC centers; MIS; and contraceptives supplies.

Population Planning II Project (PP II) – 1977 - \$ 14 Million

This is a follow up project that supported the expansion of FP service delivery into communities via the outreach strategy. In particular, project financed salaries, travel expenses, training of Outreach workers as well as contraceptives.

Population Planning III (PP III) – 1980 - \$ 30 Million (grant); \$ 27 Million (loan)

This project allowed further expansion of outreach activities and provided funds for the upgrading of DOH FP facilities, training of Baranggay Service Point Officers (BSPOs) and other FP services and activities.

Due to political, organization and administrative difficulties, no new USAID project was put in place between 1988-1990. When the existing program ended in 1988, no request for a follow-on project was prepared.

Family Planning Assistance Project (FPAP) – April 1990 - \$40 Million

This project channeled USAID assistance from POPCOM to DOH consistent with the new role of DOH as lead agency in the Philippine Family Planning Program.

The purpose of the project is to increase the availability and utilization of family planning service through support to PFPP. The project objectives include:

1. To mobilize and develop existing FP services in the government and the private sector and strengthen the integration of FP into the primary health care and child survival services network;
2. To make available a cadre of competent and skilled program workers at the national, regional and sub-regional levels;
3. To intensify the promotion and practice of FP and responsible parenthood through all information channels;
4. To make available effective and reliable contraceptives and other commodity support needed to implement the national FP programs;
5. To strengthen central and regional management capability to provide proper direction through the use of monitoring and evaluations systems;
6. To undertake research activities that will provide the data required for more effective program administration, decision-making and policy formulation

The strategies are:

1. Expansion of FP service delivery through: static outlets; comprehensive itinerant teams; voluntary surgical contraception network; coverage of costs of clinical services; treatment of complications and laboratory tests; use of DOH, other government organization and NGO outlets facilities
2. Development of new IECM materials with the new health-oriented messages and audience specific multi-media efforts
3. Procurement of equipment and commodities; improvement of storage and distribution systems; provision of essential equipment, instruments and supplies to upgrade clinics
4. Provision of adequate quantity and range of contraceptives
5. Development of contraceptive social marketing in the private sector
6. Training of DOH and NGO personnel, incorporation of FP in the school curricula of medical, nursing and midwifery courses
7. Support of demographic and operations research studies; conduct of workshops for policy-level participants
8. Support for special field studies and refinement of supervising and reporting systems to improve monitoring and evaluation

*Integrated Family Planning/Maternal Health Program (IFP/MHP) – 1994-2000 –
\$ 90 Million (Bilateral); \$ 60 Million (Central funds)*

USAID expanded its assistance to include four key MCH interventions—ARI, EPI, ORT and micronutrients (including Vitamin A). Integration of FP and MCH services at the local level and selected urban areas became the focal point of this program. IFPMHP supported the establishment of private clinics that provide family planning and maternal health care services such as FriendlyCare Foundation Inc., and Well-Family Midwife Clinics.

One of the projects launched with this program is the so-called LGU Performance Program (LPP). This is a response to the devolution of frontline services to LGUs in 1991.

3. World Bank

Population I Project (POP I)

Loan – Nov. 1974 – Dec. 1979 - \$25 Million

This project involves a loan of US\$25.0 million which was designed to finance 50 percent of the costs of a population project over the over five years from the start of the project. It is an integrated package designed to assist the broad program objectives of the population program and to strengthen the health and family planning delivery system of the Department of Health. It consists of two main components. The first supports a number of activities of the Population Commission (Information-Education-Communication, training and strengthening the Regional Offices of the POPCOM), while the second supports the Department of Health, mainly through the construction and equipping of 11 training centers and 205 rural health units through which health and family planning services would be delivered to the population.

The actual expenditure for this project is \$23.4 million. This project was approved in July 1974 and actually ended in 1982.

Population II Project (POP II)

Loan – 1979 – Dec. 1988 - \$40 Million

The project was designed to assist the Philippines to reduce fertility levels over five years and, at the same time, decrease infant mortality and malnutrition among children and improve the health status of semi-urban and rural populations. The major components are aimed at assisting: (i) the Population Commission to improve and extend its programs to motivate family planning acceptance and to provide population training, and (ii) the Ministry of Health to improve and expand health and family planning services. In particular, assistance to POPCOM was for facilities, training, warehouse, vehicles and advisory services. While assistance to DOH was for health and family planning services

for 915 barangay health stations and for the reconstruction of health centers damaged by typhoons. This also included facilities, training, vehicles and advisory services.

The principal beneficiaries of the project will be lower income persons, mostly in rural areas, who, because of financial constraints, must depend upon the public sector for family planning and primary health care services. It is estimated that an additional 3.3 million persons will be provided with primary health care coverage, and another 3 million persons would have access to services from new health facilities.

This project was approved in June 1979 and was closed in 1988. Of the \$40 million committed, only \$34.4 million was actually availed of.

In the 1990s, the World Bank's participation on population-related projects are in multilateral projects such as Urban Health and Nutrition Project (UNHP) – 1993 – 2000, \$ 70 Million; Women's Health and Safe Motherhood (WHSM) project – 1995-Present - \$ 18 Million; Philippine Health Development Project (PHDP). These projects are described below.

4. Asian Development Bank

ADB's assistance gives high regard to economic growth but also provide emphasis on human development (UNFPA, 1996). Its involvement in the health sector through investment in family health and family planning are clear manifestations of its continuing concern to improve accessibility of the poor to social services. It was actively engaged with the Government in the policy dialogue on the devolution of health services to local governments.

Two recent involvements of the ADB are: the Women's Health and Safe Motherhood (WHSM) project – 1995-Present contributing \$54 million, and Integrated Community Health Services Project (ICHSP) -1998-2003 contributing \$51.1 million.

5. Australian Agency for International Development (AusAID)

The Australian aid program places particular emphasis on health; education; agriculture and rural development; infrastructure and good governance. Aside from its poverty reduction programs in southern Philippines, AusAID has also allotted an average of \$A17 million yearly since 1992 in health assistance projects designed to assist the country's effort in reducing rising incidence of maternal, child and infant mortality and morbidity particularly in remote areas. 'This has been pursued at the grass roots and national levels through projects in maternal and child health, community health and community-based malaria control.' Two of the most prominent AusAID-sponsored health projects implemented nationwide which directly or indirectly espouse family planning and reproductive health are: 1) Integrated Community Health Services Project; and the 2) Women's Health Training Project which, as outlined in the 1989 Country Program Allocation, have budgets of \$19.5 million and \$13 million respectively.

The AusAid also contributed \$10.6 million to the Women's Health and Safe Motherhood (WHSM) project and \$19.5 million to the Integrated Community Health Services Project (ICHSP).

6. German Agency for Technical Cooperation (GTZ)

GTZ supports the Philippines' Health Sector Reform Agenda through its organizational, institutional and human resources development assistance at national and local levels.

Family planning was subsumed under the general term family health. At the operational level, health and family planning activities including self-help initiatives are undertaken in remote and marginalized areas, in partnership with different local government units and nongovernmental organizations.

GTZ also assists the National Health Insurance Program and other local health insurance schemes through policy development, networking and improving management information systems. Their assistance in this aspect also extends to operational research, training and improvement of health infrastructure and other capacity-building activities in different local health units in the Philippines.

GTZ has also contributed to the Family Health Program.

7. Ford Foundation

Since 1990, the Foundation has been supporting national and international groups and donor agencies in three general areas: (a) strengthening social science research; (b) enabling women and their partners to be more directly involved in the design and implementation of reproductive health programs and policies; (c) promoting discussion of religious and ethical values related to reproductive behavior

Focus on sexuality and reproductive health falls under the main program of asset building and community development. Three program objectives have provided the framework for the reproductive health and population program: (i) to generate relevant information; (ii) strengthen community-based initiatives; and (iii) create a policy climate that promotes sexual and reproductive health and rights.

The list of recently approved grants and projects for the Philippines include:

1. *Reproductive Health and Population*: 1995 - \$816,000 with the following components: (a) social science research and training (\$346,000); (b) community involvement (\$130,000); (c) dissemination of information (\$100,000); and (d) ethics, law and policy analysis (\$240,000)
2. *Human Development and Reproductive Health*: 1997 - \$1.449 million with the following components: (a) social science and research training (\$485,000); (b)

- community involvement (\$382,000); and (c) dissemination of information and public education (\$582,000)
3. *Human Development and Reproductive Health*: 1998 - \$1.388 million with the following components: (a) social science and research training (\$847,000); and (b) dissemination of information and public education (\$541,000);
 4. *Human Development and Reproductive Health*: 1999 - \$1.510 million with the following components (a) social science and research training (\$100,000); (b) dissemination of information and public education (\$1.005 million); and (c) ethics, law and policy analysis (\$405,000);
 5. *Human Development and Reproductive Health*: 2000 - \$3.038 million with one component called sexuality and reproductive health; and
 6. *Human Development and Reproductive Health*: 2001 - \$2.276 million which have a single component again called sexuality and reproductive health

8. Multilateral Projects

In the 1990s' most of the population-related projects are funded by several donors. We describe some the major projects in this section.

Urban Health and Nutrition Project (UNHP) – 1993 – 2000, \$ 82 Million

This project includes a large FP and maternal care component addressed to the basic needs of urban poor families in Metro-Manila, Metro Cebu and Cagayan de Oro.

Urban Health and Nutrition Project. The project supports: 1) service delivery - to improve the outreach, range, quality and cost-effectiveness of priority health and nutrition services, 2) institutional development - to improve the capacity of local Governments to plan, manage, monitor and evaluate their health programmes, and of DOH to support local Government; 3) community partnerships for health - to support community-based health and nutrition service delivery; and 4) policy research and evaluation - to support operations research studies testing alternative service delivery models for key interventions, and studies to evaluate project progress. The project will finance approximately \$3.8 million in contraceptives.

The total project cost is \$82.2million. The donor contribution are as follows: World Bank \$70 million, AusAID will contribute \$3.1 million. The Government of Philippines contributes \$8.7million and the communities \$0.4 million.

Women's Health and Safe Motherhood (WHSM) project – 1995-Present - \$ 136 Million

This is an integrated FP and MCH project. WHSM seeks to improve the health status of women particularly those of reproductive age, in support of the Government's long-term goal of reducing female morbidity and maternal mortality.

The project objectives include: (i) to improve the quality and scope of women's health and safe motherhood services; (ii) to strengthen the capacity of Local Government Units to manage the provision of these services, and the DOH to provide policy, technical, financial and logistical support; (iii) to enhance the effectiveness and sustainability of health interventions through the participation of local communities and non-governmental organizations in the project; and (iv) to expand the knowledge base upon which to draw policy and technical guidance.

The project consists of four main components, namely: service delivery, institutional development, community partnerships, and policy and operations research.

Also part of this project is an analysis and review of the five-year Philippine Family Planning Plan (PFPP) done under the auspices of the World Bank. The WB (1991) "New Directions in the Philippine Family Planning Program" was the product of this effort.

This project is jointly funded by several donors and has a total budget of \$136.5 million. Donor contributions is as follows: ADB - \$54 million; World Bank - \$18 million, AusAID - \$10.6 million; European Union - \$13 million, German Government - \$14.2. The Philippine government contributes \$26.7 million.

Philippine Health Development Project (PHDP)

This project does not support FP directly, but certain elements, largely the institutional development components, benefit the PFPP by strengthening the basic capabilities of DOH. The PHDP's training, IEC and field health services components provided opportunities for piggy-backing FP program improvements on general improvements in DOH capacity to manage service delivery.

Integrated Community Health Services Project (ICHSP) -1998-2003; \$70 Million

Formally launched in February 1998, this six-year health project is so far the largest health initiative sponsored by AusAID. Five provinces are expected to directly benefit from this program, namely Kalinga Apayao, Palawan, Guimaras, Surigao del Norte, South Cotabato, and other two provinces yet to be identified.

ICHSP boasts of a better/improved primary health care system for target beneficiaries, one that offers an essential package of both preventive and curative health services. This will be realized through community and NGO mobilization.

The Project is composed of two parts: Part I involves the national and regional components managed by DOH; Part II consists of the provincial components managed by local government units (LGUs) in coordination with DOH.

Part I is called 'Strengthening DOH Provincial Program Support' which consists of three components: (i) Support for LGU Health Programs; (ii) Community and NGO Mobilization; and (iii) Project Management and Institutional Strengthening.

Part II, is labeled 'Community Health Service Support to Selected Provinces' and is expected to strengthen provincial health operations and involve local communities in the health projects. Part II is composed of four components, namely: (i) Institutional Strengthening; (ii) Strengthening Referral Systems; (iii) Community and NGO Mobilization; and (iv) Support for Priority Health Programs.

This project is jointly funded by the ADB – \$51.1 million and AusAID – \$19.5 million.

F. Activities of Select Government Agencies

1. Department of Labor and Employment (DOLE)

Article 134 of the Labor Code, promulgated in 1974, mandated establishments with more than 200 employees to maintain health stations that offer family planning services and provide family welfare programs. Moreover, family planning, which was subsumed under the more general concept family welfare, was promoted as a catalyst that would enhance overall worker productivity.

DOLE, through its regional implementors, sets up, facilitates, monitors and provides technical assistance to in-plant family welfare committees (FWC) which consist of representatives from management, labor and health workers from an in-house health clinic. The tasks of the FWC include informing, organizing and training workers on issues of family planning and welfare. Aside from improved health and meeting the desired fertility of workers, the program is believed to have positive impact on labor and management relations as this presents another venue for management and labor collaboration. Needless to say, the success of the program therefore hinges on the cooperation of both labor and management sectors.

Of all the regions covered by the program, Metro Manila or the NCR, has the most number of firms that offer family welfare programs for the years 1999-2001. This is to be expected, given that majority of business establishments are found or located in the region. Almost all of the firms serviced during the period belong to the mandatory category, or firms with over 200 employees. Regions IV, XI, VII and I, followed NCR in terms of regions with greatest number of firms serviced or covered by the program.

For 1999, only 902 firms nationwide were recorded as having FWC in place, this increased to only 945 or 4.8% in 2000 and soared to 1184 firms or 25.3% by the end of 2001.

National budget for the FWP nationwide, which is largely intended for the program's training/seminar component, fluctuated from P1.04 million in 1999, and then rose to 1.4 million pesos in 2000. However, in 2001 the budget dipped to P500, 000.

As early as 1975, family planning has already been an integral part of DOLE's program. With financial and technical support from UNFPA and the ILO, the then Ministry of Labor and Employment (MOLE) set up a Population/Family Planning Office (P/FPO) to encourage and administer family planning activities to the workers and their families. When funds from foreign donors ended in 1977, P/FPO was absorbed and became a regular function of the MOLE by the end of 1983. The P/FPO frequently became inactive due to shifts in administrative supervision within the ministry.

2. Department of Education

The Department of Education and Culture through Department Order No. 19 launched in 1972, the Population Education Program (PEP). PEP became the primary vehicle for the country's population education or PopEd. The program defines population education or PopEd as 'the process of developing awareness and understanding population situations as well as a rational attitude and behavior toward those situations for the attainment of quality of life for the individual, the family, the community, the nation and the world.' Here, aside from lessons on basic human anatomy, students are made aware of the consequences of unbridled population growth, child spacing and fertility regulation, ethics of sexual behavior, attitudes and skills related to dating, marriage and parenthood. Hence, population education is more than family planning and sex education. It is an interdisciplinary field of study that 'pervades several discipline including the sciences and the arts.'

Population education is taught in all three levels of formal and nonformal education subsystems. In the first two levels, PopEd is integrated in Social Studies, Home Economics, Science and Health, and Mathematics. In the tertiary level, it is either a required or an elective course. It has been noted that while it has been successfully integrated in the public schools, there appears to be implementation problems in private schools (SCRPPP, 1978).

In more than three decades since its launching in 1972, the PopEd program has undergone significant transformation and reshaping of core areas. From demography, human sexuality, determinants and consequences of population change in the 1970s, these were redirected to more 'program-specific' concepts like promotion of smaller family size, delayed marriage, responsible parenthood and family planning, and other population and development issues. The political transition in 1986 has also brought corresponding changes in the program, this time other concerns such as family formation, maternal and child health, and women empowerment were brought to the fore.

Population developments/events both local and international such as the 1994 Cairo International Conference on Population and Development, and the 1995 Beijing

Conference on Women have had significant impact on the country's population education program. These events have been influential in identifying new learning areas that aided in the development of more responsive and relevant core program concepts. At present, PopEd promotes the following core areas: Responsible Parenthood and Family Planning; Gender and Development; Population and Reproductive Health; and Population, Resources Environment, and Sustainable Development. These core areas/values are effected through the following major strategies: curriculum materials development, teacher training and research evaluation.

The First Country Project (1972-1979)

In terms of technical and operational supervision, Population Education Program (PEP) also went through a series of adjustments. PEP started off as a special project of the Department of Education and Culture with financial backing from the UNFPA for the first five years of its implementation, as stipulated in the First Country Project of the UNFPA. The program not only had this daunting task of introducing PopEd to the formal and nonformal school systems 'but also tasked to unify the isolated and emerging population activities of some educational institutions in the country.' Funds from the First Country Project were used in the integration of PopEd at the elementary level.

In 1974, the Department of Education and Culture assumed full responsibility of the Population Education Program with the creation of a Population Education Program Unit under the Office of the Secretary of Education and Culture.

Second Country Project (1980-1987)

When financial assistance ended in 1979, a review of the nationwide implementation of PopEd revealed program gains and gaps. This led to a new UNFPA assistance in this area. Initially, the second country program was aimed/meant to address the population education requirements of the secondary level and the nonformal education subsystem. However, due to the change in the orientation and focus of the country's national program for population, the second country program was redirected to center on the regionalization of population education. When the program was terminated in 1987, DEC was able to establish support institutions in eight regions excluding NCR.

The PEP Unit became part of the Bureau of Secondary Education of the Department of education after massive government reorganization in 1988.

At present, with the 2002 Basic Education Curriculum underway, learning areas in both elementary and secondary education were restructured to five—English, Mathematics, Filipino, Science and **Makabayan** subjects. Under this set up, population education, as in all the other non-core subjects like Social Science/Studies, Home Economics, Physical Education, Music, Arts and Values Education, was merged/integrated with other non-core subjects to form the **Makabayan** subject.

3. Department of Social Welfare and Development

The Department of Social Welfare and Development expanded the population education for the benefit out-of-school youth or those youth who are outside the formal educational system. Population Awareness and Sex Education Program for the Out-of-School Youth (PASE-OSY) introduced in 1972, was designed/formulated to increase the awareness and ‘inculcate among the youth, especially school dropouts, knowledge and understanding of population, human growth and development, family life and responsible parenthood.’ This was done through IEC activities, counseling and referral system.

Up to this date, advocacy campaign for the out-of-school youth remains and continue to be strengthened with the DSWD’s more modern ‘Population Awareness and Family Life Enrichment Program’ (PAFLEP) for the out-of-school youth. This time, parents of out-of-school youth, community leaders and educators are encouraged to participate in the program.

For the year 2002-2004, DSWD promises to undertake the following population-related activities:

1. Incorporate reproductive health and responsible parenthood concepts in the delivery of social services under the Social Reform Agenda, the Kabuhayan Program, the KALAHI-CIDSS and others.
2. Continue to strengthen PAFLEP for the out-of-school youth
3. Integrate family values in the day care program for pre-schoolers as well as their parents
4. Provide technical assistance to LGUs in the implementation of the ‘Unlad Kabataan’ program

4. Department of Agriculture

Family planning was formally and officially integrated with agricultural concerns when the Department of Agriculture, assisted by FAO launched in March 1990—‘Integrating Population Concerns into Agricultural Extension and Training Activities of the Department of Agriculture’. Its main objective was to strengthen DA’s agricultural extension and training programs by incorporating population-related concerns.

Project strategy, which centered mainly on IEC/advocacy and activities in Regions III, VII, X and XII, has five major elements: baseline surveys and the process of identification/organization for agricultural development in coastal, low-land and upland areas; integration of population-related issues in the existing training and extension schemes; training of personnel; motivation and monitoring activities; and impact evaluation. A grand total of 142 million US dollars were allotted for the project’s entire duration of three years.

In recent years, as part of their commitment to incorporate population concerns in the agency’s agricultural activities, the Department of Agriculture vows to: “provide support

to small and medium-scale enterprises managed by Farm Youth Development projects, and empower underemployed youth and underprivileged employees through skills development and leadership training.” Noticeably, these activities are more of the general development type with doubtful emphasis on population concerns.

5. Department of Agrarian Reform

Recognizing the significance of population in land utilization and land productivity, and heeding the call of the national government to adopt an integrated approach to development, the Department of Agrarian Reform was one of the first government agencies that introduced family planning in all of its activities. In 1991, the DAR through the Bureau of Agrarian Reform Beneficiaries Development (BARBD) designed a project that would usher family planning in DAR extension activities. The project “Integrating Population Related Concerns in the Training and Extension System of DAR” was financed by UNFPA and FAO. The program seeks to contribute to the Comprehensive Agrarian Reform Program (CARP) goal of improving the lives of CARP beneficiaries by increasing their awareness on population and family planning issues and concerns. The IEC activities were first implemented in seven settlement areas in Regions III, VII and XI. Agrarian Reform Communities, as well as the DAR employees were briefed on the essential interrelationships and key interactions between people, land and other resources and the environment.

G. Activities Non-Government Organizations

Non-governmental organizations have always been a critical pillar of the Population Program. In fact, private organizations are acknowledged as the pioneers in the implementation of the family planning program (SCRPPP, 1978). As mentioned earlier, they were the cooperating organizations in the non-clinic based National Population and Family Planning Outreach Project (NPFPOP) coordinated by the POPCOM secretariat before all of the family planning service delivery was placed under the leadership of the DOH in 1988. They are being viewed now as the logical alternative if government continues to be hamstrung by lack of consensus and lack of solid support for the program.

In this section we describe some of the activities of the major NGO cooperators of the program. What are covered are the NGOs that have been participating in the program for quite some time. While we cannot be exhaustive in the coverage due to lack of documentation of many of the activities of the NGOs, we hope to be able to illustrate in what aspects of the program were the NGOs involved.

1. Philippine Center for Population and Development (PCPD)

Formerly known as the Population Center foundation (PCF), PCPD was created in 1972 to act as a ‘resource institution’ for the country’s population program. It was renamed PCPD in August 1992 to reflect its broadened/expanded concerns and objectives.

Since the start, PCDP has been able to generate funding from local and international donors. Use of these funds, however, has been restricted to projects and none have gone to operations. As shown by its activities, the PCPD facilitates funding for such areas as population research, institution/capability building of non-government and government agencies, and other related services.

From 1975-1997, grant funds or program awards from all donors totaled P531 million where a total of P445.3 was actually spent. Ninety-five percent of P199 million went to family planning-related programs and projects from 1975-1986, while P246.19 million from 1987-1997 went to the four program concerns, namely: responsible parenthood (P118.4 million); community-based health (P48.4 million); adolescent development (P47.7 million); and technical assistance (P31.8 million).

The banner projects for each of the areas include:

1. *Responsible parenthood.* The “Responsible Parenthood-Maternal and Child Health (RP-MCH) Program for the Industrial Sector” provides interested companies with RP-MCH information and services to be distributed/offered to their respective employees, via an in-plant RP-MCH team. The program is currently being operationalized in over 150 major industries.
2. *Community-based Health.* The “Health Resource Development Program” enjoined medical students are enjoined to serve and participate in the provision of health and medical services in remote areas through a provision in their college curricula.
3. *Adolescent Development.* This project provided for the establishment of multi-service youth and adolescent centers nationwide that mainly functioned as crisis prevention facilities where personalized counseling are provided for value formation.
4. *Technical Assistance.* Under this project PCPD assists various national and international agencies by providing funding, training, and consultancy services. It provides technical assistance to the DOH in the areas of maternal care, quality assurance, life cycle approach, social marketing, IEC, monitoring and evaluation, procurement and civil works.

2. Family Planning Organization of the Philippines (FPOP)

Since its conception in 1969, FPOP⁷, an affiliate of the International Planned Parenthood Federation (IPPF), has been actively engaged in the provision of population and family planning services in the country. During its early years, FPOP's family planning activities were concentrated in urban areas, using clinic-oriented approach. But in the mid and late 1980s, the organization's population activities were redefined to give weight and focused more on IEC, medical and clinical services and community-based distribution.

Its major programs include:

a. Family Planning Service Delivery Program

In this program chapter clinics located in different provinces were maintained. Most of these provide a comprehensive package of FP services including voluntary surgical contraception as well as reversible contraceptive methods which include the Natural Family Planning method.

b. Women's Development Program

This program addresses needs and special problems of women and seeks to uplift women's social and economic status.

c. Family Life Education for the Youth Program

This program provides a comprehensive package of information, education and RH services designed to help the youth understand the adverse consequences of teenage pregnancy and early marriage.

The banner projects under the FPOP program include:

a. The CORE Project: Integrated Family Planning/ Maternal and Child Health/ Reproductive Health Care

The early nineties witnessed the start of a shift in strategy towards integrated family planning and maternal and child health care. This has given birth to the Core Project named "Integrated Family Planning, Maternal and Child Health and Reproductive Health Care Program." Male participation in family planning became a thrust.

⁷ FPOP came to being as the fusion of Family Planning Association of the Philippines (FP AP) and the Planned Parenthood Movement of the Philippines (PPMP).

b. Reproductive Health Advocacy in the Philippines Project (RHAPP) – 1999-2000

Aside from its core program, FPOP also implemented the RHAPP which is basically the advocacy tool of the organization.

The project objectives are: (i) to contribute to the development of a positive policy environment for family planning and reproductive health by helping strengthen and consolidate support among other NGOs and government decision-makers for the passage of a new population bill; (ii) to enhance awareness of FPOP stakeholders and its partner agencies about sexual and reproductive rights, especially on the issues related to adolescent sexuality, sexually transmitted diseases and unsafe abortion or unwanted pregnancy, by applying applicable strategies contained in the IPPF Charter on Sexual and Reproductive Rights to address them; (iii) to establish a systematic response campaign to clarify misconceptions on family planning and reproductive health; and (iv) to mobilize public support for sexual and reproductive health rights campaigns in key cities of Luzon, Visayas and Mindanao

3. Philippine NGO Council (PNGOC)

The PNGOC on Population, Health and Welfare, Inc. is an umbrella organization of 59 NGOs operating nationwide. Member organizations are assisted in fund sourcing and information dissemination. Activities undertaken are in the areas of Reproductive Health, Maternal and Child Health, Youth and sexuality, Women and Development, Literacy Programs, and Sustainable Development.

H. Issues and Recommendations

1. Population Sub-Programs

a. RH/FP

The issue of leadership in this subprogram had been clearly defined. Both organizational and technical leadership⁸ is lodged with the DOH. This issue has given rise to the misgivings of some that FP has been promoted primarily for its health benefits rather than for its fertility reduction objective. The misgivings still emerge even if research (e.g. WB 1991) have shown that substantial fertility reduction can be achieved by providing FP services for purely health objectives. From one stand point, it maybe difficult for DOH to promote any program for any other purposes besides its health mandate. It may be better to address the issue of promoting the non-health effects of family planning in advocacy campaigns rather than in the delivery system. If this is the case, this should be clearly

⁸ By organizational leadership we mean keeping a well-coordinated set of activities. Technical leadership, on the other hand, we mean responsibility over technical content. For instance, DOH handles both organizational and technical leadership in the RH/FP subprogram. In the POPDEV subprogram, POPCOM handles the organizational leadership while the NEDA or the TWG on POPDEV Integration takes on the technical leadership.

communicated to all participating agencies in the RH/FP program⁹. In the same manner, a rights-based RH program maybe in the same predicament. An RH program based on rights might be better placed in the NCRFW advocacy program rather than on the DOH delivery system.

There is no indication whether something different is happening at the LGU level. If these problems are also present in LGU delivery systems, then a similar clarification is necessary.

The relationships between DOH and the LGU health departments in terms of providing technical assistance and monitoring reports have to be clearly defined. It is still a long way before the national survey systems will be representative at the municipality level to hope that this can provide the needed comprehensive monitoring of service delivery and impact soon enough. In the mean time, good experiences of report generation from the LGU health departments have to be documented and shared. A systematic documentation of technical assistance experiences will also go a long way in the interim.

There is the issue of what should be the role of government in providing FP services. The prevailing sentiment is that, if private sector participation is to be encouraged, free FP services should be targeted to poor families and non-poor households have to be moved to for pay FP services. As has been the case in targeting poverty programs, this may not be a straightforward matter. A well-designed targeting scheme has to be developed so that leakages are minimized.

b. POPDEV

One of the basic problems in this subprogram is the issue of roles of different participating agencies. While POPCOM was designated to lead this subprogram, understandably it is providing only organizational leadership. Technical leadership is not assumed by any cooperating agency. The NEDA, the most prepared among the cooperating agencies to take on the technical leadership role, has not assumed this role. The 2001-2004 PPMP Directional Plan mentions institutionalizing the Technical Working Group (TWG) on POPDEV Integration at the national and regional levels with the NEDA, DILG, DOLE, DA, UPPI, DENR, CHED, NSCB, NSO and HLURB as members. This TWG was positioned to provide technical leadership in this subprogram. However, this appears to be a special creation under the 4th Country Program of the UNFPA and has apparently ceased to exist beyond that program. It might be worth considering that permanent technical committees be created by the POPCOM Board to provide technical leadership in subprograms such as POPDEV.

For this subprogram to succeed, two ingredients are essential, namely, literature and data. The literature and data requirements of the subprogram must be systematically collected

⁹ In the same manner, we believe the same is true for a rights-based RH program. An RH program based on rights might be better placed in the NCRFW advocacy program rather than on the DOH delivery system.

and made readily available. The program should designate the agency responsible for this activity. The agency should produce periodic analytical summaries of research as well as descriptive summary of trends in relevant indicators. The State of the Population Report (SPPR) is a natural venue for this. However, currently the SPPR issue focused. A periodic comprehensive status report is needed. A permanent section in the SPPR devoted to the comprehensive status report can go long way addressing this issue.

Finally, the modes of providing technical assistance to national and local agencies on POPDEV integration in policy analysis and planning must be clearly defined. It is recommended that NEDA should take on this responsibility being the lead agency in policy analysis and planning.

2. Program Management

The role of POPCOM being coordinator of the population program must be clarified and understood by both the institution itself and the other cooperating agencies. In many cases, POPCOM takes on only the organizational leadership. It has relied on external expertise for technical advice. There is a need to assess whether this is the best way of providing technical expertise. Another mode is maintaining technical expertise in-house. Still another mode is for the POPCOM Board to create Technical Committees for each subprogram. This is very much akin to the Technical Working Groups used by the National Statistical Coordination Board.

It is not clear whether the Philippine Population Management Plan (PPMP) and the subsequent Directional Plans are the de facto¹⁰ plan of actions for the population program, like the MTPDP is for the national economy. For instance, if DOH is the organizational and technical leader of the RH/FP program, it should be the one preparing the RH/FP section of the Plan. Unless this become so, it is difficult to bind cooperating agencies to the plan. A clear indication that the PPMP is the de facto plan of action is that only the thrusts and programs identified in the plan gets funded by either government, private or donor resources. POPCOM should learn from the experience of NEDA in preparing the MTPDP. Likewise, administrative mechanisms to ensure that the PPMP become the de facto plan of action for population must be put in place.

As is clear in this report, the monitoring and evaluation system for the whole program is at best weak. While the State of Population Report has been billed as the status report of the program, it has been good in highlighting issues of the day and not so good at providing a comprehensive report of the program and all its components. The status report must be clearly tied with the monitoring of the PPMP commitments. Thus, the pre-

¹⁰ It has been pointed out that the Directional Plan for PPMP 2001-2004 is in fact the de facto program plan. That it has been subjective to extensive consultations with various stakeholders in government, NGOs, private sector and academe at the national and regional levels. A National Steering Committee assisted by several Technical Working Groups (DOH leading the RH/FP TWG, POPCOM leading the POPDEV TWG, NYC leading the AHYDP TWG; and PRRM leading the resource mobilization TWG) had been organized for the purpose preparing and updating the plan.

requisite is that the PPMP be the de facto plan for the Population Program as mentioned earlier.

It is clear from this report that the accounting of expenditure on population activities is poor. The attempt done by Herrin et al. (1997) is a good start. There is a need to continue to refine the methodologies, so that for example the amount of unclassified amounts can be reduced drastically, and finally install an official system of accounting for population expenditures.

There is a need to study and document systematically the methods of influencing actions of LGUs on the population program. Corollary to this, there is a need to study ways through which LGUs get to report their population activities to POPCOM. Several experiments have already been undertaken, its time to document them systematically and learn from them. One of the avenues is to expand the membership of the POPCOM Board to include the leaders of LGU Leagues.

3. Program Financing

POPCOM (1999) had already mentioned the need to strengthen the revenue base of the program with particular focus on the LGUs. This has to be pursued vigorously given the devolution of front line services.

Funding coordination problems have already been highlighted by UNFPA (1992) Country Brief. This appears to be the offshoot of, among others, lack of agreement whether the PPMP is the de facto plan of action for the population program. The current mode of preference for multilateral projects has to be exploited with the POPCOM Board determining what should be the elements of these projects.

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Table 1
Fertility and Contraceptive Prevalence: Philippines, 1968-2001

Survey	TFR	Contraceptive Prevalence		
		Modern	Traditional	Total
1968 National Demographic Survey	5.7	2.9	12.5	15.4
1973 National Demographic Survey	6.0	10.7	6.7	17.4
1978 Rep.of the Philippines Fertility Survey	5.2	17.2	21.3	38.5
1983 National Demographic Survey	5.1	18.9	13.1	32.0
1988 National Demographic Survey	4.3	21.6	14.5	36.1
1993 National Demographic Survey	4.1	24.9	15.1	40.0
1995 Family Planning Survey ¹		25.5	25.2	50.7
1996 Family Planning Survey ¹		30.2	17.9	48.1
1997 Family Planning Survey ¹		30.9	16.1	47.0
1998 National Demographic and Health Survey	3.7	28.2	18.3	46.5
1999 Family Planning Survey ¹		32.4	16.9	49.3
2000 Family Planning Survey ¹		32.3	14.7	47.0
2001 Family Planning Survey ¹		33.1*	16.4*	49.5*

Source: 2000 Family Planning Survey, Final Report

*National Statistics Office Website

¹ Based on currently married women age 15-49 years.

Table 2
Total Fertility Rate

Countries	1960-65	1970-75	1980-85	1990-95	1995-00	2000-05
<i>NIEs</i>						
Hongkong	5.31	2.89	1.80	1.32	1.17	1.17
Rep.of Korea	5.63	4.28	2.50	1.65	1.51	1.51
Singapore	4.93	2.62	1.69	1.79	1.60	1.45
Taipei, China						
PRC	5.72	4.86	2.55	1.92	1.80	1.80
<i>Southeast Asia</i>						
Cambodia	6.29	5.53	5.06	4.89	5.25	4.77
Indonesia	5.42	5.57	4.06	2.90	2.60	2.27
Lao PDR	6.15	6.15	6.69	6.69	5.30	4.80
Malaysia	6.72	5.15	4.24	3.62	3.26	2.90
Philippines	6.61	5.50	4.74	4.00	3.64	3.24
Thailand	6.39	4.99	2.96	1.94	2.10	2.00
Vietnam	6.05	5.85	4.69	3.40	2.50	2.25
<i>South Asia</i>						
Bangladesh	6.68	7.02	6.15	3.40	3.80	3.56
India	5.81	5.43	4.47	4.00	3.32	2.97
Pakistan	7.00	7.00	6.50	5.51	5.48	5.08
Sri Lanka	5.16	4.00	3.25	2.20	2.10	2.09

Source: Population Division, Department of Economic and Social Affairs
UN World Population Prospects: The 2000 Revision

Table 3
Contraceptive Prevalence Rate, any method, (%)

Countries	1970	1977	1985	1990-1995	1995-2000	1990-2000	
<i>NIEs</i>							
Hongkong	50	64	72	86	na	86	1992
Republic of Korea	32	44	70	79	81	81	1997
Singapore	45	77	74	74	na	74	1982
Taipei, China							
PRC	36	61	77	83	na	84	1997
<i>Southeast Asia</i>							
Indonesia	na	19	48	55	57	57	1997
Malaysia	7	34	51	48	na	55	1994
Philippines	8	22	44	40	46	46	1998
Thailand	na	32	65	74	72	72	1996/97
Vietnam	na	na	58	65	75	75	1997
<i>South Asia</i>							
Bangladesh	na	9	25	49	54	54	1999/00
India	12	24	35	41	48	48	1998/99
Pakistan	4	6	11	18	24	24	1996/97
Sri Lanka	8	44	62	66	na	66	1993

Source:

1990-2000: UN Contraceptive Prevalence Wall Chart 2001

1995-2000: UNDP Human Development Report 2001

1990-1995: UNDP Human Development Report 1998

1985: World Bank, World Development Report 1989

1970, 1977: World Bank, World Development Report 1979

Table 4
Percentage Distribution of Population Expenditures by Funding Source, by Year

Year	GOP	Foreign Donors					Total Amt. (Million PhP)
		USAID	WB/IDA	UNFPA	Others	Sub-Total**	
1970		74.0		7.1	18.9	100.0	12.7
1971		81.1		6.5	12.4	100.0	33.8
1972	14.8	71.7		7.8	5.8	85.2	55.4
1973	14.6	56.6		5.3	23.5	85.4	61.8
1974	45.1	38.5		13.5	2.9	54.9	89.6
1975	36.2	46.0		15.6	2.1	63.8	89.7
1976	52.5	28.8		17.0	1.6	47.5	159.1
1977	53.3	35.9		7.3	3.5	46.7	111.9
1978	62.1	30.5		2.5	4.9	37.9	111.9
1979	60.5	25.3	10.9	1.5	1.9	39.5	123.5
1980	65.4	18.3	10.4	2.3	3.6	34.6	158.1
1981	48.5	34.4	11.0	3.9	2.2	51.5	255.6
1982	51.7	32.5	11.3	2.8	1.7	48.3	231.7
1983	55.0	30.4	8.3	2.9	3.5	45.0	292.7
1984	52.6	25.6	7.9	4.8	9.0	47.4	280.6
1985	49.0	24.2	12.7	11.0	3.0	51.0	296.9
1986	45.4	21.3	19.7	6.9	6.7	54.6	340.3
1987	41.5	33.0	9.8	3.6	12.0	58.5	261.2
1988	54.8	36.7	1.1	7.5	0.0	45.2	226.3
1989	66.2	0.9		32.9	0.0	33.8	91.4
1990	29.2			46.9	23.9	70.8	215.8
1991	24.2	27.2		47.2	1.4	75.8	239.5
1994	11.9					88.1	492.5
1995	79.0					21.0	93.0
1996	70.6					29.4	120.9
1997	62.4					37.6	171.0
1998	75.5					24.5	133.8
Ave. 70-98	48.9	36.8	10.3	11.7	6.6	51.1	
Ave. 80-98	51.9	25.8	10.3	14.4	5.6	48.1	
Ave. 70-80	44.9	46.1	10.6	7.9	7.4	55.1	
Ave. 80-86	52.5	26.7	11.6	4.9	4.2	47.5	
Ave. 86-91	43.6	23.8	10.2	24.2	7.3	56.4	
Ave. 94-98	59.9					40.1	

* some rows do not add up but no explanation were given by the source

Source: 1970-1993: UNFPA 1992 Country Brief

1994-1998: POPCOM, ICPD+5 Philippine Country Report

Table 5
Direct Expenditures for Family Planning by Type of FP Institutions, 1994

FP Institution	Amount	% to Total
USAID (Main)	301,196,631	19.6
USAID (Executing Agencies)	195,469,750	12.7
UNFPA (Main)	21,843,536	1.4
UNFPA (Executing Agencies)	31,349,214	2.0
Other Donors	1,309,371	0.1
National Government Agencies	140,420,910	9.1
National Government-Foreign Assisted	142,222,374	9.3
Local Government	251,329,193	16.4
Non-Government Organizations	146,529,706	9.5
Private Sector	304,761,050	19.8
Total	1,536,431,735	100.0

Source: Herrin et al. (1997) National Family Planning Expenditures of the Philippines Estimates for 1994

Table 6
Percentage distribution of Population Actual Expenditure, by Activity

	Administration	Research	Training	Outreach	Clinic Services	IEC	Others	Total Amt. (Millions PhP)
1970					74.0	7.1	18.9	12.7
1971					81.1	6.5	12.4	33.8
1972	14.8				71.7	7.8	5.8	55.4
1973	2.4	8.9	7.4		50.0	19.6	11.7	61.8
1974	8.7	5.9	4.5		36.8	21.9	22.2	89.6
1975	12.5	10.3	8.0		41.2	9.8	18.2	89.7
1976	19.2	4.6	5.0	8.5	31.5	20.2	11.0	159.1
1977	12.5	5.1	2.9	39.6	26.8	8.0	5.2	111.9
1978	17.7	9.4	3.1	36.0	18.2	3.8	11.8	111.9
1979	16.0	9.8	6.5	27.7	17.2	10.7	12.1	123.5
1980	13.4	9.4	12.7	23.7	15.7	14.4	10.8	158.1
1981	9.6	5.1	8.0	23.6	27.7	9.0	17.0	255.6
1982	11.9	3.1	7.7	21.1	29.9	9.5	16.9	231.7
1983	17.8	7.0	8.1	32.7	19.7	11.2	3.5	292.7
1984	16.0	10.5	6.3	28.0	25.2	8.7	5.3	280.5
1985	19.5	4.9	5.1	24.1	35.2	7.7	3.5	296.9
1986	27.6	4.3	4.7	20.0	30.8	5.9	6.7	340.2
1987	19.0	3.8	3.5	16.8	40.0	4.7	12.3	261.2
1988	13.6	4.3	8.6	18.1	47.6	7.6	0.2	226.3
1989	49.8	3.2			25.4	16.2	5.5	91.4
1990	21.8	4.3	1.7		57.0	8.6	6.7	215.8
1991	18.5	4.8	10.6		38.1	17.5	10.5	237.5
Ave. 70-91	17.1	6.2	6.3	24.6	38.2	10.7	10.4	
Ave. 80-91	19.9	5.4	7.0	23.1	32.7	10.1	8.2	
Ave. 70-80	13.0	7.7	5.3	27.9	44.9	11.5	12.9	
Ave. 80-86	16.5	6.3	7.5	24.7	26.3	9.5	9.1	
Ave. 86-91	25.0	4.1	5.8	18.3	39.8	10.1	7.0	

Source: UNFPA 1992 Country Brief

Table 7
Direct Expenditures for Family Planning by Expenditure Function, 1994

Expenditure Function	Amount	% to Total
Service Delivery	861,464,465	56.1
Support		
Training	34,753,417	2.3
Research and Evaluation	22,255,546	1.4
Information, Education and Communication	95,797,022	6.2
Other		
Administration	93,171,569	6.1
Other	9,465,697	0.6
Unallocated Expenditure	419,524,019	27.3
Total	1,536,431,735	100.0

Source: Herrin et al. (1997) National Family Planning Expenditures
of the Philippines Estimates for 1994

Table 8
Direct Expenditures for Family Planning by Expenditure Type, 1994

Expenditure Type	Amount	% to Total
Salaries and Wages	215,282,028	14.0
Commodities and Supplies	468,900,870	30.5
Contraceptives	432,981,282	28.2
Other Supplies	19,270,882	1.3
Unallocated Supplies	16,648,706	1.1
Maintenance and Operation	70,683,472	4.6
Capital Outlay	56,938,512	3.7
Other	40,438,133	2.6
Unallocated Expenditure	684,188,720	44.5
Total	1,536,431,735	100.0

Source: Herrin et al. (1997) National Family Planning Expenditures
of the Philippines Estimates for 1994

Table 9
**Percentage Distribution of UNFPA Country Programme
Expenditures* by Sector/Workplan Category**

Sector/Work Category	Pre Program 1970-1971	First Program 1972-1979	Second Program 1980-1988	Third Program 1989-1993	Fourth Program 1994-1998	Fifth Program 2000-2004
<i>Distribution (%)**</i>						
Basic Data Collection	7.1		8.6	3.4	1.4	
Population Dynamics	3.9	8.6	2.3	2.5	2.0	
Population Policy/ Formulation and Evaluation		0.6	25.2	12.4	6.9	6.3 *****
RH/MCH/Family Planning Services/Training/ Research	88.2	36.6	40.4	64.5	62.9	80.0
Population Information Education, Communication, Advocacy		38.8	10.5	10.4	14.9	11.7
Special Programs		3.1		1.6	10.6 ***	
Program Development Monitoring and Evaluation/Program Reserve	1.0	12.2	13.0	5.2	1.4	2.0
<i>Budget (Million \$)</i>	1.103	6.789	9.125	20.574	35.000 ****	30.000

* Based on original work programs

** May not add up due to rounding

***Women, population and development

****Original, but \$6.4 million was added when program was extended for a another year for a total of \$41.4 million

***** Population and development strategies

Source: 1992 Country Brief; 1997 Country Brief; 5th Country Program Proposal

Table 10
Projects of Other Donors

Project Name/(Funding Source)	Duration	Budget		Implementing Agency
		Currency	Amount Million	
Women's Health and Safe Motherhood (WB-ADB-AusAID-EC-KfW-GOP)	1995-2000	US \$	136.5	DHO/LGUs
Urban Health and Nutrition (WB-AusAID-GOP)	1994-1998	US \$	82.00	DHO/LGUs
Integrated Family Planning and Maternal Health (USAID-GOP)	1994-2000	US \$	120.00	DOH/LGUs/ NGOs/ POPCOM
Fourth Country Program for Children (UNICEF)	1994-1998	US \$	60.00	NGAs/LGUs/ NGOs
Integrated Community Health Services (ADB-AusAID-GOP)	1995-2001	US \$	50.25	DOH/LGUs
Family Planning and Child Survival in Agricultural Communities (AusAID)	1994-1999	AUS \$	1.40	IMCCSD Inc.
Family Health Program (GTZ-KfW-GOP)	1993-1997	PhP	184.10	DOH
Assistance to AIDS-STD Prevention (JICA)	1996-2001	US \$	10.00	DOH
AIDS Surveillance and Education (USAID)	1992-1997	US \$	8.80	DOH
Support to AIDS/HIV Actions (EC)	1996-1999	ECU	0.78	DOH/DOLE

AusAID - Austrian Agency for International Development

JICA - Japanese International Cooperation Agency

KfW - Kreditanstalt für Wiederaufbau

GTZ - Deutsche Gesellschaft für Technische Zusammenarbeit

Source: UNFPA 1997 Country Brief