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Philippine Population Management Program (PPMP) Expenditures, 1998 and 2000

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

Philippine Population Management Program (PPMP) Expenditures, 1998 and 2000

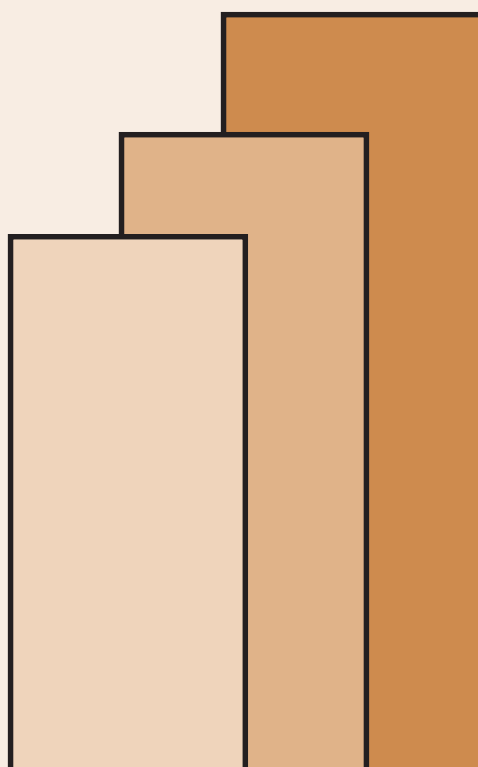
Rachel H. Racelis and Alejandro N. Herrin

DISCUSSION PAPER SERIES NO. 2003-22

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Philippine Population Management Program (PPMP) Expenditures, 1998 and 2000

Rachel H. Racelis and Alejandro N. Herrin

Abstract

This paper presents the first attempt at estimating the expenditures on the Philippine Population Management Program (PPMP) for 1998 and 2000. It identifies the major sources of funding, namely, national and local government, foreign assisted projects, PhilHealth, donors and their cooperating agencies, NGOs, and households. It also disaggregates the expenditures by major components of the PPMP, namely, reproductive health/family planning, adolescent health and youth development, population and development and others. The estimation methodology is used is also described in the paper.

Keywords: Philippine Population Management Program, family planning expenditures, adolescent health and youth development, population and development, national health accounts.

Philippine Population Management Program (PPMP) Expenditures, 1998 and 2000¹

Rachel H. Racelis and Alejandro N. Herrin
April 2003

Introduction

There had been past attempts to estimate the expenditures on the Philippine Population Program. In 1987, INTERCARE attempted to estimate the total national health expenditures. One aspect of the work was the determination of the expenditures on the national population program from the 1970s to the early-1980s. The estimates, however, were restricted to government expenditures, mainly by the Commission on Population.² The data revealed that in real terms, expenditures for the population program have been declining since 1975, contrary to popular perception among opponents of the population program that the Marcos government was spending large sums of monies for population “control”.

The Commission on Population has reported that other studies have been made recently to determine the expenditures by government agencies and NGOs on the population program. One such study was conducted by NEDA with support from UNFPA. Another was an in-house study by POPCOM on the trends in program spending at the local level. This study compared the budget and expenditures allocated to the component programs of the Philippine Population Management Program (PPMP) at the regional and local levels (provinces and cities).

Recently, Racelis and Herrin estimated the national family planning expenditures for 1994 and 1998.³ Expenditures include those spent by national and local governments, by foreign donors, NGOs, and household out-of-pocket spending. The data show that household expenditures constitute a large proportion (close to 25%) of total expenditures. The data also show that expenditures from foreign donors, while still large, have declined during the period 1994 to 1998, prompting government officials to seriously consider alternative financing systems to compensate for the eventual reduction of foreign funding for the national family planning program.

Earlier, Herrin and Racelis and a team from the University of the Philippines School of Economics have estimated the Philippine National Health Accounts, which show the sources and uses of funds for health activities. The estimation has now been institutionalized in the National Statistical Coordination Board (NSCB). The annual estimates now are available for the period 1991 to 2000, with estimates for 2001 to be expected soon. The National Health Accounts have been used by the Department of Health as well as by Congress as a framework for policy

¹ Prepared for the Commission on Population and the Philippine Institute for Development Studies, April 2003.

² The Commission on Population was still in charge of the implementation of the national family planning program during the period in which the expenditures data were collected. In 1988, the responsibility for implementing the family planning program, particularly, the service delivery component, was transferred to the Department of Health.

³ Racelis, Rachel H. and Alejandro N. Herrin. “National Health Accounts and Further Applications of the NHA Methodology in the Philippines: Provincial Health Accounts and Family Planning Expenditure Accounts.” Paper presented at the Regional Conference on “NHA and Health Sector Reform in Asia”, Asia-Pacific Health Accounts Network (APHAN) and the International Health Policy Program (IHPP)-World Bank, 9-11 May 2001, Mactan Shangrila, Cebu City.

decisions. Notable among these decisions were the passage of the National Health Insurance Act of 1995 and the formulation of the Health Sector Reform Agenda of 2000. Expenditures data, especially those that include expenditures from all sources (public and private, including households) have been shown to be useful for policy purposes, as indicated above. It is in this light that the Philippine Population Management Program Accounts (PPMPA) is being developed.

The PPMP Expenditure Accounts are designed to be able to number of financing-related questions including:

1. What is the total amount of funds being spent by the population management program for a given year?
2. How are the population program activities financed (i.e. type of source of expenditures or public and private)?
3. How is the combination of sources of expenditures changing over the years (i.e. foreign versus local, government versus non-government, etc.)?
4. What population program activities or services are being paid for?
5. How is the mix of population program activities/services changing over the years?
6. Which resource inputs are used in the implementation of population program activities or in service provision?
7. How is the mix of resource inputs for population program activities changing over the years?

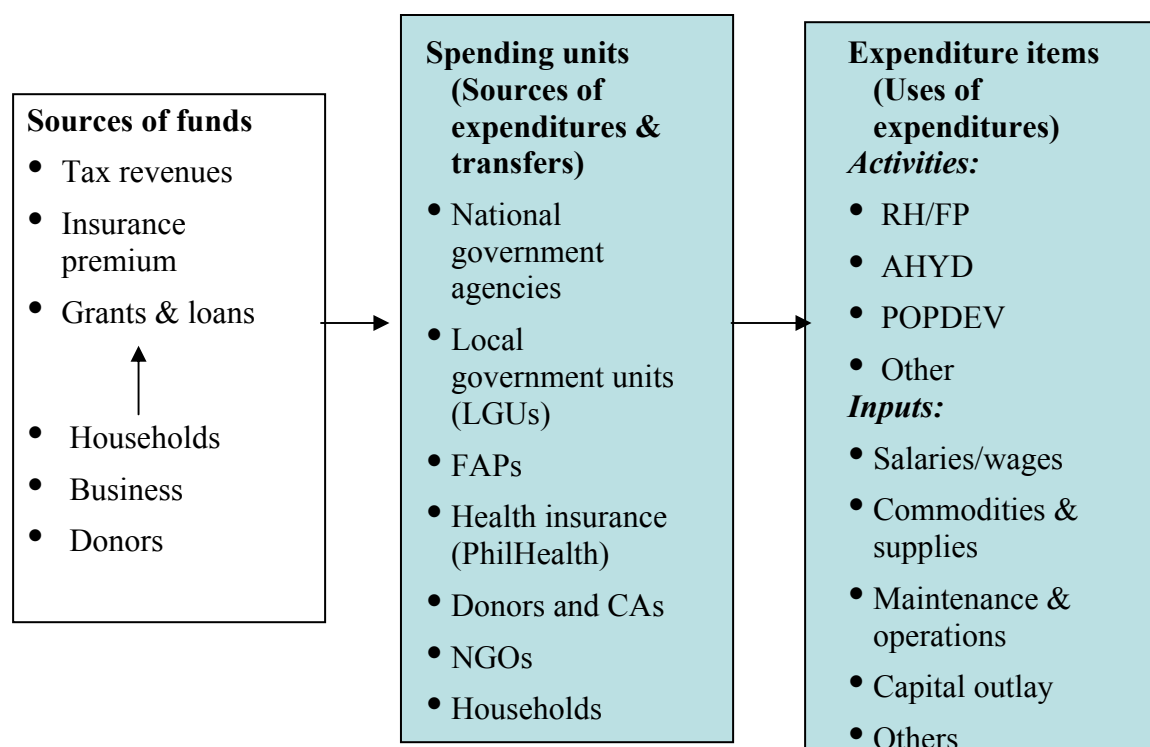
Framework

The basic framework adopted for the design and development of the PPMP Expenditure Accounts is shown in Figure 1 below. The framework consists of three basic concepts: the sources of funds, the expenditure units, and the expenditure items. The sources of funds include tax revenues and insurance premium payments from households and businesses, and grants and loans from donors and lending agencies.

The spending units, to be discussed in more detail later, are the entities that actually directly spend the funds obtained from the various “sources” for the purchases of goods and services or to pay for population activities. These spending units include the national and local governments, the health insurance agency (PhilHealth), donors and “cooperating agencies”, NGOs, and households. A special category is included, which is the “foreign-assisted projects”, which are implemented by either the national or local governments to highlight the role of loans and grants as sources of funds of national and local governments.

The spending units spend or pay for a number of expenditure items. These items can be categorized in terms of activities or inputs. With respect to activities, these expenditure items include Reproductive Health/Family Planning (RH/FP) activities; Adolescent Health and Youth Development (AHYD) activities; Population and Development Integration (POPDEV) activities; and Other activities, which include administration, policymaking, and data collection. With respect to inputs, these expenditures include salaries/wages; commodities and supplies (e.g., contraceptives); maintenance and operations; capital outlay; and others.

Figure 1: Framework of the PPMP Expenditure Accounts



Design of PPME matrices

Overall Design

The PPMP Expenditure Accounts is basically designed as two two-dimensional matrices. The first matrix has along the columns sources of expenditures and along the rows the uses of expenditures in terms of categories of strategies and activities. The second matrix has sources of expenditures along the columns (same as the first matrix) and has uses of expenditures in terms of categories of resource inputs along the rows. Illustrative PPMP matrices are shown as Table 1 and Table 2.

Table 1. Illustrative PPMP Expenditures Matrix by Strategy/Activity

USES	Source 1	Source 2	Source 3	Total by strategy
Strategy 1				
Strategy 2				
Strategy 3				
Total by source				Grand Total

Table 2. Illustrative PPMP Expenditures Matrix by Resource Input

USES	Source 1	Source 2	Source 3	Total by inputs
Input 1				
Input 2				
Input 3				
Total by source				Grand Total

For analytical purposes, the two “uses of expenditures” dimensions show how objectives of the country’s Population Management Policies are going to be achieved -- the first matrix in terms of the combination of strategies/activities implemented or provided; and the second matrix in terms of the combination of resource inputs used. The “sources of expenditures” dimension of the matrices, on the other hand, can provide information useful for determining the relative roles of the public versus the private sector, national versus local government, and domestic versus foreign sources in financing PPMP expenditures.

Sources of Expenditures

The sources of expenditures, for purposes of PPMP Expenditures, are identified using the definition used in the National Health Accounts (NHA) of the Philippines.⁴ In the NHA, sources of expenditures are defined to be the payers or spending units, i.e.,

⁴ Racelis, R.H., V.N. Gañac, A.N. Herrin, G. Amoranto and M.G. Manalo. National Health Accounts of the Philippines (Manila: National Statistical Coordination Board and UP School of Economics, October 1998.)

entities that directly pay or spend for the final consumption of health care goods and services. These entities include government, NGOs, health insurance (publicly sponsored and private), employers and households (out-of-pocket.) Other entities also defined to be sources of expenditures in the NHA include those that directly pay or spend for non-provider based activities undertaken to improve, support and facilitate production, delivery, payment and consumption of health care goods and services. These latter types of entities include government agencies, NGOs, donors and donor cooperating agencies.

Six types of payers or spending units for PPMP expenditures are identified for the Philippines These are:

1. National government includes government departments, bureaus and other agencies whose functions are national in scope. Examples are: Commission on Population (POPCOM) Secretariat and agencies represented in the POPCOM Board (i.e., NEDA, DOH, DILG, DOLE, DA, DAR, DECS, DTI, DSWD, DPHW, and UPPI.)
2. Local government includes government units in all sub-national administrative units including: provincial, municipal, city and barangay government units.
3. International or foreign donors and cooperating agencies include non-resident institutional units that bring externally acquired funds into the country. Foreign donors may be international organizations or foreign governments; while cooperating agencies are generally foreign private companies that directly undertake activities in-country (in partnership with specific donors.)
4. Social health insurance refers to the National Health Insurance Program (NHIP) Fund which is managed by the Philippine Health Insurance Corporation (PhilHealth).
5. Non-governmental organizations (NGOs) are institutions that are organized or formal, private (i.e. institutionally separate from government), non-profit distributing, self-governing and voluntary. These organizations may be foreign or local. The term NGO is also used to refer to non-profit organizations engaged in development activities for society's disadvantaged sectors or organizations that work on issues of social development, environment, and economic and political empowerment. Examples of NGOs involved in population program activities are: IMCCSDI, IMCH, FPOP, FAD, PRRM and DKT.
6. Households as a category of payers or spending units include all resident households in the country.

Uses of Expenditures: Strategy and Activity

Taking into account the structure of the PPMP, as articulated in the 2001-2004 Directional Plan, the first level grouping of expenditures is set in accordance with the Program's main strategies. These are: (1) Reproductive Health/Family Planning (RH/FP); (2) Adolescent Health and Youth Development (AHYD); (3) Population and Development (POPDEV) Integration; and (4) Other (to include resource mobilization and generation.) Then, under each of the first level categories/strategies (excluding Other) are five subcategories of activities, namely: service provision; capacity-building including training; research; advocacy and IEC; and mixed. Each PPMP strategy is described below.

1. Reproductive Health/Family Planning. The focus of RH/FP component under PPMP is to address issues and concerns related to responsible parenthood and family planning. Family planning in particular is the ability to prevent pregnancies safely through the use of contraception. Such ability is crucial to women who wish to avoid high-risk pregnancies, to couples who wish to manage the number and spacing of their children, and to men and women who wish to share equitably the burdens of fertility and child care. Based on DOH definition, family planning (FP) is part of reproductive health (RH). In addition to FP, the following health services are RH services: 1) "perinatal" maternal and child health (MCH); 2) prevention and management of abortion complications; 3) prevention and treatment of reproductive tract infections (RTIs) including sexually-transmitted diseases (STDs) and human immune-deficiency virus (HIV)/acquired immune-deficiency syndrome (AIDS); 4) breast and reproductive tract cancers and other gynecological conditions; 5) adolescent reproductive health; 6) education and counseling on sexuality and sexual health; 7) men's reproductive health; 8) violence against women; and 9) prevention and treatment of infections and sexual disorders.
2. Adolescent Health and Youth Development. The AHYD component of the PPMP supports adolescent programs aimed at providing information that will help them understand their sexuality, develop the right values in them, help them make responsible decisions and prepare them for responsible adulthood and parenthood.
3. Population and Development Integration. The POPDEV component of the PPMP entail initiatives to build capabilities to integrate population variables, including migration and urbanization, into development policies, plans and programs at the national, regional and local levels.
4. Others. The "other" category includes (a) Policy Formulation, General Administration, and Coordination; (b) Resource Generation Strategy; and (c) a catch-all subcategory labeled Mixed PPMP Services and Activities. The "other" category will only include expenditures for overall PPMP policy formulation, general administration and coordination/mobilization; or the

same activities that cannot be identified with a specific strategy or activity. General administration and coordination expenditures for service providers must be reported as part of (or “bundled” with) activity or service expenditures because these are necessary for facility operations.

Uses of Expenditures: Resource Inputs

Five main categories of resource inputs are identified in the PPMPE, namely: (1) salaries/wages, (2) commodities/supplies, (3) maintenance and operation, (4) capital outlay and (5) other. A category labeled “unspecified inputs” was added for cases when detailed expenditure data by type of input are not available.

1. Salaries and wages are the expenditures made for personnel that are employed to perform functions of the program/organization/agency. Salaries and wages are further broken into five subcategories: (a) medical, paramedical, (b) field workers, (c) administrative, (d) promotion, information, education, and (e) unclassified wages and salaries. Here the unclassified salaries and wages subcategory is to be used for all or some of the wages and salaries that cannot be identified by subtype.
2. Commodities and supplies are expenditures that are made to acquire the contraceptives and other supplies that are used by the program/organization/agency. This category of expenditure is further broken into three subcategories: (a) contraceptives, (b) other, and (c) unclassified supplies. The unclassified supplies row is to be used if separate expenditures are not reported for contraceptives.
3. Maintenance and operation are expenditures meant for the maintenance and operation of the facilities and equipment of the program and include such items as building and equipment maintenance, utilities, fuel, and insurance.
4. Capital construction and improvement include expenditures for the purchase of capital items such as building, vehicles and equipment or expenditures for the improvement of facilities or equipment that go beyond maintenance. Although these types of goods provide service over a number of years and should be "costed" accordingly, only current year expenditures are included in the accounting.
5. The Other category is provided for expenditures that are known not to fall into one of the other types.
6. Unspecified inputs to the PPMP include expenditure aggregates that include a mix of the various types but which could not be broken down because of data constraints.

Estimation approach

Coverage

The scope of the PPMP Expenditures is defined by the Philippine government's Philippine Population Management Program, described in the Commission on Population's Directional Plan for 2001-2004. The objectives of the PPMP are:

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;
3. to reduce the incidence of teenage pregnancy, incidence of early marriage and the incidence of other reproductive health problems; and
4. to contribute to policies that will assist government to achieve a favorable balance between population distribution, economic activities and the environment.

Thus, PPMP Expenditures may be defined to include expenditures for activities implemented or undertaken primarily for their population policy impacts, i.e., activities implemented primarily to achieve PPMP objectives.

Based on the PPMP objectives presented above, the scope of the program has obviously expanded beyond Family Planning (FP). While FP service provision and FP support activities are distinct, activities that support the other PPMP objectives are not as clear-cut. There is a need to carefully define the limit or boundary for these other activities. Including all activities in the economy that have effects contributing towards achieving PPMP objectives (i.e., activities with impact on fertility, mortality and migration), but irrespective of the primary purpose of the activities, would result in a set of expenditure accounts that would have limited analytical and practical value for policy-making. The next section presents some rules that were used to define "included" versus "excluded" activities/expenditures.

Setting the Boundaries

A number of general rules were set to be able to consistently deal with "borderline" cases of activities and expenditures during PPMPE estimation. These rules attempt to set the boundary between activities and expenditures included in the PPMPE versus those that are excluded.

1. Expenditures of agencies, that in the course of performing their regular functions also serve the agencies that are directly involved in the conduct of PPMP activities, are not included in the PPMPE. For example, DBM and COA provide budgeting and auditing services to POPCOM. The costs to DBM and COA of providing such services to POPCOM are not included in the PPMPE.

2. The cost of functions (performed by agencies) whose primary purpose is not to accomplish PPMP goals, but the performance of which can indirectly contribute to achieving such goals, are not included in the PPMPE. For example, it is a function of the DAR to strengthen Agrarian Reform Communities and such activities could possibly influence migration patterns. The operating cost of the DAR function is not included in the PPMPE.
3. The cost to agencies performing routine functions whose primary purpose is not to accomplish PPMP goals, but the performance of which involves the use of POPDEV principles, are not included in the PPMPE. For example, it is the function of DPWH to formulate infrastructure development plans and, in the process, utilize POPDEV principles or approaches. The cost of the DPWH planning exercise is not included in the PPMPE.
4. As illustrated in the DPWH example, “POPDEV integration” is an approach that can be applied or used by agencies in the performance of their functions. As such, the cost of “POPDEV integration” would be the cost of activities that make “integration” possible and these are: (a) training on POPDEV; (b) research activities; and (c) advocacy activities including reproduction of POPDEV materials. Thus, the PPMP costs of agencies that use POPDEV approaches in their work would be measured in terms of costs incurred for activities (a) to (c).
5. For activities such as DA and TESDA training programs and DECS school programs, only the direct cost of incorporating lessons on POPDEV and adolescent reproductive health or ARH into these youth development activities are included in the PPMPE. The cost of operating the training and school programs are not included. More specifically, the costs included in the PPMPE are the following: cost of training the teachers who are teaching the subjects that cover the population-related topics; cost of developing the school curriculum that incorporates population-related topics; and cost of reproducing reference materials.
6. “MCH and nutrition” as a component of RH is limited to maternal perinatal care and care of infant only at time immediately following birth. Thus, nutrition for pregnant women is included; but child nutrition and immunization services are excluded (as these are provided long after infant delivery)

Time Frame and Accounting Basis

The PPMPE matrices are estimated using the calendar year as the time frame for two reasons: first, to be consistent with the reporting period used by the government in its statistical systems; and second, the calendar year is the usual reporting period for the data used in PPMPE estimation.

The "accrual" basis of accounting (versus the "cash" basis") is applied in the calculation of the PPMPE matrices *whenever appropriate data is available*.

Flow of Expenditures and Transfers

One major issue in any type of sectoral expenditure estimation is the problem of double-counting. Thus, the first step taken is to distinguish for all payers or spending units direct expenditures versus transfers. Figure 2 shows a representation of the flows of direct expenditures (the bold arrows) and transfers (light arrows) from the different types of spending units. Note that the mapping of transfers from spending units can consist of several layers before these are spent directly for PPMP activities. For example, funds are transferred from donors to cooperating agencies, from cooperating agencies to NGOs. The NGOs then finally implement PPMP activities and pay for their costs. Direct expenditures, on the other hand, flow directly to PPMP service providers or to suppliers of inputs to PPMP activities.

To avoid double-counting, the approach taken in the cases of the NHA and family planning expenditure accounts, and which is also applied to PPMPE estimation, is to include only "direct expenditures" of spending units. A transaction (flow) is a direct expenditure when it is being made as payment for the actual consumption of goods/services or as payment for the costs of implementing PPMP activities. Including only the direct expenditures in the accounting ensures, for example, that donor funds that get transferred through layers of institutions would get counted only once.

Estimation by Spending Units

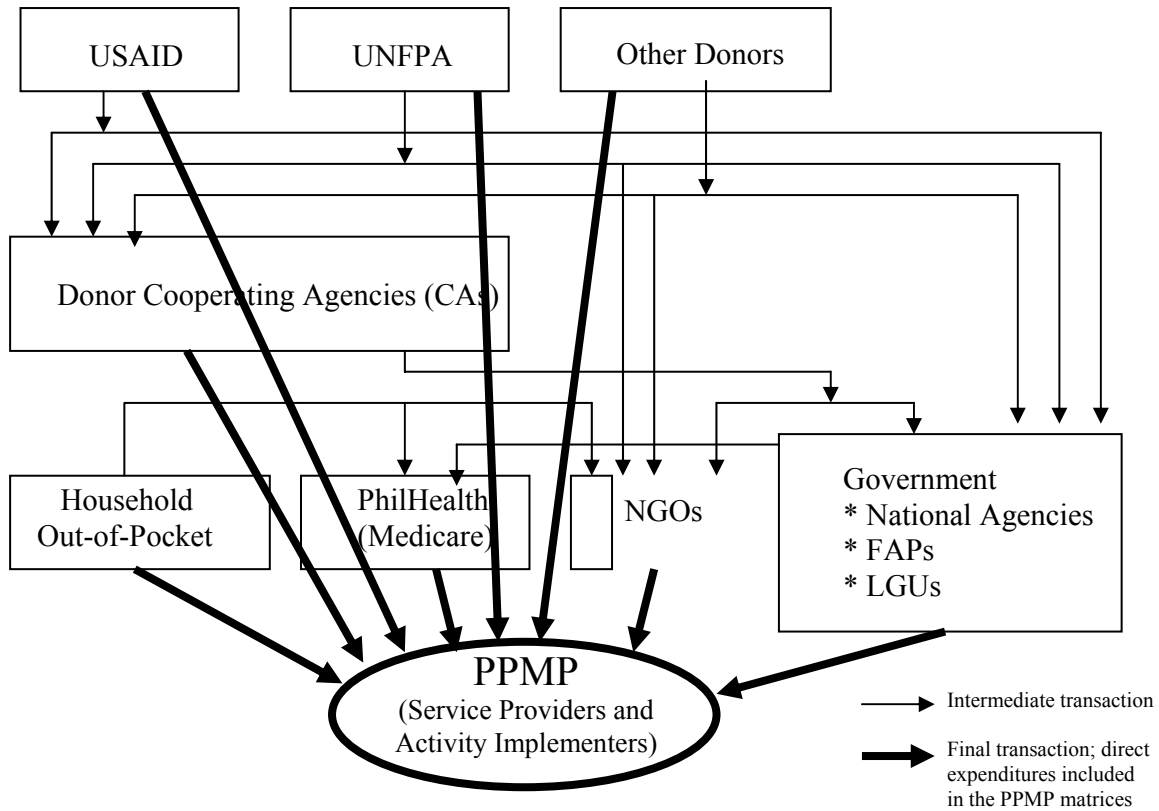
Estimation of the PPMP expenditure proceeded by column or by type of payer. At his time, existing data systems are organized according to types of economic transactors.

Data Sources

Data for PPMP expenditures estimation come from various sources and these include:

1. Government expenditures (national and local levels) -- Commission on Audit (COA), Department of Budget and Management (DBM)
2. PhilHealth expenditures -- Philippine Health Insurance Corporation reports and database
3. NGOs and donor agencies expenditures – individual institution reports and/or financial statements from the Securities and Exchange Commission
4. Household expenditures -- surveys implemented by the National Statistics Office (i.e., National Demographic and Health Surveys or NDHS and the Family Planning Surveys or FPS)

Figure 2: PPMP Flow of Funds



Estimation Procedures by Type of Payer

A mixture of methods is applied to estimate expenditures for each type of payer. The succeeding subsections present the various formulas used to estimate different components of each payer's expenditures. The formulas are presented by type of data used in the estimation.

National and Local Government

1. General Appropriations Act or GAA data

- $Estimated\ obligations\ incurred(i,t)$
 $= Appropriations(i,t) \times utilization\ rate(i, t-1)$

where

i = specific agency

t = time or year

utilization rate = ratio of obligations incurred to appropriations for agency *i* in the previous year (t-1)

2. Obligations incurred data with application of allocation rules

- *Estimated obligations incurred for PPMP activities (i,t)*
 $= r^{PPMP} \times \text{total obligations incurred}(i,t)$

where

i = specific agency

t = time or year

r^{PPMP} = proportion of agency i's expenditures for PPMP activities in a previous year
(preferably for a year close to year t)

3. NHA data with application of allocation rules

- *Estimated hospital expenditures for voluntary surgical sterilization or VSC (t)*
 $= r^{hosp,VSC} \times \text{government expenditures for hospitals as reported in the NHA}(t)$

where

t = time or year

r = proportion of household hospital expenditures for VSC services

= household expenditures for VSC / household expenditures for hospital care

= 0.008 for 1998 and 2000

- *Estimated hospital expenditures for Other Reproductive Health services (ORH)(t)*
 $= r^{hosp,ORH} \times \text{government expenditures for hospitals as reported in the NHA}(t)$

where

t = time or year

r = proportion of hospital expenditures that go towards ORH care

= PhilHealth ORH claims / all PhilHealth claims

= 0.196 (detailed claims data was available only for 2000)

- *Estimated LGU field health service(FHS) expenditures for ORH(t)*
 $= r^{FHS,ORH} \times \text{LGU expenditures for FHS as reported in the NHA}(t)$

Where

t = time or year

r = proportion of FHS expenditures that go towards ORH care

= non-FP ORH visits to FHS facilities / all visits to FHS facilities (Note: Non-FP ORH include prenatal care, postnatal care, nutrition and other care of pregnant and lactating mothers.)

= 0.111 for 1998 and 2000

PhilHealth

1. FP claims data – data are used as reported
2. Other claims data with application of allocation rule
 - *Estimated PhilHealth claims for ORH(2000)*
= sum of claims for caesarian sections, breech extractions, D and C, and hysterectomies
 - *Estimated PhilHealth claims for ORH(t) = r^{ORH} X total PhilHealth claims(t)*

Where

t = time or year

r = proportion of PhilHealth claims that go towards ORH care

= PhilHealth ORH claims / all PhilHealth claims

= 0.196 (detailed claims data was available only for 2000)

Foreign-Assisted Projects

1. Actual availment data – data used as reported in DBM's Budget of Expenditures and Sources of Financing (BESF)
2. Project cost, duration data
 - *Estimated project expenditures (t)*
= (total project cost) / (ending year – beginning year)

where

t = time or year

Households

1. FP expenditures
 - *Estimated expenditures for FP method k (t)*
= (FEMPOP(t) X contraceptive use rate X proportion with cost)
X average cost per CYP(t)

where

FEMPOP = female population of reproductive age

t = time or year

contraceptive use rates = computed using 1998 NDHS for each method and by age

proportion of contraceptive users with non-zero cost = computed using the 1998

NDHS

average cost per CYP = computed using 1995 FPS data; average cost for sterilization is per procedure

2. Hospital expenditures (NHA) with application of allocation rule

- *Estimated hospital expenditures for ORH(t)*
= $r^{hosp, ORH}$ *X out-of-pocket expenditures for hospitals as reported in the NHA(t)*

where

t = time or year

r = proportion of hospital expenditures that go towards ORH care

= PhilHealth ORH claims / all PhilHealth claims

= 0.196 (detailed claims data was available only for 2000)

3. MD out-patient care expenditures (NHA) with application of allocation rule

- *Estimated MD care expenditures for ORH(t)*
= $r^{MD, ORH}$ *X out-of-pocket expenditures for MD care as reported in the NHA(t)*

where

t = time or year

r = proportion of MD care expenditures that go towards ORH care

= (proportion of clinic visits made by women 15-49) x (proportion of women 15-49 clinic visits that are for ORH); proportions were computed using the 1999 APIS and the 1992 PIDS-DOH Clinic Users Survey; the values are 0.17 and 0.38, respectively.

Estimates

The tables below show the estimates of the PPME Expenditures. Table 3 shows the PPMP expenditures by source of expenditures for 1998 and 2000. The data shows that both national and local governments account for 46.2% of total spending in 2000. Added to this is the 7.4% spending from foreign-assisted projects. Of interest is that households accounted for about one-third of total spending. The health insurance (PhilHealth) accounted for less than 10% of total expenditures, while donors spent 2.6% of total spending. These expenditures, however, represent, direct expenditures. Donors also transferred funds to other spending entities such as their own Cooperating Agencies (CA), the government, and NGOs. In 2000, donors and CAs transferred 1.1 billion pesos to other spending units. Finally, NGOs spent about 3.0% of total spending.

There has been a change in composition of spending by source between 1998 and 2000. Both the national and local government have increased their share of total spending as did the PhilHealth, while foreign-assisted projects and donors/CAs' share have declined. The share of household spending to total spending also declined somewhat from 36.5% to 32.1% during the period.

Table 3: PPMP Expenditures by Source of Expenditures, 1998 and 2000 (in current pesos)

Source	1998		2000	
	Amount (in million pesos)	Percent	Amount (in million pesos)	Percent
National government	2,892.4	20.9	4,242.1	25.1
Foreign-assisted projects	1,469.2	10.6	1,247.6	7.4
Local government	2,725.4	19.7	3,567.6	21.1
Health Insurance (PhilHealth)	633.7	4.6	1,497.9	8.9
Donors and CAs	823.0	6.0	431.4	2.6
NGOs	235.8	1.7	495.9	2.9
Households	5,049.7	36.5	5,430.7	32.1
Total	13,829.3	100.0	16,913.2	100.0

Table 4 presents the estimates of PPMP expenditures by use of expenditures according to the type of activities. A large percentage of total expenditures was spent for Reproductive Health/Family Planning activities, which was 83.8 percent in 2000. Of this, the expenditure for FP services and counseling alone represented 8.3% of total spending. The other activities of PPMP had very little expenditures relative to RH/FP. The AHYD and POPDEV activities accounted for only 0.3% of total spending.

Looking at the expenditure patterns between 1998 and 2000, one notes that the absolute amount and percentage share out of total expenditure for AHYD and POPDEV

activities have actually declined from 1998 and 2000, The expenditure share for RH/FP also declined between 1998 and 2000 but not the absolute amount. The major change in expenditure items is in data collection, with large expenditures in 2000 compared to 1998 on account of the 2000 census of population.

Table 4: PPMP Expenditures by Use of Expenditures, 1998 and 2000
(in current pesos)

Uses of Expenditures	1998		2000	
	Amount (in million pesos)	Percent	Amount (in million pesos)	Percent
1. Reproductive health/family planning (RH/FP)	12,423.6	89.8	14,166.0	83.8
1.1 FP services and counseling	1,162.5	8.4	1,401.2	8.3
1.2 RH services and counseling (excluding FP)	9,203.1	66.5	11,157.6	66.0
1.3 Capacity-building activities	153.5	1.1	23.7	0.1
1.4 Research (incl. evaluation of RH/FP programs)	21.6	0.2	21.7	0.1
1.5 Advocacy and IEC for RH/FP	164.3	1.2	237.7	1.4
1.6 Mixed RH/FP services and activities	1,718.7	12.4	1,324.0	7.8
2. Adolescent health and youth development (AHYD)	23.3	0.2	17.3	0.1
2.1 Education and counseling services	2.8	0.0	5.7	0.0
2.2 Capacity-building activities	5.9	0.0	2.3	0.0
2.3 Research (including development of AHYD database)	0.5	0.0	0.8	0.0
2.4 Advocacy and IEC for AHYD	3.9	0.0	1.6	0.0
2.5 Mixed AHYD services and activities	10.3	0.1	6.9	0.0
3. Population and development integration (POPDEV)	45.4	0.3	40.2	0.2
3.1 Capacity-building activities	-	0.0	-	-
3.2 Research	1.7	0.0	4.1	0.0
3.3 Advocacy for POPDEV integration	0.2	0.0	0.0	0.0
3.4 Mixed POPDEV activities	43.5	0.3	36.1	0.2
4. Other	1,247.0	9.0	2,351.2	13.9
4.1 Policy-making, coordination, resource-generation, and general administration	1,182.3	8.5	1,675.2	9.9
4.2 Basic data collection	64.6	0.5	676.0	4.0
5. Mixed PPMP services and activities	90.1	0.7	338.4	2.0
TOTAL DIRECT EXPENDITURES	13,829.3	100.0	16,913.2	100.0
TRANSFERS	1,789.3	12.9	1,088.3	6.4

Tables 5 and 6 show the matrix of expenditures by activity for 1998 and 2000, respectively. Tables 7 and 8, on the other hand, show the matrix of expenditures by type of inputs for 1998 and 2000. What is of interest in these latter tables is that in both 1998 and 2000, neither the national nor the local government has spent for contraceptives. Donors, NGOs and households paid directly for the purchase of contraceptives.

Table 5: PPMP Expenditures by Strategy/Activity, 1998

Uses of Expenditures	Sources of Expenditures								
	National Government	Foreign-Assisted Projects	Local Government	Social Insurance (PhilHealth)	Donors and CAs	NGOs	Households	Total	Percent
1. Reproductive health/family planning (RH/FP)	2,398,982,772	1,408,641,555	2,080,467,462	586,780,020	701,806,286	197,221,011	5,049,715,776	12,423,614,883	89.8
1.1 FP services and counseling	90,605,104	32,037,750	218,544,096	946,016	225,073,617	55,976,763	539,290,513	1,162,473,859	8.4
1.2 RH services and counseling (excluding FP)	2,219,825,048	10,805,000	1,861,923,366	585,834,004	2,691,508	11,590,679	4,510,425,263	9,203,094,868	66.5
1.3 Capacity-building activities	1,183,000	-	-	-	140,539,782	11,754,305	-	153,477,087	1.1
1.4 Research (incl. evaluation of RH/FP programs)	1,148,000	-	-	-	9,155,047	11,284,229	-	21,587,276	0.2
1.5 Advocacy and IEC for RH/FP	-	99,490,671	-	-	59,345,158	5,490,223	-	164,326,052	1.2
1.6 Mixed RH/FP services and activities	86,221,620	1,266,308,134	-	-	265,001,174	101,124,811	-	1,718,655,740	12.4
2. Adolescent health and youth development (AHYD)	10,507,189	-	-	-	-	12,757,148	-	23,264,338	0.2
2.1 Education and counseling services	-	-	-	-	-	2,776,150	-	2,776,150	0.0
2.2 Capacity-building activities	782,020	-	-	-	-	5,069,319	-	5,851,339	0.0
2.3 Research (including development of AHYD database)	-	-	-	-	-	463,554	-	463,554	0.0
2.4 Advocacy and IEC for AHYD	-	-	-	-	-	3,872,180	-	3,872,180	0.0
2.5 Mixed AHYD services and activities	9,725,169	-	-	-	-	575,945	-	10,301,114	0.1
3. Population and development integration (POPDEV)	7,116,127	36,666,667	-	-	-	1,571,147	-	45,353,941	0.3
3.1 Capacity-building activities	-	-	-	-	-	-	-	-	-
3.2 Research	298,761	-	-	-	-	1,355,027	-	1,653,788	0.0
3.3 Advocacy for POPDEV integration	-	-	-	-	-	216,120	-	216,120	0.0
3.4 Mixed POPDEV activities	6,817,366	36,666,667	-	-	-	-	-	43,484,033	0.3
4. Other	466,906,929	23,941,208	644,944,913	46,942,402	58,214,260	6,021,105	-	1,246,970,817	9.0
4.1 Policy-making, coordination, resource-generation, and general administration	422,334,858	23,865,000	644,944,913	46,942,402	38,214,260	6,021,105	-	1,182,322,538	8.5
4.2 Basic data collection	44,572,071	76,208	-	-	20,000,000	-	-	64,648,279	0.5
5. Mixed PPMP services and activities	8,865,028	-	-	-	63,003,207	18,223,313	-	90,091,548	0.7
TOTAL DIRECT EXPENDITURES	2,892,378,045	1,469,249,430	2,725,412,375	633,722,422	823,023,753	235,793,725	5,049,715,776	13,829,295,526	100.0
TRANSFERS	-	-	-	-	1,788,536,065	740,230	-	1,789,276,295	12.9
Percent (Total Direct Expenditures)	20.9	10.6	19.7	4.6	6.0	1.7	36.5	100.0	

Table 6: PPMP Expenditures by Strategy/Activity, 2000

Uses of Expenditures	Sources of Expenditures								Percent
	National Government	Foreign-Assisted Projects	Local Government	Social Insurance (PhilHealth)	Donors and CAs	NGOs	Households	Total	
1. Reproductive health/family planning (RH/FP)	2,937,337,319	1,219,016,385	2,604,068,749	1,325,548,880	351,085,278	298,261,438	5,430,668,958	14,165,987,006	83.8
1.1 FP services and counseling	110,897,920	-	311,811,088	1,862,488	257,053,507	88,010,102	631,588,817	1,401,223,923	8.3
1.2 RH services and counseling (excluding FP)	2,716,999,040	3,413,000	2,292,257,661	1,323,686,392	-	22,143,861	4,799,080,141	11,157,580,095	66.0
1.3 Capacity-building activities	1,307,200	-	-	-	17,061,319	5,378,418	-	23,746,937	0.1
1.4 Research (incl. evaluation of RH/FP programs)	-	-	-	-	862,543	20,824,128	-	21,686,671	0.1
1.5 Advocacy and IEC for RH/FP	-	183,214,929	-	-	31,404,144	23,108,524	-	237,727,597	1.4
1.6 Mixed RH/FP services and activities	108,133,159	1,032,388,456	-	-	44,703,764	138,796,404	-	1,324,021,783	7.8
2. Adolescent health and youth development (AHYD)	6,280,502	-	-	-	-	11,052,301	-	17,332,804	0.1
2.1 Education and counseling services	-	-	-	-	-	5,745,735	-	5,745,735	0.0
2.2 Capacity-building activities	-	-	-	-	-	2,276,221	-	2,276,221	0.0
2.3 Research (including development of AHYD database)	-	-	-	-	-	807,768	-	807,768	0.0
2.4 Advocacy and IEC for AHYD	-	-	-	-	-	1,596,949	-	1,596,949	0.0
2.5 Mixed AHYD services and activities	6,280,502	-	-	-	-	625,628	-	6,906,131	0.0
3. Population and development integration (POPDEV)	7,527,056	28,575,542	-	-	76,131	4,058,816	-	40,237,545	0.2
3.1 Capacity-building activities	-	-	-	-	-	-	-	-	-
3.2 Research	-	-	-	-	76,131	4,009,662	-	4,085,793	0.0
3.3 Advocacy for POPDEV integration	-	-	-	-	-	49,154	-	49,154	0.0
3.4 Mixed POPDEV activities	7,527,056	28,575,542	-	-	-	-	-	36,102,598	0.2
4. Other	1,162,443,463	-	963,505,437	172,321,354	51,228,660	1,715,308	-	2,351,214,223	13.9
4.1 Policy-making, coordination, resource-generation and general administration	486,394,839	-	963,505,437	172,321,354	51,228,660	1,715,308	-	1,675,165,598	9.9
4.2 Basic data collection	676,048,625	-	-	-	-	-	-	676,048,625	4.0
5. Mixed PPMP services and activities	128,481,266	-	-	-	29,053,900	180,850,412	-	338,385,577	2.0
TOTAL DIRECT EXPENDITURES	4,242,069,605	1,247,591,927	3,567,574,186	1,497,870,234	431,443,969	495,938,275	5,430,668,958	16,913,157,155	100.0
TRANSFERS	-	-	-	-	1,086,343,549	1,981,500	-	1,088,325,049	6.4
Percent (Total Direct Expenditures)	25.1	7.4	21.1	8.9	2.6	2.9	32.1	100.0	

Table 7: PPMP Expenditures by Resource Inputs, 1998

Uses of Expenditures	Sources of Expenditures								Percent
	National Government	Foreign-Assisted Projects	Local Government	Social Insurance (PhilHealth)	Donors and CAs	NGOs	Households	Total	
1. Salaries and wages	79,918,022	-	866,233,886	-	32,936,385	49,815,966	-	1,028,904,259	7.4
1.1 Medical/paramedical	-	-	-	-	5,867,057	3,548,547	-	9,415,604	0.1
1.2 Field workers	-	-	-	-	702,960	7,577,608	-	8,280,568	0.1
1.3 Administrative	-	-	-	-	6,906,031	12,930,895	-	19,836,926	0.1
1.4 Promotion, information and education	-	-	-	-	-	703,936	-	703,936	0.0
1.5 Unspecified wages and salaries	79,918,022	-	866,233,886	-	19,460,337	25,054,980	-	990,667,225	7.2
2. Commodities and supplies	3,840,761	-	-	-	220,290,763	43,812,769	462,935,324	730,879,617	5.3
2.1 Contraceptives	-	-	-	-	203,578,827	42,315,214	462,935,324	708,829,365	5.1
2.2 IEC/advocacy material	-	-	-	-	2,985,183	288,539	-	3,273,722	0.0
2.3 Other	-	-	-	-	13,415,049	270,636	-	13,685,685	0.1
2.4 Unspecified supplies	3,840,761	-	-	-	311,704	938,380	-	5,090,845	0.0
3. Maintenance and operation	46,841,043	-	204,848,703	-	44,850,833	29,233,342	-	325,773,921	2.4
4. Capital outlay	512,261	-	47,394,926	-	3,241,789	302,585	-	51,451,560	0.4
5. Other	-	-	-	-	4,363,623	18,023,957	-	22,387,580	0.2
6. Unspecified inputs to the PPMP	2,761,265,958	1,469,249,430	1,606,934,861	633,722,422	517,340,360	94,605,106	4,586,780,451	11,669,898,588	84.4
TOTAL DIRECT EXPENDITURES	2,892,378,045	1,469,249,430	2,725,412,375	633,722,422	823,023,753	235,793,726	5,049,715,775	13,829,295,526	100.0
TRANSFERS	-	-	-	-	1,788,536,065	740,230	-	1,789,276,295	12.9
Percent (Total Direct Expenditures)	20.9	10.6	19.7	4.6	6.0	1.7	36.5	100.0	

Table 8: PPMP Expenditures by Resource Inputs, 2000

Uses of Expenditures	Sources of Expenditures								
	National Government	Foreign-Assisted Projects	Local Government	Social Insurance (PhilHealth)	Donors and CAs	NGOs	Households	Total	Percent
1. Salaries and wages	87,039,280	-	1,072,023,204	-	32,438,109	143,690,751	-	1,335,191,344	7.9
1.1 Medical/paramedical	-	-	-	-	-	44,010,261	-	44,010,261	0.3
1.2 Field workers	-	-	-	-	1,000,000	2,298,013	-	3,298,013	0.0
1.3 Administrative	-	-	-	-	4,978,836	45,150,972	-	50,129,808	0.3
1.4 Promotion, information and education	-	-	-	-	100,000	8,709,944	-	8,809,944	0.1
1.5 Unspecified wages and salaries	87,039,280	-	1,072,023,204	-	26,359,273	43,521,561	-	1,228,943,317	7.3
2. Commodities and supplies	1,307,200	-	-	-	258,464,809	87,571,247	541,836,083	889,179,339	5.3
2.1 Contraceptives	-	-	-	-	256,661,507	80,162,959	541,836,083	878,660,550	5.2
2.2 IEC/advocacy material	-	-	-	-	1,568,099	5,005,854	-	6,573,953	0.0
2.3 Other	-	-	-	-	235,202	1,931,574	-	2,166,777	0.0
2.4 Unspecified supplies	1,307,200	-	-	-	-	470,860	-	1,778,060	0.0
3. Maintenance and operation	49,336,493	-	392,500,876	-	24,455,761	118,235,517	-	584,528,647	3.5
4. Capital outlay	1,540,000	-	38,350,425	-	227,747	53,203,919	-	93,322,091	0.6
5. Other	-	-	-	-	396,623	33,636,133	-	34,032,756	0.2
6. Unspecified inputs to the PPMP	4,102,846,633	1,247,591,927	2,064,699,681	1,497,870,234	115,460,920	59,600,708	4,888,832,875	13,976,902,979	82.6
TOTAL DIRECT EXPENDITURES	4,242,069,605	1,247,591,927	3,567,574,186	1,497,870,234	431,443,969	495,938,275	5,430,668,958	16,913,157,155	100.0
TRANSFERS	-	-	-	-	1,086,343,549	1,981,500	-	1,088,325,049	6.4
Percent (Total Direct Expenditures)	25.1	7.4	21.1	8.9	2.6	2.9	32.1	100.0	