REPORT ON A BASIC STUDY ON FAMILY PLANNING

IN

THE PHILIPPINES

DECEMBER, 1982

JAPAN INTERNATIONAL
COOPERATION AGENCY
(JICA)

POPCOM Board Members and Member of the Survey Team
(September 29, 1982, at POPCOM Office)

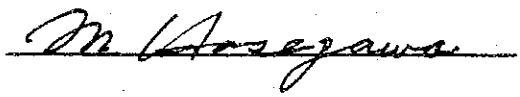
from the left:
Dr. Muneo Okabe, Dr. Lorenzo, *President of PCF,* Dr. Koichi Nakazawa, Mr. Mapa, *Minister of Economic Planning,* Mr. Chojiro Kunii, Mr. Ople, *Minister of Labor,* Mrs. Montes, *Minister of Social Services and Development and POPCOM Chairman,* Dr. Aragon, *Dean, College of Medicine, University of the Philippines,* Prof. Kazumasa Kobayashi, Mr. Hiroshi Taniguchi, Ms. Kyoko Okamoto, Mr. Ryoichi Suzuki

PREFACE

In response to a request of the Government of the Philippines, the Government of Japan has, since 1974, been extending project-type cooperation in family planning through the Japan International Cooperation Agnecy (JICA), initially by providing equipment. In July 1981, the project was expanded to establish a model area for maternal-child health and family planning.

Against the above background, JICA commissioned the Japanese Organization for International Cooperation in Family Planning to conduct a basic study aimed at providing the Philippine Government with useful data on population and family planning collected by various means including personal interviews with the local people by surveyors.

The present report is a summary of the results of the basic study. In presenting this report, I wish to express my deep appreciation to the officials concerned of the Government of the Philippines for their full cooperation and kind hospitality extended to the study team.



Masao Hasegawa
Executive Director
Japan International
Cooperation Agency

FOREWORD

The Government of Japan exchanged the Record of Discussion on the bilateral family planning cooperation with the Republic of the Philippines upon the request of the latter government in 1974. Since then, the Government of Japan started the technical cooperation project, mainly supplying commodities. In July 1981, an Integrated Family Planning and Maternal and Child Health Model Project was established in Benguet Province – a project modeled after the Japanese experience –, to which the Government of Japan has been extending its technical cooperation until today.

This report is a compilation of the Basic Survey on the Philippine National Family Planning Program, implemented by the Japanese Organization for International Cooperation in Family Planning (JOICFP) under the commission of the Japan International Cooperation Agency (JICA). The objectives of this survey were to ascertain the present situation and future perspectives of the Population and Family Planning Programs of the Republic of the Philippines, and to determine how aware the average person is concerning family planning and to seek appropriate methods of extending technical cooperation of to the Republic of the Philippines.

Survey activities were conducted for two months, including a one-month field survey, a pre-survey and an analysis of the collectd data and materials. The target area for the field survey were limited to Benguet Province (Municipality of La Trinidad and Municipality of Tuva) and the Metropolitan Manila Area, including Cavite Province. The items of the survey included population and family planning policies, organizational structure, budget, programs, the activities of the donor agencies, awareness of the people, etc. A particularly valuable part of the survey was the KAP survey [Knowledge, attitude, & practice]. Data provided by this survey reflected the degree of diffusion of the family planning program, general awareness of the principles of family planning and to what degree the program has affected the lives of the people in the survey area.

The following people participated in the implementation of this survey, in their respective areas in implementing this survey:

Mr. Chojiro Kunii, Executive Director, JOICFP . . .summing up and family planning,

Dr. Muneo Okabe . . . . . .family planning and maternal and child health programs in the urban areas,

Dr. Kazumasa Kobayashi . .KAP survey, in Benguet Province,

Mr. Koichi Iio . . . . . .KAP survey in Benguet Province and the Metropolitan Manila area,

Mr. Hiroshi Taniguchi, staff, Office of Development Research, JOICFP
. . . . . .survey, collection and analysis of the data of the population and development programs.

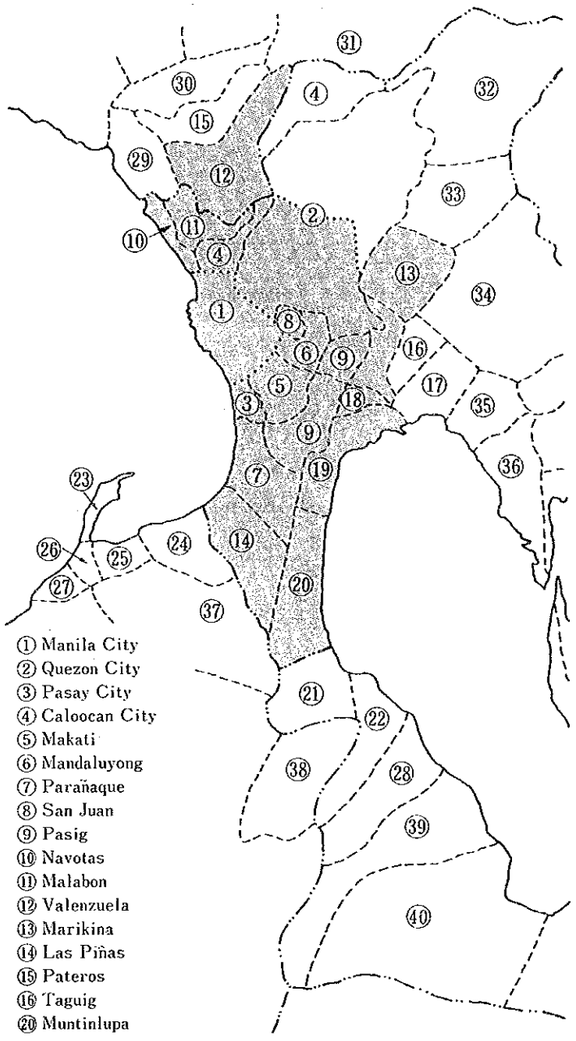
In implementing the field survey, the Survey Team was given cooperation and valuable advice by the Honorable Minister Sylvia P. Montes of Social Services and Development, and the Chairman of the Board of Commissioners of the Commission on Population who was the Philippine counterpart of this field survey; Mr. Eggar P. Callanta, Deputy Executive Director, the Commission on Population; Mr. Jose G. Rimon II, Population Programs Coordinator, IEC Division, the Commission on Population and other officials concerned in the Commission on Population; the Honorable Governor of Benguet Province, Ben Palispis and other officials concerned in the Province; Dr. Flora Bayan, Director, National Family Planning Office; other officials concerned in the Ministry of Health.

Lastly, I hope that this Report will be useful for the further development of the Population and Family Planning Program of the Republic of the Philippines, and for the progress of the effective cooperation of the Government of Japan to the Government of the Philippines.

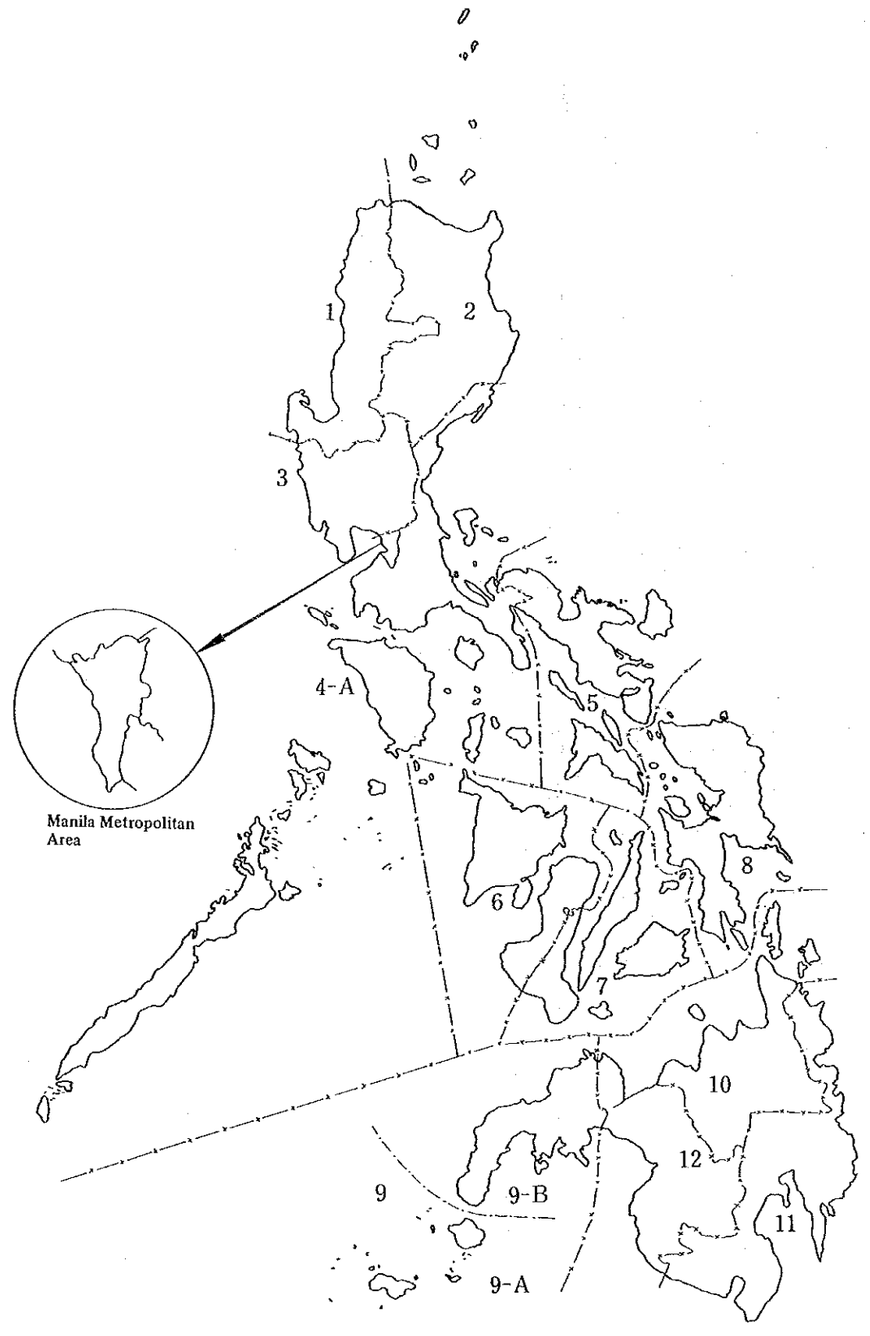
December 1982

Kazutoshi Yamaji
Chairman, JOICFP

Manila Metropolitan Area

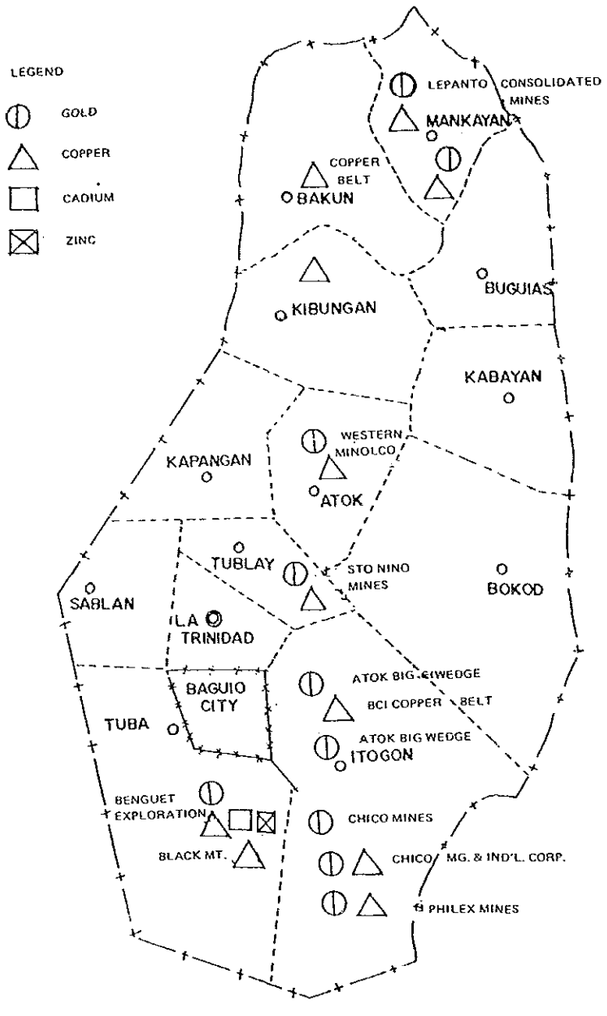


Map of the Philippines

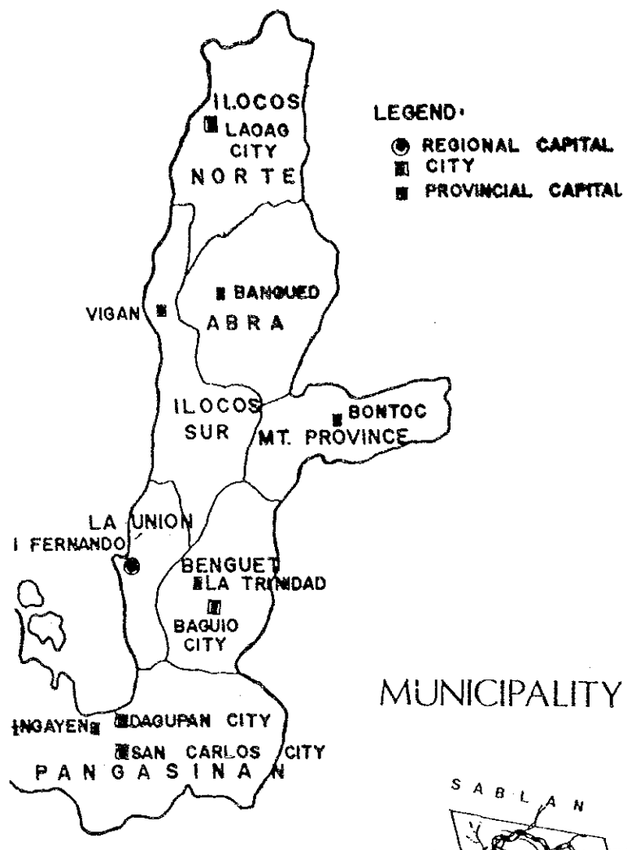


Benguet Province Map

(MUNICIPALITIES WITH METALLIC PRODUCTION AND LOCATION OF MINING)

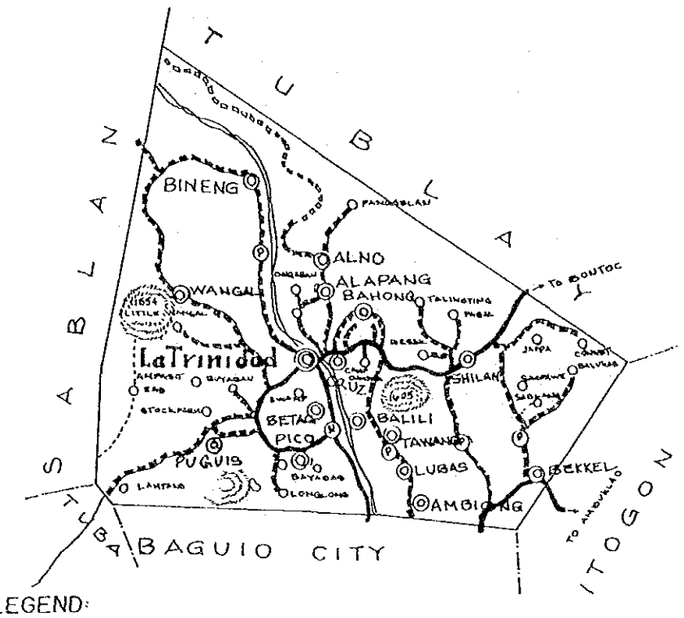


REGION I

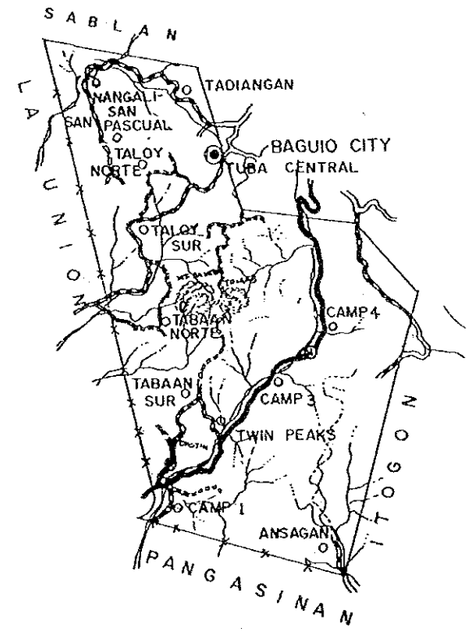


LEGEND:
- REGIONAL CAPITAL
- CITY
- PROVINCIAL CAPITAL

MUNICIPALITY OF LA TRINIDAD



MUNICIPALITY OF TUBA



LEGEND:
- FIRST CLASS ROAD
- SECOND CLASS RD.
- THIRD CLASS RD.
- PROPOSED ROAD
- TRAIL
- BARANGAY / SITIO
- MUNICIPALITY
- PROVINCIAL BDRY.
- MUNICIPAL BDRY.
- CREEK / RIVER
- MOUNTAIN PEAK

LEGEND:
- FIRST CLASS ROAD
- SECOND CLASS ROAD
- THIRD CLASS ROAD
- UNDER CONSTRUCTION
- PROPOSED ROAD
- TRAIL
- BARANGAY
- SITIO
- MUNICIPALITY
- PROVINCIAL BOUNDARY
- MUNICIPAL BOUNDARY
- RIVER
- MOUNTAIN PEAK

CONTENTS

I Summary

The general impression we receive in the Philippines is that their Population and Family Planning Program tends to emphasize too strongly the control of the growth of population. For example, whereas the number of people using condoms or pills as the methods of contraception has been increasing, there has been a concerted move to consider this trend as being undesirable, and to switch them to sterilization and IUD. We tend to believe that, once a decision has been made about the desirable number of children on the basis of one's standard of living or other family reasons, any method of contraception can be used; but the situation does not seem so in the Philippines.

When we go into the rural areas in the Philippines, we note that there still exist the conditions similar to those that existed in Japan in the age of "Let there be move births and more children" before and during World War II. Even the people in leadership positions in the government say, "Our land has plenty of room for development. We need a larger work force. Population control is the last thing we want." And they obviously perceive that 'family planning' is a synonym for 'population control'.

The Outreach Project, into which the USAID has been putting much effort, has been planned in such a way that the local governments should contribute to the budget of the Project at an annually increasing rate of contribution, so that in 1985 the entire budget of the Project will be borne by the local governments. However, the Project is not going on as planned.

But in view of the actual conditions in the Philippines, it seems to us that the Japanese experience of "family planning for the sake of bringing up healthy and strong children," can be made full use of in this country.

This concept of family planning should be fully acceptable to 'underpopulated' regions as well. There is no parent that does not desire the health of their children. This is beginning to be proved by the Project promoted in Beuguet Province. The Honorable Governor Palispis of the Province, who used to oppose population control-oriented family planning, has now started to offer leadership in spreading family planning concepts.

In the Philippines, where more than 80% of the population are Catholics, Christian teachings exert massive moral influences on the people. While the Church does not oppose family planning itself, it does not allow any contraceptive method other than the rhythm method.

In the Integrated Family Planning and Maternal and Child Health Project cooperated by Japan, Japan is not, in fact, extending cooperation in the contraceptive methodology.

The Project aims to give an "entry point" for the community people to think what and how to do in order to enhance the levels of Family Welfare and Maternal and Child Health by themselves and implement them through making use of the postwar Japanese experiences in mass examination and treatment of parasites, eradication of flies and mosquitoes and other health and sanitation campaigns, which are also linked with the practical activities of Primary Health Care promoted by the Ministry of Health since last year.

(1) Per-Capita Cost of Family Planning

The Total national budget for the Population and Family Planning Programs of the Philippines in 1982 was 227.9 million pesos (about 7,064.9 million yen). The total number of family planning acceptors is 4,835,559 (of which those on hospital/clinic basis are in 1,157,559[1] and those under the Outreach Program, 1,809,534[2]). Therefore, the cost per family planning acceptor would be about 48 pesos (1,461 yen) a year.

In 1977, the Economics Department of the University of the Philippines analyzed the cost effectiveness of the Philippine Population/Family Planning Program. Their report included the analysis of the cost effectiveness of family planning by contraceptive methods. As can be seen from the following table given below, sterilization is the most inexpensive method viewed from a long-term point of view.

Cost of Averting the Birth of a Child: 1977

Pill	281 pesos	(about 8,711 yen)
IUD	275 pesos	(about 8,525 yen)
Sterilization	55 pesos	(about 1,705 yen)
Condom	363 pesos	(about 11,253 yen)
Rhythm	389 pesos	(about 12,059 yen)

This high cost/effect ratio is said to be another reason why so much effort has been put into promoting sterilization and IUD in the Philippines.

It seems that the policy of having the 'government pay for the entire cost' has been creating conditions in which the government is obliged to encourage particular methods that are inexpensive. This current condition would change by creating such a kind of services that the people would wish to have even at their own expense, and by reinforcing such services. In Japan, the people willingly pay for contraceptives because they are fully motivated to practice family planning. So, in the Philippines, it would be desirable to put much more effort into educational activities to make the people realize that the practice of family planning is linked to their own direct and tangible benefits. And, in addition, measures should be taken at the possible earliest convenience towards establishing a system of charging for family planning services rather than providing them free of charge.

(2) Halted Growth in the Amount of Foreign Financial Assistance and the Family Planning Program as a New Campaign

The USAID contribution to the Philippine Population Program in 1982 is 75.2 million pesos (about 2,331.2 million yen); this is the largest of all the foreign contributions

[1] as of May 1982

[2] as of March 1982

to the Phlippine Population Program, accounting for 32.99% of the Philippines' entire budget of 227.9 million pesos for its Program. The next largest contribution comes from the World Bank with 26.2 million pesos (about 812.2 million yen) and the third largest contributor being the UNFPA with 6.5 million pesos (about 201.5 million yen). The assistance from the JICA will total about 112 million yen (about 3.5 million pesos), comprising about 80 million yen (about 2.5 million pesos) for commodities, about 20 million yen (about 625,000 pesos) for the dispatching of the Japanese experts, 2 million yen (about 62,500 pesos) for the training of the Filipino Project counterparts in Japan, and about 10 million yen (about 312,500 pesos) for a training program designed for the middle-class technicians in the Philippines.

However, the current financial assistance from the USAID to the Outreach Project is scheduled to be terminated in 1985 and no further assistance from the USAID is expected. The reason for this eventual withdrawal of the USAID from the Outreach Project in the Philippines is that, under the current project, the local governments are expected to increase yearly the ratio of their contributions to the cost of the Project, so that by 1985 the Project will be entirely supported by the local governments of the Philippines. Unfortunately, things have not been progressing on schedule; as of 1981, only 19.5% of the total cost for the Outreach Project is being shouldered by the local governments. Therefore, it seems that there is little prospect for the ability of local governments of the Philippines to keep the Outreach Project going on after the withdrawal of the USAID.

The reason why the local governments of the Philippines have not been allocating budgests for the Outreach Project to the degree they were expected to do seems to be that the Project, which apparently puts stress on control of population growth, has been understood by the local governments as something unnecessary for their underpopulated rural regions.

In view of the circumstances outlined above, a new Outreach Project which can be sustained without entirely depending on foreign assistance should be linked with health services and should have the following factors:

1) to be run under the principle that beneficiaries should pay for the services provided by the Project in whole or part,

2) to be closely linked with the enhancement of productivity,

3) to be useful to the whole community,

4) to be integrated with other services that are useful for the improvement of individual and family lives,

5) to have impact on other developmental programs, and

6) to have immediate and visible effects.

In more concrete terms, this Integrated Project may be described as a series of campaigns to control flies, mosquitoes and parasites, to be carried out mainly through

the current Outreach Project system. In carrying out the campaigns, the Japanese post-war experiences will be made full use of. In the Japanese case, the postwar campaigns to control flies, mosquitoes and parasites were conducted through the combined efforts of all the municipalities. We may say that success in such campaigns gave the Japanese people confidence and the basis for promoting their subsequent community development activities.

(3) Effects of Japan's Technical Cooperation in Family Planning Programs and the Possible Limitations to Such Cooperation

In the Philippines, government officials, scholars and physicians, all of whom are the elites of the country, generally take great pride in themselves and have a strong tendency to believe that they have little to learn from Japan both in general knowledge and technologies. Such pride and confidence of the elites of the Philippines must partly be supported by the fact that, for example, the standards of their licensed physicians and nurses are so high that they can almost automatically get the professional licenses in the United States and other Western countries.

In the field of family planning, too, there are many world-famous Filipinos and, perhaps for this and other reasons, the Philippines has been hesitant in introducing to its people knowledge and technologies from Japan. However, the Philippines' high level of medical services is seen only in some of the large hospitals in Manila and other major cities; the majority of the people have access only to insufficiently equipped facilities and are given treatment with insufficient medical supplies.

Moreover, in the Philippines, the medical services offered are treatment-oriented. Not much emphasis is given to preventive measures. There are many cases where poor people do not actually undergo medical treatment when they become ill, simply because they have no money to buy the medicine, even if they see a doctor in a Rural Health Unit and get prescriptions for them. Even though free medical treatments are given at hospitals run by the government, they are restricted to basic diagnoses, and the medicines provided are limited to several kinds of simple medicines. All 'special' examinations (e.g. X-ray tests) or medicines must be paid for.

With regard to the technical cooperation offered by Japan in family planning, much expectations are placed on the role it is likely to play in bringing about a change from the present program in the Philippines in which emphasis is given to the aspect of population control and to offering guidance to the people about contraceptive methods to the one in which family planning, in the true sense of the word, is conducted by means of the initiation and reinforcement of campaigns to enhance the living standard of the people which lead to the renovation of the people's consciousness and planning of their lives.

In fact, in the Benguet Province where the Integrated Family Planning and Maternal and Child Health Project which is being carried out with cooperation of JICA, it has been reported that the health, nutrition, family planning, environmental sanitation and other programs used to be conducted separately without mutual cooperation in the past, but they are now being carried out in an integrated effort. The Governor of the Province and other people who, used to advocate opposition to the 'population control', who used to be reluctant to cooperation in the family planning program, have now come to join

enthusiastically in the new campaigns for the Integrated Family Planning and Maternal and Child Health Project.

However, the family planning campaigns are not as simple as being attained by just mixing different medicines. They are something that are born out of change of awareness achieved through inter-personal dialogues and exchange of experiences. While the training and timely local production of teaching materials are some of the most essential conditions in promoting the family planning campaigns, the technical cooperation arrangements at present do not, in principle, allow budgetary allocation to such activities as mentioned above, and this, in fact, sometimes becomes and obstacle to the smooth operation of the family planning project.

(4) Problems Arising from the Request Basis and the Delays in the Progress of Projects caused by the Long Processing Period of Time between the Request for Cooperation and its Implementation

The 'request' basis is very important because it was meant to pay due respect to the intentions of the recipient country. There is no problem when the recipient country (organization) knows well about Japan's technology and expertise.

However, it is extremely difficult for the Japanese side to show the excellence of a certain Japanese technology not known to the recipient country and redesign the technical cooperation project jointly with the recipient country only after the latter has made a request for the Japanese technical cooperation on the basis of some incomplete or fragmentary understanding about the Japanese technology and expertise.

In such a case, there is a possibility of substantial reduction in the effect that can be expected from the Japanese technical cooperation. Therefore, we believe, it is most essential for Japan to clearly inform the recipient country as to what it can do in response to the latter's request.

In the case of the project implemented in Benguet Province, it can be presumed that very few technology transfers requested by the steering committee of the model area will be smoothly apporved by the National Coordinating Committee. And the reverse of this would be equally true. The principle of the 'request basis' should be duly respected. But there is much possibility that the direction of the cooperation would be distorted in the passage of time, unless Japan reserves the right to use more of its discretions to modify the direction of the project.

The period from the request for the Japanese experts and commodities to its implementation takes a very long time. One of the reasons for this delay is that it takes at least 2–3 months for a request submitted by the Commission on Population to reach the Japanese Embassy through the screening of the NEDA and the Ministry of Foreign Affairs.

After that, at least 2–3 months more are required in the process from having the document sent by the Japanese Embassy in Manila to the Foreign Ministry in Tokyo to making the JICA implement the plans (recruiting, training and dispatch of experts to the Philippines; or selection and purchase of commodities under the approval of the Ministry of the Foreign Affairs.)

So, if worse comes to worst, the entire process can take one full year. Then, there is every possibility of the situation having changed as compared with how it was at the time the plans were first made. The equipment required by the expert sometimes fail to reach him by the time he needs them. Would it not be possible to simplify and rationalize the whole procedures from the time of a request for cooperation to the time of its implementation? So that, for example, a work plan can be drawn up for the entire period of the project immediately after the signing of an R/D, have the recipient country make an en-bloc request for the required type and number of experts and commodities, with the project being scheduled to be carried out over a period on a fiscal year basis?

Incidentally, the Integrated Family Planning and Maternal and Child Health Project in Benguet Province is currently being promoted with the provision of commodities only, without the sending of the Japanese experts (although a Project Coordinator from Japan is stationsed there).

Ⅱ Proposals

(1) The Integrated Family Planning and Maternal and Child Health Project in the Model Areas

The following are proposals for improving and strengthening the Integrated Family Planning and Maternal and Child Health Project implemented in the model areas of La Trinidad and Tuba Municipalities in Benguet Province.

1) Activities in model areas

A. Neither a clear project goal (until the time of the end of the Project) nor concrete activity plans are established. These should be prepared as promptly as possible.

B. After examining the present activity plans, and evaluating progress reports and observing the areas first-hand, we find no evidence of Technology/Approach Transfer from Japan in this on-going project. The Project seems just to have been continuing the old activities seen before the JICA cooperation was started in July 1981 under the name of the new project.

The present condition might be partly the result of the fact that no Japanese expert is yet sent to the project areas. At any rate, it is necessary to strongly put forward the contents of the technology transfer and direction of the Project – campaigns to improve family planning and maternal and child health in the communities of the model areas on the basis of the Japanese experiences.

C. It is also essential to realize the strong integration of the three fundamentals of the project – dispatching of Japanese experts, provision of necessary commodities and training of the Philippine counterparts in Japan. For instance, we heard that the X-ray apparatus we provided the Benguet General Hospital has been very helpful in diagnosing tuberculosis. Actually, however, it seems that no preventive campaign has been made against tuberculosis.

D. A system of charging for services' need to be initiated and developed with a view to making the project self-sufficient in the communities concerned. If services are to remain basically 'free' as they are now, the national contribution share may become astronomical, or services may become restricted seriously. Project self-sufficiency will be obtained by charging for all the services in principle (charges should be somewhat higher than project expenses). Self-sufficiency can also be enhanced by extending the services desired by the people.

Examples: Tuberculosis examinations
Urinalysis
Parasite examinations
Contraceptives (Condoms, Pills, etc.)

E. The following special events may be executed.

a. A healthy baby contest

b. A healthy child contest

c. A sports day for family planning and maternal and child health acceptors.

d. Barangay cleaning campaigns

e. Satisfied family planning acceptors contest

F. Requests for counter-budgets should be made to the respective municipalities. The purpose of these requests is to prevent demands for unnecessary materials/ equipment (or too expensive ones) and to raise operational funds for the project (e.g. training expenses, production of educational materials, gasoline, etc.). The municipalities should be requested to contribute an amount equal to 10 – 30 percent of the purchase prices of the materials and equipment they use.

2) Extention of the Model Areas to Other Localities

Materials and equipment currently provided to the model areas represent 20 – 25 percent of the total equipment provided to the Philippines. The remaining 75 – 80 percent is thinly distributed throughout Luzon Island. Additionally, since JICA's contribution is not recognized by the users, it is very difficult to evaluate whether or not the materials and equipment into these model areas. Success of the project in Benguet model areas in each main region so as to concentrate the currently thinly distributed materials and equipment into these model areas. Success of the project in Benguet Province may not apply to other areas because of the variety of culture, customs and languages of the Filipinos in each region.

A. Luzon Region

a. In Benguet Province, the project is in progress in only two of its 13 Municipalities. The remaining 11 Municipalities are anxiously requesting the Provincial Governor to extend the project to their areas. Levels of materials and equipment in these two Municipalities have noticeably improved. Maybe further input will create a greater imbalance between these two and the other Municipalities and cause difficult administrative problems.

b. Progress of the project in the Manila Metropolitan area is not satisfactory enough for its increase in population, and there is an ardent desire that suitable guidance be given by Tokyo, Japan. Japan's cooperation is invited in the following fields.

- Paid-for examinations concerning family planning and maternal and child health
- Mobile medical services
- Income generating activities for family planning acceptors and maternal and child participants of Mothers' class

B. Bicol Region
C. Visayas Region
D. Mindanao Region

} The project approach implemented in Benguet Province will be applied.

3) **Training program of Middle-Class Technicians**

In view of effective utilization of the limited budget, it is advisable to plan training for the promotion of activities in the model areas and other restricted fields.

A. Model areas

a. Ad hoc lectures and practical trainings by guest lecturers should be planned.

b. Study tours of other successful project areas should be conducted.

c. The leader of a model area to be invited to a model area for practical training.

B. Non-model district

a. Training of statistical personnel

b. Specialists should be trained in the use of audio-visual aids.

(2) Japan's Cooperation in Future

The Population Program currently promoted by the Philippine government is based upon Population Plan III (1981 – 1985).

In the drafting of Population Plan III, USAID, IBRD, UNFPA and the Philippine Government collaborated in coordinating the fields and contents of mutual cooperation, while Japan's cooperation was not included in Population Plan III. Consequently, there is a fear that it leads to the fact that Japan's cooperation is sometimes not fully recognized by the leaders in the Philippine Government.

Further, as Japan's cooperation does not form the main pillars of Population Plan III,

it naturally has the tendency to augument, with its own commodities, the areas of cooperation of other donor organizations (commodities provided to area other than model areas). In other words, Japan is in charge of the parts, the effects of which are difficult to be seen.

From now on, it is advisable for the Japanese side to have closer consultation regularly with other aid donor agencies which are extending cooperation to the Government of the Republic of the Philippines to insure that Japan's cooperation can play a clear role in the Philippine Population Program.

It is also expected that tie-ups with other donor agencies not related to family planning and maternal and child health in the model areas supported by Japan will double the cooperative effects. Therefore, possibility of cooperation along these lines should be further sounded.

Water supply in the model areas in Benguet Province is presently taken up as a big issue. It seems that JICA will have difficulty in rendering some form of cooperation to this matter under the Family Planning and Maternal and Child Health Project. On the other hand, the Office of the UNICEF Representative to the Philippines in Manila expressed it is ready to extend cooperation in the high priority in the development of the water supply system, utilizing pumps, vinyl pipes and other materials, if the Mayor of the model area makes a formal request for UNICEF cooperation.

On the basis of our present study, we propose the following as the desirable items of the future cooperation.

1) Human Resources Development Center

A. Audio-visual training center

The University of the Philippines Institute of Mass Communication (UPIMC), in a tie-up with POPCOM, has been implementing the surveys in the area of IEC analysis of needs, development of educational aids, personnel training, development of programs, etc. UPIMC is also utilized by the ASEAN countries as the training center for IEC. BKKBN staff of Indonesia are also trained here.

However, the facilities and audio-visual equipment (e.g. television system, radio system equipment, photographic equipment, printing equipment, etc.) have now become obsolete, which affects the quality of training.

Cooperation in the construction of the UPIMC Audio-Visual Training Center (for both software and hardware) will lead to cooperation with the important IEC aspect of the Population Program of the Philippines. It will also lead to cooperation with the ASEAN countries as a whole. Moreover, UPIMC is requesting to adpot the technology of NHK for telecasting and broadcasting. Japan is also very strong in photography and printing in the area of IEC, and will be able to make fruitfull in these areas.

B. Training centers in the model areas

Small-sized training centers equipped with comprehensive (*) and multi-purpose facilities should be constructed in the existing and potential model areas so that they will be able to function as the practical training areas.

The construction of these centers is proposed, provided that land will be allocated by the local Municipalities, and that both the management and maintenance costs will be borne by the agency which administers the training center.

*** Contents of the training**

a. philosophy of family planning,
b. Medical science
c. IEC
d. Vital statistics
e. Operation and maintenance of audio-visual equipment
f. Logistics

2) Sale of Contraceptives in the Manila Metropolitan Area and other major cities

Since contraceptives are currently distributed free of charge to the acceptors, as family planning becomes more popular, so does the government's finalcial burden. Furthermore, as purchases of contraceptives have made thru USAID loan since 1980, the logic hitherto that the contraceptives will be distributed free of charge as they are donated commodities will not be viable.

The Philippine Government wishes to establish some kind of paid-for distribution system. However, it is thought that such a system is unfeasible as the condoms and Pills donated by the USAID have been quite unpopular among the acceptors, who use them with some reluctance.

On the other hand, the Pills which are very suitable to the Filipino women and the Japanese-made condoms have been sold by the Family Planning Organization of the Philippines since 1981, and they are in great demand. The POPCOM also expects Japanese-made condoms to be saleable under the Outreach Project, especially in urban areas. If sale of these items is successful, the fund for contraceptives will be borne by the money paid by the people. Thus some years afterwards, the distribution of contraceptives on a free-of-charge or loan basis can be stopped and would mark the first step for project self-sufficciecy.

3) Audio-Visual (software)

A. Printing and printed materials

The quality of Japanese printing technology is well-known. It is hoped that original art created in the Philippines will be reproduced in quantities in Japan.

We have heard that posters, pamphlets, booklets, etc. produced in the Philippines are badly printed, not considered attractive by the people and are not effectively utilized.

In addition, graphic techniques need to be updated, and training in this field is also requested.

B. Movies and Slides

Many Japanese movies and slides can be used for the Philippine projects as they are or can be reproduced, utilizing the ideas to make them adaptable for the local conditions. Cooperation should be also developed in this area.

4) Audio-Visual (hardware)

Availability of audio-visual equipment for IEC motivation and training purposes is very scarce in the rural areas. Such a lack of equipment precludes effective activities.

Ⅲ Integrated Family Planning and Maternal and Child Health Project in The Municipalities of La Trinidad and Tuba in Benguet Province, the Philippines

Mr. Palispis, Governor of Benguet Province admitted that his province is about 50 years behind other developed provinces in the areas of education and culture. He explained abashedly to us about the condition of his province in this respect, saying, "The people have just begun to wake up to the importance of health, nutrition and family planning. Many of our people are still obsessed by the old idea that the more children we have, the richer we are. As regards nutrition, many people question why there is a need to change their traditional food habits which they have followed for many centuries."

On the occasion of a luncheon held under the auspieces of the Regional Office of the Commission on Population, a member of the Provincial Assembly, aged about 70, who was seated across from us was adamant, saying, "I don't like family planning. I have many children; they have all grown up all right. The more children, the better. You say it's for the improvement of health. But I am thus fine with the traditional life style. So I dare say that producing a child is the secret of may good health." He was a very firm old man.

People sitting around him laughed and tried to stop him, but in vain. At this juncture, I was reminded of the remark by the former Japanese Ambassador to the Philippines, Mr. Tanaka, "If you go to the rural area, there are some people who are living the life of the pre-monetary economy days and having many children does not bother them."

Actually, prior to the start of the JICA Project, the Governor himself had been opposing family planning. But as a result of the Project, his Benguet Province obtained X-ray equipment for tuberculosis examinations which had been badly needed by the Benguet General Hospital as well as the rural health units in his province. They had been unable to obtain such equipment because of financial difficulties. They also received obstetric examination tables, incubators, microscopes, a refrigerator for storage of live vaccine, weight scales for adults and infants, a jeep and so on.

We believe that this project is well accepted perhaps becuase the people have clearly understood that its purpose is not the population control but the health promotion of the local people.

The Governor who has now become a positive patron for promoting family planning in his province told us that he was embarrassed when the Mayors of the non-project-implementing municipalities (The Project has been extended to only two out of the 13 municipalities in the province.) ask him every time they see him, "Why don't you give us the same JICA project already given to the model areas?"

Benguet Province is north of Manila and it is a five-hour trip by car. By air, it can be reached in 80 minutes, including a 30-minute drive from Baguio. The province is mountainous, and it is cool even in summer, something like our Nagano Prefecture in central Japan. The province is famous for its abundant crops of various vegetables and fruits. Cabbage, lettuce, cucumbers and tomatos are especially abundant, and also apples are grown. The cultivation of mandarine oranges is now being studied. The cultivation of these vegetables and fruits was started by the Japanese people who immigrated into this province in the 1920's. We came across many people whose facial features were very much like Japanese, and so we felt an affinity to them. So much wo we felt as if we were in Japan rather than in the Philippines. They say that the wife of the former mayor of the Municipality of La Trinidad is of Japanese ancestry. We were told that before the end

of World War II there had been many Japanese or people of Japanese ancestry in the municipality. It seems that there are still people who assume Japanese names in remote villages in mountainous areas. Some said jokingly that former Japanese soldiers like 2nd Lt. Onoda may still be hiding somewhere.

In Benguet Province, the average number of children in a family was 12 to 14 at the beginning of the present centry, the average was 10 in 1930, 8 immediately after World War II and 5 to 6 at present. There are still many children in families of this province.

When the Preliminary Mission of JICA visited the Municipality of La Trinidad on May 25, 1981 in search of a model area for the project, Mr. Hilarion Pawid, Mayor of the municipality told the mission that they had insufficient fund for infrastructure construction, so they are putting forth efforts for improving health and nutrition of the people. Then he said, "Since the promotion of family planning is one of our programs, we would like to make our utmost efforts if we could get cooperation from Japan for it."

Mr. Pawid held Japan's technology in high regard. He said that they were indebted to Japanese skills in the vegetable cultivation as well as the high quality fruits cultivation such as strawberries and also for shipment control methods, etc. He seemed to be very much impressed by the Japanese technology and management ability.

He added that, while he believed public health and family planning programs in the province are fairly well operated at present by the Benguet General Hospital, Rural Health Units, the Outreach Project and the Family Planning Organization of the Philippines, he thought that there still was the need for different methods and approaches in the future. In this respect, he expected the most from the Japanese cooperation.

Dr. Saturnino Bayasen, Director of the Rural Health Unit of La Trinidad, said that he had to carry out the Primary Health Care Program for the rural people according to the instruction from the top (Ministry of Health) relying on understanding, cooperation and participation of the local people, but he encountered difficulties. But as regards the parasite control being implemented in cooperation with the private organization, FPOP, it proved to be very popular among the people with demands pouring in from many villages asking for the program. He gave one example of a child who discharged more than 100 worms with a deworming medicine. He further told me of his plan to expand the parasite control campaign with enthusiam and humor.

He went on to say that his most immediate interent was improving environmental sanitation, and stressed that something should be done immediately to control parasites, flies and mosquitoes. He inquired if Japan could provide experts in this field.

I asked him "What about equipment?" He replied that the expert knowhow was by far more urgent than equipment at present, expressing his expectations for Japanese technology in this field.

The Integrated Family Planning and Maternal and Child Health Project being implemented in the Municipalities of La Trinidad and Tuba of Benguet Province as model areas is based on the Record of Discussion which was signed on July 3, 1981. It aims to strengthen the family planning and maternal and child health services so as to offer them to all the inhabitants of the model areas and to promote other community development activities by introducing sufficient Japanese experience and technologies.

The orientation seminar for the project was held twice in the model areas, in February and March of this year. In April, the workshop for the orientation of the project was held, and on the basis of the results, the action plans for each Barangay

group in each municipality were drawn up. I heard that a ceremony acknowledging the delivery of equipment for fiscal 1981 was held in May 27, in an enthusiastic atmosphere attended by Governor Palispis and Mr. Takahara, First Secretary of the Japanese Embassy and JICA representatives.

Many people say that the project actually commenced after this ceremony. In the Municipality of La Trinidad, Barangay Captains were invited on June 14th to the 16th to be briefed on the objectives and target of the project. A further purpose of the meeting was to promote the wholehearted cooperation of civil servants for the project. In both Municipalities of La Trinidad and Tuba, a Team of Development Workers (TDW) was organized by the staff in charge of health and community development programs.

Mr. Pawid, Mayor of the Municipality of La Trinidad, whom we met again after a little more than a year, explained about the project as follows:

"We are doing whatever we can to meet our people's needs without using any specific strategy. We are giving briefings on family planning on the occassions of the Barangay meetings or conferences. Since just giving briefings and distributing condoms are liable to elicit name-calling from people such as Mr. Condom or Mrs. Condom for the staff members, we are trying to organize classes of mothers on nutrition, health and dressmaking, aiming at 30 such classes. We would like to create these classes for mothers as the 'entry point' for the promotion of family planning. As regards nutrition, there are 174 undernourished children, ranging from the second to third degrees on the malnutrition scale. We are encouraging the families of these children to raise rabbits so that their meat may be fed to the children."

An officer who works in the Office of the Municipality of Tuba told us, "The family planning movement cannot be successful if to be handled by just midwives and public health nurses. Now people working in education and agriculture have started to cooperate in our project in their respective stands, so everybody knows what a condom is." After so joking, he showed disappointment, saying, "I have visited almost all of the Barangays, and I was surprised to find there were so many houses still without toilets. It was indeed an eye-opener to me."

In the Barangay of Camp Six which we also visited, tiny miner's houses of about two square meters were clustered along the highway. We were told that each family had about six to seven children on the average. It was not only the Japanese staff who were surprised but also accompanying officials of the Municipality of Tuba and the Regional Director of the Commission on Population. We were surprised at the local residents' ignorance about the condition of their own areas. Not realizing the true condition of the people may be the reason why things had not been going on so well.

Timed with the day of our visit, a Barangay conference was held, the agenda of which was as follows:

1. Health and Sanitation

2. Family Planning

3. Junior and Senior High Schools in the community

4. Peace and Order

5. High Priority Programs in the Barangay

i) Water supply
ii) Drainage
iii) Public bazars
iv) Day Nursery

As they were speaking in Ilocano, we could not understand what they were talking about. But we were told that the vice mayor of the municipality had promised to give as much aid as possible if they inform the municipal assembly of what problems they have which cannot be solved within the Barangay. We were impressed by the initiative beginning to bud among the Filipinos who have traditionally depended on other persons or the government to do the things which they could not do by themselves. A midwife working in a branch of the local Rural Health Unit said that she was inserted an IUD in 1963 for which she paid 100 pesos; whe has four children – three girls and a boy. One daughter is an engineer, another a nurse and the other an accountant. The son is studying engineering in college. She said she could not have continued her work if she had not accepted family planning. But she laughed saying, "I might not have accepted family planning, if they had all been girls."

The Benguet General Hospital is the major point of services of the project. It was opened in 1971 as a small hospital with 25 beds; it now has become the biggest hospital in Benguet Province with 100 beds. The annual budget of the hospital for 1982 is 3,450,000 pesos (about ¥100 million), of which 500,000 pesos (amounting to 7% of the Provincial revenue) is subsidized by the provincial government, with the Municipality of La Trinidad paying 7% of its revenue and other Municipalities in the province contributing 2% of their respective revenues for the operation of the hospital. In this way, over 80% of the budget of this general hospital is supported by the National Treasury.

The hospital is conducting mobile medical services by doctors and public health nurses once or twice a month at the request of the mayors or Barangay Captains, because it is difficult for those people living in mountainous regions in the province to come to the hospital for treatment. As regards family planning, a subsidy of 150 pesos (about ¥4,500) is paid per sterilization in accordance with the contract with the Commission on Population. A half of the subsidy, or 75 pesos, goes to the hospital for purchases of medicines and other expendables needed for the operation, and the remaining 75 pesos goes to the doctor and nurses who are engaged in the operation. Occasionally people come to the hospital asking for Pills or IUDs accompanied by BSPOs or FTOWs, we heard that there was an IUD failure case recently, which is spreading an adverse influence on the people.

The X-ray equipment for the detection of tuberculosis provided by the Project is very much appreciated by the people of La Trinidad, because they need not go to Baguio for X-ray check; besides it is free of charge for people in the area covered by the Project if they are introduced by TDW. Having such equipment has also increased their awareness of the problem of TB, according to Mrs. Margaret Lumiqued, Provincial Population Officier, who is extremely happy about the Project.

The hospital is always full of both in-patients and out-patients. So, even hallways

are used as extensions of the wards. There are no accommodations yet for doctors and nurses. The expansion of hospital wards has been planned over the past several years, but the site remains unchanged with only a completed foundation because of the lack of funds. We were told that it would cost about 1,500,000 pesos (about ¥45 million) for completion of the building, only 30% of which has been raised to date.

The characteristics of the project in the Municipality of La Trinidad is that the Mayor, Mr. Pawid, is very enthusiastic about the development of his town, and is taking active leadership in promoting the project.

In the Municipality of Tuba, the Mayor, Mr. Jaime Alos is very busy, so Mr. Blas Dalus, President of the Association of Barangay Captains, is working on his behalf for the project. The planning of the activities is being done mainly by TDW, but in the Municipality of La Trinidad, it seems to be done by the top-down approach.

The problem is that this Family Planning, Maternal and Child Health Project is not being conducted using the Japanese approach with the JICA cooperation. Rather it is a project based on traditional activities which have been strengthened and expanded. It goes without saying that the activities of TDW has been very much facilitiated by a comparatively aboundant supply of new equipment and materials, including a jeep which is the key to worker mobility. And the TDW in each municipality which in the past did not cooperate among each other are now working in a team.

The most serious problem was a general misunderstanding that all the proper works of the members of TDW would have come under the scope of the JICA cooperation. At every meeting of the Project, requests for matters which are apparently out of the scope of the JICA cooperation were put forth one after another, such as problems involving pumps and pipes for water service, day nursery, road construction, Barangay hall and agricultural cooperation which are deemed to be out of the scope of technical cooperation of family planning and maternal and child health. It seems to have been forgotten that, under the technical cooperation, the primary objective is the transferring of the Japanese technology, and for that purpose, the sending of the Japanese experts, the supplying of the necessary commodities and the training of counterpart experts in Japan should be undertaken. Suppose the Japanese experience and technology should fail to be introduced in time because of the delay in sending the Japanese experts to the Philippines (an official request for it is now being delayed due to the internal problems in the Philippines), then the people would be grateful only as long as they receive new equipment from Japan, virtually terminating the Project when the supply of equipment comes to an end.

Ⅳ Survey on Family Planning Fieldworkers In Benguet Province

(1) Introduction

We met various staff members, who are engaged in the family planning activities in Benguet Procince, to investigate their activites and opinions. The subjects of our interviews were two Fulltime Outreach Workers (FTOWs) and five Barangay Service Point Officers (BSPOs) among the family planning field workers, and one midwife, one public health nurse and one sanitary inspector, and also one District Population Officer (DPO). In addition, we also interviewed three housewives from the general public. We shall give a brief outline of our survey interviewing FTOWs and BSPOs.

(2) Activities and Opinions of FTOWs & BSPOs

An FTOW covers several barangays for his/her territory with a BSPO assigned to each barangay as assistant. The Municipalities of La Trinidad and Tuba in Benguet Province, have two FTOWs respectively. We interviewed one FTOW each from both Municipalities. The FTOW of La Trinidad whom we interviewed was charged with covering the Barangays with nine BSPOs. The one from Tuba was to cover seven Barangays with 10 BSPOs.

The main responsibility of an FTOW is to provide contraceptive motivation to the married couples of reproductive ages in the territory, to follow up the family planning acceptors and to refer the mothers who want Pills for the first time or IUD insertion to the hospital, clinics or Rural Health Unit (RHC) and to supply condom and Pills with cooperation of the BSPOs who are his/her assistants. An FTOW is qualified to prescribe Pills when they pass the prescribed examination after receiving training as FTOW. Another important responsibility of FTOW is coordination with the field workers of other government ministries such as rural health workers (RHW) of the Ministry of Health or home management technicians of the Ministry of Agriculture or workers belonging to the Ministry of Social Services and Development. This coordination work is very important for the family planning activities, and it is essential to win the understanding of Barangay Captains. The workers interviewed were unanimous in realizing that this coordination activities have been particularly promoted since the start of the JICA's model project.

It was also recognized that FTOWs and BSPOs think that the IEC activities are very important. While the inhabitants living not so far from the hospital or clinic are able to obtain information and instructions about family planning. For the people in remote rural villages, the IEC activities by means of radio, cartoons or movies are effective.

BSPOs are in a position to keep the closest and most frequent contacts with people in their areas as the fieldworkers in the very grass-roots level. The primary qualification for BSPO is that he or she must be deeply trusted by the local people. Therefore, it seems that they are mostly selected from among the local housewives, retired school teachers of those who have midwife or nurse qualifications. From our interview with one BSPO of La Trinidad, we came to know that the personal experience of the BSPO herself in contraception is playing an important role in providing contraception guidance to the villagers.

All the FTOWs and BSPOs whom we interviewed replied that they were satisfied

with their jobs and were proud of their work. BSPOs are unpaid volunteers. An FTOW is given a monthly salary of 547 pesos, according to the one whom we interviewed. Apart from the salary, there is an allowance of 265 pesos for miscellaneous expenses provided separately, but actually it is seldom paid fully; usually 100 pesos or so are paid.

(3) System of Recording

One thing which we attached the great importance in our present interview survey is a system where family planning fieldworkers compile activity reports to be submitted to the higher agencies. We focused our attention on how the data on the family planning acceptors and married couples of reproductive age (MCRA), which are particularly closely linked with the demographic aspect, are collected. In order to collect the family planning data of each area at the central level, there is the need for a system to integrate the information from the Outreach system (FTOW/BSPO) and that from clinical channels. For this purpose, the Commission on Population has the Service Delivery Information System (SDIS) which is used nationwide.

The BSPO report is prepared by using two forms; one is called BSPO—1 and the other BSPO—2. The former records the data of the married couples of reproductive age, including names, wive's ages, the number of children, methods of contraception, contents of monthly services (methods of contraception and name of the service provider), and reasons for not accepting contraception. The latter is for the clinic records, including the name of MCRA, methods of contraception and the names of the clinics. The FTOW receives the monthly reports of these BSPOs, prepares a summary reports, which complies the BSPOs reports in his/her territory, and prepares the service reports at his/her level and an inventory of Pills and condoms under his/her control to be submitted to the DPO.

And the BSPO is advised to keep regularly the registers of MCRA in his/her territory. As already mentioned in regard to the BSPO—1 Form, the required information is limited and simple, and the data obtained by the BSPO seem not so useful for the demographic analysis.

If the Government of the Philippines is really interested in population trends, it is hoped that they will make efforts to develop a population data collection system aimed at the complete registration of the population in each Barangay, vital statistics and migration of population. It will be essential to liaise and coordinate many sectors including the family planning related structures to accomplish such a system. Such a compilation of the population data would greatly contribute to the outreach activities of family planning. What we felt in the present survey was that population planning is widely understood among the Outreach Workers, at least superficially. However, we got the impression that even FTOWs have had little training in the demographic observation.

V Manila Metropolitan Area

(1) Profile of the Manila Metropolitan Area

At present, 5,925,000 people live within the Manila Metropolitan Area. This statistic represents 12.36 percent of the total population of the Philippines of 47,914,000. There were 2,462,000 people in the metropolis in 1960, indicating that the population has made a 2.4-fold growth in twenty years. Total population growth during the same period indicates only a 1.76 growth rate. Accordingly, it seems that the population growth in the Manila Metropolitan Area has been further accelerated by the population flows from rural areas. In terms of the population density, 9,316/km^2 ratio within Manila Metropolis is far higher than 159.7/km^2 of the national average. In particular, Manila City has a population density of 42,454.3/km^2 and represents a super-over-populated community.

The percentage of the population engaged in primary industries (i.e. agricultural, fishing and forestry) is only 0.99 percent; secondary industries 34.35 percent, and tertiary industries 64.59 percent.

We could not obtain the unemployment rate data exclusively for the Manila Metropolis. However, our findings show that the national rate of unemployment has been fluctuating between 3 and 8 percent; the unemployment rate for cities, including the Metropolis, has declined from 10.7 percent in 1965 to 5.9 percent in 1978. However, there are strongly voiced opinions that these data on unemployment do not reflect actual situation.

In 1975, the annual household income in Manila was ₱10,469 (approx. ¥314,600), nearly twice as large as the national average of ₱5,840 (approx. ¥175,200). However, considering heavily differentiated imcomes as well as high costs of living, it is probable that considerable numbers of people are at an absolute poverty level. For example, according to 1975 statistical data, the annual household income for the most impoverished group (*) was ₱2,376 (approx. ¥73,600), representing a daily income of approx. ¥200. If a household supports five family members, the per capita expenditure is a mere ¥40 a day.

Referring to the food cost ratio to the cost of living, the rate within the Manila Metropolitan Area is 49.4 percent as compared with the national average of 57 percent. As regards the housing expense ratio, it is 13.1 percent within the Metropolitan area, 4.4 percent higher than the national average of 8.5 percent.

Regarding the diffusion of radio and television sets, the 1975 national average of households having both radio and television sets was 9.2 percent, while the ownership rate in the Manila Metropolitan area was as high as 42.5 percent. And the national average of households having neither radios nor television sets was as high as 45.0 percent, while the rate in the Metropolitan area was 32.6 percent.

On the water supply ratios, the 1979 national average represents 50 percent as compared with 81 percent with the Manila Metropolitan area.

(2) Family Planning within the Manila Metropolitan Area

Approximately one-third of the population of the Manila Metropolitan area can be

(*) The first group of the lowest level among the ten-categorized household incomes.

categorized as poor or needy. About 80 percent of people of this class live in the squatter area or slums mainly located along the coast of Manila Bay and adjacent to the commercial districts. There people are in desperate need of employment, and are grateful if they find jobs which will provide for the bare necessities of life, having little hope of improving their standard of living.

Some housewives operate small variety stores (i.e. Sari-sari store) which sell living necessaries, or run modest enterprises which manufacture pillow covers, slippers, umbrellas, etc., using fabric remnants as raw materials. Others work as peddlers and street cleaners (i.e. Metro-aid). Many female residents living along Manila Bay are engaged in peddling fish or fish processing. Male residents are engaged in such jobs as jeepney or taxi drivers, stevedores, construction workers, street cleaners, etc. Many of the above-mentioned jobs pay minimum wages and many people are seeking opportunities to work overseas in the Middle East and Near East.

It is likely that some people in such low-income classes, who can only earn their living with their utmost efforts, have begun practicing some contraceptive methods. They seem to be aware of how their difficulties would increase in trying to maintain even a minimal standard of living if they were to have more children.

In January, 1978, the National Capital Regional Office of the Commission on Population was established for the purposes of coordinating the population projects undertaken in the Manila Metropolis and also initiating the Outreach Project in some cities and towns within the Metropolis.

The Metropolitan Office of the POPCOM then coducted the following activities in order to strengthen and promote efficiency of the population programs.

1) Coordination of all the activities related to family planning clinical services and establishment of reporting and monitoring systems.

2) Enhancement of the competence of family planning clinic personnel by training.

3) Execution of IEC activities through the use of the multi-media approach.

4) Initiation of and assistance in the Outreach Project in cities and towns that are definitely interested in executing such projects.

It is now evident that the above-mentioned activities have had certain effects in a relatively short period of time. With activated cooperation between the respective agencies of family planning services, the number of family planning acceptors increased. The family planning practice rate as of December, 1981 was 40.48 percent. However, approaches of family planning promotion in the Metropolitan area are based upon the experiences obtained in the rural areas thus far and, therefore, followed the process of trial and error.

"The results are not satisfactory yet. We wish to study and introduce the experiences, techniques and approaches of family planning programs successful in Japan's cities in the course of her postwar development," De. Manglapus officer-in-charge, National Capital Regional Office of the POPCOM said.

The following are the achievements of IEC activities, clinical services, training, research and Outreach Projects coordinated and/or financed by the National Capital Regional Office of the POPCOM.

(3) Health/Population Outreach Project in Quezon City

Target of the Project

1) Married couples of reproductive age (MCRA) who are in poor communities or categorized in the poor and needy class

2) MCRA who are in the middle-income class

3) Enterprises

4) Schools

Items promoted

1) Realization of small family

2) Spacing

3) Late marriage

4) Reduction of the teen-age pregnancies

Strategies adopted

1) Selection of poor districts/communities

2) Tie-up and cooperation with local leaders, PTAs and welfare offices

3) Selection and training of volunteers (BSPOs)

4) Promotion of organization of Satisfied Users' Clubs and Teams of Development Workers, Strengthening of IEC activities, and promotion of referral system to the most suitable agencies.

5) Integration of family planning into a system to promote Primary Health Care.

6) Initiating projects that can promote self-sufficiency

7) IEC and motivational activities for promoting more effective contraceptive methods

8) Pre- and post-natal medical care integrated with family planning

Budget

The 1982 budget is ₱1,600,000 (approx. ¥49,600,000), 60 percent of which (approx. ¥960,000) is borne by Quezon City, and the remaining 40 percent (approx. ¥640,000) is subsidized by the National Capital Regional Office of the POPCOM. It is expected that Quezon City will provide the entire budget in 1985.

Difference between this project and the Outreach Project in rural area

1) All of the staff engaged in the health/population projects in Quezon City are physicians, nurses or midwives. On the other hand, most staff engaged in the Outreach Project in rural areas are non-medical workers.

2) Contents of services: The health/population projects in Quezon City serve people with family planning integrated with health and nutrition programs, while the Outreach Project in rural areas has family planning alone. (according to our impression).

3) The equivalents of the Full Time Outreach Workers (FTOWs) in rural areas are called the Population Field Officers (PFO) in the Quezon City health/population project.

Contents of Activities

1) IEC and motivational activities

   a) Motivation by home visits

   b) Distribution of motivational printed materials

   c) Meetings by community people

   d) Film shows

   e) Lecture of family planning to premarital couples

   f) Mobilization of the community

      i) Mothers' class

      ii) Groups of Satisfied Users' Club and Teams of Development Workers

2) Services

a) Supply of contraceptives (including the IUD insertion)

b) Sterilization

c) Medical examination for uterine cancer

d) Periodical examinations at health centers, vaccinations, lectures on preventive measures for health, cooperation and participation to the pre- and post-natal medical examinations

e) Cooperation and participation for free medical care activities furnished by the governmental and/or private organizations

f) Nutritional activities

g) Assistance for income generating activities

3) Training activities

a) Personnel for health/population Outreach Project

b) Volunteers

4) Special activities

a) Special events during the Population/Family Planning Week of November 23rd – 29th

b) Organizing the coordination council of the organizations promoting the family planning, health and development projects