PHILIPPINE POPULATION MANAGEMENT PROGRAM (PPMP) STRATEGIC OPERATIONAL PLAN (SOP) 2002-2004

COMMISSION ON POPULATION
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LIST OF ACRONYMS

AO -	Administrative Order
AHYD -	Adolescent Health and Youth Development
APIS -	Annual Poverty Indicators Survey
ARH -	Adolescent Reproductive Health
BSPOs-	Barangay Service Point Officers
CAR -	Cordillera Autonomous Region
CBMIS-	Community-Based Management Information System
CDF -	Countrywide Development Fund
CDLMIS-	Contraceptive Distribution and Logistics Management Information System
CHED -	Commission on Higher Education
CIDSS -	Comprehensive and Integrated Delivery of Social Services
CII -	Contraceptive Interdependence Initiative
CPR -	Contraceptive Prevalence Rate
DepEd -	Department of Education
DSWD-	Department of Social Welfare and Development
DOH -	Department of Health
FP -	Family Planning
FP/RH -	Family Planning / Reproductive Health
GAD -	Gender and Development
GDP -	Gross Domestic Product
GO -	Government Organization
GTZ -	Gesellschaft Fur Technische Zusammenarbeit (German Agency for Technological Cooperation)
HES -	Human and Ecological Security
HSRA -	Health Sector Reform Agenda
ICPD -	International Conference on Population and Development
IEC -	Information, Education, Communication
IMR -	Infant Mortality Rate
IP -	Implementation Plan
IRH -	Institute for Reproductive Health
IUD -	Intra-Uterine Device
KALAHI-	Kapit-Bisig Laban sa Kahirapan
LGU -	Local Government Unit
MDG -	Millennium Development Goals
MIS -	Management Information System
MMR -	Maternal Mortality Ratio
MTPDP-	Medium Term Philippine Development Plan
NCR -	National Capital Region
NDHS -	Natio nal Demographic and Health Survey
NDS -	National Demographic Survey
NEDA -	National Economic and Development Authority
NFP -	Natural Family Planning
NGA -	National Government Agency

NGO -	Non-Government Organization
NPDIS -	National Population Database Information System
NSCB -	National Statistical Coordination Board
NSO -	National Statistics Office
PA -	Participating Agency
PGR -	Population Growth Rate
PHILHEALTH-	Philippine Health Insurance Corporation
PIA -	Philippine Information Agency
PIP -	Population Investment Plan
PLCPD-	Philippine Legislators' Committee on Population and Development
PMC -	Pre-Marriage Counseling
PNGOC-	Philippine NGO Council on Population, Health and Welfare Inc.
POPCOM-	Commission on Population
POPDEV-	Population and Development
POPED-	Population Education
PPA -	Programs/Projects/Activities
PPMP -	Philippine Population Management Program
PRE -	Population, Resources, Environment
PSD -	Population and Sustainable Development
RH -	Reproductive Health
RHAN -	Reproductive Health Advocacy Network
RP -	Responsible Parenthood
RH/FP -	Reproductive Health / Family Planning
RPMC -	Regional Population Management Committee
RPO -	Regional Population Office
SOP -	Strategic Operational Plan
SPPR -	State of the Philippine Population Report
SRA -	Social Reform Agenda
STD/HIV/AIDS-	Sexually Transmitted Diseases/Human Immune-Deficiency Virus/Acquired Immune Deficiency Syndrome
TFR -	Total Fertility Rate
THQ -	Teen Health Quarters
TWG -	Technical Working Group
UNFPA-	United Nations Population Fund
UPPI -	University of the Philippines Population Institute
USAID-	United States Agency for International Development
VSS -	Voluntary Surgical Sterilization

PHILIPPINE POPULATION MANAGEMENT PROGRAM (PPMP) STRATEGIC OPERATIONAL PLAN (SOP) 2002-2004

I. INTRODUCTION

In the global scenario, economists have identified the relationship of economic growth and rapid population growth. The World Bank observed that countries with the most rapid rate of annual population growth and the lowest level of contraceptive prevalence rate (CPR) appears to have no progress at all in reducing the level of dire poverty. In Africa, for example, the proportion of its population living on less than one dollar per day did not change at all between 1987 and 1998 (Merrick, 2002).

Rapid population growth also has consequences on the quality of environment, which is brought about by competing needs from the environment. The most crucial factor in uplifting life's circumstances is in the way couples value the importance of having the family that they planned and making the environment healthy for their family. It is, likewise, noted that high population growth and poverty compound social and economic problems that make it more difficult for the government to provide health services and education (Osias, 2002).

The Philippines implements poverty alleviation and broad-based development policies in the face of a rapidly growing population (POPCOM, 2002). The government, therefore, pursues a population management program, which as stated in the 2001-2004 Medium Term Philippine Development Plan (MTPDP) seeks to improve the reproductive health of women, men and adolescents (NEDA, 2001). The Philippine Population Management Program (PPMP) upholds the freedom of couples to choose from a menu of family planning services and respects cultural and religious beliefs in support of responsible parenthood. In this regard, the national government continues to forge partnerships with local government units (LGUs) and non-government organizations (NGOs) to achieve the program's goals and ensure that poor couples are guaranteed access to family planning services (POPCOM, 2002).

II. DEMOGRAPHIC AND POVERTY SITUATION

DEMOGRAPHIC SITUATION

The 76.5 million Philippine population as of 2000 continues to grow at a fast pace with a population growth rate of 2.36 percent (NSO, 2002). For 2002, the population is estimated to be 80 million. If this trend continues, the population will double in about thirty years. Moreover, the population is predominantly young.

POVERTY SITUATION

Poverty incidence is the proportion of families whose income is below the poverty threshold. Thus, a family of six (6) members should have a monthly income of P6,911 to meet their food and non-food basic needs. Below this income threshold, a family is considered poor. The poverty incidence in the country increased from 31.8 percent in 1997 to 33.7 percent in 2000 (NSCB, 2002). This means that there were 5.2 million families who lived in poverty in 2000.

In the Philippines, the occurrence of the rapid population growth, the Asian financial crises, followed by the El Nino phenomenon and the ruinous war in the South have all contributed to the exacerbation of the poverty problem.

Poverty is more prevalent in rural areas. More than two-thirds of poor households in the country live in rural areas. This share even increased during the 1994 to 2000 period (NAPC, 2001). The harsh effects of poverty and rapid population growth may complicate the already difficult social conditions if families cannot afford even the most basic needs, such as food and shelter.

Another way of describing the poor is to further divide them into chronic poor and transient poor. The chronic poor are defined as those who are poor in 1997, 1998, and 1999. Similarly, the transient poor are those who are non-poor in 1997 and poor in 1999. The characteristics of the chronic poor, the transient poor and the never poor have important policy implications because some of the interventions may not address the need of a particular poverty group (Reyes, 2002).

Table 1. Characteristics of the Poverty Groups

Poverty Group	Mean Level of Attained Education	Mean Family Size	% of Households Engaged in Agriculture	Mean Percentage of Income Derived from Agriculture
Chronic Poor (PPP)	7.27	6.1	56.4	42.52
Vulnerable to shock and cannot recover (PPN)	7.97	5.1	45.6	31.13
Transient Poor (not as vulnerable) (PNP)	8.03	5.4	47.8	33.37
Able to temporarily take advantage of the shock (NPP)	8.45	5.4	40.9	29.69
Able to take advantage of the shock immediately (PNN)	8.78	4.8	32.8	21.47
Able to take advantage of the shock (NNP)	9.52	5.1	28.7	20.56
Not that vulnerable and easily recovers from a shock (NPN)	9.69	4.6	30.1	19.99
Never Poor (NNN)	13.04	4.6	15.2	8.91
Total Philippines	10.46	5.0	31.0	21.51

Adapted from Table 32 of Celia M. Reyes " The Poverty Fight: Have We Made an Impact?" p. 29
Source of Basic Data: Run from the matched Public Use files of the 1997 Family Income and Expenditures Survey, and the 1998 and 1999 Annual Poverty Indicators Surveys.

Table 1 clearly shows that the average educational attainment measured in terms of the years of schooling attended by the chronic poor is the lowest at 7.27 years only as compared to those of never poor which is the highest at 13.04 years. In terms of average family size, those who are chronically poor tend to have larger family sizes while those who are non-poor tend to have small family sizes. The data also reveals that more than half (56.4%) of the families who are chronically poor have household heads who are engaged in agriculture while only 15 percent of those who are non-poor are engaged in agriculture. More than 40 percent of the income of the chronic poor is derived from agriculture while only 9 percent of the income of the non-poor is derived from agricultural sources. This result highlights the effects of low productivity in the agricultural sector. Therefore, improving access to education by the poor, clear population management policy and increasing the productivity in the agriculture sector are important policy instruments in the fight to eradicate poverty (Reyes, 2002).

With regard to the Millennium Development Goals (MDG), the National Economic and Development Authority together with the other concerned agencies led in the preparation of the first Country Progress Report on the MDG. Below is a matrix on the

status of the country's performance and challenges and prospects vis-à-vis the millennium goal on poverty reduction.

Table 2. Status of Compliance to the Millennium Development Goal on Poverty Reduction

Targets	Philippine Progress[1]	Challenges/ Prospects
Eradicate extreme poverty and hunger ? Halve the proportion of people living in extreme poverty between 1990-2015	*From 1991-2000, the proportion of the population as well as families below the national poverty line has decreased by only around 6 percentage points. The percentage of those below the subsistence threshold has also decreased by only 3 percentage points for the same period. The 2000 survey shows that 39.2% of the country's population (or 33.7% of households) are considered poor. Using the 1997 survey as yardstick, indicators show that the poverty situation in the country has, in fact, worsened.	Specific challenges cited: - Deepening rural poverty and spatial disparities. One major challenge is to focus improvements in the rural sector. Economic growth must also invigorate agricultural and countryside development since a large portion of the workers belong to the agricultural sector. - Widening gap between rich and poor - Vulnerability of economy to outside economic shocks, natural disasters - Rapid population growth The population growth continues to be high at an average of 2.36% for 1995-2000, higher than 2.32% for 1990-1995, thus exerting pressure on the government to provide more jobs and services. The Philippines has to fast track the policy advocacy and coordination for the full implementation of the population management policy to address the high population growth, and increase funding for reproductive health programs. * It would take more than what we have been doing in the past to meet the 2015 target.

Source[1]: Philippine Progress Report on the Millennium Development Goals

III. GOVERNMENT EFFORTS TO ADDRESS THE POVERTY PROBLEM

Poverty alleviation programs have been given priority by all past administrations. The Arroyo administration has made a commitment to pursue the war against poverty and unemployment. Thus, a comprehensive set of policies and programs directly aimed at addressing the needs of the poor has been outlined in the Medium Term Philippine Development Plan (MTPDP) for 2001-2004.

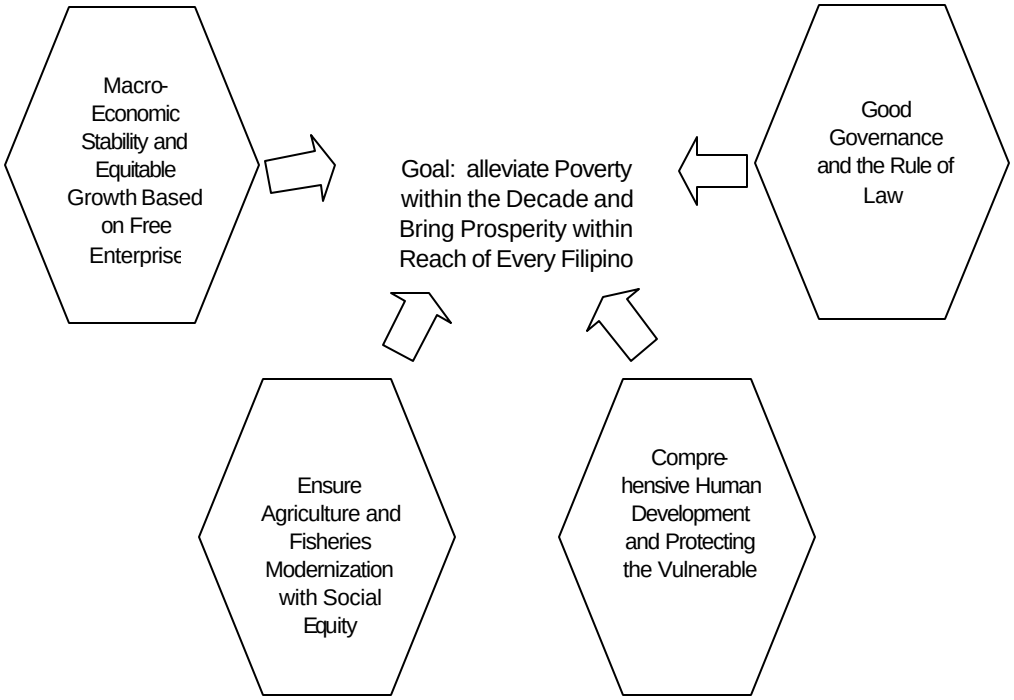

Figure 1. Development Framework of MTPDP

Figure 1 describes the Development Framework of the MTPDP. The major goal of the Plan is to alleviate poverty within the decade and bring prosperity within the reach of every Filipino. Then the core strategies were identified to achieve this goal, namely: macro economic stability and equitable growth based on free enterprise; ensure agriculture and fisheries modernization with social equity; comprehensive human development and protecting the vulnerable; and good governance and the rule of the law.

As cited earlier, the Macapagal-Arroyo Administration is firmly committed to continue the battle against poverty and seeks victory within the decade. The MTPDP 2001-2004 embodies the anti-poverty and overall development framework of the administration. In preparing all Filipinos for the new economy, the Plan aims to expand and equalize access to economic and social opportunities, inculcate receptivity to change, and promote personal responsibilities (NEDA, 2001).

Moreover, the social bias that underpins public policy under the administration is embodied in five core strategies for fighting poverty (NEDA, 2001), namely:

1. Asset reform program or the distribution of physical and resource assets, particularly land and credit;
2. Human development services, particularly basic education, health, shelter, water and electricity;
3. Social protection of the poorest and most vulnerable sectors and communities through social welfare and assistance, local safety nets and social security and insurance;
4. Participation of the poor in governance; and
5. Security and protection against violence, including in the home.

Recognizing the close interrelationships between and among poverty, population and development, the MTPDP pursues a population management program that seeks to improve the reproductive health of women, men and adolescents (NEDA, 2001).

IV. THE ROLE OF PPMP SOP IN THE POVERTY ALLEVIATION PROGRAM

The PPMP Directional Plan (DP) is prepared periodically to set the general thrusts and directions for the population program. The PPMP DP for 2001-2004 was prepared and finalized in 2000 under the Estrada Administration. Last year, upon the assumption into office of President Gloria Macapagal-Arroyo, the National Economic and Development Authority (NEDA) reformulated the Medium Term Philippine Development Plan (MTPDP) and Medium Term Public Investment Program (MTPIP) for 2001-2004, which are anchored on the new government's mission to fight poverty. The population concerns were integrated in these documents.

In an effort to contribute to the poverty alleviation program of the Arroyo Administration, the POPCOM Board of Commissioners in its meeting on 3 May 2002 recognized the need to update the PPMP Directional Plan (DP) and the Population Investment Program (PIP) for 2001-2004 through the development of a PPMP Strategic Operational Plan (SOP) and PIP for 2002-2004. The PPMP SOP will focus on addressing the unmet needs for family planning among poor couples and sexuality and fertility information needs of the adolescents / youths especially among those who are poor.

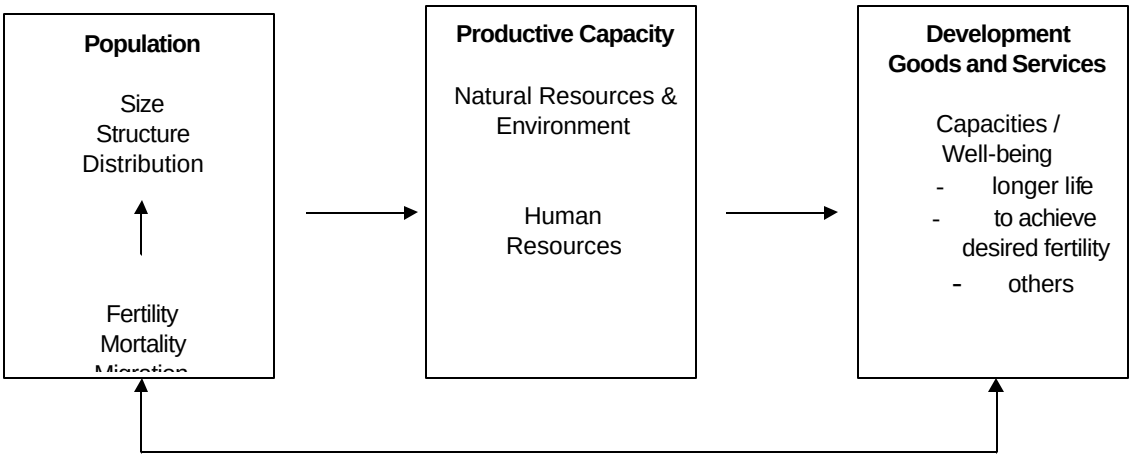

Figure 3. Population and Sustainable Development Framework

The PPMP has adopted the PSD Framework (Figure 3), which serves as guide in the development and implementation of programs, projects and activities.

The PPMP SOP is an expansion of the third box of the PSD framework where it addresses the capabilities and well–being of poor couples and adolescents/youths, which will lead to achievement of a longer life and attainment of a desired fertility level. Such conditions may positively affect population processes such as fertility, mortality and migration and eventually the size, structure and distribution of the population, which in turn improve human resources. By addressing the fertility problem, the pressure of population into the natural ecosystem is also indirectly addressed.

Recent data show that poor families have high unmet needs for family planning (19.8%) which is brought about by lack of access to family planning services. Unmet needs for family planning happen to women who want to space birth or want to postpone pregnancy but are not using any family planning methods (POPCOM, 2001).

To contribute in reducing poverty at the family level, therefore, Filipino couples should have access to the necessary information, resources, and services that can empower them to attain their desired number of children.

By allowing poor couples, especially women of reproductive age, to have access to family planning information and services, they will be able to exercise their reproductive rights, which will bring about achievement of their desired fertility and birth spacing. Such condition will have a significant contribution to the well-being of the poor.

It is believed that once well-being is achieved, couples will have the opportunity to do productive and satisfying work. Also, they will have the opportunity to be well nourished and be freed from avoidable illness. In other words, poor families will be able to productively participate in the economic development activities, which will bring them out of dire poverty.

The SOP will likewise concentrate on strategic action areas to address the unmet needs for family planning among poor couples as well as the sexuality and fertility information needs of adolescents and youths. The strategic action areas are as follows: (a) Service Delivery, (b) IEC/Advocacy, and (c) Capacity Building. The POPCOM Secretariat will coordinate the implementation of these strategic action areas. As such, POPCOM will provide support in the areas of: (a) Policy Advocacy; (b) Data and Information Management; (c) Research, Monitoring and Evaluation; and (d) Resource Generation and Mobilization.

POLICY / LEGAL MANDATE

The basic population policy followed by the PPMP SOP is drawn from Article XV Section 3.1 of the 1987 Constitution which is consistent with Article II, Declaration of Principles and State Policies, Sections 9, 12, 14, 15 and 16 which gives couples the

responsibility to decide how many children to have in accordance with their religious beliefs and the demands of responsible parenthood for sustainable development.

The policy is consistent with the poverty alleviation thrust of the Macapagal-Arroyo administration as the achievement of the desired number and spacing of children and other population goals of individuals, couples and parents have a direct bearing on improving the quality of life of the people, particularly of the poor.

To support the population policy enunciated by the President, the Department of Health (DOH) issued Administrative Order (AO) 50 – National Family Planning Policy, which prescribes the key policies for FP services as one of the elements of RH. More recently, DOH issued AO 125 describing the national Natural Family Planning Strategic Plan for the years 2002-2006.

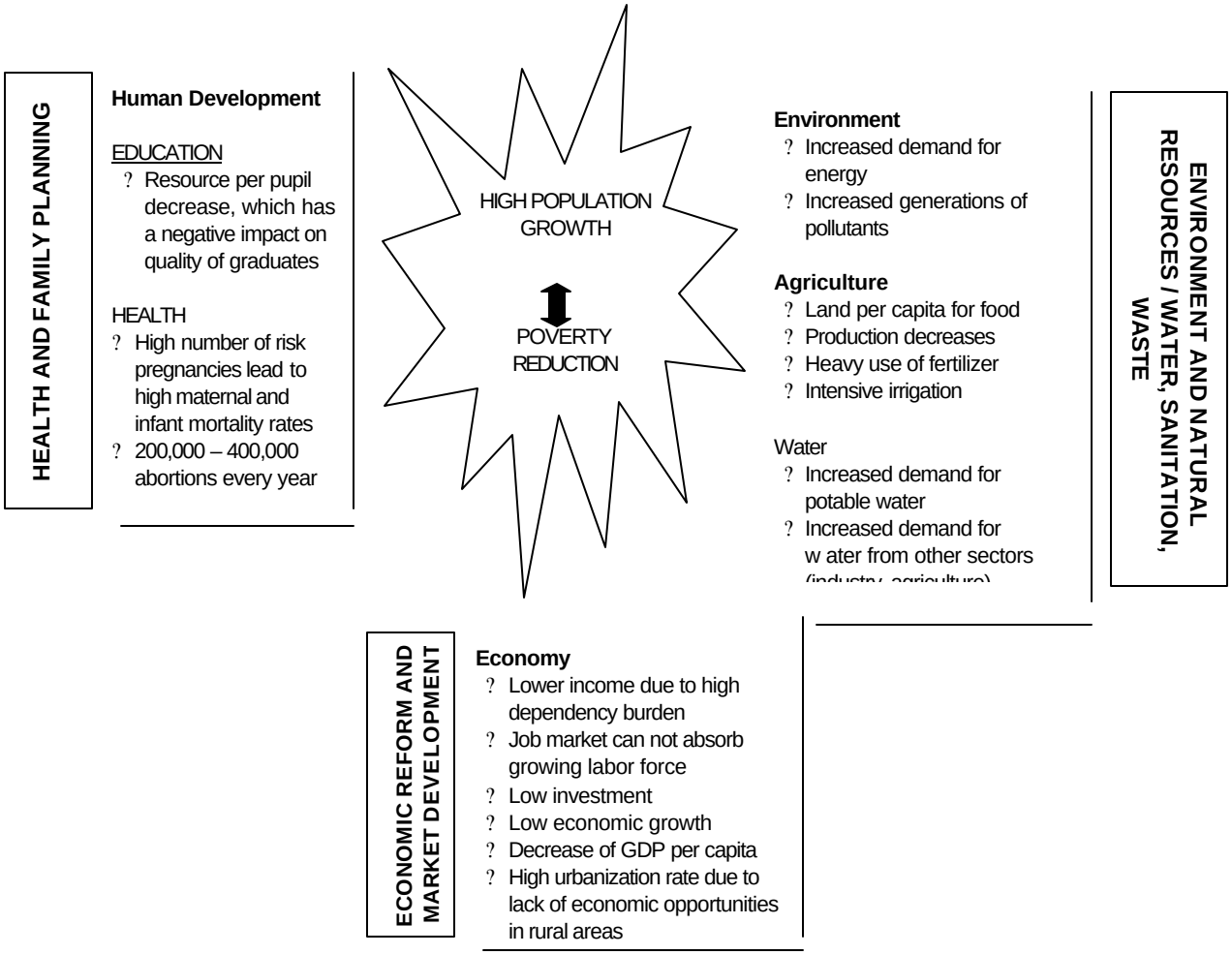

Figure 3. Analytical Framework On Population Growth, Poverty And Development

Figure 3 shows that high population growth affects any poverty reduction program. This means that the rapid population growth could have a binding constraint to the efforts of the government in reducing absolute poverty.

The framework reveals that a slower population growth would possibly result to: (a) increased investment for human development, particularly education and health services; (b) better environmental and natural resource situation, which would mean less demand for energy, sufficient agricultural production, and less demand for potable water; and (c) improved economic reform and market development, which would bring about a better economy characterized by increased income due to less dependency burden, increased GDP per capita and less urbanization rate.

V. TARGET AREAS OF THE SOP 2002-2004

The SOP 2002-2004 will focus on the identified Target Areas of the KALAHI-CIDSS.

The Arroyo administration's *Kapit-Bisig Laban sa Kahirapan* (KALAHI) poverty reduction strategy is built on the strengths of and lessons learned from the Comprehensive and Integrated Delivery of Social Services (CIDSS). The program proposes to conduct extensive consultations with community stakeholders before the projects identified by them are jointly undertaken by the government and the host community. It will put resources in the hands of the poor to enable them to decide what development activities to undertake, and in the process, make them accountable for the resources at their disposal.

While various poverty reduction schemes have been implemented by past political administrations, a comprehensive analysis of these schemes has shown that the CIDSS program was most effective in reaching its target beneficiaries. Among the factors that enhanced its ability to benefit the poor are (a) good site selection; (b) good selection of target groups; (c) promotion of people empowerment, and (d) tri-partite participation of the government (both local and national), civil society, including the private business sector, and the community.

Hence, the target areas of KALAHI-CIDSS have become the convergence point of almost all agencies (both government and non-government) that have poverty alleviation programs.

The KALAHI Program aims to reduce poverty, improve governance and empower communities. The objective of KALAHI is to empower communities through enhanced participation in barangay governance and involvement in the design, implementation, and management of development activities that reduce poverty.

To be able to come up with a meaningful impact on the lives of the "poor", the agencies converged based on the types of their services and program packages, which were clustered into three, namely: The Asset Reform, Employment and Livelihood Services and Human Development Services Clusters. DOH, POPCOM, PhilHealth, DILG, among others, are clustered under Human Development Services.

TARGET AREAS OF KALAHI-CIDSS

The KALAHI-CIDSS Program will be implemented in 5,206 barangays in 199 municipalities of the 40 bottom poor provinces in the country from 2002-2007.

For the purpose of the SOP, all the 5 provinces of the Autonomous Regions in Muslim Mindanao (ARMM) will be added to the 40 bottom poor provinces targeted in the KALAHI Program, thus totaling to 45 target bottom poor provinces.

However, much of the focus will be on the first 15 poorest provinces in order to optimize available resources. The area of coverage may be expanded to cover all of the 45 provinces if sufficient resources are available.

Below is the listing of the 45 poorest provinces (including ARMM) as target areas of the SOP.

Table 3. 45 Bottom Poor Provinces with Number of Poor Households, Target Municipalities and Target Barangays

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)[1]	NO. OF POOR HOUSE-HOLDS[2]	TARGET MUNICI-PALITIES[3]	TARGET BARAN-GAYS[4]
	Philippines		***33.7***			
1	ARMM	Sulu	76.6	-	-	-
2	V	Camarines Norte	67.7	9,674	3	71
3	ARMM	Tawi-tawi	66.4	-	-	-
4	VI	Capiz	65.9	12,727	4	107
5	ARMM	Basilan	63.2	-	-	-
6	VIII	Eastern Samar	63.0	9,512	6	149
7	V	Masbate	62.8	19,279	5	138
8	CAR	Ifugao	60.6	3,393	3	44
9	VII	Bohol	57.3	25,570	12	274
10	XI	Davao	56.5	17,536	2	114
11	XII	Sultan Kudarat	55.5	8,871	3	62
12	XIII	Agusan del Sur	55.3	12,696	4	78
13	VII	Negros Oriental	53.0	17,541	5	120
14	ARMM	Lanao del Sur	52.9	-	-	-
15	IV-B	Marinduque	51.9	3,393	2	55
16	ARMM	Maguindanao	51.0	-	-	-
17	VIII	Leyte	48.9	28,463	10	384
18	V	Albay	47.9	24,985	4	163
19	IX	Zamboanga del Norte	46.7	19,987	6	155
20	VIII	Samar	46.2	11,835	6	199
21	XII	Sarangani	44.8	10,963	2	35
22	IV-B	Romblon	44.0	5,909	4	56
23	V	Camarines Sur	43.8	24,423	3	71
24	IX	Zamboanga del Sur	43.7	26,254	7	264
25	V	Catanduanes	43.3	3,979	3	79
26	IV-A	Quezon	42.0	36,627	10	302
27	VIII	Northern Samar	41.8	11,093	6	142
28	XII	North Cotabato	39.8	20,744	4	136
29	XII	South Cotabato	39.1	16,899	3	50
30	IV-B	Oriental Mindoro	38.9	13,063	4	107
31	X	Misamis Occidental	38.7	9,665	4	84
32	CAR	Mt. Province	38.5	2,862	3	28
33	VII	Siquijor	37.5	1,601	2	34
34	X	Bukidnon	37.0	16,897	5	116
35	V	Sorsogon	35.8	10,234	4	135
36	VI	Iloilo	35.3	32,845	11	430
37	X	Misamis Oriental	35.1	10,167	6	86

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)[1]	NO. OF POOR HOUSE-HOLDS[2]	TARGET MUNICI-PALITIES[3]	TARGET BARAN-GAYS[4]
38	X	Lanao del Norte	35.1	12,545	6	116
39	VI	Negros Occidental	34.8	36,211	5	127
40	VI	Guimaras	33.5	2,300	1	24
41	VII	Cebu	32.6	38,595	12	247
42	XIII	Agusan del Norte	32.6	8,399	3	41
43	XI	Davao Oriental	31.5	6,817	3	46
44	VIII	Biliran	30.4	2,121	2	33
45	VIII	Southern Leyte	30.3	5,522	5	125
				592,197	193	5,027

Sources: [1]Balisacan, 2000 as cited by DSWD in the KALAHI-CIDSS documents; [2,3&4]Provincial Inter-Agency Committee, 2002 as cited by DSWD in KALAHI documents.

Note: no data available on the number of households, target municipalities and target barangays in ARMM provinces.

Municipal selection is based on the following criteria as cited in the KALAHI documents: (a) Deprivation – 50 percent on levels of deprivation as indicated by deprivation survey; (b) Counterpart/cost-sharing – 25 percent on demonstrated willingness and capacity to contribute to the project from all sources; and (c) Partners in the project – 25 percent shall be allocated based on the presence and willingness of civil society organizations and media groups to participate in the project.

Legend: " - " means no data available

VI. ANALYSIS OF THE FP/RH SITUATION OF THE POOR PROVINCES

In trying to understand the interrelationships of poverty, population and development in the poor provinces, there is a need to examine the poverty incidence of each of the province vis-à-vis some reproductive health indicators.

It has been recognized that poverty to some extent affects the poor especially those that have larger family size. As a consequence, even the minimum basic needs such as food, clothing and shelter are hardly available among poor families. This situation could bring about very little amount left, if not totally unavailable, for family planning and reproductive health needs of couples and the sexuality information needs of adolescents and youths of poor families.

Table 4 shows the poverty incidence and reproductive health situation of the 45 bottom poor provinces in the country.

Table 4. 45 Bottom Poor Provinces By Poverty Incidence, IMR, MMR and TFR

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)[1]	*IMR (1995)[2]*	*MMR (1995)[3]*	*TFR (1995)[4]*
	Philippines		***33.7***	***48.93***	***179.74***	***3.76***
1	ARMM	Sulu	76.6	84.08	333.60	2.56
2	V	Camarines Norte	67.7	61.60	218.68	4.80
3	ARMM	Tawi-tawi	66.4	60.21	299.14	2.79
4	VI	Capiz	65.9	57.01	181.44	4.18
5	ARMM	Basilan	63.2	60.52	234.08	3.51
6	VIII	Eastern Samar	63.0	65.82	204.35	5.08
7	V	Masbate	62.8	64.34	216.02	5.55
8	CAR	Ifugao	60.6	64.57	236.36	4.97
9	VII	Bohol	57.3	53.86	208.40	4.19
10	XI	Davao	56.5	64.80	164.30	4.52
11	XII	Sultan Kudarat	55.5	57.97	267.00	4.49
12	XIII	Agusan del Sur	55.3	59.03	258.72	4.52
13	VII	Negros Oriental	53.0	54.19	162.62	4.24
14	ARMM	Lanao del Sur	52.9	69.62	346.01	3.94
15	IV-B	Marinduque	51.9	53.14	296.43	3.98
17	ARMM	Maguindanao	51.0	57.84	201.47	4.87
16	VIII	Leyte	48.9	59.81	278.32	4.17
18	V	Albay	47.9	53.83	159.53	4.60
19	IX	Zamboanga del Norte	46.7	58.80	210.80	4.37
20	VIII	Samar	46.2	67.14	257.73	5.58
21	XII	Sarangani	44.8	55.37	196.97	4.37
22	IV-B	Romblon	44.0	57.22	218.03	4.01
23	V	Camarines Sur	43.8	55.72	148.62	5.00
24	IX	Zamboanga del Sur	43.7	55.99	191.02	4.45
25	V	Catanduanes	43.3	60.11	189.80	5.12
26	IV-A	Quezon	42.0	49.34	179.17	3.93
27	VIII	Northern Samar	41.8	66.45	185.05	5.58
28	XII	North Cotabato	39.8	52.03	164.15	4.65
29	XII	South Cotabato	39.1	55.37	196.97	4.37
30	IV-B	Oriental Mindoro	38.9	54.45	237.08	4.21
31	X	Misamis Occidental	38.7	53.07	177.47	3.27
32	CAR	Mt. Province	38.5	62.87	240.08	4.80
33	VII	Siquijor	37.5	59.31	206.68	4.31
34	X	Bukidnon	37.0	54.41	227.08	5.09
35	V	Sorsogon	35.8	59.35	177.58	5.17
36	VI	Iloilo	35.3	49.60	177.82	3.79
37	X	Misamis Oriental	35.1	48.16	177.47	3.67
38	X	Lanao del Norte	35.1	69.62	346.01	3.94
39	VI	Negros Occidental	34.8	52.09	196.70	3.7
40	VI	Guimaras	33.5	49.6	177.82	3.43
41	VII	Cebu	32.6	43.83	168.15	3.27
42	XIII	Agusan del Norte	32.6	57.53	241.56	3.73
43	XI	Davao Oriental	31.5	58.58	165.23	4.03

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)[1]	*IMR (1995)[2]*	*MMR (1995)[3]*	*TFR (1995)[4]*
44	VIII	Biliran	30.4	57.84	201.47	4.39
45	VIII	Southern Leyte	30.3	62.95	253.04	4.13

Sources : [1]Balisacan, 2000 as cited by DSWD in the KALAHI-CIDSS documents; [2 & 3]NSO and NSCB, 1995 as cited by POPCOM in SPPR 2000; and [3]NSO TWG on Population, 1995.

As seen in Table 4, thirty-nine provinces out of 45 (87%) have poverty incidences that are higher than the national figure of 33.7 percent.

In terms of infant mortality rate (IMR) or the number of deaths below one year of age per 1,000 live births in a given year, 43 provinces (96%) have IMR that are higher than the national figure of 48.93.

In terms of maternal mortality ratio (MMR) or the number of women who die as a result of complications of childbearing and childbirth in a given year per 100,000 live births in that year, 32 provinces (71%) have MMR that are higher than the national figure of 179.74.

In terms of total fertility rate (TFR) or the average number of children born to a women during her reproductive years, 36 provinces (80%) have TFR that are higher than the national figure of 3.7.

In general, it can be observed that the bottom poor provinces have also high incidences of IMR, MMR and TFR.

Table 5. FP Services and FP Practices among 45 Bottom Poor Provinces

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)1	% OF FAMILIES WITH ACCESS TO FP SERVICES (1999 APIS)[2]	% OF FAMILIES WITH COUPLES PRACTICING FP (1999 APIS)[3]
	Philippines		***33.7***	***91.7***	***35.8***
1	ARMM	Sulu	76.6	56.3	9.5
2	V	Camarines Norte	67.7	95.4	34.2
3	ARMM	Tawi-tawi	66.4	36.7	3.2
4	VI	Capiz	65.9	99.3	44.1
5	ARMM	Basilan	63.2	62.0	21.7
6	VIII	Eastern Samar	63.0	99.0	21.8
7	V	Masbate	62.8	87.9	19.2
8	CAR	Ifugao	60.6	93.7	18.3
9	VII	Bohol	57.3	97.4	42.8

RANK	REGION	PROVINCE	POVERTY INCIDENCE (2000)1	% OF FAMILIES WITH ACCESS TO FP SERVICES (1999 APIS)[2]	% OF FAMILIES WITH COUPLES PRACTICING FP (1999 APIS)[3]
10	XI	Davao	56.5	90.8	51.2
11	XII	Sultan Kudarat	55.5	97.0	62.6
12	XIII	Agusan del Sur	55.3	97.9	42.7
13	VII	Negros Oriental	53.0	90.4	37.9
14	ARMM	Lanao del Sur	52.9	40.0	9.6
15	IV-B	Marinduque	51.9	88.4	20.9
16	ARMM	Maguindanao	51.0	72.2	16.9
17	VIII	Leyte	48.9	95.0	32.9
18	V	Albay	47.9	93.0	*
19	IX	Zamboanga del Norte	46.7	97.3	43.0
20	VIII	Samar	46.2	82.2	16.3
21	XII	Sarangani	44.8	97.7	41.3
22	IV-B	Romblon	44.0	95.3	24.4
23	V	Camarines Sur	43.8	93.6	22.5
24	IX	Zamboanga del Sur	43.7	88.6	38.3
25	V	Catanduanes	43.3	96.6	15.8
26	IV-A	Quezon	42.0	88.1	40.7
27	VIII	Northern Samar	41.8	91.9	22.4
28	XII	North Cotabato	39.8	92.8	38.1
29	XII	South Cotabato	39.1	83.1	38.4
30	IV-B	Oriental Mindoro	38.9	82.8	16.2
31	X	Misamis Occidental	38.7	94.1	37.9
32	CAR	Mt. Province	38.5	100.0	34.5
33	VII	Siquijor	37.5	100.0	10.8
34	X	Bukidnon	37.0	97.1	46.1
35	V	Sorsogon	35.8	93.2	22.9
36	VI	Iloilo	35.3	99.1	28.9
37	X	Misamis Oriental	35.1	95.6	47.0
38	X	Lanao del Norte	35.1	97.4	39.4
39	VI	Negros Occidental	34.8	92.6	39.2
40	VI	Guimaras	33.5	98.9	28.6
41	VII	Cebu	32.6	91.9	37.4
42	XIII	Agusan del Norte	32.6	98.3	31.3
43	XI	Davao Oriental	31.5	86.1	52.0
44	VIII	Biliran	30.4	85.5	46.1
45	VIII	Southern Leyte	30.3	95.3	47.0

*Legend: * - means no data available*

Sources : [1]Balisacan, 2000 as cited by DSWD in the KALAHI-CIDSS documents; [2&3] 1999 APIS.

In 1999, the National Statistics Office conducted the Annual Poverty Indicators Survey. In this survey, the average percentage of families with access to family planning services in the country was 91.7 percent. On the other hand, the percentage of families

with couples practicing family planning in the same year is only 35.8 percent or a difference of 55.9 percent.

Of the 45 provinces, only 29 provinces (64%) have access to FP services whose average percentages are higher than the national figure of 91.7 percent. When compared to the FP practice, only 21 provinces (48%) have incidences that are higher than the national figure of 35.8 percent.

It is observed that while the bottom poor provinces may have access to FP services, their level of FP utilization is low. The lowest FP practices are found in three provinces of ARMM, namely, Sulu (9.5%), Tawi-Tawi (3.2%), and Lanao del Sur (9.6%).

VII. GAPS AND CHALLENGES

Based on the analysis of poverty vis-à-vis FP/RH needs, the following gaps and challenges are identified:

- Though couples have access to FP services, it does not follow that they practice family planning. Possible reasons could be fear of side effects, less information, cultural and religious beliefs, among others. In the case of Muslims, the common belief is that it is against Islam and a matter that requires the husband's decision.

- Except for Misamis Oriental and Cebu Province, the poorest provinces have infant mortality rates (IMR) that are higher than the national figure.

- Thirty-two (32) out of 45 bottom poor provinces (71%) have maternal mortality ratio (MMR) that are higher than the national figure.

- Thirty-six (36) out of 45 bottom poor provinces (80%) have total fertility rate (TFR) that are higher than the national figure.

Even in the Philippine Progress Report on the Millennium Development Goals, it is stated that having a strong population management program that can lower the rate of population growth is one of the six major challenges that the Philippine Government

faces to meet the financial resource gaps in funding basic social services (NEDA, 2002).

VIII. SPECIFIC OBJECTIVES

By addressing the FP/RH needs of the poor provinces cited earlier, it is hoped that the FP/RH condition of the country will improve by 2004.

POPCOM, in coordination with the Department of Health (DOH) will advocate for the promotion of the FP/RH services. DOH, the government agency that is tasked to implement the clinic-based delivery of FP/RH services, have these specific objectives:

To decrease the following by 2004:

a. Maternal Mortality Rate (MMR) from 172 deaths per 100,000 live births in 1998 to less than 100 deaths per 100,000 live births;

b. Infant Mortality Rate (IMR) from 35.3 deaths per 1,000 live births in 1998 to 32 deaths per 1,000 live births;

c. Under 5 mortality rate from 48 deaths per 1,000 live births in 1998 to 33.6 deaths per 1,000 live births; and

d. Total Fertility Rate (TFR) from 3.7 children per woman in 1998 to 2.7 children per woman.

To increase the following by 2004:

a. Contraceptive Prevalence Rate (CPR) from 46.5 percent in 1998 to 57.04 percent; and

b. Proportion of modern family planning method use from 28.2 percent to 50.54 percent.

In 2002, DOH has also set its Family Planning Direction for the urban poor and the regions with the lowest CPR, namely: CAR, Region V, VIII and ARMM, among others.

IX. STRATEGIC ACTION AREAS AND ACTIVITIES

In order to contribute to the poverty alleviation program of the Macapagal-Arroyo Administration, POPCOM and its partner agencies, the RPOs and the LGUs have identified strategic action areas and activities for 2002-2004. Table 6 describes the strategic activities under each of the action areas.

Table 6. Strategic Activities Under Each of the Strategic Action Area

SERVICE DELIVERY	IEC/ ADVOCACY	CAPACITY BUILDING
FP/RH		
Reactivation of (Barangay Service Point Officers (BSPOs)	Community outreach program	Training and seminars for BSPOs
Strengthening of Community-Based Management Info System (CBMIS)	Conduct of CBMIS orientation among LGUs	Training on CBMIS
Provision of Voluntary Surgical Sterilization (VSS)	Development, production and dissemination of IEC materials on FP/RH	Training for NFP and FP/RH providers
Mainstreaming Natural Family Planning (NFP)	Media campaign for women empowerment	
Home service Delivery	Conduct of home-to-home visit for FP orientation	
Strengthening Pre-Marriage Counseling (PMC)		
Accessibility of FP/RH services in the workplace		
Strengthening Contraceptive Distribution and Logistics Management Information System (CDLMIS)		
Male participation in service delivery	Advocacy for male involvement in FP/RH	Training on men's RH
Adolescent Health & Youth Development (AHYD) Establishment of Teen Health Quarters (THQs)	Campaign for church, community and LGU involvement in the youth activities relative to establishment and maintenance of THQs	Training on Youth Center Management
Peer Counseling on Adolescent Reproductive Health (ARH)		Training on ARH and AHYD counseling
Provision of Life's Skills for the youths	Conduct of fora, orientation, and discussions on responsible sexuality and values formation	
ARH for indigent youths		
	Development, production and dissemination of youth-friendly ARH IEC materials	
Provision of ARH services in schools, clinics, and hospitals		Training for ARH service providers
	Development of updated PopEd Modules	

SERVICE DELIVERY	IEC/ ADVOCACY	CAPACITY BUILDING
Resource Mobilization		
Implementation of *PhilHealth Para sa Masa*	Lobby for the implementation of PhilHealth Para sa Masa	Training on advocacy and lobbying skills
	Advocate for the expansion of PhilHealth coverage to include other FP methods	
Adoption of Contraceptive Interdependence Initiative (CII)	Lobby for support for CII	
Access to Countryside Development Funds (CDF) and other benefactors		Training on Project Proposal Development
Implementation of Human & Ecological Security (HES), and Gender & Development (GAD)	Lobby for the implementation of HES, GAD and CDI	Training on Policy Analysis
Maintenance of database sponsors	Linkage and networking to strengthen partnership in the implementation of PPMP	

X. POPCOM SUPPORT ACTIVITIES

The POPCOM Secretariat is the overall coordinating body in the implementation of the PPMP Strategic Operational Plan (SOP) for 2002-2004. It will, therefore, ensure partnership with national and regional line agencies, NGOs, LGUs and the private sector to actualize areas/activities cited in the Plan.

While the program will have its own activities under service delivery, IEC/advocacy and capacity building, POPCOM will likewise support activities in the form of (a) policy advocacy, (b) research, monitoring and evaluation, (c) resource mobilization, and (d) data and information management.

Under policy advocacy, POPCOM, in coordination with the Philippine NGO Council on Population, Health and Welfare (PNGOC) and the Philippine Legislators Committee on Population and Development Foundation, Inc. (PLCPD), is advocating for the passage of House Bill 8110 or the Population and Development Bill, which is now pending in Congress. The Commission is also reviewing other related bills such as House Bill 4110 or the RH Care Act and is actively keeping track of the activities of the RH Advocacy Network (RHAN).

The Regional Population Offices (RPOs) of POPCOM, in coordination with their regional partner agencies, advocate for financial support of the population program with their LGUs. Moreover, the RPOs advocate that a permanent structure for the Provincial/City/Municipal Population Officers be legislated by the local chief executives.

Equally important is POPCOM's collaboration with the Church and other religious leaders. There have been initiatives to organize a working committee to coordinate with the Church to: promote scientific NFP; parent education on ARH and sexuality; and the setting up of Migration Information Centers. There has been positive and negative feedback from some of the church leaders but the Commission will continue to advocate the program. Initiatives have likewise been done with the Muslim religious leaders with good results, initially having defined the conceptual and operational frameworks on the Muslim-religious leaders-led IEC/ Advocacy on Reproductive Health/Responsible Parenthood for Muslim Communities.

Under Research, Monitoring and Evaluation, POPCOM is collaborating with research institutions like the University of the Philippines Population Institute (UPPI), Institute of Reproductive Health (IRH), and other research institutions in conducting research studies on family planning, reproductive health, adolescent fertility and sexuality migration and urbanization, and other population–related researches.

Under Resource Mobilization, POPCOM has been sourcing out funds from both foreign and local sources to sustain the implementation of the population program. Some of the sources of funds utilized in program sustainability are the countryside development fund from Congressmen, HES and GAD funds by the LGUs. POPCOM is also providing technical assistance in the conduct of training and project proposal development to assist partner agencies, NGOs and other stakeholders in their fund sourcing efforts. As secretariat and coordinator of the population program, the Commission is coordinating with multi-stakeholders of the program to work together to maximize the use of their collective resources.

POPCOM, is also preparing a "Population Investment Program", which will be updated annually to guide actions on the generation, programming, mobilization, matching and tracking of resources for population activities. This is necessary as foreign funding support is expected to phase out in the coming years. Therefore, the Secretariat will

lobby for funding assistance from the national government and from LGUs both from the executive and legislative branches, the private sector and other donor institutions, both local and international. It shall coordinate all donor institutions for possible fund sourcing, programming and mobilization for population and family planning activities. More importantly, the secretariat has initiated the development of PPMP expenditures to effectively and efficiently monitor and track resource generation and utilization.

Along data and information management, POPCOM has developed the National Population Development Information System (NPDIS) for the purpose of maintaining a database on population, development and environment as well as monitor and evaluate the implementation of the PPMP, including the operationalization of the ICPD Programme of Action. It has five modules namely: demographic and socio-economic indicators; plans and programs monitoring and evaluation; policy development; communication and advocacy; and research. The said modules are at different stages of completion.

The NPDIS has also been presented to pilot areas of the UNFPA in Regions 2, 6, and 12. Some modules have been installed in these pilot areas. The vast information stored in the database can be accessed through the internet, which are useful for academic, planning and policy formulation purposes. At the regional level, the RPOs are also maintaining regional data under the Management Information System (MIS) units. These regional data will form part of the NPDIS.

Moreover, the POPCOM Secretariat will also document and disseminate progress made in the population program through the publication of the annual "State of the Philippine Population Report (SPPR)". The SPPR is an advocacy tool for generating broad-based discussions of priority population-related issues, creating a national constituency to promote desirable policy thrusts, informing policy-making processes and assisting program development, implementation and monitoring.

The first SPPR document had the theme of "unmet need for family planning services". This was launched nationwide and in one region in March 2001 through the use of the theater to dramatize the theme. Copies of the main document and press releases were also distributed to the participants of the launch. Thereafter, national and regional users'

forums and multi-sectoral users' forums were conducted to determine the usefulness of the SPPR.

The second SPPR has "adolescent reproductive health" as a theme and is now being finalized for launching by January 2003. Prior to this, several youth forums were conducted at the national and regional levels to get the inputs of the adolescent and youths themselves. An experts' forum was likewise done to get the inputs of the other stakeholders.

Preparatory activities for the third SPPR have ensued with the preparation of selected POPCOM officials and staff of a concept paper on "Urbanization and Local Governance". This has been presented to the Senior Management Conference for enhancement. The RPOs have likewise submitted proposals related to urbanization and migration to the Central Office for consideration.

Advocacy activities are being undertaken to complement the production of the SPPR and other related documents to promote the population program. These include preparation of advocacy guide for national, regional and local advocates, preparation of a broadcaster's manual, production of a radio novela on population & RH, media orientation on population and family planning, and continuing technical assistance to the three pilot regions and its nine provinces under the 5th Country Assistance Program of the United Nations Population Fund.

POPCOM will likewise support the timely conduct of future National Demographic and Health Surveys (NDHS) and censuses and other population related surveys and the preparation of updated population projections. It will undertake monitoring and evaluation studies that will assist in increasing program effectiveness, developing quality standards and models and identifying best practices.

Finally, the Commission on Population is finalizing a project proposal for GTZ funding in consultation with other relevant agencies. This is entitled "Support to Local Population Management Program", which will be implemented in Regions VII and VIII from January 2003 to December 2011.

The project has the following objectives: (a) to contribute to the improvement of the quality of life of all Filipinos: better reproductive health, attainment of population outcomes that are in harmony with available resources and environmental conditions, and reduction in poverty and inequalities in human development opportunities.

The project considers the following as its key result areas: (1) LGU level planning, which considers population dynamics and is participatory; (2) increased political and financial support for population, RH/FP at LGU level; (3) Youth/adolescents to get involved, have more access to specific programs for sexuality/reproductive health and becomes well informed; (4) quality, non-clinical local services for RH/FP have wider coverage and are sustainable; and (5) lessons learned from the project including innovations, best practices and operations research are used for policy and program development.

The project has the following components: (1) Population and development (POPDEV) planning, which aims to produce better planners that will explicitly consider population and development variables in the entire planning process; (2) POPDEV Advocacy, which will popularize findings of research studies on the interrelationships of population and development; (3) Information, Education and Communication (IEC) and Mobilization of Youth to actively involve the youth sector in the population issues, concerns and activities; (4) Service delivery, which will strengthen the non-clinical based services and mobilizing NGOs at LGU level; and (5) Operations research to replicate experiences of pilot sites to non-pilot areas.

XI. CONCLUSION

The large population size and high population growth rate in the country brought about by population momentum, large family size preference, and high unmet need for family planning information and services have resulted to low level of investments in human and physical capital and technological progress. Rapid population growth tend to stifle the growth of national savings, weakening the ability of families to equip the next generation with adequate human and physical capital.

At the household level, having a large family size would mean that the family could hardly save enough to improve the family's standard of living over time. The children

could not be endowed with the education, health, and nutrition needed for them to compete with the rest of the world.

On the other hand, reduced population growth will result to a positive impact on the environment (e.g., less demand for energy, less generation of pollutants), the agricultural sector (e.g., increase of per capita per food production, less use of fertilizer, less intensive irrigation), the water sector (e.g., less demand for potable water and water for other sectors like industries may not increase) and it translates into an increase of GDP per capita and higher income due to a lower dependency burden (Merkle et. al., 2002).

Unless the population problem will be addressed, problems on increasing pressure on agricultural lands and other natural resources will be continuously felt, which will trigger influx of people into the urban areas. This results in high unemployment and underemployment rates in major cities, which will give rise to a host of social and economic problems.

With the implementation of the population program, which will be sustained through active partnership among partner agencies, NGOs, LGUs and the private sector, including civil society, adolescents/youth will have access to family planning information and counseling which may help reduce the incidence of teenage pregnancies and reproductive health problems. Similarly, couples will have access family planning information and services, which will bring about reduction in the level of unmet. Such condition will result to the attainment of their desired family size and well-being. In the long run, it will uplift the economic situation of the poor family from dire poverty. A precondition to the above is that need-oriented social services are available and being used by the population, especially the poor.