

## Data Sheet

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|--|----------------------------|
| <b>USAID Mission:</b>                      | Philippines                |
| <b>Program Title:</b>                      | Family Planning and Health |
| <b>Pillar:</b>                             | Global Health              |
| <b>Strategic Objective:</b>                | 492-003                    |
| <b>Status:</b>                             | Continuing                 |
| <b>Planned FY 2006 Obligation:</b>         | \$24,651,000 CSH           |
| <b>Prior Year Unobligated:</b>             | \$0                        |
| <b>Proposed FY 2007 Obligation:</b>        | \$21,072,000 CSH           |
| <b>Year of Initial Obligation:</b>         | 1994                       |
| <b>Estimated Year of Final Obligation:</b> | 2009                       |

**Summary:** USAID's health and voluntary family planning objective aims to improve health and nutritional status, particularly of women and children, and help Filipino parents achieve their desired family size. Activities will fund technical assistance to improve the capacity of local government units (LGUs) to deliver improved health and voluntary family planning services, particularly for the poor, including expanding their tuberculosis (TB) diagnosis and treatment capacity. USAID will also mobilize business support and involvement in TB prevention and treatment, food fortification, maternal and child health, and voluntary family planning, including encouraging the commercial sector to significantly increase its share of the overall contraceptive market. To increase public awareness of the advantages of voluntary family planning, the program will mobilize advocates who will inform the public about family planning options and conduct communication campaigns that will promote the use of modern contraceptives. Recognizing that the Autonomous Region in Muslim Mindanao and other conflict-affected areas in Mindanao have the poorest health indicators in the country, USAID's health program will give priority to these areas.

### **Inputs, Outputs, Activities:**

#### **FY 2006 Program:**

Improve Child Survival, Health and Nutrition (\$594,000 CSH). USAID is providing technical assistance to increase the number of micronutrient-fortified foods on the market, increase their consumption, and ensure enforcement of food fortification laws. U.S. Department of Agriculture P.L. 480 Title I funds are contributing to the program by improving the nutritional status of pre-school and elementary school students. Principal Implementer: Academy for Educational Development.

Improve Maternal Health and Nutrition (\$3,762,000 CSH). USAID is continuing to help private sector health service providers improve/expand provision of maternal health services. USAID is also continuing to use funds already transferred to the USAID Development Credit Authority credit guarantee mechanism to improve and/or expand existing midwife clinics and facilitate the generation of commercial financing for the establishment of new midwife clinics. Principal Implementers: Chemonics International and the Well Family Midwife Clinic (WFMC) Partnerships Foundation, Inc.

Prevent and Control Infectious Diseases Of Major Importance (\$3,465,000 CSH). In order to increase the availability of TB diagnosis and treatment by the public sector, USAID is providing technical assistance and training to local government health personnel in up to 600 cities and municipalities. USAID is also providing technical assistance and information to private providers to improve their diagnosis and treatment of TB. Principal Implementer: Chemonics International.

Reduce Transmission and Impact of HIV/AIDS (\$990,000 CSH). USAID is assisting LGUs to plan and implement HIV/AIDS prevention, education, and other services using local funds. USAID is helping strengthen non-governmental organization (NGO) capacity to reduce the threat of HIV/AIDS among at-risk groups by supporting their financing and delivery of prevention activities. USAID is also supporting an improved policy environment for HIV prevention. Principal Implementer: Management Sciences for Health.

Support Family Planning (\$15,840,000 CSH). As part of its continuing support to the Philippines effort to

achieve “contraceptive self-reliance” (i.e., end its dependence on free contraceptives provided by USAID and other donors), USAID is continuing to help the private sector improve and expand its provision of voluntary family planning services. This includes increasing workplace support for and provision of family planning and health services, increasing private sector sales of contraceptives, and supporting the nationwide expansion of an accreditation service for private providers that will build consumer confidence in these services and keep them competitive. USAID is providing technical assistance and training to local government health personnel in up to 600 cities and municipalities nationwide and is continuing to improve the policy environment for the provision of voluntary family planning and health services. USAID is implementing communications activities, and is identifying and promoting additional family planning champions. USAID is providing technical assistance to expand implementation of the improved benefits package under the National Health Insurance Program (NHIP) to cover additional LGUs and beneficiaries. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy. Principal Implementer: Chemonics International.

**FY 2007 Program:**

Improve Child Survival, Health and Nutrition (\$600,000 CSH). USAID will continue to provide technical assistance to increase the number of micronutrient-fortified foods on the market, increase their consumption, and ensure enforcement of food fortification laws. Principal Implementer: To Be Determined (TBD).

Improve Maternal Health and Nutrition (\$3,762,000 CSH). USAID will continue to use the Development Credit Authority mechanism to improve and/or expand existing midwife clinics and facilitate the generation of commercial financing for the establishment of new midwife clinics. USAID will also provide training and technical assistance to private providers to improve their maternal health services. Principal Implementers: Chemonics International and WPMC Partnerships Foundation, Inc.

Prevent and Control Infectious Diseases of Major Importance (\$4,000,000 CSH). USAID will continue to provide technical assistance and training to local government health personnel in up to 600 cities and municipalities. Principal Implementer: TBD.

Reduce Transmission and Impact of HIV/AIDS (\$990,000 CSH). USAID will assist LGUs to plan and implement HIV/AIDS prevention and education activities and other services using local funds. USAID will help strengthen NGO capacity to reduce the threat of HIV/AIDS among at-risk groups and support their financing and delivery of prevention activities. Principal Implementer: TBD.

Support Family Planning (\$11,720,000 CSH). USAID will continue to provide technical assistance and training to local government health personnel in up to 600 cities and municipalities and will continue to create an improved policy environment for the provision of voluntary family planning and health services. USAID will continue efforts to help the private sector expand and improve its provision of family planning and other health services, including in the workplace, and thus increase the availability and affordability of contraceptives. USAID will continue to implement national and local communications activities, and will identify and promote additional family planning champions. USAID will continue support of the benefits package under the NHIP to cover additional LGUs and beneficiaries. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy. Principal Implementer: Chemonics International.

**Performance and Results:** The contraceptive prevalence rate for modern methods showed a modest increase of almost 1% despite USAID's phase down of its contraceptive allocations to LGUs. The private sector's share in the provision of family planning supplies and services increased from 33% in 2004 to 36% in 2005. The TB treatment success rate is currently 88%, above the national target of 85%. HIV seroprevalence remains below 3% in the most at-risk groups. With successful completion of this program, USAID expects that public sector services at the local level will be improved and focused on serving the poor, the role of private sector will be expanded and ideally serving those who have the means to pay, policies that increase access to and financing of health services will be in place, and access by the general public to accurate information on health services and products will be increased.

## US Financing in Thousands of Dollars

Philippines

| 492-003 Family Planning and Health    | CSH     | DA      | DCA | ESF   | MAI   |
|---------------------------------------|---------|---------|-----|-------|-------|
| <b>Through September 30, 2004</b>     |         |         |     |       |       |
| Obligations                           | 78,430  | 155,602 | 7   | 4,000 | 1,800 |
| Expenditures                          | 32,935  | 154,029 | 0   | 3,414 | 1,698 |
| Unliquidated                          | 45,495  | 1,573   | 7   | 586   | 102   |
| <b>Fiscal Year 2005</b>               |         |         |     |       |       |
| Obligations                           | 26,657  | 0       | 0   | 0     | 0     |
| Expenditures                          | 33,778  | 23      | 0   | 572   | 61    |
| <b>Through September 30, 2005</b>     |         |         |     |       |       |
| Obligations                           | 105,087 | 155,602 | 7   | 4,000 | 1,800 |
| Expenditures                          | 66,713  | 154,052 | 0   | 3,986 | 1,759 |
| Unliquidated                          | 38,374  | 1,550   | 7   | 14    | 41    |
| <b>Prior Year Unobligated Funds</b>   |         |         |     |       |       |
| Obligations                           | 0       | 0       | 0   | 0     | 0     |
| <b>Planned Fiscal Year 2006 NOA</b>   |         |         |     |       |       |
| Obligations                           | 24,651  | 0       | 0   | 0     | 0     |
| <b>Total Planned Fiscal Year 2006</b> |         |         |     |       |       |
| Obligations                           | 24,651  | 0       | 0   | 0     | 0     |
| <b>Proposed Fiscal Year 2007 NOA</b>  |         |         |     |       |       |
| Obligations                           | 21,072  | 0       | 0   | 0     | 0     |
| Future Obligations                    | 75,000  | 0       | 0   | 0     | 0     |
| Est. Total Cost                       | 225,810 | 155,602 | 7   | 4,000 | 1,800 |