

## Data Sheet

|                                     |                            |
|-------------------------------------|----------------------------|
| <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>Proposed FY 2004 Obligation:</b> | \$29,350,000 CSH           |
| <b>Prior Year Unobligated:</b>      | \$0                        |
| <b>Proposed FY 2005 Obligation:</b> | \$28,000,000 CSH           |
| <b>Year of Initial Obligation:</b>  | FY 1994                    |
| <b>Year of Final Obligation:</b>    | FY 2007                    |

**Summary:** USAID's activities focus on two major factors contributing to poverty and instability in the Philippines - continued high population growth and the tuberculosis (TB) burden. Local governments are now responsible for providing key primary health services. Thus USAID focuses on improving local government capacity to deliver family planning services, expand TB diagnosis and treatment, and improve other vital health services focused particularly on the poor. However, with limited resources the public sector must focus on providing health services to the lowest income groups. At the same time, the private and commercial sector must be given the confidence to enter the market and provide these services to those who have the ability to pay. Creating national self-reliance for the supply of contraceptives is central to the development of the Philippines. USAID is concurrently strengthening the private sector's ability to provide more and better quality family planning and TB services to reduce the demands on the overstretched government systems and make these services more sustainable. USAID also has specialized activities to improve the dramatically poor health indicators in the conflict-affected areas of Mindanao and other marginalized areas of the country.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Family planning and health services by local government units (\$19,350,000 CSH). USAID will strengthen the capacity of local governments to effectively deliver family planning and health services. The focus will be on improving counseling for family planning and increasing the availability of TB diagnosis and treatment. Technical assistance and training will be provided to local government health practitioners and service providers in as many as 130 cities and municipalities, most of which are in the conflict-affected areas of Mindanao. Because of local governments' limited resources, USAID will also provide technical assistance to assist them in segmenting clients in public clinics to focus their efforts on those who truly cannot afford to pay. USAID will also provide limited funding for the creation of voluntary sterilization training centers and provider sites. USAID will implement Vitamin A supplementation activities and immunization campaigns in the conflict-affected areas of Mindanao. USAID will also enhance behavior change efforts focused on the groups most at risk for HIV/AIDS, and continue to provide technical assistance to maintain the world class surveillance system established under the program. To improve the policy environment, USAID will provide technical assistance to implement the National Health Insurance Program's new and improved benefits package developed in FY 2003. This includes family planning and TB treatment; revision of national policies and guidelines to allow greater access to family planning, particularly for the poor; and educating insurance plan holders on new and underutilized benefits related to family planning. USAID will also assist local groups to advocate for changes in government policies to promote self-reliance in contraceptives. Principal contractors and grantees include Management Sciences for Health and the National Tropical Medicine Foundation, Inc.

Family planning and health services by the private sector (\$7,538,000 CSH). USAID will assist the GRP to achieve contraceptive self-reliance by expanding the role played by the private sector in providing family planning and TB services. USAID will provide information and technical assistance to private providers and the general public on the correct treatment of TB. USAID will assist nationally recognized

businesses and private sector organizations to advocate for improved policies for private sector provision of family planning. USAID will also work with private providers and pharmaceutical organizations to increase the availability of affordable commercial family planning commodities in the market. USAID will continue to use the 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. In collaboration with the Global Alliance for Improved Nutrition initiative, USAID will provide technical assistance to increase the number of micronutrient-fortified foods and their consumption. USAID will explore other options to increase the number of private sector service providers in TB and family planning and enhance the quality of service they provide. Principal contractors and grantees include John Snow, Inc., FriendlyCare Foundation, Inc. (FCFI), DKT Philippines, Chemonics International and the Commercial Markets Strategies (CMS) Project in the Philippines.

Social acceptance of family planning (\$2,462,000 CSH). To increase the social acceptance of modern family planning methods, USAID will conduct a multi-media communication campaign that promotes the use of modern contraceptives as part of a normal, healthy lifestyle; provide technical assistance to Muslim religious leaders for the development and proclamation of a national fatwa (religious edict) in support of family planning and reproductive health; work with medical, nursing, midwifery, and pharmacy school associations for the enhancement of family planning concepts in the school curriculum and with the various board examiners for inclusion of family planning questions in the licensure examinations; and develop and train family planning champions and sectoral networks for family planning advocacy. The principal contractor is the Academy for Educational Development.

In all of the above activities, USAID will work with the Department of Health, Commission on Population, Philippine Health Insurance Corporation, and local governments. All family planning agreements will incorporate clauses that implement the President's directive reinstating the Mexico City Policy.

**FY 2005 Program:**

Family planning and health services by local government units (\$10,900,000 CSH). USAID will expand program activities to include an additional 220 local governments nationwide. USAID will continue to improve the policy environment for the provision of family planning and health services. These activities will be implemented using the same partners as in 2004.

Family planning and health services by the private sector (\$12,400,000 CSH). USAID will increase marketing efforts and technical assistance to help the private sector increase its sales of contraceptives; expand TB activities to 25 cities; and support the nationwide expansion of an accreditation service for private health care providers for TB and family planning that will build consumer confidence to use these services and keep them competitive. Principal contractors and grantees include Chemonics International and FCFI.

Social acceptance of family planning (\$4,700,000 CSH). USAID will continue communications and advocacy activities such as conducting national and local communications campaigns and identifying and promoting additional popular champions. These activities will use the same implementers as in 2004.

All family planning agreements will incorporate clauses that implement the President's directive reinstating the Mexico City Policy.

**Performance and Results:** Preliminary data from the 2003 National Demographic and Health Survey (NDHS) suggest no significant change in the national contraceptive prevalence rate (CPR) for modern methods at 34.7% as compared to the 2002 level of 35.1%. The reported CPR for 2003 indicates a 10 percentage point increase in the past 10 years (CPR in 1993 and 1998 were estimated at 24.9% and 28.2% respectively) with the rate of increase accelerating in the past five years. The share of the private sector in the provision of family planning supplies and services increased to 29.1% in 2003 from 28.5% in 2002. The increase in the private sector contribution occurred primarily in the number of pill users. Complete childhood immunization levels increased to 69% nationally from 63% in 2002. HIV/AIDS prevalence remained below three percent among the most at risk groups.

## US Financing in Thousands of Dollars

Philippines

| 492-003 Family Planning and Health    | CSH     | DA      | DCA   | ESF   | MAI   |
|---------------------------------------|---------|---------|-------|-------|-------|
| <b>Through September 30, 2002</b>     |         |         |       |       |       |
| Obligations                           | 31,739  | 153,227 | 0     | 2,000 | 1,800 |
| Expenditures                          | 12,395  | 138,290 | 0     | 4     | 1,581 |
| Unliquidated                          | 19,344  | 14,937  | 0     | 1,996 | 219   |
| <b>Fiscal Year 2003</b>               |         |         |       |       |       |
| Obligations                           | 20,542  | 2,375   | 7,050 | 2,000 | 0     |
| Expenditures                          | 7,528   | 12,639  | 0     | 1,183 | 0     |
| <b>Through September 30, 2003</b>     |         |         |       |       |       |
| Obligations                           | 52,281  | 155,602 | 7,050 | 4,000 | 1,800 |
| Expenditures                          | 19,923  | 150,929 | 0     | 1,187 | 1,581 |
| Unliquidated                          | 32,358  | 4,673   | 7,050 | 2,813 | 219   |
| <b>Prior Year Unobligated Funds</b>   |         |         |       |       |       |
| Obligations                           | 0       | 0       | 0     | 0     | 0     |
| <b>Planned Fiscal Year 2004 NOA</b>   |         |         |       |       |       |
| Obligations                           | 29,350  | 0       | 0     | 0     | 0     |
| <b>Total Planned Fiscal Year 2004</b> |         |         |       |       |       |
| Obligations                           | 29,350  | 0       | 0     | 0     | 0     |
| <b>Proposed Fiscal Year 2005 NOA</b>  |         |         |       |       |       |
| Obligations                           | 28,000  | 0       | 0     | 0     | 0     |
| Future Obligations                    | 80,400  | 0       | 0     | 0     | 0     |
| Est. Total Cost                       | 190,031 | 155,602 | 7,050 | 4,000 | 1,800 |