

Philippine Center  
for Population and  
Development

# 2015 Annual Report



*Cover photo:*

Erick Bernardo, a nurse from the Likhaan Center for Women's Health, holds an infant whose mother came to one of Likhaan's family planning fair to avail of family planning services. PCPD has an ongoing project with Likhaan's Mothers' Clinic in Malabon that promotes the use of long-acting and reversible contraception.



## Our Vision

A better understanding of the relationship between population and development that empowers Filipino families to make informed decisions and actions that will result in an improved quality of life. Collectively, we are working toward building a nation that is able to balance its population and resources.

## Our Mission

PCPD supports initiatives to influence people's views and promote actions toward long-term human development and an appropriate balance between population and resources.

## Abbreviations

ASEAN	Association of Southeast Asian Nations
ASRH	Adolescent sexual and reproductive health
BITE	Building Inter-Tribal Ecodevelopment
BCYA	Baguio Center for Young Adults
CFSI	Community and Family Services International
CHW	Community health worker
CSE	Comprehensive sexuality education
CSO	Civil society organization
DepEd	Department of Education
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FP	Family planning
FPOP	Family Planning Organization of the Philippines
ICP	Important cultural property
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency virus
IMAP	Integrated Midwives Association of the Philippines
IUD	Intrauterine device
LGU	Local government unit
NHTS	National Household Targeting System
PHIC/PhilHealth	Philippine Health Insurance Corporation
PopCom	Commission on Population
PopDev	Population and development
POPDEVED	Population and development education
RH	Reproductive health
RPRH	Responsible parenthood and reproductive health
STI	Sexually transmitted infection
WFP	Work and financial plan
WRA	Women of reproductive age





# Message from the Chair

Change – deliberate, precise, rational – commanded PCPD’s attention in 2015. Corporate objectives were revisited. Priorities were refocused. A new role was accepted.

These were done to make PCPD more relevant, the impact of the projects it supports more substantial and sustainable, its interventions to advance population and development more purposeful.

These all started when the new executive director, after reading through PCPD’s Articles of Incorporation, reminded the Board that PCPD is an organization whose purpose is “to initiate, sponsor, assist, and finance action programs, studies, researches, and facilities that would formulate population policies and programs carried out by the private sector to support and reinforce government efforts in Philippine development.”

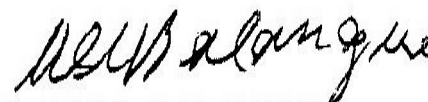
But how does this very general purpose translate to a more specific, more concrete objective?

For PCPD, the answer is in supporting the full implementation of the Responsible Parenthood and Reproductive Health Law. By adopting this as one of its major programs, PCPD has taken one aspect of population and development – maternal and adolescent fertility – and made it its focus when approving proposals for action projects from grantees. Gone are the times when proposals can be on any population-development intervention such as climate change and disaster risk reduction, food security, local governance, trafficking of women, and urbanization, among others. Now, proposals have to support the fertility objectives of women, couples, and young people by addressing their unmet need for family planning and providing them with FP information and services. They

should also include measures that will ensure that project gains are sustained, and even mainstreamed, in the plans and budgets of implementers even after PCPD support has ended.

As a member of the National Implementation Team for the RPRH law, PCPD has also taken on the role of consolidator or catalyst that would bring together the work and resources of government agencies and civil society organizations to carry out FP and RH projects. It will come up with a standard manual that would specify the approaches, systems, and procedures that PCPD as consolidator must be knowledgeable on to be effective in its new role as consolidator. The standard manual will be also be able to contribute in strengthening the institution and building the capabilities and expertise of its staff in managing new program initiatives and leveraging funds from various sources to finance them.

All these refocused priorities and efforts are meant to be PCPD's contribution in reducing fertility and lowering population size to a more manageable level. Well-managed families and a well-managed population fosters sustainable growth and human development. When this happens, the aspiration for an improved quality of life and better economic, physical, and social wellbeing of Filipino families is realized.



**David L. Balangue**



*A pregnant woman gets a prenatal checkup from a midwife of the Shiphrah Birthing Home, one of PCPD's partners.*

For more than four decades, PCPD's priority was to address social and human development concerns. It was supporting projects on population, education, health, local governance, the environment, and climate change, among others. Nothing wrong with this, especially since population and development is such a broad framework that any project can pretty much fall under its rubric.

PCPD, however, is a small foundation with limited resources. Being "all over the place," so to speak, begs the question of whether its grants are able to result in sustainable impacts and in initiatives that can continue even after PCPD support has ended.

To respond to this concern, the strategic decision was made in 2015 to follow a

more focused approach in providing grants to its partners, starting with adopting a grant facility that zeroes in on its four major programs: (1) Support to the Implementation of the Responsible Parenthood and Reproductive Health Law; (2) Constituency Building for Population and Development; (3) Knowledge Management; and (4) Strengthening the Organization.

For PCPD, action projects must now include the provision of FP services among its deliverables, a key indicator of its support to the implementation of the RPRH law.

The law has 12 elements on RH care. Of these, PCPD's ongoing action projects, as well those currently being developed, will be focused on family planning information and services for:

- Women of reproductive age;
- Adolescents and young people; and
- Males who have to be involved and responsible for contraception and reproductive health.

### *Family planning services*

“PCPD will prioritize the establishment and maintenance of appropriate private facilities

## Major programs and objectives

PCPD's objective of providing GRANTS TO POPULATION ACTION PROGRAMS is anchored on the Implementation of the Responsible Parenthood and Reproductive Health Law. It aims to contribute significantly in raising the contraceptive prevalence rate of women of reproductive age and lower the country's total fertility rate.

Its POPULATION RESEARCH AND STUDY GRANTS address its program on Knowledge Management. It maintains a population and development information center that generates evidence-based data and reports that are useful in developing policies and programs on PopDev concerns. At present, its research agenda focuses on migration and the demographic dividend, especially as it relates to how young people and older adults contribute to and benefit from it.

It fosters POPULATION POLICY AND PROGRAM FORMULATION, IMPLEMENTATION, and EVALUATION through PopDev Constituency Building. This involves expanding and diversifying its network of partners and allies, and even securing new groups, to support its objectives.

It pursues INSTITUTION BUILDING through Strengthening the Organization to enhance its human and physical resources, effect fund generation and management, and obligate the allocation of the biggest share of its gross income to action projects on family planning services and information.



and clinics that provide family planning and reproductive health services or extend outreach services,” PCPD’s executive director Jonathan Flavier explains.

“For practical translation, PCPD’s grants will support action projects that help couples and young people achieve their fertility objectives and fulfill women’s unmet need for family planning services,” he adds.

Unmet need for FP refers to the women or

couples of reproductive age who want to stop or delay having children and limit or space their childbearing years but are not using any method of contraception. PCPD has allocated P16.8 million for projects that address these unmet needs.

“The full cost of addressing the identified unmet contraceptive needs will not be borne solely by PCPD. Instead, it has started partnering with other organizations and government agencies to secure leveraged

*The National Capital Region of PopCom held a training for teachers on how to integrate the POPDEVED Modules in their classes on Health, Science, and Araling Panlipunan*





funding to meet the shortfall,” Flavier says. “Other sources of fund are DOH, PopCom, DSWD, PhilHealth, LGUs, even DepEd, and the counterpart fund of the grantees. There is also the potential of tapping international donors and local private philanthropists.”

“In terms of grantees, PCPD prioritizes organized groups of midwives, nurses, doctors, and other health care providers rather than small organizations that implement small projects and only reach a limited number of new acceptors,” Flavier adds. “This strategy has a greater chance of providing services to a significant number of new acceptors and those with unmet need.”

### *Family planning information and comprehensive sexuality education*

PCPD continues to support projects on comprehensive sexuality education to adolescents and young people. However, it added a new dimension to it by connecting CSE with FP service delivery.

“Starting in the early years of 2000, PCPD supported the development of the PopDev Education Modules and actively promoted its use by public and private institutions in their

## Demographic dividend

There will be a turning point when a country that has high fertility and mortality rates will experience low fertility and mortality rates. During this period, the working-age population is greater than the young and old dependent population. With fewer people to support, appropriate social and economic policies in place, and the right investments made, there is a window of opportunity to spur economic growth and development, considered as the first demographic dividend.

In the next stage, the fertility level is declining and more people are living longer, largely because of improved health measures and medical care. If the working-age population of the previous stage is able to save for their retirement and to acquire assets such as properties and funded pensions during their working years, there is potential for a second demographic dividend. It allows older people to accumulate capital and savings they can allocate for productive investments and secure their financial future (Mapa and Balisacan 2015).

sexuality education programs. It spent millions to produce PopDev education and information materials. Yet, it was during this period that fertility rose among adolescents and the rate of teenage pregnancy became the highest among ASEAN countries,” he notes. “Clearly, education is not enough. Service delivery

*Students from the Mataas na Paaralang Neptali Gonzales discuss adolescent sexual and reproductive health*



must also be included in the intervention. Adolescents must be allowed to access RH and FP services, especially those who are already practicing early sex or who are engaged in risky sexual behaviors.”

Two ongoing projects were fine-tuned in 2015 to reflect the link between CSE and RH and FP

services.

One of the action projects, implemented by the Community and Family Services International, involves raising the awareness of and educating adolescents and young people from poor communities in Pasay on their sexual and reproductive health and rights. Informal classes on STI/HIV/AIDS

and teenage pregnancy were held as well as peer counseling for those who are practicing risky sexual behaviors. With PCPD prompting midway through the project, CFSI began referring those who are already sexually active to the health center and to a private provider for FP counseling and to avail of FP services and commodities.

CFSI also held separate sessions with parents to encourage them to allow their children to access FP services. The RPRH law directs parents or guardians to hand over a written parental consent that they are letting their children consult with health providers and avail of FP services. Luckily, these parents need no further convincing in giving their consent, maybe

because some of them were teenage parents themselves and experienced the difficulty of going through an unwanted or unplanned pregnancy.

The other action project, implemented by the Baguio Center for Young Adults, parallels CFSI's initiative on educating young people on ASRH. At the same time, it works with the district health center to extend health services and counseling to them. Again with PCPD's encouragement, it added the delivery of FP services and commodities to young people among the project outputs.

### *Knowledge management and constituency building*

PCPD's secondary priority involves the conduct of research on population and family planning issues in migration and on demographic dividend brought about by changes in the age structure of the country's population.

Migration is a population process that PCPD addresses, this time under its program on knowledge management. Emerging issues on the circumstances, consequences, and

*A Shiprah Birthing Home midwife checks the health of the mother and the baby*







impacts of migration need to be surfaced and studied, especially as they relate to the RH status and needs of WRAs and overseas Filipino workers, a significant number of whom are WRAs.

Another area that is influenced by fertility levels is the demographic dividend, a stage where a well-educated, healthy and productive workforce creates opportunities for greater economic growth and development.

“In 2011, PCPD supported a study on the demographic dividend and how this can be attained by policy initiatives such as

the passage of the RH bill. By this time, follow-through studies can be developed and conducted to further explore how the RPRH law can contribute in achieving the demographic dividend or what policies perhaps are needed to maximize the contributions of older adults in an aging society,” Flavier notes.

Aside from the P16.8-million budget for population action programs, P4.2 million was allocated for developing proposals for new projects, participation in international and local conferences, and population research and study, and policy and program advocacy.

*Source:*

Mapa, Dennis. “Demographic Sweet Spot and Dividend in the Philippines: The Window of Opportunity is Closing Fast. October 2015. <[http://www.bsp.gov.ph/events/pcls/downloads/2015/BSP\\_2a\\_mapa\\_paper.pdf](http://www.bsp.gov.ph/events/pcls/downloads/2015/BSP_2a_mapa_paper.pdf)>.



*Dr Cabral leads one of the meetings of the National Implementation Team of the Responsible Parenthood and Reproductive Health Law*

PCPD has a new role: to be a consolidator of efforts and resources between civil society organizations and government agencies in implementing the Responsible Parenthood and Reproductive Health Law.

“The Department of Health made available almost P300 million for CSOs to help carry out their FP and RH projects. However, most CSOs find it difficult to avail of it. They get lost in navigating government’s various procedures and

requirements to enable them to access this fund. This is where PCPD’s role as a consolidator comes in,” explains Dr. Esperanza Cabral, convenor of the National Implementation Team for the RPRH law and one of PCPD’s Board members.

“The law recognizes that government, especially DOH, and CSOs should work together to address the unmet need for family planning so women, young





people, and couples can achieve their fertility objectives. Most CSOs work closely with the communities where these potential FP acceptors and users are. But their efforts to fully carry out activities that provide FP and RH information and services can be limited by lack of financial and human resources. PCPD would facilitate matching the capabilities and reach of these CSOs with government resources and private sector service providers,” adds PCPD executive director Jonathan Flavier.

### *Partnership*

Three main actors are involved in this partnership: government, CSOs, and PCPD.

For the pilot project on this partnership being implemented in Metro Manila, government is represented by the DOH’s National Capital region office. Participating CSOs are the Democratic Socialist Women of the Philippines, the Metro Manila chapter of the Family Planning Organization of the Philippines, and the Integrated Midwives Association of the Philippines.

DSWP and FPOP work in the northern and southern areas of Caloocan city, respectively, while IMAP project covers Taguig city. Each CSO is committed to address unmet FP needs of 3,000 women or couples in six months.

Under this scheme, CSOs identify activities in the DOH work and financial plan where it can assist in the fast-track delivery of contraceptive services, especially to poor and community women. Once approved by the DOH regional office, corresponding funding is allocated and released accordingly for each of the activities of the CSOs’ implementing the DOH WFP.

The DOH regional office also assists CSOs in accessing FP commodities and supplies that they will distribute to FP acceptors and users when they conduct their service delivery activities.

Aside from service provision, CSOs organize poor women in the community to attend family development sessions using the PopCom modules on responsible parenthood that include information on various FP

methods or other RPRH interactive learning sessions. They tap LGU or PopCom financing to mobilize participants to attend the sessions and to bring them to the nearest health facility or provider for the FP and RH services they need.

PCPD, on the other hand, provides CSOs a revolving fund of P500,000 for times when DOH and other donor fund releases are delayed. The CSOs commit to reimburse the costs of activities that have already been drawn from the PCPD revolving fund.

“PCPD’s revolving fund is intended to lend a wiggle room that lets CSOs do their activities even if funds committed by DOH, PopCom, or other government agencies involved in the projects are not yet released to them. The revolving fund is a way to ensure that projects will go on even if there are delays in fund releases,” Cabral emphasizes.

The revolving fund, Cabral adds, will remain intact at the end of the project. It will then be used by the CSO to provide FP and RH services, tap financing for them, and identify and mobilize clients in the next project cycle.

*PCPD members Risa Hontiveros and Dr. Cabral talk about reproductive health in a forum*



“Should the CSO decide to end the partnership, the revolving fund will be returned to PCPD,” Cabral says.

“PCPD is currently negotiating a similar partnership with the regional offices of DOH and PopCom in the Ilocos Region, with the Private Birthing Homes Association of Pangasinan, the FPOP Pangasinan chapter, and possibly DSWP, as CSO partners. We are also developing revolving fund grants in Cagayan Valley with the Building Inter-Tribal Ecodevelopment and CSO partners there, and potential partners in Visayas and Mindanao,” Flavier says.

### *Meaningful impact*

The consolidator role is a natural fit for PCPD.

“Because it is a grant-giving foundation, PCPD is able to set aside a revolving fund for each CSO that can be used to advance the costs of funding activities when government releases are delayed. It can navigate the dynamics of government-CSO engagement, mainly because it partners with both

government agencies and CSOs, including academic, faith-based, people’s and private organizations. It also has a certificate of accreditation from DSWD that allows it to access government funds for advocacy, capability building, and resource mobilization activities in all the regions of the country,” Cabral notes.

As consolidator, PCPD’s interventions are able to have a meaningful impact in advancing



*Dr Cabral addresses the 2015 Global Forum for Research and Innovation on Health held in Manila*

population and development.

“By functioning as a consolidator, PCPD prioritizes one very important aspect of PopDev – maternal and adolescent fertility. It makes more sense for PCPD to focus its resources on just this one area rather than spread them thinly on so many PopDev projects that have no sustainable or very limited impacts,” Cabral asserts.

At the same time, this role is not without its challenges.

“There are now new demands for the technical staff and partners – engaging with a large bureaucracy that is DOH and the other government offices, learning a new scheme for grant giving, project development and monitoring, leveraging PCPD funds with other sources of finances, expanding partnerships and identifying new partners. PCPD may

need to hire additional people to do these. The budget it allots for programs needs to be revisited as well to find out if more resources can be earmarked for this partnership so it can be implemented in other regions also,” she notes.

PCPD should also build its capability to be a consolidator. It needs to attend regularly the NIT meetings so it can be updated on the status of implementation and issues confronting it. It must develop a project manual as an initial attempt to lay down critical information on this shared work between government and CSOs such as guidelines, approaches, interventions, fund leveraging, and indicators of success.

In the meantime, implementation of this new scheme and partnership is set and PCPD is committed to see it through.





*Nurses from the Likhaan Center for Women's Health take a mother's medical history during one of its family planning fairs*

It might have taken more than a decade but let it not be said that the work is finished now that the Responsible Parenthood and Reproductive Health Law is in place. The challenge remains, this time to ensure that it is fully implemented. The law has to be translated to actions that advance reproductive health and wellbeing, particularly of mothers and young people, and meet their family planning needs, especially those who are poor and marginalized.

PCPD opened a grant window in 2015 as its initial commitment to help implement the law. Totalling P3 million, the fund allots a maximum of P500,000 to a partner implementer so it can start its own FP project.

Two partners availed of this funding support: the Likhaan Center for Women's Health and the Democratic Socialist Women of the Philippines



### *Long-acting and reversible contraception*

PCPD's project with Likhaan promotes the use of LARC in its Mothers' Clinic in Malabon. It hired a nurse and two midwives who now work full-time to provide clients with LARC, specifically intrauterine device and subdermal implant.

These full-time health professionals educate Likhaan's clients on LARC and encourage them to avail of this method. The progress in this effort is used to qualify the clinic to be accredited by the Philippine Health Insurance Corporation. Once it gets its accreditation, the reimbursements from PHIC can further allow it to provide quality and sustainable reproductive health care services, including FP.

The Mothers' Clinic serve three barangays in Malabon, with at least 124,000 people and 18,300 families covered by government's National Household Targeting System for Poverty Reduction. They comprise 35 percent of Malabon's population and 45 percent of its NHTS poor families, indicating a high concentration of poverty.

### *Women visit the Mothers' Clinic to get family planning counseling and services*



Likhaan's health care program in the area is supported by 45 community volunteers who work with some organized 1,500 women and young people. They educate them on RH issues and services, correct myths and misconceptions on them, develop better health-seeking attitudes and behaviors among them, and connect them to available services. Three well-trained community health workers also engage in health care and community organizing. The clinic's FP services, although reaching thousands, are limited, especially with regard to LARC delivery since this can only be done by health professionals. This is unfortunate

*Community health worker Lina Bacalando educates women in the community about family planning*



considering that LARC is 99 percent effective compared with other contraceptive methods.

With the hiring of the three full-time health professionals, the clinic can now provide LARC to its clients. In November, the first month the project is implemented, 14 clients availed of the implant. This increased to 23 and 39 in December and January, respectively. For IUD, the number is eight, five, and six, respectively, during the same months. The low numbers can be attributed to shorter clinic

days in November and December because of the holiday season.

*Demand generation and FP services*

PCPD's project with DSWP also addresses the unmet need for FP services of two urban poor communities in Caloocan: Camarin and Bagong Silang.

Camarin has a population of some 50,000 residents. Bagong Silang, the most populous

barangay in the country, has about 258,000 residents. It is assumed that these areas reflect the low contraceptive prevalence rate of Caloocan, which stands at 11 percent, since their combined population is already 20 percent of the city's population.

The project organized women of the two barangays into Community Bantay RH to assist DSWP in identifying women of reproductive age who are seeking various types of RH services, particularly FP. RH and FP education sessions are conducted to encourage them to practice FP. Forums on the RPRH law are also held so they could understand the law and know the benefits mandated by it. City officials and public and private health providers are also oriented on the law and the project so better collaboration could be established among them and the CBRH in providing RH and FP information and services.

In the three months the project was implemented in 2015, its outputs have not yet been able to serve women and men with unmet need for FP and have not yet provided them with their contraceptive choices. This reflects a facet of PCPD work where, over the last

decade, most of its partners have been used to merely providing information or carrying out education and communication activities without enough FP services. Slowly, PCPD is sharing a shift in priority by encouraging its partners to address the fertility objectives of women and couples and provide them with contraceptive services to address their identified unmet FP needs.

### *Impact*

The need for a responsive and rational reproductive health policy has always resonated with ordinary Filipinos. That is why they have never wavered in their support for the RH bill even if it took more than a decade for it to be finally declared a law. With the law in place, all efforts must be exerted to make certain that its benefits reach them with the contraceptive services they choose.

PCPD's grants that prioritize FP services is one of its contributions to ensure that the law truly makes a difference in the lives of Filipinos, especially those who are poor and disadvantaged.





*The sunken garden inside the PCPD building*

The PCPD building is more than just the steel and concrete that frames it. It is now one of the country's important cultural properties, a building with "exceptional cultural, artistic and historical significance."

This designation was made by the National Museum, the only agency mandated to declare sites, structures, and objects in the country as either a national cultural treasure or an important cultural property.

According to the National Museum, these cultural treasures and properties "highlight their significance to the entire world that they are officially recognized as an intrinsic part of the patrimony of the Filipino people and are central to the legacy that the present generation should take special care to steward for the generations to come."

"They are individually and collectively meant to serve as testimony to the richness and diversity of heritage that

speaks to the longstanding and distinctive strength, resilience and dynamism of the spirit of the Filipino people, at home and everywhere throughout the world,” National Museum director Jeremy Barns explains in a previous interview.

The over four-decade old PCPD building was designed by renowned Filipino architect Leandro V. Locsin, himself a National Artist. As an ICP, it is protected and cannot be significantly modified nor demolished. It can also receive government funding for its protection, conservation, and restoration.

“Since 2011, we have been retrofitting the building to upgrade it and have its facilities comply with the Building Code. PCPD has spent quite a lot on this already, considering that the building has been standing since the early ‘70s and it needs significant improvements,” PCPD’s administration and property manager Connie Garcia notes.

“I think this is a right investment for PCPD since, as the steward of this important cultural property, it is our responsibility to manage it well,” she adds.

Aside from PCPD’s office, the building houses the Beacon International School Foundation, Philippine Interactive Audiotex Services, Solidcon Construction, Institute of Culinary Education and Management, AZ Communications Network, Claudia’s Kitchen, Dimerco Express Philippines, Hyster Forklift Philippines, Fil-Fresh, Staminair Corporation, Xpressfill, and a Smart and Sun cellular tower.

The PCPD building’s value in 2015 is P54.5 million.





PCPD's principal income comes from its trust funds and rentals from leasing parts of its building. Due to investment slump in 2015, the market value of the trust funds decreased from PhP 203 million in 2014 to PhP 198 million. On the other hand, its rental income increased by six percent, from PhP 39 million to PhP 41 million, for the same period.

In 2015, PCPD spent P14 million for programs, which covered grants to 15 partners.

## PCPD's Projects

As of 31 December 2015

GRANTEE	PROJECT TITLE
Manila Observatory/ University of San Carlos-Office of Population Studies (USC-OPS)	Geographic Information System-Based Climate Change Vulnerability and Adaptation and Risk Assessments for Metro Cebu
Democratic Socialist Women of the Philippines	Responding to Expressed Needs for Reproductive Health Information and Services of Poorest Women and Youth of Payatas B in Quezon City
Interfaith Partnership for the Promotion of Responsible Parenthood	Youth Ventures Project 2: YV Peer Educators Reaching Out to Young People of Various Churches in Antipolo City
Foundation for Adolescent Development	Care to Teach – Training the NSTP Educators of Five FAD Partner Universities on Adolescent Reproductive Health Using and Promoting PCPD's Population and Development Education Teaching Modules
University of San Carlos-Office of Population Studies	Scholarship Program for the Certificate on Population and Development Education
Likhaan Center for Women's Health	Developing Standards on Comprehensive Sexuality Education for Use of the Department of Education, Private Schools, and Nongovernment Organizations
Trinity University of Asia-Trinitian Center for Community Development	Engaging the Youth on Community-Based Population Education and Human Sexuality toward Environmental Sustainability in Riverine Communities



Dr. Marilen Danguilan	A book documenting the evolution of the country's population policy – from population control to reproductive health
Commission on Population-National Capital Region	Training of Teachers and Pilot Implementation of Population and Development Education Teaching Modules in Selected Public Schools in Metro Manila
Community and Family Services International	Park Avenue Initiative: Family-Centered and Peer Learning Approach in Promoting Responsible Parenthood and Reproductive Health Rights among Youth and Young Adults in Urban Poor Families in Pasay City
Baguio Center for Young Adults	Promoting Youth Participation in Adolescent Health Information and Service Utilization
Ateneo de Davao-Social Research, Training and Development Office	Locating the Indigenous Peoples Communities of Mindanao in the Throes of Migration and Human Trafficking: Profiles and Cases Of IPs in Transition
Association of Major Religious Superiors of the Philippines	A Baseline Research on the Girl-Child of Migrant Families in Vulnerable Communities
Likhaan Center for Women's Health	Promoting Long-acting and Reversible Contraceptive as a Strategy for Sustainability and Reducing Unmet Need for Contraception
Democratic Socialist Women of the Philippines	Fast-tracking Demand Generation for and Delivery of Reproductive Health Services among Urban Poor Women in Bagong Silang and Camarin in Caloocan City



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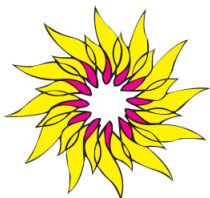
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