THE CONTRACEPTIVE SELF RELIANCE PROGRAM IN PANGASINAN: QUO VADIS?

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The Province of Pangasinan

Pangasinan is located on the west central area of the island of Luzon in the Philippines. The name Pangasinan was from "Pang-asinan-where salt is made". It was one of the early provinces created in the island of Luzon during the Spanish regime. It is also called the northern gate as travel to Northern Luzon provinces passes through Pangasinan. Due to its accessibility and strategic geographical location, it is also known as "gateway to opportunities" for commerce and trade, agriculture, educational centre, livelihood and beautiful beaches, making it a major distribution hub in the North Luzon Growth Quadrangle.

The provincial boundaries are Lingayen Gulf, La Union and Benguet on the north, Nueva Vizcaya on the northeast, Nueva Ecija on the east, Tarlac on the south and Zambales and China Sea on the west. The province is composed of 44 municipalities, 4 cities, 1,364 barangays and 6 congressional districts. Pangasinan is endowed with vast resources located in the upland, lowland and coastal areas. Agriculture is still the major source of income. It is classified as a first class province.

Population Management in Pangasinan Prior to the Contraceptive Self-Reliance (CSR) Program

The health and well-being of Filipinos are being increasingly compromised as the country's cities become more crowded and correspondingly polluted and as the reliability of food and water supplies in rural areas of the Philippines becomes increasingly problematic. The productivity of the country's agricultural lands and fisheries is declining as these areas become more degraded and pushed beyond their productive capacity. The country's forests and marine life are likewise being destroyed, thus leading to the disappearance of plant and animal species in the mountains and the loss of our ocean's coral reefs. These interconnected problems of population, health, and environment are noted among the country's primary concerns that serve as stumbling blocks in achieving its national development goals—including the Millennium Development Goals, which aim to eradicate poverty, improve health, and ensure environmental sustainability.

Population, Health, and Environment in the Philippines

As the largest generation of Filipinos in history comes of age in the next several years, renewed efforts will be necessary to meet the citizens' needs and to achieve the country's development goals. Population trends, natural resource use, and the health and well-being of Filipinos are linked together in a complex web of social, economic, and physical interactions. Therefore, we see changes happening in one part of this web reverberate in other areas and correspondingly affecting the entire system.

In September 2008, NSO released its latest Census of Population (POPCEN 2007) which put the country's population at 88,574,614 persons as of August 1, 2007, compared to 76.5 million in 2000 (based on the 2000 Census of Population and Housing) and 68.62 million in 1995 (based on the 1995 Mid-Decade Census), as shown in the table below.

Table 1: Census of Population 2007

Census Year	Census Reference Date	Philippine Population (in millions)
2007	August 1, 2007	88.57
2000	May 1, 2000	76.50
1995	September 1, 1995	68.62

The NSO 2007 and 2000 census figures showed an average annual population growth rate for the Philippines of 2.04 percent for the 7-year period. This represented a marked improvement from the NSO figures of 1990-2000 which recorded an average population growth rate of 2.34. Twelve of the country's 17 administrative regions have growth rates lower than the national figure while five other regions (NCR (2.11%), Region 3 (2.36%), Region 4-A (3.21%), Region 12 (2.41%), and ARMM (5.46%) had higher growth rates.

While ARMM had the highest population growth rates among the regions, the province with the largest population is Cavite in Region 4-A with 2.86 million. Bulacan was second with 2.83 million, and Pangasinan came in third, with 2.65 million. Five other provinces surpassed the two million mark: Laguna (2.47 million persons); Cebu, excluding its three highly urbanized cities - Cebu City, Lapu-lapu City, and Mandaue City (2.44 million persons); Negros Occidental, excluding Bacolod City (2.37 million persons); Rizal (2.28 million persons); and Batangas (2.25 million persons).

The 2007 census showed that Pangasinan is still the most populous province in Region 1 and has the 3rd largest population in the Philippines estimated to be at about 2.65M persons. Compared to other provinces in the region, Pangasinan comprised 58% of the total population of Region 1. The population growth rate of the province was at 1.9% in 2000, relatively lower than the Philippines average of 2.36% in 2000 and 2.04 percent for the 7-year period ending in 2007.

In 1995, the dependency ratio in Pangasinan was at 77 dependents per 100 working population. The Pangasinan Demographic and Health Survey (PDHS) conducted in 1995 and 2000 indicated that there was a high and static fertility rates which stood at 4.66 children per woman in 1995 to 4.72 in 2000. That was higher than the regional (4.2 and 3.4) and national figures (4.1 and 3.7).Data from the population office of the province showed that there was low and static contraceptive use at 36.5% in 1995 to 37.6% in 2000. This was lower than the figures in Region 1 (38.8% and 43.2%) and that of the national level (40% and 46.5%). Moreover, the Pangasinan Demographic and Health Survey in 2001 reveal that one in four married women of reproductive ages (MWRA) has an unmet need for family planning or they want to plan their family but are unable to do so.

These population management issues in Pangasinan are most likely to worsen considering several factors -- the increasing influence of religious conservatives in the province in the crafting of population-control policies; the fizzling out of a memorandum of agreement signed in 2001 between the local government, the population office and the local leaders of the Catholic Church to train the people of Pangasinan, especially those from poor municipalities about the natural way of family planning; the continuing lack of budgetary support from the national government for family planning programs at the local government level; then, the impending phase out of the commodity distribution from the United States Agency for International Development (USAID).

The USAID program's phase –out period is from 2004 to 2008, this situation is likely to be aggravated by the predilection of close to half of commodity users who can afford to buy their supply but only 14 percent actually buy their own, with the rest relying on government. The provincial government recognized that with the phase-out, it may not attain its target of improving the standard of living of its residents partly because the increase in the population will surely continue to put a strain on the services and limited resources of the province.

Thus, the provincial government of Pangasinan headed by then Gov. Victor Agbayani decided to implement the Contraceptive Self Reliance (CSR) Program to address the present realities facing the population program. But since 2002, Filipinos of all faiths have been subjected to a national family planning policy that pushes only natural methods — a policy that echoes the beliefs espoused by the Roman Catholic Church, which claims some 80 percent of the country's population as its followers.

The government, of course, stresses that those who want to use artificial contraceptives are free to do so. Health Secretary Francisco Duque says, though, that it is up to local government units to procure such supplies for their constituents. Those who are short on funds "can go to the USAID (US Agency for International Development)," which, he says, has a supply that is "good up to the end of 2008."

The USAID has been providing contraceptive supplies to the Philippines since the 1970s. But it has been scaling down its donation in recent years; by the end of next year, it will shut down the program completely. A recent study by the United Nations Population Fund (UNFPA) estimates that the country needs at least $2 million a year to fund its contraceptives requirement to plug the vacuum the USAID would leave behind. The rest rely on artificial methods.

This may well reflect the general attitude toward family planning nationwide. In a Pulse Asia survey conducted just before the May 14, 2008 polls, 92 percent of the respondents said it is important to control and plan one's family. Nearly nine in 10 also said the government should allocate funds for family planning measures other than natural methods.

This was the situation as Ms. Luz Muego, Head of the Pangasinan Provincial Population Office and her Population Program Officer, Ms. Vicky Banes discussed their next moves following the election into office of a new Provincial Governor in the person of Amado Espino Jr. The duo has been tasked by Governor Espino Jr. to present a new population management plan that would suit the present population state of affairs in Pangasinan. Together with the rest of the Provincial Population Office staff, they backtracked on the performance of the Contraceptive Self-Reliance Program (CSR) as this was implemented province-wide since 2003.

The Contraceptive Self- Reliance Program (CSR)

1. The Program Objectives

Ms. Muego recalls that the CSR program started in 2002 with technical assistance from the United States for International Development (USAID). However, the full blown implementation of the program started in 2003. It is considered as an innovation in the province's Population and Development initiatives.

The program aims to promote the ability of local government units (from provincial to barangay levels) to sustain the provision of good quality and affordable FP services and commodities within the context of high unmet family planning needs and reduction in the donated commodity assistance. It is at the forefront of the Province's Family Panning/Reproductive Health program which aims to provide services and information to couples in accordance with their own needs, religious beliefs and lifestyles.

The specific objectives of the CSR program for 2003 to 2008 as cited in the document presented by Gov Victor Agbayani entitled "Road Map Towards Commodity Self –Reliance: the Pangasinan Experience" during the forum on LGU Achievements in Health Governance last August 17, 2006, are to:

- Achieve commodity self reliance
- Increase private sector participation so that they can supply the sector that can afford to buy commodities
- Segment the market so that only the poor will have access to free commodities
- Reduce unmet need for family planning
- Promote natural family planning
- Institutionalize reforms towards self reliance

2. Implementation Strategies

Since Pangasinan consists of 48 towns and cities, the province-wide implementation is relatively difficult. The program implementers started by identifying an inter-local health zone (ILHZ) composed of a cluster of eight municipalities and one city and a core referral hospital, the Provincial Hospital in San Carlos City. They chose the Palaris ILHZ composed of the municipalities of Binmaley, Calasiao, Malasiqui, Mangaldan, Mapandan, San Fabian, Santa Barbara, San Jacinto and San Carlos City, as the pioneer.

The program began with technical assistance from USAID cooperating agencies, namely the Futures Group Policy Project and the MSH LEAD Project in 2003.

There were three phases in the program implementation. The start up phase included the formulation of policies as legal basis, identifying the project sites and formation of a multi-sectoral Technical Working Group (TWG). The TWG was later on formed into the CSR Management Team during the program implementation. This phase also included initial activities on advocacy on CSR and new policy shifts across all levels and sectors.

The second phase which started in 2004 was the Awareness Phase and involved advocacy and the raising of awareness among legal policy makers, implementers and other stakeholders. The main focus for the advocacies was the need for reforms which were done through dialogues, forum and consultations. Through such advocacies, commitments to support the CSR program were obtained from Local Chief Executives, Municipal Health Officers, Municipal Planning officers, Sangguniang Bayan, Department of Health, PhilHealth, Population Commission, various NGOs, church, media and other members of the private sector.

This was also the buy-in phase of the local government unit (LGU) partners since agreements were forged between the province and the concerned municipalities on policies and strategies on budget allocation, procurement, distribution of contraceptives and market segmentation that will prioritize the poor.

The third and last phase of the program implementation was the Capacity Building Phase which involved trainings and skills development of LGUs. Trainings were provided to population and health officers, budget and planning officers, Sangguniang Bayan for Health Advocacy, among others. Topics that were covered include setting up local structures, adoption and dissemination of policies, commodity forecasting, budgeting and planning, procurement, distribution, allocation and other CSR strategies and activities. During this phase, the program was finally institutionalized and stabilized since funds were allocated for CSR activities and for procurement of commodities at the provincial and municipal levels.

The rural health units and other NGOs were tapped as service delivery points for the distribution and delivery of commodities procured by the province and the other LGUs. Other than the Palaris ILHZ, all these project activities were replicated in five other local health zones identified for province-wide implementation of the program namely: Western ILHZ, Manleluag ILHZ, Mangabol ILHZ, Pilgrims ILHZ and Layug ILHZ.

3. Leadership and Key Players

The program was implemented under the leadership of Governor Victor E. Agbayani, a Civil Engineering graduate from the University of the Philippines. He started his political career as a member of the Lower House in 1994 at the age of 27. In 1995, he ran unopposed as Vice Governor of Pangasinan and was elected President of the League of Vice-Governors that same year. In 1998, he was elected Governor against the formidable Senator Leticia Ramos Shahani and he was re elected for a second and a third term.

He steered the development of the Province of Pangasinan with his vision and action program. He was able to mobilize local and international resources to implement his development programs which included population and development. He instituted governance reforms towards a more responsive delivery of services to the people. He introduced values of innovation and high performance among government offices.

With these achievements, he received various national awards in government service, the most notable being the Rafael M. Salas Population and Development Award in November 2003.

Ms. Muego shared with the staff the time the Provincial Population Office (PPO) was created in 1992. She traced back hardships and challenges which her office had to face in implementing development programs particularly on population and development. Under her leadership, the PPO has weathered such challenges, foremost of which were the changes in political leadership and priorities of the local chief executives.

4. Institutional Mechanisms

The two key implementers of the CSR program are the Provincial Health Office (PHO) and the Provincial Population Office (PPO). The Provincial Population Office was created through Provincial Ordinance no. 15-92 that was enacted on July 16, 1992. Administrative Order 1593 was signed by Gov. Victor Agbayani delineating the roles and responsibilities of these two agencies in relation to population program. Basically, the PHO is responsible for the delivery, planning, policy, advocacy, management and coordination of FP services in the clinics, rural/barangay health centers and hospitals. PPO on the other

hand, is in charge with the FP activities in LGUs and communities. It provides outreach support and community-based service delivery through the Barangay Service Point Officers (BSPOs) and other organized groups. The overall coordination and management of the Population program falls under the PPO. Also, both PPO and PHO are accountable to the Governor and maintain provincial paid personnel up to the district level.

5. Policy Interventions

Towards the end of 2002, Gov. Victor Agbayani learned about the policy shift and possible reduction of commodity supply being provided by the USAID for almost 30 years. Knowing the possible impact to the population program, Gov. Agbayani issued a policy statement to start assessing the family planning situation and eventually prepare the province for the eventuality of USAID pullout. Following this, in September 2003, he requested assistance from USAID to convene the Experts Meeting on the Pangasinan Family Planning Situation and Demographics where his concerns, to include the strong resistance from the local church leaders, the lack of funds coming from the national government for family planning projects, particularly the possible impacts of the reduction and phase out of USAID"s contraceptive assistance supply on the province's family planning program with a high unmet need of 25% were validated. He then issued another directive to set up the necessary structures and processes to start the CSR program in Pangasinan.

In July 2004, the Department of Health (DOH) issued Administrative Order #58 on "Guidelines on Management of Contraceptive Supplies for Family Planning under the Contraceptive Self- Reliance Strategy". But even before the AO was issued by DOH, the Province of Pangasinan already started its CSR strategy. In this sense, Pangasinan was way ahead than any other LGU in the country. With this, The DOH and USAID learned a lot from the experiences of Pangasinan. The DOH then issued another Administrative Order creating a National Technical Working Group for CSR where Pangasinan became a member as LGU representative.

The Pangasinan CSR program started with the formation of the CSR Management Team. This was followed by the organizing of the Implementing Teams based on the following tasks: reform on operational barriers; planning and finance; advocacy and networking; local capacity building; and strategies for FP unmet need.

The implementation of the program followed a CSR Road Map for 2004 to 2008 that was prepared by the Technical Working Group through a series of multi-sectoral consultations.

Other important policy interventions issued by the provincial government were as follows:

a) Provincial guidelines for the allocation of donated and procured commodities. The priority is to focus the limited resources to the poor and marginalized sectors.

b) Executive Order No. 025-2005 directing the implementation of Provincial Logistics Management Guidelines Manual in all local government units. Pangasinan is the only province in the Philippines that has in- place a functional logistics management system at all levels of LGU operations.

c) Executive Order no. 027-2005 on "Rationalizing the Logistics Management System of the Family Planning Program of Pangasinan." The responsibility for logistics was transferred from the Provincial Health Office to Provincial Population Office.

6. Major Accomplishments

After three years of program implementation (as of August 2006), the province got the support of the 38 municipalities and cities. They have allocated funds and procured commodities in anticipation of the commodity phase-out in 2008.

Other accomplishments are as follows:

a) In 2004, the total amount allocated by the LGUs was around P700, 000. The fund increased to 2.6M pesos in 2006. For procurement, the LGUs spent only P300, 000 in 2004 but the expenditure eventually increased to P1.5M in 2005. The expenditures went down again to P700, 000 in 2006. By the end of 2006, 53 percent or 25 LGUs had allocated part of their funds for the procurement of commodities.

b) The province in return also increased its allocation from P700, 000 in 2004 to P3M in 2006. Of this amount, more than half was spent for procurement of commodities.

c) The procurement of commodities followed the guidelines of the new Government Electronics Procurement Reform Act already in-place and functional in all LGUs of the province. The contraceptive procurement of the Pangasinan Province was integrated into the pooled procurement program for drugs and medicines used by LGU hospitals. In 2005, the province procured 86% of the provincial shortfall for pills and 100% of the shortfall for injectibles. For the LGUs, 30 of them procured their supplies by end of 2006.

d) By the end of 2006, the Socio-economic Status or Living Standards Survey (SES/LSS) was completed for 26 municipalities. Results of the survey categorized the current FP users in low, middle and high income earners. This further segmented the market between the needy and those who can afford to buy the FP commodities.

e) There was also a high level of participation from the private sector. From the commercial sector, a significant increase in the number of pharmacies and drug stores which are selling contraceptives was noticed. The volume of commodities that were sold also significantly increased. For injectibles alone, from 245 units in 2003, the units sold reached 43,293 by the end of 2005. For pills, the total quantity sold in 2003 was around 81,606 pieces and in 2005 it increased to 181,496 pieces.

   The participation of the private sector was enhanced through the technical assistance provided by PRISM, which is a cooperating agency of USAID. Facility mapping of private service providers (doctors, midwives, drugstores, pharmacies and business enterprises) was done.

f) Forty five (45) business leaders also committed to provide family planning services in their workplace by mid of 2006. This was a result of a series of policy forum and workshops for business leaders and owners of business establishments. The private midwives were also mobilized as providers of FP services.

g) In 2004, the province piloted the Geographic Information System in Palaris ILHZ as an instrument for market segmentation. Two towns (Mangaldan and San Jacinto) became models for family planning analysis for market segmentation. The data on the unmet need, profile of MWRA, living standards, family planning facilities and service providers both public and private, demand for FP, sufficiency, affordability and access to commodities are

put together and presented in visual forms. The data was used in identifying strategies and intervention specific to the covered municipalities. Likewise, the GIS was used as tool for advocacy for LGUs to get their support in terms of budget allocation and policy reforms.

h) The province also intensified the promotion of natural family planning methods as part of the church-government partnership. The province procured educational materials and distributed beads for the Standard Days Method (SDM) that resulted in an increase in the users and trainers for SDM. By end of 2006, the area for the NFP method was also increased from 2 to 10 municipalities. Rural health midwives, Barangay Service Point Officers (BSPOs), family welfare officers of women's groups and church lay leaders were trained on how to impart knowledge on the use of SDM.

i) Another important accomplishment of the CSR program was the implementation of Community Based Strategies to Reduce the Unmet Need to Identified Married Women in Reproductive Age (MWRAs). Specific interventions include the intensified information campaigns, community meetings and household visits. By mid 2007, there are a total of 1,917 BSPOs or at least 1 BSPO per barangay or 1 BSPO per 204 MWRAs.

j) Towards the end of program implementation (2007-2008) the focus has been on continuous segmenting of the Family Planning market between the poor and those who can afford. A set of Living Standards Indicators to classify poor and non-poor MWRAs has likewise been identified. The private and public facilities for FP have been mapped and the providers were given necessary trainings. As a result, a client referral system in public and private health facilities and among other providers was established and implemented. The province also came up with reforms on the commodity distribution system. The poor users were given priority by the LGUs while those who can afford were referred to private or commercial providers. The target for the reformed distribution system was to build self reliance on commodity distribution among LGUs.

The CSR program was implemented in 39 municipalities out of the 47 municipalities and cities in the whole province.

The Results

The impact of the CSR program is evident on the increased involvement of LGUs in the implementation of the program as shown by their policies on appropriating funds for the purchase of commodities and for logistical support. For 2005, there were 30 LGUs that has budgetary allocations for commodities and FP logistical support. This increased to 39 LGUs in 2006 and there were 20 LGUs during the first half of 2007. The total amount allocated for the first half of 2007 was 2.45M pesos compared to 2.24M pesos for the whole year of 2005.

The provincial budgetary appropriations amounted to 3M pesos for the first half of 2007 compared to 1.7M pesos in 2005 and 3.0M pesos in 2006. The province also came up with their policies on CSR particularly on logistics. This is being followed by other LGUs and can be replicated in other provinces as well.

Other benefits of the CSR program include:

a) Strengthened working relationship of PPO and MHO at the provincial and municipal level;

b) Presence of CSR working group composed of Department Heads;

c) Impacts of population program on the overall development objectives of the province. Direct impact is the increase in the use of family planning methods and reduction in the population growth. On a sector basis, the MAWRAs have more access on different methods as compared to before;

d) There is a system for accessing the unmet needs using the preferred methods and there is a more focused system for referrals;

e) Increase in tubal ligation.

In general, the Pangasinan's Population Management Program has been recognized and considered as a model program even at the National Level. The highest recognition was in 2003 when the province won the prestigious Rafael M. Salas Population and Development Award for outstanding performance and innovative approaches in population and development. The province is always a showcase for best practices and venue for local and international field trips and exposure trips. Articles about the program were likewise published in leading newspapers. Various institutions like the Philippine Center for Investigative Journalism have conducted and published documentation of the program.

Key Success Factors

The factors that contributed to the success of the CSR program in Pangasinan as cited by Ms. Vicky Banez and Ms. Luz Muego are: support from the Local Chief Executives particularly the Governor; the program is implemented and integrated up to the community or barangay level; the CSR program has expanded in almost all of the municipalities and cities in Pangasinan, using the inter-local health zones; commitment of LGUs to appropriate funds for procurement of commodities; the policy of free commodities for poor families and referral of those who can afford to private sector; the use of Living Indicator Survey to segment clients; the continuous augmentation of the province to procure commodities; multi-sectoral approach including partnership with Catholic Church on the promotion of Natural Family planning method; community based approach; and presence of BSPOs who also function as alternate to Municipal Planning Officers.

However, both Ms. Muego and Ms. Banez agreed that the most important factor in the success of the program is the support from the highest ranking official in the province, namely the governor.

Challenges Encountered

As their meeting was about to end, Ms. Vicky Banes cited the major challenges to the CSR program implementation. These are: limited resources at the LGU level, only few LGUs has budget for the salaries of the Municipal Population Officer (MPO); instances of conflicts between the Municipal Population Officers and the Municipal Health Officers in terms of responsibilities and reporting of accomplishments; lack of attention given by the some Local Chief Executives on the procurement of supplies; continuous dependency on the government for free commodities and people expect that the goods and services should be provided to them by the government for free; ensuring the regular submission of reports by BSPOs and MPOs especially for those who are only designated by the LGUs; changes in the BSPOs if there are changes in the leadership at the barangay level since BSPOs are being chosen by Barangay Captains based on the criteria being provided by the PPO.

Ms. Luz Muego, also enumerated other major challenges. First and foremost was that the Population Program (including CSR program) is usually tied up with the political leadership. With her years of experience as Provincial Population Officer, she realized that the success of the population program

depends on the support given by the Governor. This is true even at the municipal, city and barangay levels.

She also mentioned the reduction in the supplies of commodity. Their supplies will run out if it will not be replenished. The injectibles will last only until the last quarter of 2007 and the pills will last until 2008 only.

However, they cited recommendations to address these challenges. One strategy is the continuous advocacy among the private sector to take care of distribution of commodities and the government to focus on voluntary sterilization like tubal ligation. Also, Ms Muego highlighted that the population program should also consider the socio-cultural concerns of the beneficiaries particularly their religious beliefs, family structure, needs, among others. Lastly, they reiterated the importance of strengthening the community based delivery of family planning services since majority of the poor cannot afford to go to municipal and provincial health clinics and hospital.

Prospects for Sustainability and Replicability

Ms. Muego believes that there are three necessary elements needed to replicate the CSR program in other provinces. The first factor is the leadership, support and political will of the Local Chief Executive. Second is the strategy of maximizing all opportunities coming from various sectors i.e. technical and funding support. The consideration should be what will be the benefits and value added to the province. Third is the capacity of the head and staff of the Provincial Population Office. Ms. Muego stressed that the head of the Population office is expected to be competent and to believe that the program is needed and will be successful. The head should also have the skills for negotiation, coordination and advocacy. He/she should have the capability to communicate well to program people. For her, the head of the Population office and the program manager can do a lot to motivate the program people to go beyond the expectations.

In terms of program sustainability, the critical elements are the policies, procedures and structures that were put in place during the course of program implementation. The LGUs should ensure that funds are available to sustain these mechanisms. The support of the local chief executives is still key to the continuation of the program as well as the active participation of the beneficiaries and other stakeholders.

With this background information, the PPO staff together with their head, Ms. Muego continued to brainstorm on the best population plan to be presented to Governor Aquino Jr.

GUIDE QUESTIONS:

1. *Among all the success factors of the CSR program in Pangasinan, what would be the most replicable for other populous provinces such as Cavite and other Region 4-A provinces as well as Region 3 provinces?*

2. *Given that Pangasinan remains the 3rd most populous province nationwide, would you say that the CSR program has not accomplished its objective?*

3. *Why did local government embrace the CSR program?*

4. *How did the local government of Pangasinan gain the support of the Catholic Church to ensure success of the CSR program?*

5. *Do you foresee any continuity problem for the CSR program?*

6. *With the termination of the US AID contraceptive and other family planning paraphernalia support this year, what would be the impact on the CSR program?*

7. *Should the CSR program be made part of a new integrated PHE program for Pangasinan?*

8. *With the completion of the CSR program, how should it evolve into a revivified population control program?*

Exhibit A: PROFILE OF CONTRACEPTIVE SELF-RELIANCE (CSR) PROGRAM OF PANGASINAN:

The Program Objectives

The program aims to promote the ability of local government units (from provincial to barangay levels) to sustain the provision of good quality and affordable FP services and commodities within the context of high unmet family planning needs and reduction in the donated commodity assistance. It is at the forefront of the Province's Family Panning/Reproductive Health program which aims to provide services and information to couples in accordance with their own needs, religious beliefs and lifestyles.

The specific objectives of the CSR program for 2003 to 2008 as cited in the document presented by Gov Victor Agbayani entitled "Road Map Towards Commodity Self –Reliance: the Pangasinan Experience" during the forum on LGU Achievements in Health Governance last August 17, 2006, are to:

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- Reduce unmet need for family planning
- Promote natural family planning
- Institutionalize reforms towards self reliance

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