

**ANNUAL
REPORT**

2019

**RESPONSIBLE PARENTHOOD AND
REPRODUCTIVE HEALTH ACT OF 2012**



30 September 2020
Manila, Philippines

About this Report

This is an Annual Report submitted to the Office of the President and the Philippine Congress by the National Implementation Team (NIT) for the Responsible Parenthood and Reproductive Health Act (RPRH) of 2012, in fulfillment of the reporting requirements mandated by Section 21 of R.A. 10354 and Rule 15 of its Implementing Rules and Regulations. It is a comprehensive assessment of the implementation of the programs under the RPRH Law, summarizing the efforts and accomplishments of key stakeholders and partners over the course of one year. It also provides recommendations for executive and legislative actions to address barriers and improve implementation of the Law for 2020 and beyond.

The NIT developed this 2019 Annual Report between March to September 2020, amidst the coronavirus COVID-19 pandemic. During this period, Government measures and restrictions (lockdowns, work-from-home directives, etc.) were imposed in an effort to contain the spread of the virus and protect the lives of people. This brought difficulties in data collection from the field, including processing and analysis. The whole country, was and continue to be in emergency response mode, and government agencies, especially the Department of Health, is at the helm in responding to the COVID-19 pandemic. In light of the situation, DOH requested for the extension of the submission of the Report till end of September 2020.

Readers will note that the Report also includes some of the initial strategies and initiatives set-up by DOH as part of its COVID-19 response and mitigating measures.

www.doh.gov.ph

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Philippine
Responsible Parenthood and
Reproductive Health Act of 2012

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1. Brokenshire Woman Center
2. Catholics for Reproductive Health
3. Cooperative Movement for Encouraging NSV
4. Family Planning Organization of the Philippines
5. Forum for Family Planning and Development
6. FriendlyCare Foundation
7. Gender Watch Against Violence and Exploitation
8. Integrated Midwives Association of the Philippines
9. Likhaan Center for Women's Health
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11. Philippine Center for Population and Development
12. Philippine NGO Council on Population, Health and Welfare
13. Pinagsamang Lakas ng Kababaihan, Kabataan at ibang Kasarian
14. Reproductive Health and Gender Advocates' Movement
15. Roots of Health

Message from the Health Secretary



The Department of Health, together with partners, is pleased to present the 2019 Annual Report on the Implementation of the Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law).

This Report is prepared in compliance with the reporting requirements mandated under Section 21 of the RPRH Law and Rule 15 of its Implementing Rules and Regulations. It details the gains, challenges, and recommendations for each of the five key result areas (KRA) of the RPRH Law, namely: 1) Maternal, Neonatal, Child Health and Nutrition; 2) Family Planning; 3) Adolescent Sexuality and Reproductive Health; 4) Sexually-Transmitted Infections and HIV/AIDS; and 5) Elimination of Violence Against Women and Children.

The fulfillment of the targets set in the Key Result Areas is well-aligned with the goals of the Universal Health Care (UHC) Act. Hence, our collective work help ensure that all Filipino women, men, and young people live in an environment where everyone enjoy universal access to comprehensive and rights-based reproductive health care.

There are many challenges to overcome, but we are definitely learning and growing as we go. As we push on with our work, may each one of us gain renewed focus and inspiration from this Report.


Francisco T. Duque III, MD, MSc

Message from the Socioeconomic Planning Secretary

Since 2014, the annual reports on the Philippines' Responsible Parenthood and Reproductive Health (RPRH) have faithfully chronicled the important milestones of this particular dimension of this development-centered Program.

As one of the flagship programs of the Philippine government, that of the RPRH is inextricably linked to the nation's development objectives as outlined in Ambisyon 2040. On a larger perspective, it serves as a manifestation of our commitment to the global community by way of the United Nations' Sustainable Development Goals.

While the RPRH program is undoubtedly underpinned in the far-reaching facet of healthcare, its accomplishments are ultimately translated into the dimensions of countrywide development. We can arrive at a consensus that, in simple terms, the state of our population carries over to the achievement of the much-desired demographic dividend of the Philippines.

For one, reproductive health is recognized as a cost-effective health intervention. It has been proven that investments in RH save lives. Thus, the product of the RPRH program to the overall wellbeing of Filipinos will positively impact our entire nation's development.

With that in mind, a major synergistic highlight in 2019 was the re-launch of the National Program on Population and Family Planning or NPPFP, where the National Economic and Development Authority (NEDA), together with the Commission on Population and Development and the Department of Health, endeavored a concerted approach to attain a holistic national development anchored on better health, poverty reduction and socioeconomic outcomes.

The NEDA has also figured in a number of key interventions and initiatives spearheaded by multifaceted sets of stakeholders—a testament to the multisectoral approach and efforts required to reach goals specific to RPRH. It is proof that the Philippine government seeks synergies from organizations—both local and international—to accomplish higher aims for the greater good of our country.

In terms of development, 2019 will be remembered as a year of “inclusion”—that is, one marked by recognizing the role of every woman as vital in the realization of our country's goals for reproductive health. That is not to say that men as well as members of the lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual community had a lesser degree of involvement in advancing RPRH in society, as they likewise championed their respective causes in the aforementioned aspect.

On the part of the NEDA, we are certain that the numbers, figures, data and information presented in this annual report have revealed progressive gains since the first documentation six years ago. Conversely, there will be discussions on areas where we need to collaborate more closely and hopefully address in the near future.

Together with the preceding RPRH Annual Reports, let this compendium be our roadmap and milestone marker for the triumphs of our shared objective, where reproductive health is integral in our collective quest toward a developed nation and a healthy, empowered Philippine populace.

Acting Secretary Karl Kendrick T. Chua, Ph.D.

Message from the POPCOM Executive Director

With the release of the sixth edition of the Responsible Parenthood and Reproductive Health (RPRH) Law Annual Report, we take stock of the collective triumphs and gains generated by the program since its institutionalization in 2012.

These accomplishments, as measured by the extensive discussions on the key result areas, and as reflected by the accomplishments stated herein, would not have been possible without the various stakeholders involved apart from the Commission on Population and Development, the National Economic and Development Authority, as well as the Department of Health.

The pages of this report, which document all our concerted efforts, attest to the indefatigable workings of the many “moving parts” of the program: from partner government agencies, civil society organizations, to international development partners, which have effected legislation concerning the program, and many others. They include the committed men and women who played a role in making all these come to fruition: those who work “on the ground,” as well as the acceptors of the program who saw and understood its manifold benefits for their families and in their lives.

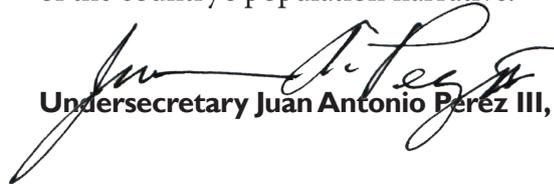
We cannot overemphasize the integral intersections of the sectors of health and development in directly and positively impacting the RPRH program. Where health of the members of the population start and is constantly being improved, it ultimately augurs well to the overall growth and development of the country and its entire people.

As the aforementioned elements cannot exist by themselves, or exclusively as a one-two strategy, we will find that extraneous forces had also affected or influenced their progress or results: current events which unfolded locally, and those global in scale and perspective. Similar to a union or marriage, we have seen that the dimensions of health and development of the Filipino nation need to coexist within a setting where they need to adapt, as well as evolve to effectively serve and fulfill their higher mandates.

With that in mind, if there were time-tested best practices in the spectrum of the RPRH program that were already established, there will also be strategies which required revisiting or recalibrating, in the hope that they will bear positive outcomes, if not in the immediate future, then hopefully in the next couple of years.

Despite the work being entailed by the program and the road being paved ahead, we could deem all these as long-term investments, or seeds being planted that will play a crucial role in our continuing journey for RPRH.

I invite the reader to peruse this annual report in order to cultivate a further appreciation of the comprehensive approach and reach of the Philippine government in tackling and addressing the goals of the RPRH program, as well as the accompanying challenges that are part and parcel of the country’s population narrative.


Undersecretary Juan Antonio Perez III, MD, MPH

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Acronyms

| | |
|--------|--|
| AHD | Adolescent Health and Development |
| AIDS | Acquired Immunodeficiency Syndrome |
| AMS | Average Monthly Supply |
| ANC | Antenatal Care Visits |
| AO | Administrative Order |
| ARH | Adolescent Reproductive Health |
| ARMM | Autonomous Region of Muslim Mindanao |
| ART | Antiretroviral Therapy |
| ASRH | Adolescent Sexual and Reproductive Health |
| BEmONC | Basic Emergency Obstetric and Newborn Care |
| BHS | Barangay Health Station |
| BHW | Barangay Health Worker |
| BNS | Barangay Nutrition Scholar |
| BTL | Bilateral Tubal Ligation |
| CBT | Competency-Based Training |
| CEmONC | Comprehensive Emergency Obstetric and Newborn Care |
| CHO | City Health Office |
| CHSI | Center for Health Solutions and Innovations |
| CHT | Community Health Team |
| COC | Combined Oral Contraceptive |
| CPR | Contraceptive Prevalence Rate |
| CSC | Civil Service Commission |
| CSE | Comprehensive Sexual Education |
| CSO | Civil Society Organization |
| CWC | Council for the Welfare of Children |
| DepEd | Department of Education |
| DILG | Department of the Interior and Local Government |
| DM | Department Memorandum |
| DMPA | Depot Medroxyprogesterone Acetate |
| DOH | Department of Health |
| DOLE | Department of Labor and Employment |
| DPCB | Disease Prevention and Control Bureau |
| DSWD | Department of Social Welfare and Development |
| EPI | Expanded Program on Immunization |
| FBD | Facility-based Delivery |
| FHSIS | Field Health Service Information System |
| FP | Family Planning |
| FPCBT | Family Planning Competency Based Training |
| FPS | Family Planning Survey |
| FWS | Female Sex Worker |
| GAD | Gender and Development |

| | |
|-----------|--|
| GBV | Gender-based Violence |
| GIDA | Geographically Isolated and Disadvantaged Areas |
| HARP | HIV/AIDS and ART Registry |
| HCT | HIV Counselling and Testing |
| HIV | Human Immunodeficiency Virus |
| HIV/AIDS | Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome |
| IACAT | Inter-Agency Committee on Anti-trafficking |
| IACVAWC | Inter-Agency Council on Violence Against Women and their Children |
| IEC | Information, Education, and Communication |
| IMR | Infant Mortality Rate |
| IRR | Implementing Rules and Regulations |
| IUD | Intrauterine Device |
| IYCF | Infant and Young Child feeding |
| KAP | Key Affected Population |
| KRA | Key Results Area |
| KATROPA | Kalalakinghang Tapat sa Responsibilidad at Obligasyon sa Pamilya |
| LAM | Lactational Amenorrhea Method |
| LAPM | Long Acting Permanent Method |
| LCAT-VAWC | Local Committees on Anti-Trafficking and Violence Against Women and Children |
| LGBT | Lesbian, Gay, Bisexual, Transgender |
| LGU | Local Government Unit |
| M&E | Monitoring and Evaluation |
| MCP | Modern Contraceptive Prevalence |
| mCPR | Modern Contraceptive Prevalence Rate |
| MHO | Municipal Health Officer |
| MMR | Maternal Mortality Ratio |
| MNCHN | Maternal, Neonatal, Child Health and Nutrition |
| MOU | Memorandum of Understanding |
| MR | Measles-Rubella |
| MSM | Men having Sex with Men |
| NAPC | National Anti-Poverty Commission |
| NASPC | National AIDS and STI Prevention and Control Program |
| NBI | National Bureau of Investigation |
| NCR | National Capital Region |
| NDHS | National Demographic and Health Survey |
| NEDA | National Economic and Development Authority |
| NGO | Non-Government Organization |
| NHIP | National Health Insurance Program |
| NMR | Neonatal Mortality Rate |
| NOH | National Objectives for Health |
| NSV | Non-Scalpel Vasectomy |
| OFW | Overseas Filipino Worker |
| OSG | Office of the Solicitor General |
| PCW | Philippine Commission on Women |
| PHIC | Philippine Health Insurance Corporation |
| PHO | Provincial Health Office |
| PLHIV | People Living with HIV |

| | |
|----------|--|
| PME | Planning, Monitoring and Evaluation |
| PNAC | Philippine National AIDS Council |
| PNP | Philippine National Police |
| PNP-WCPC | Philippine National Police-Women and Child Protection Unit |
| POP | Progestogen-Only Pill |
| POPCOM | Commission on Population and Development |
| PSA | Philippine Statistics Authority |
| PWID | People Who Inject Drugs |
| RIT | Regional Implementation Team |
| RH | Reproductive Health |
| RHU | Rural Health Unit |
| RP-FP | Responsible Parenting and Family Planning |
| RPRH | Responsible Parenthood and Reproductive Health |
| SBA | Skilled Birth Attendance |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually Transmitted Infection |
| TOT | Training of Trainers |
| U4U | Youth for Youth |
| UHC | Universal Health Care |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| VAW | Violence Against Women |
| VAWC | Violence Against Women and Children |
| WCPU | Women and Child Protection Units |
| WMCHDDs | Women and Men's Health Division and Children's Health Development Division |
| WRA | Women of Reproductive Age |



Executive Summary

The achievement of AmBisyon Natin 2040, which envisions a “Philippines where no one is poor, all are living long and healthy lives, are smart and innovative, and thriving in vibrant, culturally diverse, and resilient communities”, is under threat due to our country’s population age structure.

Primarily dominated by a large base of young people aged 0 to 15 years old, the country’s working age population carry the heavy burden of meeting the basic needs of the young, including the elderly. A population age structure with a large dependency burden greatly hinders the country’s ability to achieve the “demographic dividend”, which is the potential economic payoff that can result from a working-age population that is enjoying good health, quality education, decent employment and a lower proportion of young dependents¹.

Some of the barriers to achieving the demographic dividend are: 1) high fertility rate, as two million Filipinos are added to the population every year; 2) high unmet need for family planning, as women continue to have more children than they want; and 3) increasing number of girls getting pregnant and giving birth at a young age, among others.

Under this backdrop, there is an urgent impetus for the full implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law in order for the country to reap the much aspired demographic dividend in 10 to 20 years time (2030 to 2040). This does not discount the fact that the RPRH Law aids in the achievement of desired health outcomes for Filipino individuals

and families. This translates to healthy and well-protected mothers and children, which, in turn, translates to healthy families and communities.

Policy and Governance

One of the most important policies that was enacted this year was the DOH and POPCOM Joint Memorandum Circular (JMC) No. 2019-01 which clarified the roles of both agencies in the implementation of the Family Planning program in the country. Under the policy, DOH focuses on promoting women’s health and rights while POPCOM is more on advocacy for family planning for population and development.

Other notable policy issuances pertained to addressing the burgeoning issues of teenage pregnancy (Senate Bill 1888 and House Bill 4742); ensuring greater access to MNCHN services (various DOH circulars); improving insurance coverage for people living with HIV (policy guidelines for the Republic Act No. 11166); enhancing protection systems for women and children (R.A. No. 11313 Safe Spaces Act); and ensuring continuous provision of essential health services during the COVID-19 Pandemic, including “new normal” strategies.

Budget and Financing

Based on DOH and POPCOM allocations, the national government budget for the implementation of the RPRH Law in 2019 amounted to a combined Php 26.32 billion. The DOH remains to be the main source of funds for initiatives under the RPRH Law,

¹ <https://www.unfpa.org/demographic-dividend>

accounting for 98 percent of the combined budget. There was a 37 percent decline in the combined 2019 budget for RPRH compared to the 2018 budget allocation of Php 41.84 billion. The decrease was largely due to a reduction in the budget for the Health Facility Enhancement Program (HFEP) by nearly half from Php30.27 billion in 2018 to Php15.74 billion in 2019. The lower allocation was due to the shift to cash-based budgeting for 2019 that led to the adjustment of budget ceilings of programs.²

Public sector financing for the 2019 HIV/AIDS national response has also declined. The budget allocated for the HIV/AIDS response particularly for the operations of the Philippine National AIDS Council (PNAC) and the implementation of the National AIDS and STD Prevention and Control Program (NASPCP) decreased to Php 459.61 million or just 40 percent of the 2018 budget of Php 1.173 billion. External funding, or support from international sources, has also seen a steady decline since 2013.

In terms of family planning, local government units (LGUs) remain as the major provider of services in the country. Based on the study of Family Planning Spending Assessment³ (FPSA) for LGUs, the provinces, cities and municipalities of the country spent about Php1.9 billion for family planning in 2019. Municipalities had the biggest share in FP funding with around 63 percent of the total expenditures of all LGUs, while cities and provinces contributed about 26 percent and 11 percent, respectively. Compared to 2018, the expenditures of the LGUs for family planning related programs, projects and activities decreased by about 17 percent from last year's Php 2.27 billion. A separate analysis of 2017 to 2019⁴ Local Investment Plans had similar observations noting the decreasing trend in the number of LGUs that are including FP as a priority program.

2 newsinfo.inquirer.net/1111853/dohs-low-budget-use-continues-unused-funds-amount-to-billions?fbclid=IwAR3FYnPULhSGJPX3p8dh-HyWTRUJjMXS-UG5SPc8vRpfHxUtjODZr4bBciw

3 *Study of FP Spending Assessment for LGUs, Track 20 Project, Avenir Health*

4 *Analysis of 2017-2019 Local Investment Plans and Annual Operation Plans, unpublished, USAID/ReachHealth Project, Research Triangle, Inc.*

Claims paid by PhilHealth for RPRH-related services decreased by 8.6 percent from 2018 to 2019. Specifically, claims in 2018 totaled to around Php 20.64 billion, while claims in 2019 was pegged at Php18.86 billion. The data should be interpreted with caution as 2019 figures may still be incomplete, as some claims may still be in process at the time of data extraction.

Various development partners actively supported the implementation of the RPRH Law through allocation of budgetary support. For 2019, support came from United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), World Health Organization, Global Fund to Fight AIDS, Tuberculosis and Malaria, OXFAM of Canada, as well as other CSO supporters.

Progress of Key Result Areas

KRA I: Maternal, Newborn, Child Health and Nutrition (MNCHN)

Status and Trends. Data from the DOH Field Health Service Information System (FHSIS) show an increase in utilization of maternal health care services, namely antenatal care (ANC), facility-based delivery (FBD), skilled birth attendance (SBA), and post-partum visits (PPV), over the past five years. While antenatal and post-partum care rates have been decreasing from 2015 to 2018, both indicators increased in 2019. Due to improvements in maternal health care service indicators, maternal mortality ratio⁵ reduction has been slowly improving over the years. In terms of the Fully-Immunized Child Coverage, 2019 saw a sharp increase from 2018 figures, from 53 percent in 2018 to 69.08 percent in 2019, with NCR having the highest coverage at 89 percent.

Interventions. During the reporting period, around 513,000 women of reproductive age (15 to 49 years old) received information on maternal, child health and nutrition through various demand generation activities. To ensure a continuum of care for

5 *Maternal Mortality Ratio (MMR) is computed as number of maternal deaths per 100,000 live births. Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any causes related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO, 2016)*

mothers, the MNCHN core package of services consist of interventions delivered at each life stage, namely: pre-pregnancy, pregnancy, delivery, post-partum, newborn, and child care, continue to be provided in health facilities.

DOH's Health Facilities Enhancement Program (HFEP) has funded the upgrading of rural health units and barangay health stations for Basic Emergency Obstetric and Newborn Care (BEmONC) as well as hospitals for Comprehensive Emergency Obstetric Care and Newborn Care (CEmONC).

In addition, human resources for health have been trained and deployed especially in hard-to-reach areas to provide better maternal care.

During the year, the “Kalusugan at Nutrisyon ng Magnanay Act” was fully implemented. This scaled-up the nutrition intervention program for the first 1,000 days of the child's life. Another notable accomplishment in 2019 was the implementation of the “Sabayang Patak Kontra Polio” in the National Capital Region and Mindanao, and the “Measles Outbreak Response and Prevention of Transmission in School” with the Department of Education. This protected school-age children from measles transmission in schools and during large scale school events.

Challenges and Recommendations. Accurate measurement of maternal mortality remains an enormous challenge for DOH in terms of timeliness, completeness in reporting (inclusiveness of the private sector), and data quality. There is a need to review current reporting tools and systems vis-a-vis the workload of primary care health professionals who are tasked to gather/collate the data as reports.

The persistent issues on poor antenatal care and post-partum care necessitate a review of the barriers that limit mothers' health seeking-behaviors. This should inform the content and structure of demand generation activities. Health promotion activities should be maintained to increase awareness on the benefits of vaccination and inform people on the risks of infectious diseases, particularly measles.

KRA 2: Family Planning (FP)

Status and Trends. The Field Health Service Information System (FHSIS) of the DOH reported that 7,753,528 women of reproductive age (WRA) used modern FP methods in 2019 of which 338,674 were new acceptors. However, this only reflects FP figures from public service delivery points and does not include FP use outside of the Program.

While current use and drop-outs considerably improved in 2019, new acceptors remained flat over the years. In fact in 2019, the number of new acceptors declined by 236,253 in 2019. Based on the NDHS, health concerns and fear of side effects remain as the most common reasons for non-acceptance and dropping out of a method, respectively.

Interventions. In 2019, the DOH undertook a paradigm shift in its Family Planning (FP) programming -- from targeting “married women only” to “all women”. Hence, from 65 percent (married women), the target has been adjusted to 30 percent (all women) by year 2022. In terms of ensuring availability of adequate FP commodities, DOH and POPCOM, with support from USAID, drafted the Procurement Supply Chain Management (PSCM) National Strategic Plan. Once approved, the Philippines will be one of a few countries to have fully developed a National Strategic Plan that would guide the optimization of all PSCM components at different levels of the supply chain. A PSCM Team (Bureau) under the leadership of an undersecretary was also established and is now fully functional. The PSCM Team will take on full stewardship of the PSCM cycle including product selection, quantification, procurement, warehousing, distribution, among others. Meanwhile, demand generation activities reached a total of 1,886,505 couples/individuals. These activities generated a total of 365,215 identified unmet need for family planning and 258,459 (70%) referred/served.

Challenges and Recommendations. The FHSIS covers only the public sector and does not account for FP use outside the program, thus, is not considered a “true” prevalence, rather accounts

only for service statistics. Hence, in 2020, the program plans to monitor mCPR using the Family Planning Estimation Tool, a statistical model used by the United Nations Population Division to eliminate the current challenges in the FHSIS reporting. However, the Program will still be utilizing the FHSIS report in terms of quarterly monitoring of service statistics.

A major barrier to improving health outcomes in the Philippines is fragmented supply chain management system at all levels of the health system. There is a need to strengthen the coordination among Procurement Supply Chain Management (PSCM) stakeholders; strengthen institutional and human resource capacity at the central, regional, and LGU levels to manage PSCM functions; streamline and harmonize supply chain information systems; establish a data-use culture; and synchronize demand and supply systems.

A social behaviour change communication campaign can be designed specifically to address “health concerns and fear of side effects” to improve acceptance and adherence to FP methods.

KRA3: Adolescent Sexual and Reproductive Health (ASRH)

Status and Trends. Data from the Philippine Statistics Authority show that the incidence of live births among adolescents 15 to 19 years old has declined from 2016 to 2018. However, there is an increasing trend in live births among the younger adolescents 10 to 14 years of age. The reported births from adolescent mothers aged 10 to 14 in 2019 were most prevalent in Region III, Region XI, and Region XII. In addition, young people continue to be at risk of Human Immuno Deficiency Virus or HIV. The 15 to 24 years old age group comprise 30 percent of all HIV cases.

Interventions. The release of the “Manila Declaration on Addressing the Education, Health and Development Issues on Early Pregnancy”, during the Teen Pregnancy Summit last August 2019, renewed commitment of

stakeholders to synchronize actions to curb teenage pregnancy in the country.

DOH focused on the accreditation of barangay/ rural health centers as Adolescent-Friendly Health Facilities (AFHFs) in all regions.

Currently, the country has a total of 704 adolescent-friendly health facilities. Likewise, POPCOM established 44 information and service delivery networks (ISDNs) catering to the information, counseling and services needs of adolescents. This brings the total functional and maintained ISDNs in the country to 128. Through the adolescent-friendly health facilities, a total of 345,522 adolescents have availed of ASRH services in various health facilities for the whole year.

Demand generation activities with peer educators, teen facilitators, including trained parents, reached a total of 319,755 adolescents in 2019, equipping them with knowledge on life skills needed to address emerging adolescent sexual and reproductive health concerns.

Challenges and Recommendations. Efforts of various agencies to address the issues of teenage pregnancy in the country remain fragmented and stand to benefit from a unified Strategy on Teenage Pregnancy. There is a need to conduct a comprehensive assessment of the ASRH situation in the country to guide the design of service delivery and capacity building interventions, with particular focus on areas where unmet need for ASRH is highest. Additionally, there is a need to generate data for the 10 to 14 age group in order to understand the breadth and depth of the ASRH issues, and thus come up with strategic interventions addressing the same.

KRA4: Sexually Transmitted Infections and HIV/AIDS

Status and Trends. The HIV/AIDS and antiretroviral treatment or ART Registry of the Philippines (HARP) is seeing a steady increase in the number of daily new diagnosed cases from 2014 to 2019. In December 2019, the average daily diagnosed HIV cases was pegged at 35. This is more than double the 16 cases per day reported in 2014. The 25 to 34 age group makes up 50 percent

of all cases. This is followed by the 15 to 24 years old at 30 percent.

Interventions. DOH focused on increasing access to HIV/AIDS related services such as the establishment of additional HIV Primary Care Facilities and Treatment Hubs across key geographic locations. By the end of 2019, there was an increase of 53 percent in care facilities, and an increase of 59 percent in treatment hubs across the country compared to 2018. As of December 2019, a total of 42,731 people living with HIV were initiated on ART. This is an increase of 27 percent from the 2018 figures. Additionally, although the supply of HIV/AIDS commodities hit critical levels, there were no stock-outs of HIV/AIDS commodities during the reporting period.

Challenges and Recommendations. HIV testing continue to be stigmatized which presents a barrier to people living with HIV (PLHIV) getting appropriate treatment. There is a need for stronger advocacy and evidence-based interventions to elicit sought-after behavioral changes especially among people at risk of the infection such as increased condom use among men who have sex with men (MSM) and transgender women (TGW), increased uptake of Pre-exposure Prophylaxis, testing, early treatment and treatment adherence. Moreover, funding from the public sector as well as international organizations for the HIV/AIDS national response is declining and this will pose challenges in the implementation of programs. Domestic resource mobilization must be increased.

KRA 5: Elimination of Violence Against Women and Children (VAWC)

Status and Trends. According to the Philippine National Police (PNP) there were 19,743 recorded cases of violence against women (VAW) in the country in 2019. Of this figure, 77 percent, or 15,160 was committed in violation of the Anti-VAWC Law or under the intimate partner relationship category. Administrative data show that more VAWC cases were reported to the barangay VAW desks in 2019 compared with the PNP data. The Women and Children Protection Program of DOH registered 14,823 VAWC cases in 2019. Of this figure 10,398 were registered from

DOH hospitals and 4,425 VAWC cases were from public and private facilities at the provincial, city and municipal levels. Reported VAWC cases from various service providers also vary which indicates the need to fully harmonize the data on VAW.

Interventions. Over time, there has been an increase in the number of local mechanisms that respond to VAWC cases. As of 2019, 87 percent of all cities and 83 percent of all municipalities have established Local Committees on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWCs). At the provincial level, 70 percent of all provinces of the country have already established their Provincial Committee Against Trafficking and Violence Against Women and their Children (PCAT-VAWC). The DOH's Women and Children Protection Program reported that as of 2019 there were a total of 120 women and children protection units operating in 57 provinces and 10 chartered cities in the country.

Challenges and Recommendations. The unified registry of cases remains to be one of the primary concerns of the Inter-Agency Council on Violence Against Women and Children (IACVAWC). The challenges in coming up with consolidated data from member agencies have resulted in individual statistical reports, double-counting of reported cases, and difficulty in monitoring and sharing of data. The IACVAWC will continue to conduct coordination meetings and field test enhanced forms towards setting-up a unified registry of cases in the country.

Moreover, access to services is still limited, thus there is a need for the coordinated referral mechanisms to address various needs of GBV survivors. Interventions such as education and information on how to prevent violence must be prioritized.



Photo credits: USAID/PRISM Project/Hisanan

Introduction

The *AmBisyon Natin 2040* articulates Filipinos' collective long-term vision and aspirations for themselves and for the Philippines in the next 25 years. It calls on all sectors of society to direct their efforts towards enabling a *matatag* (strongly rooted), *maginhawa* (comfortable), and *panatag* (secure) life for all Filipinos.

Government and stakeholder actions to pursue the the targets set under the Sustainable Development Goals (SDGs) and the President's 0+10 Point Socioeconomic Agenda, align well and contribute to the achievement of *AmBisyon 2040*. These development strategies are anchored on the principles of sustainable development which involves: 1) long term planning, where present development should never be at the expense of future generations; and 2) inclusivity, where no one is left behind.

Specifically, the *AmBisyon* envisions that by 2040, the "Philippines is a prosperous middle class society where no one is poor. People live long and healthy lives and are smart and innovative. The country is a high-trust society where families thrive in a vibrant, culturally diverse, and resilient communities."⁶

However, our achievement of *AmBisyon 2040*, the SDGs and President Duterte's economic agenda is under threat due to the country's current population age structure.

The Philippines is only at the first phase of demographic transition characterized by a large proportion of the population in the under-15 years age bracket and with households having a large dependency burden.⁷ The population of the Philippines consists mostly of young children who, ⁶ <http://2040.neda.gov.ph/about-ambisyon-natin-2040/>
⁷ Mapa, Dennis. 2016. *Demographic Sweet Spot and Dividend in the Philippines: The Window of Opportunity is Closing Fast*. Unpublished manuscript, Quezon City: University of the Philippines School of Statistics

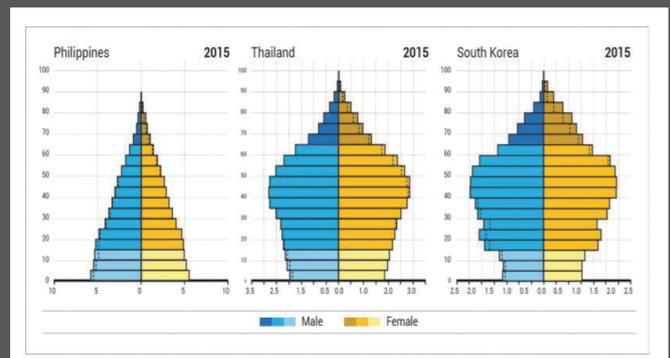
What is a demographic dividend?

Demographic dividend stems from demographic transition when fertility (birth) and mortality (death) rates decline, such that the age distribution changes to an extent that lesser spending is required to meet the needs of the youngest and oldest age groups. This frees up the resources for investment in economic development and family welfare.⁸

Demographic dividend therefore is a benefit, a windfall that is good for the economy and society. Economies in East Asia (South Korea, Taiwan, and Hong Kong) began to reap this dividend as early as the 1980s, as did Singapore and Thailand in the 1990s, and Indonesia and Malaysia in the early 2000s. What is noteworthy is that, apart from reasonably good economic policies, all these countries have modern family planning (FP) programs beginning in the late 1960s to early 1970s sustained over time. The Philippines, although it started its FP program in 1969, discontinued the program in the late 1970s due to strong opposition from conservative groups. Figure 1 shows how the Philippines' population pyramid by age compares with those of Thailand and South Korea.

⁸ Ross, John. 2004. *Understanding the Demographic Dividend: POLICY Project, Futures Group*. Retrieved from http://www.policyproject.com/pubs/generalreport/Demo_Div.pdf

Figure 1: Population Pyramids: Philippines, Thailand, and South Korea, 2015



Source: esa.un.org

because of their stage in life, are dependent on adults or the working age population. And then there is also the elderly population who also depend on the working age population for food, shelter, health and other basic necessities.

The shift to the second phase, that is, a bigger proportion of the working age population vis-à-vis dependents, will be determined by how well the country manages population growth through the Responsible Parenthood and Reproductive Health (RPRH) Law. Full implementation of the RPRH Law, coupled with adequate investments on the youth's human capital, will enable the country to reap the demographic dividend by 2030 through 2040. Otherwise, the country will have to wait until at least 2050 to benefit from the demographic dividend, or possibly even miss it altogether.

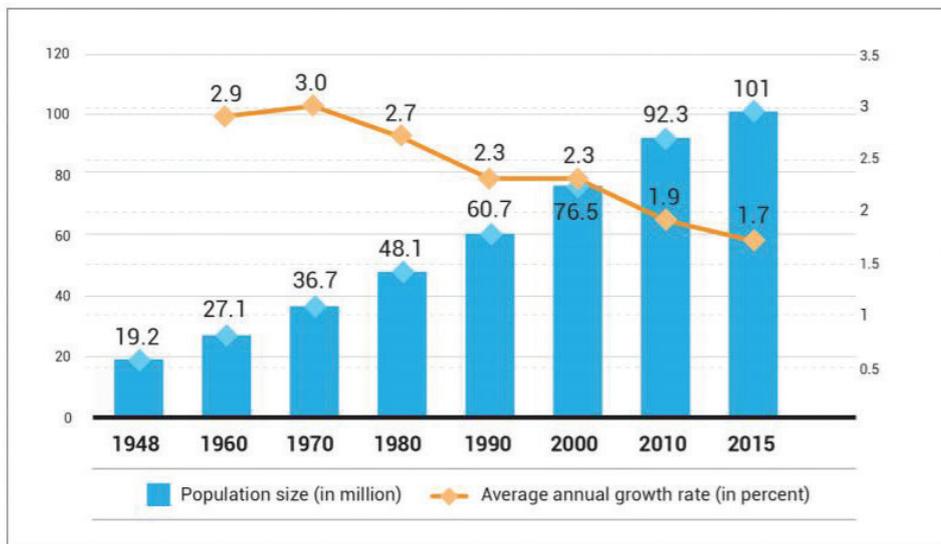
Challenges

Several factors associated with changes in the size, structure, and attributes of the country's population affect the prospects for reaping the demographic dividend. These include population growth rate and distribution, access to health, education, employment, and finances.

The implementation of the RPRH Law needs to go beyond the "business-as-usual" strategies and tactics in order to make significant impacts on population and development processes, and hence, improve the health and well-being of each Filipino as envisioned in the *Ambisyon 2040*. Prioritizing and addressing the following challenges will hasten the country's achievement of the demographic dividend.

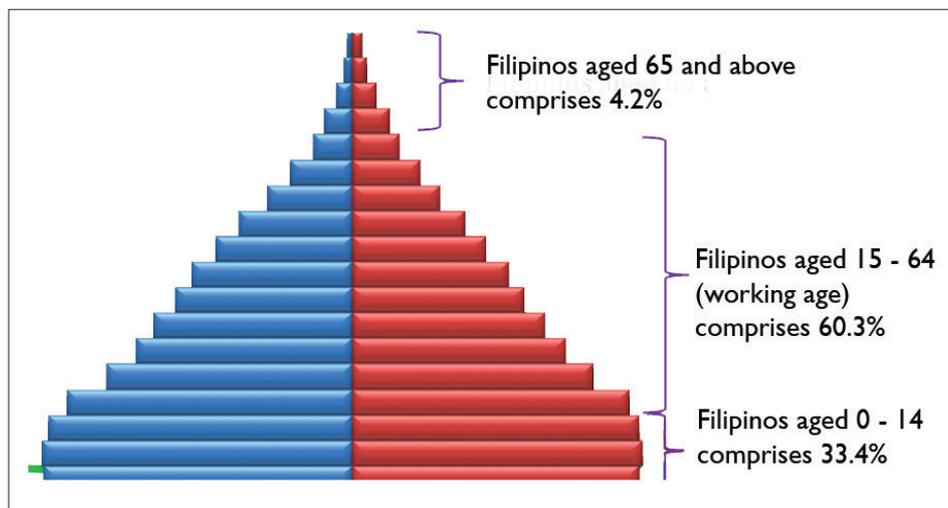
1. The demographic transition is slow because fertility rate remains high. In the Philippines, the demographic transition is at a stage where mortality is relatively low but fertility remains high. Majority of the regions in the country have fertility levels which are higher than the national average of 2.7 children.
2. Two million Filipinos are added to the population every year. The latest Population Census recorded about 101 million Filipinos living in the country in 2015. While the pace of growth is slowing – from 1.9 percent annual growth rate in 2000-2010 to 1.7 percent in 2010-2015 – the population continues to grow significantly, with about 2 million Filipinos added to the population every year.
3. The regional patterns of population growth fuel changes in regional age structures, creating inequality in opportunities and outcomes. Economic opportunities are concentrated in a few regions, notably NCR, Central Luzon, and CALABARZON, where social conditions and development outcomes are better than other regions. Their relatively better performance compared with the rest of the regions is a product of geography and initial resource endowments.
4. Children below 15 years of age continue to form the base of the country's population age structure. Based on the 2010 population census, about 33.4 percent or 30.7 million Filipinos were below 15 years of age; 60.3 percent were between 15 to 64 years old (comprising the working or productive ages); and 4.2 percent were aged 65 and over. Having a young population means a continuing increase in population due to the large cohorts of young women who will soon enter the childbearing years and contribute to the fertility level in the country (population momentum). This also explains the large number of young dependents.
5. The older population in the country is still a small fraction but slowly growing. In 2010, Filipinos aged 60 and older accounted for 6.2 percent of the country's population, almost the same level as in 2000. However, while ageing prevalence in the Philippines may be relatively low, the proportion of the elderly to the total population is expected to reach a double-digit mark in 2020 assuming a moderate fertility and mortality decline.
6. Women having more children than they wanted indicates a high unmet need for family planning. The high fertility level especially among poor and less-educated women is mainly because of the low level of access to family planning commodities such as contraceptives. Only a third of women

Figure 2: Trends in Population Size and Population Growth Rate: Philippines, 1948-2015



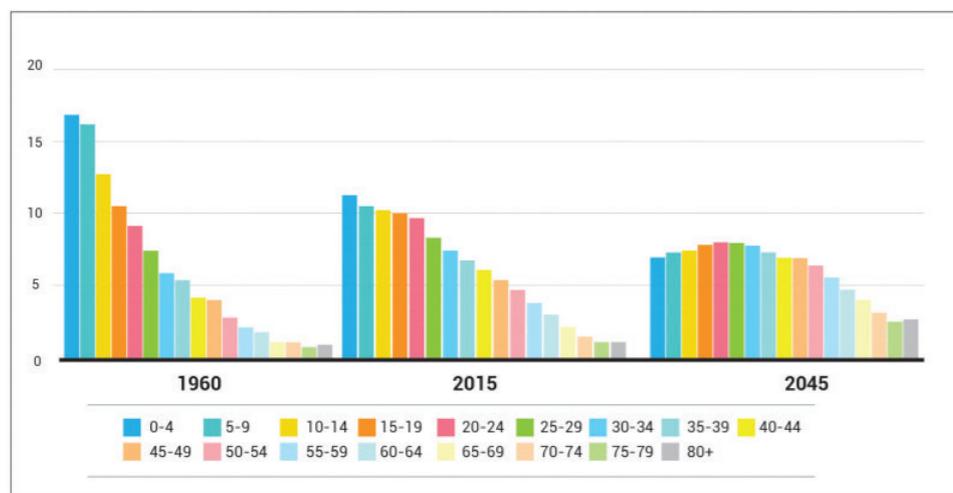
Source: Philippine Statistics Authority, 2015 Census of Population

Figure 3: 2015 Population Pyramid, Philippines



Source: Philippine Statistics Authority, 2015 Census of Population

Figure 4: Percent Distribution of Population by Age Group, 1960, 2015, and 2045



Source: Philippine Statistics Authority, 2015 Census of Population

belonging to the lowest wealth quintile use modern contraceptives (33 percent modern contraceptive prevalence rate). More than 21 percent of these poor women have unmet need for family planning (i.e., they intend to limit or space their children but are not using any family planning method). Only 16 percent of women without education are using modern family planning methods and a high 24 percent have expressed unmet need for family planning.

7. The number of girls getting pregnant and giving birth for the first time at a young age has been increasing. Another significant driver of high fertility in the country is the increasing teenage pregnancies or young age at first birth. Early initiation of childbearing lengthens the reproductive period and subsequently increases fertility.

8. There are legal barriers to the full implementation of the Responsible Parenthood and Reproductive Health Law. While the RPRH Law has been enacted and affirmed as constitutional, the full implementation of the law is blocked by a temporary restraining order (TRO) on the distribution of implants and certification / re-certification of modern FP commodities. The TRO affected the access of people, particularly of the poor

because national and local governments are constrained in providing the widest range of free FP commodities and services.

9. **Inequities remain in nutrition and health outcomes.** While there have been major improvements in the health conditions of Filipinos as indicated by increasing life expectancy rates and low mortality and morbidity rates, inequities remain across regions, population and income groups. Among the regions, conflict-affected and disaster-prone areas experienced poorer health outcomes. ARMM lagged in most health indicators and regions exposed to multiple hazards (i.e. Zamboanga Peninsula and CARAGA) fared worse in some indicators compared to the national average.
10. **Access to education has been uneven and completion rate is low.** Acquiring new knowledge and skills allows the workforce to become more productive, thereby increasing their incomes and improving their quality of life. Thus, education is a critical input in optimizing the demographic dividend.
11. **Youth unemployment is extremely high.** Unemployment rate among 15-24-year olds is more than twice the overall unemployment rate. In addition, the share of youth not in school and not employed in the total young working population is 22.1 percent. This has serious implications, as the demographic dividend will largely depend on a productive working-age population.
12. **Savings rate in the country is low.** The country's gross national saving-to-GDP ratio stands at 29.9 percent as of the third quarter of 2016. Capital accumulation facilitates economic growth, which will be an important factor in maximizing the demographic dividend, and even creating a second demographic dividend. However, saving behavior is quite shallow. The *Bangko Sentral ng Pilipinas* estimates that only 22 percent of adults have a formal savings account.

Priority Actions

1. **Attain zero unmet need for modern family planning.** The government, together with all stakeholders, will strive to implement the Responsible Parenthood and Reproductive Health Act (RA 10354), the Magna Carta of Women (RA 9710), the National Population Policy (PD 79, s. 1972) and other relevant national interventions that promote the reproductive rights of Filipinos. Demand-generation strategies including advocacy for increased local government counterpart resources and funding will be intensified to ensure improved access of all Filipinos to the widest range of family planning methods.

This is essentially assisting couples and individuals achieve their desired family size within the context of responsible parenthood and informed choice in order to achieve population outcomes that are facilitative of economic growth.

Men's involvement and civil society and private sector engagement will be mobilized in the promotion of universal access to modern family planning methods. Service delivery networks for maternal and adolescent health and family planning will be strengthened to ensure the continuum of reproductive health care, particularly family planning.

2. **Continue promoting proper birth spacing of three to five years to lower fertility levels among women.** Proper birth spacing likewise facilitates the demographic dividend in households and among individuals. With birth spacing that results in lower fertility, women have greater chances of productively participating in the labor force and in human resource formation activities such as education and training.
3. **Prevent unwanted pregnancies through age-appropriate reproductive health services, including family planning to sexually-active adolescents and those who had their first birth.** Information and service delivery networks for adolescent health and development will

be established and strengthened at the local level to ensure a continuum of care for young people. The role of parents, teachers, and adults in guiding their adolescent children toward responsible sexuality will also be strengthened through institutionalized capacity-building. Partnerships with civil society organizations and youth organizations will be strengthened for a more coordinated implementation of adolescent health and development interventions.

4. **Increase investments in health initiatives.** This can significantly support human capital formation or development by ensuring that children are healthy when they go to school, that members of the labor force are productive, and members of the family can enjoy the fruits of their labor.

The government will therefore: (a) guarantee services that will provide care at all life stages; (b) ensure the accessibility of these services in functional delivery networks; and (c) sustainably finance these services through universal health insurance.

5. **Continue reforms in the basic and higher education curriculum to adapt to current realities.** Improving the education of girls, especially at the secondary level, helps delay marriage and prevent teenage pregnancy. Women who marry later tend to have fewer children than those who marry at a young age. The K to 12 curriculum already integrates lessons on sexuality education to help students

make informed choices and decisions on issues that affect their wellbeing. Meanwhile, the new general education curriculum in higher education aims to develop learners' intellectual competencies, personal and civic competencies, and practical skills.

6. **Create employment opportunities, especially for young adults.** In support of the administration's thrust to create one million new jobs annually, the government will pursue initiatives through major employment-promoting strategies: (a) employment generation; (b) employment preservation; (c) employment facilitation; and (d) employment enhancement. Programs supporting employment generation have been pursued to directly or indirectly create new employment opportunities in the domestic labor. Employment programs for the youth will also include support to young parents as part of social protection. Improving the living wage of young workers, especially those with young children to support, will be prioritized.
7. **Encourage savings build-up at the micro-meso-macro levels.** With fewer children, couples can save more from the expenses for the health, education, and total well-being of children. Early pregnancy has economic implications particularly on savings. Financial inclusion strategies such as the efficient delivery of microfinance and micro-insurance products and services will be implemented.

Priority Legislative Agenda

To implement the strategies for the challenges identified above, legislative support will be required.

- Institutionalization of Local Population and Development Policy. There is a need to have a cohesive policy on addressing population and development at the local level
- National Policy on the Prevention of Teenage Pregnancy. The alarming level of teenage pregnancy requires a comprehensive policy to address the problem at all levels of government
- Strengthening of the National Population and Development Policy. A comprehensive policy for population and development will address the fragmentation of government efforts and initiatives for population and development. It will ensure that population and development is mainstreamed.



Policy and Governance

A supportive policy environment is vital to the effective governance and oversight of programs under the Responsible Parenthood and Reproductive Health (RPRH) Law. In 2019, the national government prioritized the enactment of key policies that provide guidance and strengthen the coordination among key actors under the RPRH Law. This section highlights these major policy gains.

Clarifying Roles to Improve Family Planning Promotion and Service Delivery

The DOH and POPCOM Joint Memorandum Circular (JMC) No. 2019-01 signed last February 2019 served as an operational framework for the co-management implementation of a strengthened and intensified implementation of family planning in the country. The two agencies complement their work in family planning implementation as DOH focuses on promoting women's health and rights while POPCOM is more on advocacy for family planning for population and development [Annex 1].

Moreover, DOH and POPCOM shifted its program beneficiary focus from catering to “married women” only to “all women”. The RPRH Law and Universal Health Care Act guarantee that all Filipinos have equitable access to quality and affordable reproductive health care goods and services and are protected against financial risk. This shift broadens the program clientele to cover unmarried and sexually active women including adolescents, provided that parental consent is secured.

In light of the program shift, DOH and POPCOM re-calibrated their FP targets setting a more realistic yet still ambitious target in modern contraceptive prevalence rate (mCPR) of 30 percent all women from 65 percent married women.

The DOH recognizes the role of Civil Society Organizations (CSOs) as strong advocates and partners of family planning promotion and service delivery. While one of the strategies of the National Family Planning Program is to increase public sector FP service availability, DOH recognizes that not all women of reproductive age avail of services in government facilities. Hence, in 2019, the DOH drafted the Guidelines for the Accreditation of Civil Society Organizations as Implementing Entities of Programs and Projects of the DOH (AO 2020-0002). This policy will allow the transfer of DOH funds/commodities to CSOs to complement service delivery point efforts in providing FP services. Currently, the policy is on its final stage of development.

In the last quarter of 2019, the DOH commissioned the Philippine Institute of Development Studies (PIDS) to conduct a five-year assessment of the implementation of the RPRH Law. The objective of the study is to evaluate the implementation of the Law in terms of governance and organization design, financing, local service delivery, reproductive health education and campaign, and logistic and supply chain. The inception report had been submitted and preliminary key informant interviews were conducted. An initial report will be released by the first quarter of 2020.

Building Partnerships and Resources to Curb Teenage Pregnancy

As of 2019, Senate Bill 1888 “An Act Providing for a National Policy in Preventing Teenage Pregnancies, Institutionalizing Social Protection for Teenage Parents, and Providing Funds Therefor”, was approved on third reading while the House version (House Bill 4742) was consolidated and substituted in the Committee level.

Both bills aim to give solutions to the health and social problems of teenage pregnancy by dealing with the lack of proper information of the youth and lack of access to relevant reproductive health services. The bill would mandate more social protection programs for teenage mothers, comprehensive, age-appropriate sexuality education to better inform adolescents about sex, gender, and reproductive health issues.

During the same year, the Manila Declaration on Addressing the Education, Health, and Development Issues on Early Pregnancy was released to the public during the Teen Pregnancy Summit held last August 2019. The Declaration represented the unified interest and commitment of various stakeholders, namely, government, civil society organizations, faith-based organizations, and youth sector representatives in pursuing priority actions to address the burgeoning issue of teenage pregnancy in the country. The National Adolescent and Youth Health Development-Technical Working Group (NAYHD-TWG) was also organized to ensure convergence of leaders in adolescent health from national government agencies, non-government organizations and development partners.

Ensuring Greater Access to Maternal, Newborn, Child Health and Nutrition Services

Notable policy issuances that help achieve the twin goals of maternal mortality and neonatal mortality reduction through improved service delivery were developed by various national government agencies. Some of these major policies are enumerated below:

1. Philippine Framework for Triple Elimination of Mother to Child Transmission of Syphilis, Hepatitis B and HIV;
2. DOH Administrative Order No. 2019-0026: National Policy in the Provision of Birthing Assistance to Primigravid and Multigravid Women;
3. DOH Department Circular No. 2019-0436: Moratorium for the Implementation of Selected Sections of the Implementing Guidelines of Administrative Order (AO) No. 2019- 0026 entitled, “National Policy in the Provision of Birthing Assistance to Primigravid and Grand Multigravid Women;
4. DOH-DepEd Joint Memorandum Circular No. 1, s. 2019 “Measles Outbreak Response and Prevention of Transmission in Schools”;
5. Development of the Infant and Young Child Feeding (LYCF) 2019 to 2030 issued through Department Circular 2019-0537; and
6. Department Memorandum No. 2019-0460 “Submission of Data Supporting the Implementation of the Mother and Baby-Friendly Hospital Initiative (MBFHI) be provided by the Regional Program Coordinators (MBFHI/IYCF/Newborn)”.

Improving Insurance Coverage for People Living with HIV

Following the enactment of Republic Act No. 11166: An Act Strengthening the Philippine Comprehensive Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Prevention, Treatment, Care, and Support, and, Reconstituting the Philippine National Aids Council (PNAC), Repealing for the Purpose Republic Act No. 8504, Otherwise Known as The “Philippine Aids Prevention and Control Act of 1998”, and Appropriating Funds Therefore, PNAC developed policy guidelines to operationalize the provisions of the said law. PNAC Resolution No. 1 contained the Implementing Rules and Regulations of Republic Act No. 11166 strongly prohibits discriminatory acts towards the HIV status, actual or perceived, of individuals. This particularly helps in improving the health coverage of people living with HIV (PLHIV) as

the law clearly stated their right to be covered by medical insurances.

The Insurance Commission issued Circular Letter No. 2019-30: Guidelines in the HMO Underwriting of Applicants with Actual, Perceived, Or Suspected Human Immunodeficiency Virus (HIV) Status instructing private Health Maintenance Organizations (HMOs) on the underwriting of HMO product applicants with actual, perceived, or suspected HIV status.

The increased incidence of HIV means a parallel increase in the provision of ART to PLHIVs. To ensure that services will be available across the country, the Philippine Health Insurance Corporation (PHIC) issued PhilHealth Circular No. 2018-0004: Accreditation of Stand-Alone HIV Treatment Hubs and Satellite Treatment Hubs as Providers of PhilHealth Outpatient HIV / AIDS Treatment (OHAT) Package.

Furthermore, PLHIVs are now automatically covered under the National Health Insurance Program as mandated by the Universal Health Care Act. The PhilHealth Circular No. 2019-0010: Guidelines on the Granting of Immediate Eligibility of Members is likewise applicable to all PLHIV.

Following the issuance of Administrative Order 2014 – 0034 laying out the guidelines on the provision of ART, a PLHIV is now automatically enrolled once found to be HIV positive. To shorten the waiting time for confirmatory tests and to immediately start the initiation to ART of a PLHIV, DOH now uses the rapid HIV diagnostic algorithm (rHIVda) for HIV confirmatory test. Subsequently the Department issued DOH Administrative Order 2019 – 0001 to set the Guidelines on the Implementation of rHIVda.

Other policies enacted by other agencies:

1. Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS (2 consolidated policies)

2. Adoption of PSMID Clinical Practice Guidelines on the Prevention, Diagnosis and Treatment of Opportunistic Infections in HIV Infected Adults and Adolescents in the Philippines
3. Interim Guidelines on the Medical Management of PLHIV and Protocol on Precaution Against HIV Transmission During Medical, Surgical and Other Related Procedures
4. Interim Guidelines on Subsidizing Medical Expenses Incurred by Indigent and Financially Incapacitated PLHIV in DOH-Designated HIV Treatment Hubs
5. Interim Guidelines on STI, HIV and AIDS Prevention and Control for Drug Abuse Treatment Rehabilitation Centers
6. Revised Guidelines on Prevention of Mother to Child Transmission of HIV (PMTCT)
7. Revised policies and guidelines in the conduct of Human Immunodeficiency Virus (HIV) Testing Services (HTS) in Health Facilities
8. Policy Guidelines on the Implementation of Care and Support for Affected Families, Intimate Partners, Significant Others and Children Living with HIV by the Department of Social Welfare and Development (DSWD)
9. Policy Guidelines on Accreditation of the Institutions/Organizations that Train HIV Organization: DSWD

Enhancing Protection Systems for Women and Children

In the area of elimination of violence against children and women, the following policy measures have been developed/implemented and/or proposed:

1. **Safe Spaces Act.** Republic Act No. 11313 otherwise known as the Safe Spaces Act was signed by President Rodrigo Roa Duterte on April 17, 2019. The law took effect on August 3, 2019. The law addresses gaps in the legal framework by recognizing sexual harassment committed between peers, by a subordinate to a superior, by a student to a teacher, or by a trainee to a trainer. It also outlines additional duties and corresponding liabilities for

employers and heads of schools and training institutions to ensure that sexual harassment complaints in their respective institutions are addressed appropriately. More notably, the law also penalizes sexual harassment which occurs not just in a work and education but also in other environments, such as in public spaces and online platforms.

2. **GBV-related Women's Priority Legislative Agenda.** The year 2019 marked the launch of the Women's Priority Legislative Agenda for the 18th Congress through the PCW-led event JUANA TALKS "Bakit Mahalaga ang Agenda ni Juana?" held on September 26 at the Philippine International Convention Center. Over 100 participants from the national government agencies, civil society organizations, and academe from Luzon, Visayas, and Mindanao attended the event.

Eight out of the ten legislative agenda are related to GBV as follows [See Annex 2 for the definition]:

1. Strengthening the Provisions of R.A. No. 8353: Amending the Anti-Rape Law.
2. Amending/Repealing the Revised Penal Code provisions on Adultery and Concubinage
3. Ensuring Women's Equal Rights in Marriage and Family Relations
4. Recognizing Sexual Abuse and Focusing on the Violence and Abusive Conduct as Grounds for Legal Separation.
5. Enacting the Anti-Prostitution Law
6. Upholding the Right to Life and Security of Spouses and Daughters by Repealing Article 247 of the Revised Penal Code
7. Enacting a Law Prohibiting Discrimination Based on Sexual Orientation, Gender Identity and Expression
8. Adopting Divorce in the Family Code

Maintaining Provision of Essential Health Services during the COVID-19 Pandemic

On 30 January 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) outbreak as a Public Health Emergency of international concern and eventually as a Global Pandemic by 11 March 2020. With DOH at the helm of the COVID-19 response, it needed to mitigate the risk of health system collapse and maintain essential health service delivery, while working to meet the demands of the COVID-19 response.

Hence in 2020, DOH enacted several policies and guidelines to maintain quality essential services for all. Although the following policies were developed and enacted in 2020, these were included in the 2019 RPRH Law Annual Report to urgently highlight DOH's policy actions and interventions in response to the pandemic.

1. DC 2020-0167: Continuous Provision of Essential Health Services During the COVID-19 Epidemic
2. DM 2020-Guidelines on the Continuous Provision of Family Planning Services during Enhanced Community Quarantine following the COVID-19 Pandemic⁰²²²:
3. DM 2020-0261: Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 Pandemic
4. DM 2020-0319: Interim Guidelines on COVID-19 Management of Pregnant Women, Women About to Give Birth, and Newborns
5. DM 2020-0341: Interim Guidelines on Provision of Health Services for Adolescents
6. DM 2020-0351: Interim Guidelines of the Implementation of HPV Vaccination amid COVID-19 Pandemic

New Normal Strategies during the COVID-19 Pandemic

1. Strengthen health systems response within the health care provider network (HCPN)
 - Establishment of Province-wide and city-wide HCPNs (ie. to designate facilities where the non-covid pregnant women may go for delivery)
 - The primary care facility shall serve as the main navigators/ first contact in the HCPN and determine the appropriate facility
2. Shifting capacity building, health promotion, and provision of technical assistance to online platforms
 - Maximize use of social media (ie. Boosting of social media accounts of social hygiene clinics and treatment hubs on available HIV services)
 - Ongoing e-module development of Family Planning Competency Based Training Level 1
 - Ongoing online capacity building on FP Estimation Tool and FP Interim Distribution Tool, basic HIV 101
 - At least monthly brown bag sessions with CHD coordinators and stakeholders
 - Ongoing drafting of Health Promotion Plan for Teenage Pregnancy Prevention
3. Ensure continuous provision of health services
 - Maximize teleconsulting and teleprescription platforms
 - Client-centered approach for delivery of ARVs and other HIV services (ie. ARV refill station, courier, online/phone counselling) and FP commodities (ie. FP Ayuda Express of CHD V and outreach missions)
 - Reducing stock outs of FP and HIV commodities by ensuring religious monthly reporting
 - Fund provision for personal protective equipment procurement for continuous provision of maternal health and FP services
 - Shifting strategies from school-based to community-based HPV vaccination
4. Target Recalibration and Program Strategies Review
 - Ongoing discussion with the Health Policy Development and Planning Bureau (HPDPB) and the United Nations Population Fund (UNFPA) for maternal health-related indicators target recalibration and interventions
 - With HPDPB Research Division, EmONC Assessment will be conducted via Philippine Council for Health Research and Development AHEAD Project
 - With UNFPA, USAID/ReachHealth Project, University of the Philippines - Philippine General Hospital, ongoing functionality assessment of Women and Children Protection Units that will serve as input for the Costed Implementation Plan of Women and Children Protection Program



Photo credits: USAID/PRISM Project/Hisanan

Budget and Financing

National Government Budget

Based on DOH and POPCOM allocations, the national government budget for the implementation of the RPRH Law in 2019 amounted to a combined Php 26.32 billion [Table 1].

The DOH remains to be the main source of funds for initiatives under the RPRH Law, accounting for 98 percent of the combined budget. The DOH 2019 budget for RPRH law implementation represents 26 percent of its total budget of Php 97.6 billion. On the other hand, POPCOM allocated Php 877.82 million in 2019 to cover the programs on reproductive health/family planning, adolescent health development/population, and development integration, among others.

There was a 37 percent decline in the combined 2019 budget for RPRH compared to the 2018 budget allocation of Php 41.87 billion. The decrease was largely due to a reduction in the budget for the Health Facility Enhancement Program (HFEP) by nearly half from Php 30.27

billion in 2018 to Php 15.64 billion in 2019. The lower allocation was due to the shift to cash-based budgeting for 2019 that led to the adjustment of budget ceilings of programs.⁹ Note that HFEP budget allocation is intended not only for RPRH services, but also for other programs of the DOH.

Of the combined allocations in 2019, 78 percent was obligated by DOH and POPCOM at the end of the fiscal year. It can be noted though that the budget utilization of the Family Health and Responsible Parenthood (FHRP) line item was only at 49 percent owing to delays in the procurement of commodities. Some of the reasons were: 1) suppliers cannot commit to deliver the goods within the timeline to comply with the cash-based budgeting; 2) some commodities have no bidders, hence led to bid failure; 3) some commodities are already adequate for next year's use.

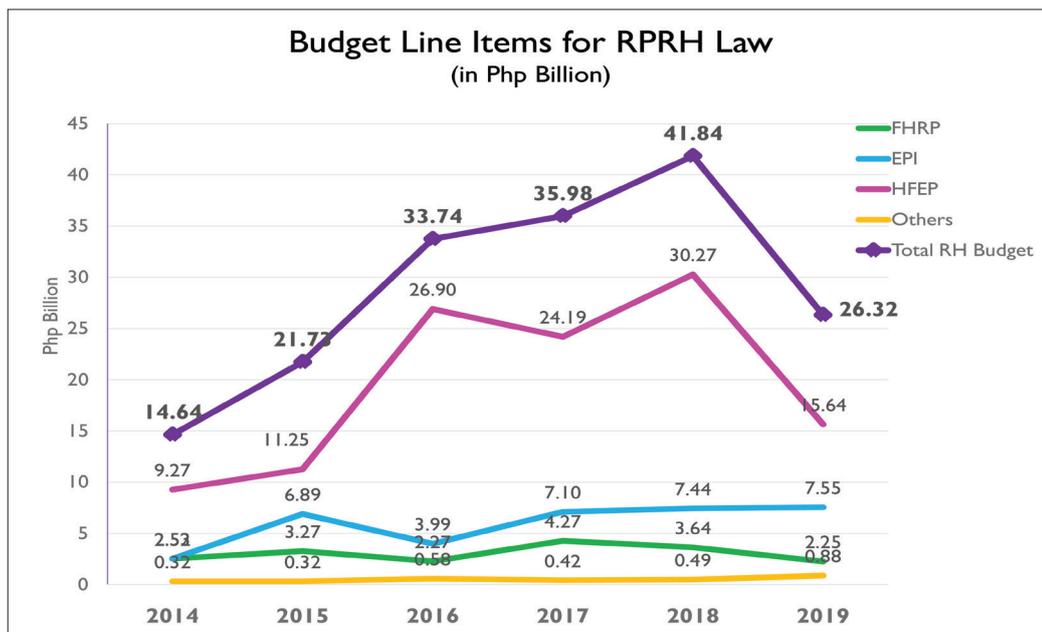
⁹ newsinfo.inquirer.net/1111853/dohs-low-budget-use-continues-unused-funds-amount-to-billions?fbclid=IwAR3FYnPULhSGJpX3p8dh-HyWTRUJJMXS-UG5SPc8vRpfHxUtjODZr4bBciw

Table I: Indicative National Government Budget Allocation and Obligation for RPRH 2018 and 2019

| Agency/Program | 2018 Adjusted Allotment for RPRH (in billion PhP) | 2018 Total Obligation (in billion PhP) | 2019 Adjusted Allotment for RPRH (in billion PhP) | 2019 Total Obligation (in billion PhP) |
|---|---|--|---|--|
| DOH | 41.35 | 37.85 (92%) | 25.44 | 19.65 (77%) |
| • Family Health and Responsible Parenthood (FHRP) | 3.64 | 2.25 (65%) | 2.25 | 1.10 (49%) |
| • Expanded Program on Immunization (EPI) | 7.44 | 7.30 (98%) | 7.55 | 6.85 (91%) |
| • Health Facility Enhancement Program (HFEP) | 30.27 | 28.30 (93%) | 15.64 | 11.70 (75%) |
| POPCOM | 0.52 | 0.51 (98%) | 0.88 | 0.81 (93%) |
| Total | 41.87 | 38.36 (92%) | 26.32 | 20.46 (78%) |

Source: Department of Health

Figure 5: Budget Trend for RPRH Law, 2014 - 2019



Source: GAA, 2014 - 2019

Unobligated funds in 2019 were re-purposed as Continuing Appropriation for COVID-19 response and used for the purchase of personal protective equipment, test kits, among others. Some of the budget were also re-aligned to procure Implants, since its 2020 budget was not approved, and oral health commodities (ex. Ionemer and Varnish).

In addition to the issues above, RPRH implementation is presented with various opportunities and challenges with the passage of Republic Act 11223 or the Universal Health Care Act and the promulgation of its Implementing Rules and Regulations in November 2019. In terms of financing, RPRH programs can expect improvements arising from the UHC Act mandates particularly on universal enrollment and immediate eligibility to PhilHealth benefits. In addition, the delineation of financing population-based services to be assigned to DOH and individual-based services under PhilHealth will minimize overlaps and help identify and fill in gaps in financing of various RPRH programs. Local government units are also expected to gain an average increase of 30 percent in their internal revenue allotments by 2022 when the Supreme Court decision on the Mandanas case will be implemented. Since the increase will be applied to the internal revenue allotment, health and specifically, RPRH programs will be competing with other priorities in accessing these additional resources.

Decreasing Budget for HIV/AIDS Programs

The HIV/AIDS response of the country is financed both by national/ domestic funding and external/international support. As the incidence of HIV and AIDS rapidly increased each year, financing for HIV and AIDS programs also increased in the last decade. In 2019 however, this was not the case.

Public sector financing for the 2019 HIV/AIDS national response drastically declined. The budget allocated for the HIV/AIDS response particularly for the operations of the Philippine National AIDS Council (PNAC) and the implementation of the National AIDS and STD Prevention and Control Program (NASPCP) decreased to Php 459.61 million or just 40 percent of the 2018 budget of Php 1.173 billion.

External funding, or support from international sources, has also seen a steady decline since 2013. In the country, Global Fund provides the biggest international support for HIV and AIDS program. In 2019, a total of Php 81.60 million has been spent for the program.

Local Government Unit Budget

FP Expenditures of LGUs

Local government units remain as the major provider of family planning services in the country. Their allocation and expenditure for family planning primarily covers the: a) actual delivery of services thru personnel hired; and b) projects and activities including infrastructures that support the delivery of such services.

Based on the study of Family Planning Spending Assessment¹⁰ (FPSA) for LGUs, the provinces, cities and municipalities of the country spent about Php 1.9 billion for family planning in 2019. This covers projects and activities that were conducted by the LGUs during the year reported to support the delivery of FP services. It does not include yet the LGU's expenditures for personnel hired to provide the FP services.

Municipalities had the biggest share in FP funding with around 63 percent of the total expenditures of all LGUs, while cities and provinces contributed about 26 percent and 11 percent, respectively. Compared to 2018, the expenditures of the LGUs for family planning related programs, plans, and activities decreased by about 17 percent from last year's Php2.27 billion pesos.

Analysis of 2017-2019 LIPH and AOPs

The Local Investment Plan for Health (LIPH) is a 3-year strategic or medium-term plan prepared by the provinces, highly urbanized cities (HUC), and independent component cities (ICC). The yearly interpretation of the LIPH is the Annual Operational Plans (AOP), which serve as localization tools of national health programs, and basis for resource mobilization and technical assistance provision and allocation. The LIPH and the AOP is an important instrument since the Universal Health Care Act specifically referenced the former that it shall be the basis for matching grants and provision of assistance from the national government and donors relative to its implementation.

All 124 LGUs composed of 81 provinces, 33 highly urbanized cities, 5 independent component cities, 4 component cities & 1 municipality (Pateros in NCR) are mandated to develop its LIPH for the period 2017-2019. However, only 85 percent were able to comply.

USAID ReachHealth Project did a desk review of the submitted health investment plans from LGUs to the Centers for Health Development and the Bureau of Local Health Systems Development of DOH. Based on the review, only 83 out of 124 proposed a significant budget allocation for family planning in 2017, while there were only 96 LGUs in 2018, and only 77 LGUs in 2019 respectively. This shows a somewhat decreasing trend in the number of LGUs that includes family planning as one of its priority programs.

The USAID ReachHealth project was unable to do a complete analysis of the 124 health investment plans due to incomplete submission of LGUs; the budget indicated in the plan is not disaggregated by source of fund; budget was too insignificant; and FP related activities were solely charged to the DOH National or Center for Health Development budget.

Among the family planning activities prioritized and included in the health investment plans include procurement of commodities, training, workshops, program implementation review, advocacy materials and activities, and improvement of facility used for provision of family planning services were included in the LGU plans.

Table 2 shows the three-year comparison of total LGU budget allocated for health versus budget allocated specific to the family planning program. An average of 1.86 percent has been allocated by LGUs for family planning in the last three years with 2019 having the highest average percentage of allocation.

Table 2: Total LGU Budget for Health vis-a-vis FP, 2017 - 2019

| Year | LGU Budget Allocated for Family Planning | Total LGU Budget Allocated for Health | Ave. % of FP Budget out of Total LGU Budget for Health |
|------|--|---------------------------------------|--|
| 2017 | Php 373,216,246.00 | Php 5,663,706,147,402.00 | 1.87% |
| 2018 | 419,823,237.00 | 44,906,823,200.00 | 1.57% |
| 2019 | 401,666,822.00 | 5,666,521,822,528.00 | 2.13% |

Source: CHDs and the Bureau of Local Health Systems Development of DOH

10 Study of FP Spending Assessment for LGUs, Track 20 Project, Avenir Health

Benefit Payment

Claims paid by PhilHealth for RPRH-related services, namely, family planning, maternal, infant and child health, treatment of STD and HIV/AIDS infections, treatment of female breast and genital conditions, and men's health (male genital tract, and z-benefits¹¹ for prostate cancer) decreased by 8.6 percent from 2018 to 2019. Specifically, claims in 2018 totaled to around Php 20.64 billion, while claims in 2019 was pegged at Php 18.86 billion. The data should be interpreted with caution as 2019 figures may still be incomplete as some claims may still be in process at the time of data extraction.

For maternal, infant and child health benefits, an eight percent decrease in the payment of claims from Php18.23 billion in 2018 to Php16.73 billion in 2019 was observed. In particular, claims payment for family planning services, namely BTL, IUD insertion, implant, and vasectomy decreased by 21 percent in 2019 [Table 3].

While there was a decrease on the claims paid for various MNCHN benefits, benefit payments for the Newborn Care Package (NCP) increased. In total, PhilHealth paid Php 2.48 billion for NCP in 2019 compared to Php 1.74 billion in 2018. The increase can be attributed to the increase in the package amount for NCP from Php 1,750 to Php 2,950.

Overall, reimbursements for RH services have decreased, except for STI and HIV/AIDS benefit packages, which increased by 16 percent from the previous year's report. In fact PhilHealth reimbursements for RH services has been on a gradual decline in the last couple of years [Figure 6].

Some of the reasons for the decline are: 1) timing in getting the data from PhilHealth database, with some claims in 2019 still being processed; 2) data cleaning made for duplicate computed claims especially for second case rates (ex. deliveries and IUD and IUD claims only); 3) reduced implant claims due to lack of commodities in the facilities.

11 These benefits focus on providing relevant financial risk protection against illnesses perceived as medically and economically catastrophic especially affecting Filipinos belonging to the marginalized sectors of society (PhilHealth Circular 2015-035, Guiding Principles of the Z Benefits)

Table 3: Summary of Claims Paid by PhilHealth, 2018 and 2019

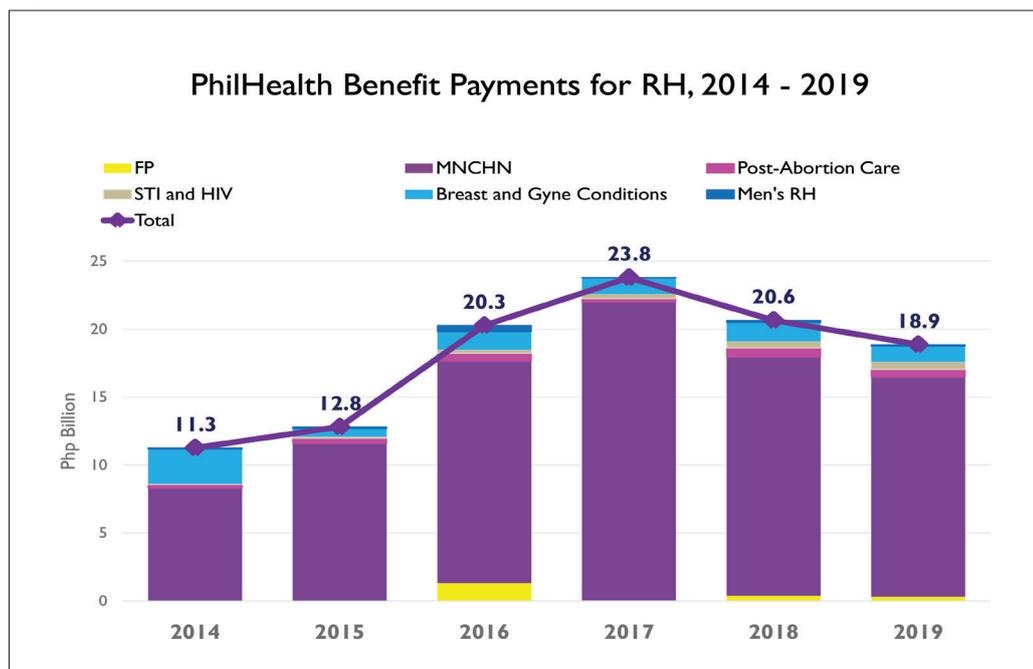
| Benefit Package | Amount Paid (Pesos) | |
|--|-----------------------|-----------------------|
| | 2018 | 2019 |
| Family Planning | | |
| Bilateral Tubal Ligation | 260,992,000 | 204,968,000 |
| IUD insertion | 64,680,000 | 49,734,000 |
| Subdermal Implant | 54,843,000 | 45,420,000 |
| Vasectomy | 228,000 | 116,000 |
| Maternal, Infant and Child Health | | |
| Deliveries | 12,074,886,770 | 10,993,136,880 |
| Antenatal Care and Pregnancy Related Conditions | 556,826,190 | 467,815,550 |
| Conditions and Procedures for Post Abortion Care | 677,663,740 | 565,185,660 |
| Newborn Care Package | 1,741,019,800 | 2,380,044,250 |
| Perinatal Conditions | 3,177,920,780 | 2,322,936,550 |
| Treatment of STD and HIV/AIDS Infections | | |
| STD and HIV AIDS infection | 13,447,600 | 8,889,300 |
| OHAT Package | 476,610,000 | 558,472,500 |
| Treatment of Female Breast and Genital Conditions | | |
| Conditions of the breast and female genital tract | 1,373,977,564 | 1,091,616,148 |
| Benefits for Breast Cancer | | 37,275,000 |
| Benefits for Cervical Cancer | | 2,575,000 |
| Men's Health | | |
| Conditions of the male genital tract | 171,782,340 | 132,141,850 |
| Benefit for Prostate Cancer | | 400,000 |
| TOTAL | 20,644,877,784 | 18,860,726,688 |

Source: PhilHealth Case Rates from 2019

Foregone Reimbursement on FP

About 19,000 women benefited from PhilHealth FP benefits packages in 2019, amounting to about Php 300.24 million claims paid. Significant reimbursements were observed in implant services, showing 83 percent of the total reimbursements, followed by IUD (15%) and BTL (2%).

Figure 6: Trend of PhilHealth reimbursements for RH ted by all LGUs, 2014 - 2019



PhilHealth reimbursements for RH services has been declining over the past couple of years.

Source: RPRH Annual Reports, 2014 to 2019

Table 4: Financial Risk Protection for Family Planning

| Procedure/Claims Status | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------------------------------------|--------------|---------------|---------------|---------------|---------------|
| Insertion of Intrauterine Device | 3,155 | 7,123 | 6,800 | 4,602 | 3,406 |
| • % of paid claims | 75% | 81% | 87% | 89% | 87% |
| • % of denied claims | 17% | 11% | 7% | 5% | 3% |
| Subdermal Contraceptive Implant | 1 | 2,844 | 11,644 | 21,071 | 17,591 |
| • % of paid claims | 0% | 87% | 89% | 87% | 90% |
| • % of denied claims | 0% | 10% | 6% | 9% | 4% |
| Vasectomy, Unilateral or Bilateral | 39 | 48 | 59 | 73 | 44 |
| • % of paid claims | 100% | 96% | 93% | 78% | 80% |
| • % of denied claims | 0% | 4% | 5% | 18% | 5% |
| Grand Total for all FP Claims | 3,273 | 10,060 | 18,553 | 25,796 | 21,087 |
| • % of paid claims | 73% | 83% | 88% | 87% | 90% |
| • % of denied claims | 1% | 3% | 4% | 7% | 3% |

Source: Rapid Analysis on Foregone Reimbursements on Family Planning, USAID/ReachHealth

Table 5: Estimated Foregone Reimbursements (October 2018 - March 2019)

| FP Method | No. of Hospitals Covered | Total Services Provided | Percentage of Services Reimbursed | Percentage of Services Not Reimbursed |
|--|--------------------------|-------------------------|-----------------------------------|---------------------------------------|
| Bilateral Tubal Ligation | 128 | 10,506 | 98% | 2% |
| Non-Scalpel Vasectomy | 4 | 2 | 0 | 100% |
| Post Partum Intrauterine Device | 84 | 10,380 | 91% | 9% |
| Intrauterine Device | 41 | 1,090 | 62% | 38% |
| Progestin Sub-Dermal Implant | 144 | 12,691 | 33% | 67% |
| All Hospitals Covered | 252 | 34,669 | 71% | 29% |
| Estimated Foregone Reimbursements | | Php29,123,000 | USD582,460 | |

Source: Rapid Analysis on Foregone Reimbursements on Family Planning, USAID/ReachHealth

While PhilHealth has significantly paid claims for FP benefits services [Table 4], some challenges are still experienced in some hospitals with respect to maximizing the FP benefits packages. The rapid assessment conducted by the USAID ReachHealth Project on data collected from selected hospitals during the period 2018 to 2019 reported about Php 29 million foregone earnings on family planning services by hospitals [Table 5].

The major reasons for non-reimbursements are:

1. non- inclusion of implant as a 2nd case rate;
2. difficulties in using the e-filing system;
3. lack of knowledge about the benefits package;
4. lack of provider accreditation/certification for FP; and
5. inability to comply with documentary requirements for claims

These challenges have been raised with PhilHealth, LGUs and key hospital staff to support the facilities in addressing these barriers.

Facility Accreditation

Over the span of three years (2017 to 2019), the number of accredited facilities increased except infirmaries. In 2019, PhilHealth accredited five FP Stand- Alone Clinics.

Furthermore, the percentage of municipalities and cities with at least one MCP provider has declined from 91 percent in 2017, to 66 percent in 2018. But this slightly increased to 73 percent in 2019 [Table 6]. The decline in 2018 was mainly due to the enforcement of the mandatory requirement of License to Operate for accreditation of birthing facilities. Many facilities then were unable to comply and secure the Land Transportation Office from DOH which is an accreditation requirement.

Financing Support from Other Sources

Various development partners actively supported the implementation of the RPRH Law through allocation of budgetary support.

Table 6: Number of PhilHealth Accredited Health Care Providers

| | 2017 | 2018 | 2019 |
|---|--------|--------|--------|
| Accredited Health Facilities | | | |
| Hospitals | 1,241 | 1,253 | 1,271 |
| Infirmaries/Dispensaries | 672 | 661 | 654 |
| Ambulatory Surgical Clinics | 152 | 166 | 180 |
| PCB Provider | 2,455 | 2,349 | 2,523 |
| Birthing homes/Lying-in Clinics | 3,243 | 2,911 | 2,989 |
| Stand Alone Family Planning Clinics | | | 5 |
| HIV Treatment Hubs (OHAT Providers) | 38 | 86 | 111 |
| Number of birthing homes and primary care facilities providing FP services | | 876 | 1,055 |
| Number of municipalities with at least 1 MCP provider (a) | 1,493 | 1,078 | 1,190 |
| Total Municipalities and Cities (b) | 1,634 | 1,634 | 1,634 |
| Percentage of Municipalities and Cities with at least 1 MCP Provider (a/b)% | 91% | 66% | 73% |
| Accredited Professionals | | | |
| Physicians | 29,860 | 30,135 | 39,017 |
| Midwives | 1,581 | 3,089 | 3,431 |
| Number of professionals with training on FP | | 360 | |

Source: PhilHealth, 2017 to 2019

- USAID allocated around USD13.5 million or Php 675 million (1USD=Php50) for FP and MNCHN programs to improve access to quality FP/MCH services, fortify behavioral change, and strengthen health system and remove barriers to FP/MNCHN use.
- UNFPA allocated USD 4.495 million or Php 229.125 million (1USD =Php50.977) to cover programs for sexual and reproductive health (including data support) of women, adolescents and youth, empowering youth and women, gender equality, among others.
- World Health Organization earmarked Php 24.170 million or USD 483,408

(1USD=Php50) for its Country Cooperation Strategy (2017-2022).

- The Global Fund to Fight AIDS, Tuberculosis and Malaria HIV Grant (managed by Save the Children) allocated USD 3.821 million or Php 192 million (1USD=Php50) for logistics and commodities and program activities such as health promotion, capacity-building, stipend for health volunteers, among others.
- The OXFAM of Canada released Php 709.7 million to support the implementation of RPRH.
- Civil society organizations (CSOs) spent around Php 45 million for RH programs. The amount spent was utilized to support various RH activities which include providing RH

services; conducting community education activities, trainings, workshops, forum, conferences; producing IEC materials; and assisting policy development. However, the expenditures were underreported since some CSOs did not submit their budget and expenditures. Funding for CSOs was made possible through the support of Asian-Pacific Resource and Research Centre for Women, Bill and Melinda Gates Foundation, Commission on Population and Development, Department of Health, Empower Foundation, FP2020 Rapid Response Mechanism, Humanist Organization for Development Cooperation, InterPares-Global Affairs Canada, Medecins Sans Frontieres, Philippine Center for Population and Development, SHOMS, and Women’s Fund Asia.

Challenges and Recommendations

| Challenges | Recommendations |
|--|--|
| Low utilization of RPRH budgets | Review the whole breadth of the budget cycle to identify bottlenecks that can be addressed in future budget rounds. For example, delays in procurement can be mitigated by holding pre-procurement activities in the last quarter of the previous fiscal year. |
| Decline in allocation due to benchmarking with spending performance as part of shift to cash-based budgeting | Improve forecasting, planning and execution as budget performance is being used as basis for future allocations. Close monitoring and troubleshooting of spending bottlenecks to be made more frequent. |
| Decline in number of MCP accredited facilities | The decline in the number of MCP accredited facilities need to be studied in terms of the impact to access and cost of services. These outcomes are more critical parameters to monitor than just the number of providers available. |
| Lack of clarity in accountabilities of DOH, POPCOM, PhilHealth and LGUs in financing RPRH services | Develop a transition strategy for the financing of RPRH services pursuant to the UHC Law mandate to delineate financing of population-based vs individual based services. There is also need to define financing role of LGUs with the implementation of the Supreme Court decision on the Mandanas case beginning 2022. |



...woman to sleep. Local anesthetic blocks pain.
▶ Very effective.
▶ No known side effects.

...think carefully before deciding
▶ Safe, simple, convenient surgery. Done in a few minutes in a clinic or office. Local anesthetic blocks pain.
▶ Very effective after 3 months. Need another method until then.
▶ Pain, swelling, or bruising can last a few days after procedure. A few men have lasting pain.
▶ No effect on sexual ability or feelings.

LAM (Lactational Amenorrhea Method)

- ▶ A family planning method based on breastfeeding.
- ▶ A breastfeeding woman uses LAM when:
 - ▶ Her baby gets little or no food or drink except breast milk, and she breastfeeds often, both day and night, AND
 - ▶ Her menstrual periods have not returned, AND
 - ▶ Her baby is less than 6 months old.
- ▶ Effective for up to 6 months after childbirth.
- ▶ The woman should be planning for another method when she no longer uses LAM.



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*Your family plan
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Photo credits: USAID/PRISM Project/Virina

Key Result Area I

Maternal, Newborn, Child Health and Nutrition

Overview

The Maternal Newborn Child Health and Nutrition (MNCHN) Strategy of the Government of the Philippines is aimed at achieving the twin goals of maternal mortality and neonatal mortality reduction, with emphasis on the biological link between a mother and child. It intends to bridge the gap between the existing Safe Motherhood Program and Child Survival Program. The Strategy integrates into other existing programs, addressing reproductive health issues such as family planning, prevention of sexually transmitted infections and control of HIV and AIDS, as well as adolescent and youth health.

Since the passage of the RPRH Law in 2012, the government has heavily invested in improving the MNCHN Core Package of Services for women, mothers, and children. Local health facilities have

been upgraded and human resources for health have been trained or deployed to provide better maternal and child care at the primary level. The MNCHN core service package consists of health services that are both preventive and curative and established to lower the risk and respond to the direct causes of maternal and neonatal deaths and, consequently improve women's and children's health.

The interventions cater to the spectrum of needs of women and children. For the women, this consists of services that span the period before pregnancy to post childbirth services that include essential newborn care during the first week of life. For children, this involves the immunization of all infants/children against vaccine-preventable diseases.

Status, Trends, and Accomplishments

Maternal Health

Data from the DOH Field Health Survey Information System (FHSIS) show an increase in utilization of maternal health care services, namely antenatal care¹² (ANC), facility-based delivery (FBD), skilled birth attendance (SBA), and post-partum visits¹³ (PPV), over the past five years.

Marked improvements have been noted in facility-based deliveries and births attended by skilled

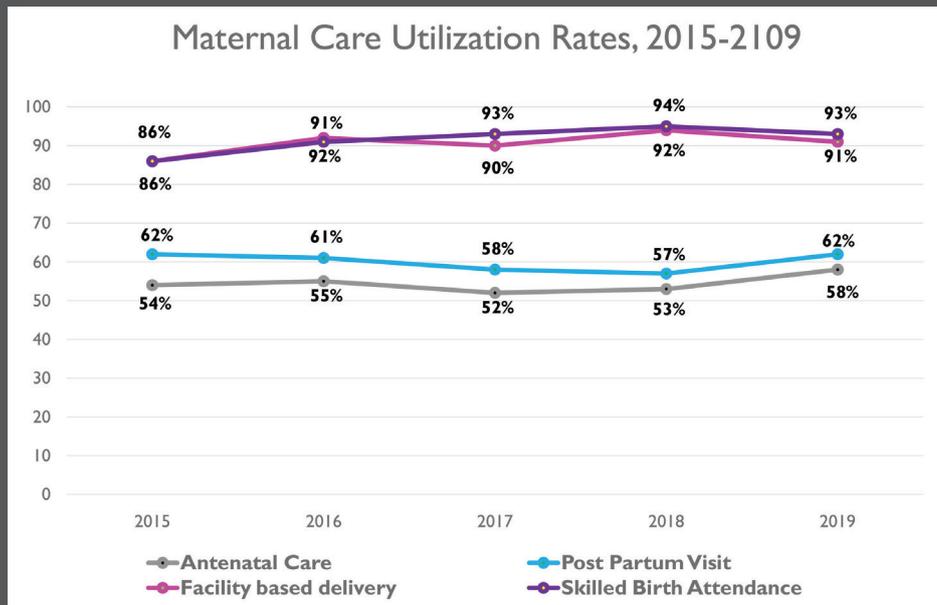
health providers. Beginning in 2016, FBD and SBA significantly increased at 92 and 94 percent, respectively from 86 percent in 2015. However, in 2019, both indicators decreased by 1 and 2 percentage points, respectively.

While antenatal and post-partum care rates have been decreasing from 2015 to 2018, both indicators increased in 2019. Post-partum visits improved from 57 percent in 2018 to 62 percent in 2019 and antenatal care rate increased from 53 percent to 58 percent during the same period.

¹² At least four antenatal care visits to or by a skilled health personnel, with the first visit occurring during the first trimester of pregnancy

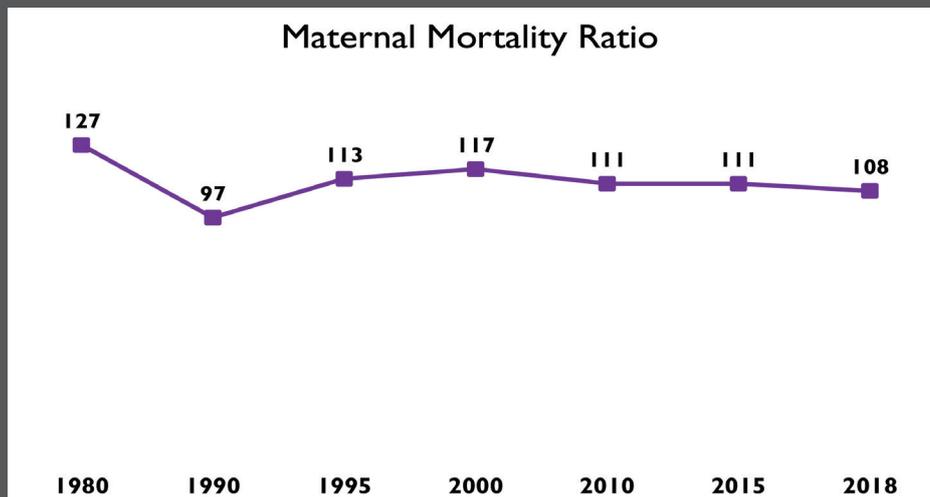
¹³ Post-partum visit or check-up by a skilled health personnel within two days after delivery

Figure 7: Trend of Maternal Health Care Service Indicators, 2015-2019



Source: DOH FHSIS 2015-2019 (Partial data for 2019).

Figure 8: Maternal Mortality Ratio, 1993-2018



Source: Philippine Statistics Authority MMR Estimates 1980-2018, released last June 2020

However, there is still a need to strengthen demand generation activities for these services. Antenatal and postpartum care are among the most important interventions to prevent maternal and neonatal mortalities. These interventions offer an opportunity to introduce to mothers and couples the use of family planning methods to prevent immediate repeat pregnancies and encourage healthy behaviors such as breastfeeding and immunization.

Due to improvements in maternal health care service indicators, MMR¹⁴ reduction has been

14 Maternal Mortality Ratio (MMR) is computed as number of maternal deaths per 100,000 live births. Maternal death is defined as the death of a woman while pregnant or within 42 days of termination

slowly improving over the years. National health surveys report higher figures of MMR at around 200 per 100,000 live births (LB) in 1993, 2011, and 2015. Improvements in MMR were noted in the National Demographic Health Survey (NDHS) 1998 and Family Planning Survey 2006 at 160 to 170 per 100,000 live births, but still inconclusive given the high margin of error of estimation¹⁵. For purposes of reporting, the DOH is currently using the Philippines Statistics Authority 2018 MMR estimate at 108 per 100,000 live births. The target MMR for 2020 is 90 per 100,000 live births.

Accurate measurement of maternal mortality remains an enormous challenge for DOH in terms of timeliness, completeness in reporting (inclusiveness of the private sector), and data quality. Nonetheless, the leading causes of maternal mortality are still preventable and can be averted by quality and accessible obstetric care

from Emergency Obstetric and Newborn Care (EmONC) capable-facilities.

Infant, Child Health and Nutrition

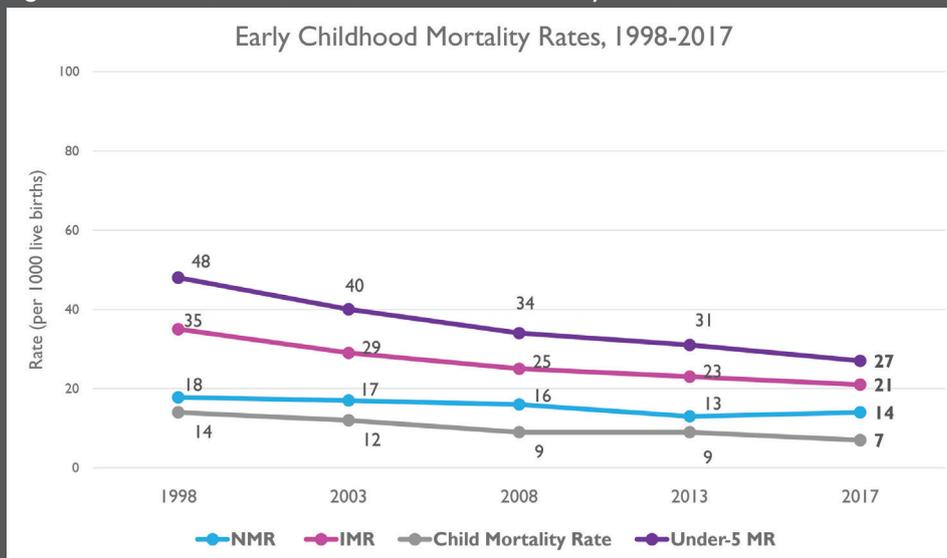
Infant and child health outcomes have been improving for the past two decades. The NDHS¹⁶ reported a declining trend of newborn, infant, and under-5 mortality rates from 1998 to 2017.

of pregnancy, irrespective of the duration and site of the pregnancy, from any causes related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO, 2016)

15 RPRH Annual Report, 2016

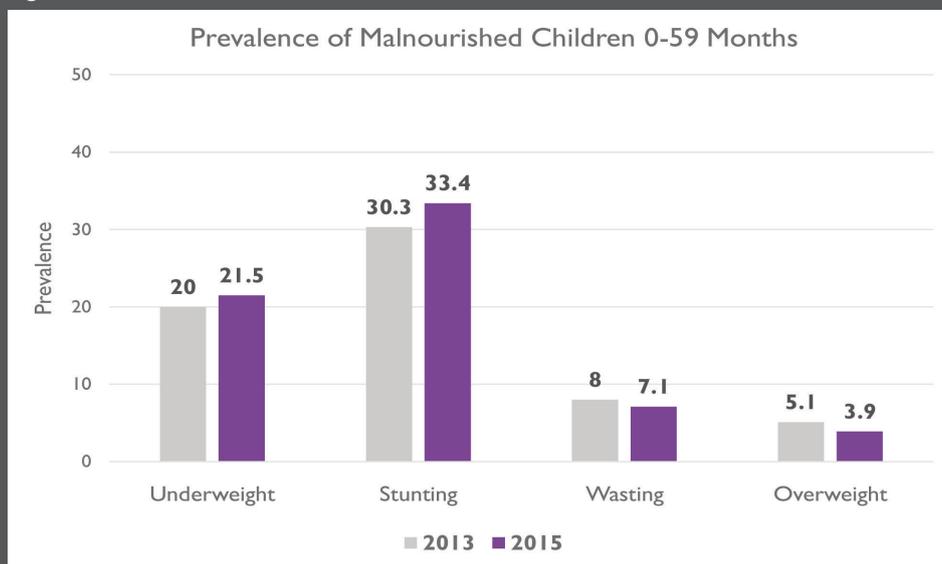
16 For this reporting year, NDHS 2017 remains as the reference for reporting neonatal and child health outcomes as these indicators are highly dependent on survey than administrative data.

Figure 9: Neonatal, Infant, Child, and Under-5 Mortality Rates, 1998-2017



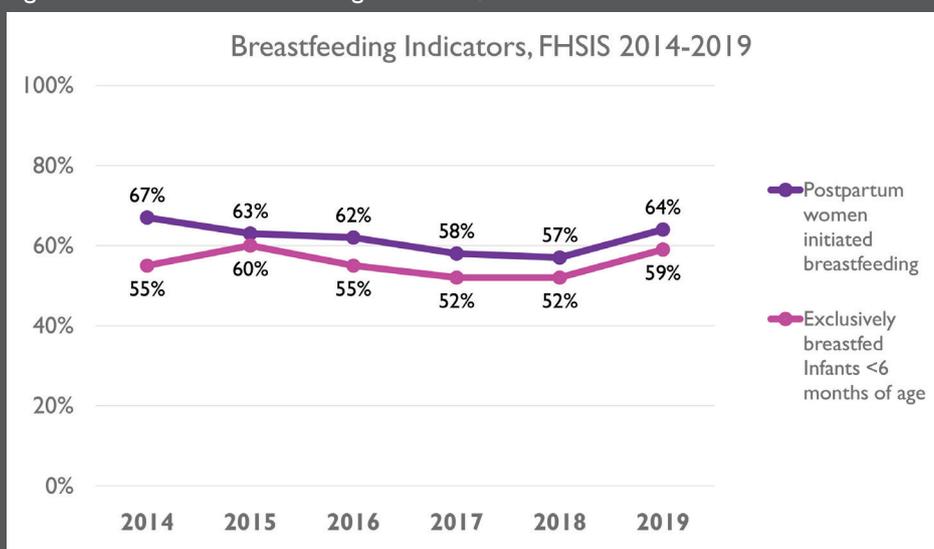
Source: NDHS 1998-2017

Figure 10: Prevalence of Malnourished Children 0-59 months, 2013 and 2015



Source: National Nutrition Survey, 2013 and 2015

Figure 11: Trend in Breastfeeding Indicators, 2014-2019



Source: FHSIS, 2014-2019

Infant mortality rate (IMR) decreased from 35 per 1,000 live births in 1998 to 21 per 1,000 live births in 2017. The slow decrease in IMR can be associated with a similarly slow-moving decline in neonatal mortality rate (NMR) in 20 years from 17 in 1998 to 14 per 1,000 live births in 2017. A declining trend is also noted for child and under-5 mortality rates. Meanwhile, the NDHS 2017 reported 7 and 27 per 1,000 live births for child and under-5 mortality rates, respectively, during the five years immediately preceding the survey.

As in previous reports, this report utilized nutritional outcomes from the National Nutrition Survey of 2013 and 2015. As shown in Figure 10, prevalence of underweight and stunted children slightly increased from 20 to 22 and 30 to 33 percent, respectively from 2013 to 2015.

Meanwhile, a slight decrease was noted in the prevalence of wasting and overweight among children under-five years of age.

In terms of breastfeeding, despite the upward trend, breastfeeding indicators remained low in the past five years [Figure 11].

Key Interventions

A. Demand Generation

In 2019, according to the RPRH Regional Implementation Team (RIT), around 513,000 women nationwide attended various demand generation activities and received guidance on good practices in maternal and infant health.

One of the regularly-conducted demand generation activities in communities is the *Buntis* Congress, organized by local government units and civil society organizations (CSO) nationwide. The majority of topics covered by this activity focused on improving the well-being of pregnant mothers, infants, and children. Other topics included responsible parenting, reproductive health, proper nutrition, what to expect during labor and delivery, breastfeeding, and newborn screening.

CSOs¹⁷ contributed a total of 725 demand generation activities participated in by more than 33,600 women. Activities included Buntis Congress, Buntis Party, Responsible Parenthood and Family Planning (RPFPP) classes, and community education sessions, including small group discussions and mass awareness events.

Additionally, CSOs also produced more than 31,500 information, education and communication materials on MNCHN. These were distributed to more than 18,500 women of reproductive age in areas where they operate.

At the national level, DOH and the United Nations Children's Fund, in partnership with Breastfeeding Pinays and SM Cares, led the celebration of the National Breastfeeding Awareness Month in August with the theme "*Lakas ng Magulang, Sigla ng Pagpapasuso – Kalusugan, Nutrisyon ng Kabataan para sa Kinabukasan.*" This activity is part of the breastfeeding advocacy campaign of said partners dubbed as *Hakab Na! 2019*.

Meanwhile, the Health Promotion and Communication Services of DOH continue to utilize social media to promote various maternal

17 2019 Reports from the Family Planning Organization of the Philippines and Likhaan Center for Women's Health

and child health and other health-related messages and activities.

In 2019, during the *Sabayang Patak Kontra Polio* campaign, social media was used and complemented by the distribution of materials to provide information on the prevention of polio and the schedule of the polio immunization campaigns. During the same year, various monthly health celebrations were also conducted to highlight efforts on ensuring the health of mothers, children, and the whole family.

B. Service Delivery

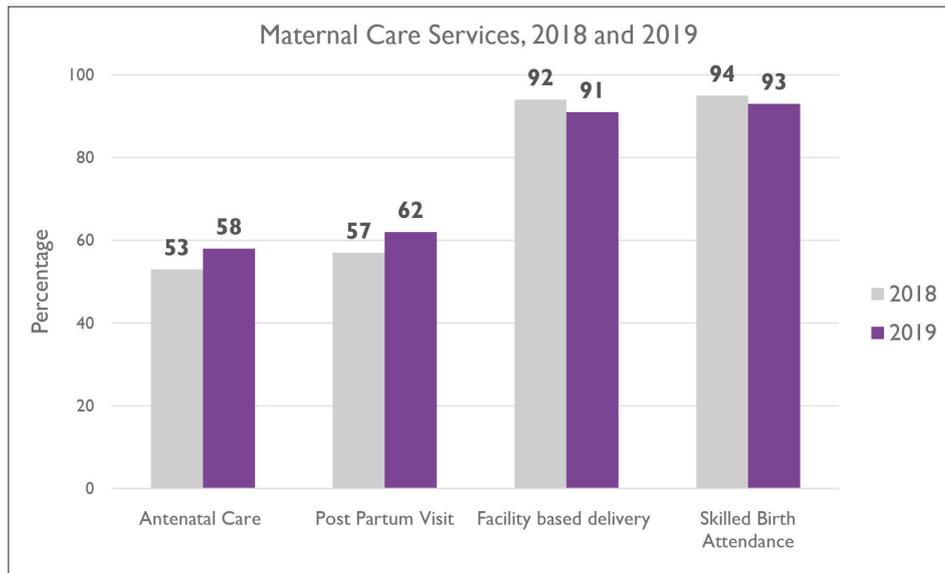
Maternal Health Services

The MNCHN core package of services consist of interventions delivered at each life stage, namely: pre-pregnancy, pregnancy, delivery, post-partum, newborn, and child care. These services are anchored on the Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality issued through DOH Administrative Order 2008-0029. This policy articulates the strategy for rapidly reducing maternal and neonatal deaths through the provision of packages for MNCHN services.

Antenatal care visits. At the national level, DOH FHSIS data showed that the number of pregnant women provided with at least four pre-natal check-ups (ante-natal consultations or ANC) increased from 53 percent in 2018 to 58 percent in 2019. Moreover, at the regional level, majority of regions (12 out of 17) reported improvements in ANC visits with Region VII registering the highest percentage-point increase (18 points) compared to last year's figure. This was followed by Region VI, Region X, and NCR. Despite the increase, only NCR among all other regions achieved more than 80 percent of ANC coverage [Table 7]. It is important to note however that, owing to the difficulty in gathering, completing, and validating FHSIS data due to mobility restrictions during the pandemic, data results may change when FHSIS reports are completed.

Antenatal care rate is relatively low compared to facility based delivery as reporting for ANC starts

Figure 12: Maternal Care Services, 2018 and 2019



Source: DOH FHSIS 2018 and 2019

Table 7: Maternal Care Service Utilization Rates per Region, 2018 and 2019

| Area | Four ANC Visits | | Skilled Birth Attendance | | Facility-based Delivery | | Post-Partum Visit | |
|-------------|-----------------|------|--------------------------|------|-------------------------|------|-------------------|------|
| | 2018 | 2019 | 2018 | 2019 | 2018 | 2019 | 2018 | 2019 |
| Philippines | 53 | 58 | 94 | 93 | 92 | 91 | 57 | 62 |
| NCR | 66 | 82 | 98 | 100 | 97 | * | 67 | 83 |
| CAR | 50 | 55 | 98 | 98 | 96 | 96 | 51 | 62 |
| I | 60 | 65 | 100 | 97 | 98 | 99 | 56 | 59 |
| II | 51 | 62 | 98 | 97 | 96 | 97 | 57 | 66 |
| III | 53 | 59 | 98 | 93 | 91 | 93 | 55 | 51 |
| IVA | 39 | 48 | 95 | 95 | 93 | 94 | 45 | 57 |
| IVB | 48 | 53 | 86 | 79 | 95 | 68 | 57 | 60 |
| V | 47 | 43 | 95 | 93 | 94 | 96 | 59 | 47 |
| VI | 43 | 60 | 95 | 90 | 94 | 94 | 49 | 62 |
| VII | 51 | 69 | 97 | 97 | 96 | 96 | 59 | 72 |
| VIII | 44 | 55 | * | 94 | * | 97 | 44 | 45 |
| IX | 59 | 44 | 91 | 88 | 91 | 153 | 59 | 37 |
| X | 66 | 75 | * | 92 | * | 90 | 66 | 74 |
| XI | 52 | 60 | 93 | 95 | 93 | 88 | 52 | 73 |
| XII | 65 | 60 | 92 | 92 | 92 | 86 | 65 | 65 |
| CARAGA | 53 | 52 | 94 | 96 | 92 | 92 | 58 | 57 |
| BARMM | 58 | 54 | 76 | * | 68 | * | 53 | 55 |

*No report in FHSIS

Source: DOH FHSIS 2018 and partial data from DOH FHSIS, 2019

during the first trimester of pregnancy. However, field reports showed that women usually seek prenatal care only when quickening¹⁸ is felt, usually at 20 weeks of gestation or during the second trimester of pregnancy.

¹⁸ Quickening is the perception of fetal movement beginning at 16 to 20 weeks (Cunningham, G. et al., Williams Obstetrics, 22nd edition, 2005)

Skilled birth attendance and facility-based deliveries. Skilled birth attendance¹⁹ and facility-based delivery were reported to be at 93 percent and 91 percent, respectively in 2019.

In most regions of the country, more than 90 percent of pregnant women delivered in health facilities and were attended by skilled health personnel. The National Capital Region and Region IX ensured that 100 percent of pregnant women

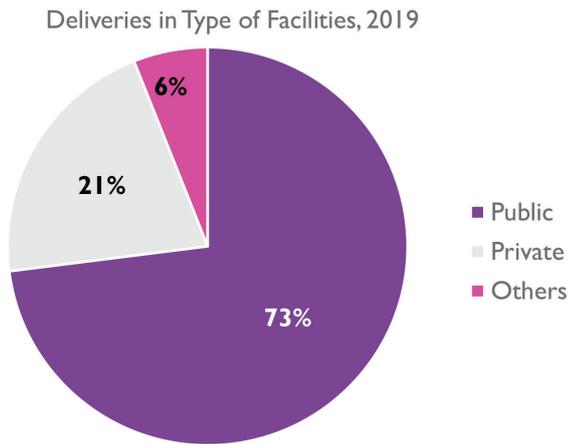
were attended by skilled birth personnel and delivered in health facilities, respectively. Meanwhile, Region IVB or MIMAROPA fell below 80 percent in both indicators.

Post-partum visits. Post-partum visits (PPV or post-natal check-ups) improved by five percentage points in 2019, bringing it to 62 percent from 57 percent in 2018. Reports coming from the LGUs attribute the low post-partum

visits to the inability of mothers to seek care as they are most likely occupied with child care. Post-partum visits are essential as most maternal and newborn deaths occur during or immediately after delivery. Further, early post-partum care is critical

¹⁹ Also termed as Skilled Health Professional (SHP)

Figure 13: Deliveries in Type of Facilities, 2019



Source: Partial data, DOH FHSIS 2019

to promote ideal health behaviour such as exclusive breastfeeding, which is key to child health and survival.

At the regional level, 11 out of 17 regions reported an increase in PPV coverage among mothers with Region XI registering the highest increase (21 percentage point), followed by NCR (16 percentage point), then Regions V and VI. Region IX had a significant decline in PPV coverage from 59 in 2018 to 37 percent in 2019.

Iron folic acid supplementation. Part of the DOH Safe Motherhood Program Strategy is to ensure proper nutrition of pregnant women to avoid neonatal nutritional deficiencies. All pregnant women should take iron tablets with folic acid for the duration of their pregnancy for the management of anemia and to prevent neural tube defects in the fetus. A total of 1, 279, 014 women received iron folic acid supplementation in 2019.

Maternal tetanus and neonatal tetanus, primarily due to unsanitary conditions during delivery and poor umbilical cord care practices are prevented through appropriate immunizations during pregnancy. In 2019 a total of 598,085 women pregnant for the first time were given at least two doses of Tetanus Diptheria (Td) Vaccination.

The Triple Elimination of Mother to Child Transmission of Syphilis, Hepatitis B, and HIV is one of the important interventions of the DOH National Safe Motherhood Program in terms of

program integration to serve the needs of pregnant women and to reduce the HIV mother to child transmission. Hence, HIV and syphilis screening are included in the ANC visit. In 2019, there were 93,310 and 362, 349 pregnant women screened for HIV and syphilis, respectively. Among those tested for syphilis, almost five percent or 17,640 women tested positive.

Table 8: Antenatal Services, 2019

| ANC Visit Components | Total No. of Pregnant Women |
|-------------------------------|-----------------------------|
| Iron with Folic Acid | 1,279,014 |
| Basic Oral health Care | 497,547 |
| Calcium Carbonate | 392,247 |
| Tetanus Diptheria Vaccination | 598,085 |
| Complete Iodine | 24,556 |
| HIV Screening | 93,310 |
| Syphilis Screening | 362,349 |

Source: Partial data, DOH FHSIS, 2019

Since the passage of the RPRH Law in 2012, the government has heavily invested in infrastructure and human resources and has strengthened its policies to improve service delivery for women and children and strengthen advocacy for facility based delivery.

Local health facilities have been upgraded and human resources for health have been trained and deployed especially in hard-to-reach areas to provide better maternal care. By end of December 2019, a total of 22,730 health professionals were deployed through DOH's Human Resources for Health Deployment Program [Table 9].

Table 9 Health Professionals Deployed, 2019

| HRH Deployment Program | No. of Health Professionals Deployed |
|---|--------------------------------------|
| Doctors to the Barrios | 323 |
| Nurse Deployment Project | 17,869 |
| Rural Health Midwives Placement Program | 4,538 |
| Total | 22,730 |

Source: DOH, Health Human Resources Development Bureau, 2019

The DOH's Health Facilities Enhancement Program (HFEP) has funded the upgrading of rural health units and barangay health stations for

Basic Emergency Obstetric and Newborn Care (BEmONC) as well as hospitals for Comprehensive Emergency Obstetric Care and Newborn Care (CEmONC).

In addition, the National Health Insurance Program (NHIP) covers health expenditures during the antenatal period, delivery, and post-natal care through the Maternity Care and Newborn Care Packages. The improvement in the health facilities have resulted to the significant increase in facility-based delivery from 86 percent in 2015 to 91 percent in 2019. Data also shows that 73 percent of births were delivered in public health facilities while 21 percent were done in private health facilities. Despite the high facility-based delivery, there is still a proportion of women who: 1) intentionally deliver at home; and 2) accidentally deliver at home while in transit to a health facility.

Attendance by skilled health personnel during delivery is important to ensure the safety of both the mother and baby. In 2019, 93 percent of births were attended by professionals – 64 percent of births were delivered by physician, 34 percent by midwives, and the remaining 2 percent were delivered by nurses.

The DOH recommends at least two post-natal visits (post-partum visits) for mothers and newborns at the first 48 to 72 hours of life and on the seventh day. Subsequent visits follow the immunization schedule. The purpose of these postnatal checks is for early detection and management of infections, birth complications, or other life-threatening conditions. Newborn postnatal checks also offer opportunities to give advice to the mother on proper care for the newborn, such as hygiene and breastfeeding. In the current reporting year, 62 percent of pregnant women had post-partum visits.

CSOs contributed through prenatal check-ups, which included ultrasound services and vaccinations, as well as postnatal check-ups, including provision of family planning services were provided to women in CSO lying-in facilities. Live births were delivered in PhilHealth MCP-accredited CSO facilities and were filed for reimbursements. Some reimbursements are yet to be claimed with PhilHealth.

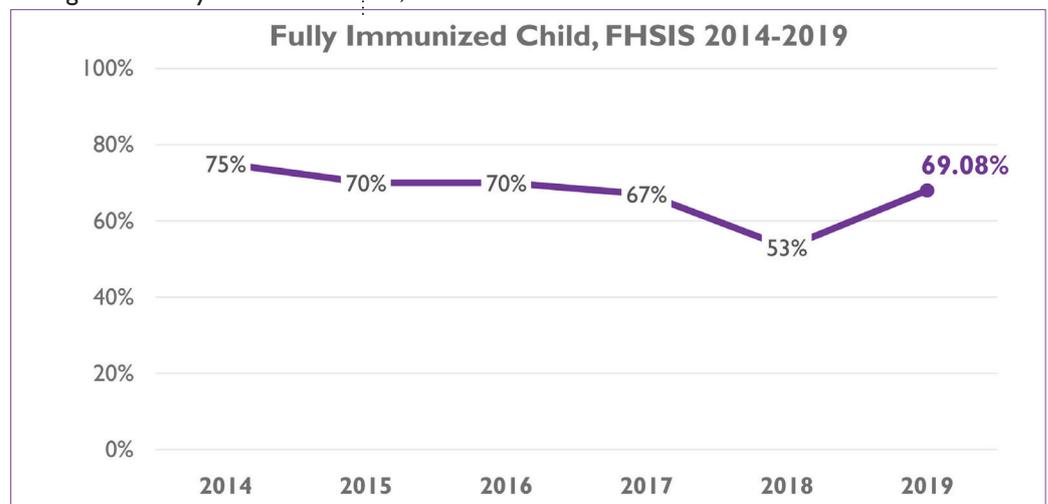
Infant, Child Health and Nutrition Services

The overall goal of the Expanded Program on Immunization is to reduce morbidity and mortality among infants and children against most common vaccine preventable diseases. It specifically aims to immunize all infants/ children against common vaccine-preventable diseases.

The controversies related to the Dengue Vaccine had considerable effects to the fully immunized children (FIC) coverage. From 67 percent in 2017, FIC went down to 53 percent in 2018. However, significant improvements were noted in 2019 with FIC coverage going up to 69.08 percent [Figure 14].

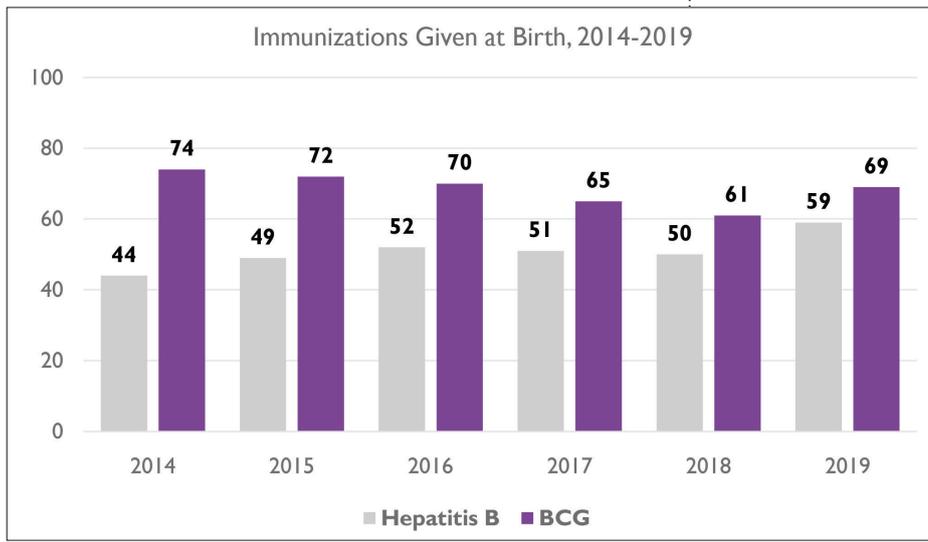
The increase can be attributed to the more intensified implementation of the EPI communication campaigns following the passage of *Kalusugan at Nutrisyon ng Mag-nanay Act*. Strengthening the advocacy for immunization is still imperative to avoid the outbreaks of vaccine-preventable diseases.

Figure 14: Fully Immunized Child, 2019



Source: DOH FHSIS 2019

Figure 15: Immunization Given at Birth, 2014 to 2019



Source: DOH FHSIS 2019

Under the EPI program, the first doses of Hepatitis B and BCG are given to newborns within 24 hours after birth. Current data show the decreasing trend in the coverage of BCG from 2014 to 2017 but an improvement was noted in 2019. Coverage for Hepatitis B on the other hand showed an increasing trend for the past five years. The 2019 data shows improved coverage of BCG from 61 percent to 69 percent coverage and Hepatitis B from 50 percent in 2018 to 59 percent in 2019 compared to the number of livebirths in to the country.

Following the resurgence of polio in September 2019, DOH conducted the *Sabayang Patak Kontra Polio* in areas where the polio virus was isolated. The DOH reported a coverage of more than 95 percent in various areas.

The Polio Epidemic Response Immunization Coverage began in August 2019 till March 2020 for Polio Virus Type 1 and October 2019 to March 2020 for Polio Virus Type 2.

C. Governance and Systems

Capacity Building

The DOH aims to achieve a functional and people-centered health system as stipulated in the National Objectives for Health. Human Resource Development is an important pillar of

the health system. DOH invested on human resource development which include developing the clinical skills of health service providers and improving the knowledge and capacities of the community health workers/volunteers.

As the steward, the DOH recognized the value of a functional service delivery network and a reliable and sustainable support system. The agency supported the improvement of maternal, newborn and

child health services through the development and issuances of Clinical Practice guidelines, network of accredited training providers, issuance of operational and regulatory guidelines such as Manual of Operations and Administrative Orders. Corresponding monitoring, evaluation, research and dissemination activities such as maternal death reviews, surveillance and response and the conduct of program implementation reviews was institutionalized in all health facilities and system.

The National Immunization Program guarantees that neonates, infants, children, and mothers to have accessed to essential recommended vaccines. The DOH continue to capacitate health providers on the four trainings being conducted under the National Immunization Program, namely: (1) Basic EPI Training; (2) Cold Chain and Logistics Management Training; (3) Reaching Every Barangay Strategy data utilization and address gaps; and (4) Adverse Events Following Immunization Training – reporting and management.

Challenges and Recommendations

1. Accurate measurement of maternal mortality remains an enormous challenge for DOH in terms of timeliness, completeness in reporting (inclusiveness of the private sector), and data quality. There is a need to review current reporting tools and systems vis-a-vis the workload of primary care health professionals who are tasked to gather/collate the data as reports.
2. The persistent issues on poor antenatal care and post-partum care necessitate a review of the barriers that limit mothers' health seeking-behaviors. This should inform the content and structure of demand generation activities. Social and behaviour change communication approaches should be maintained to increase awareness on the benefits of vaccination and inform people on the risks of infectious diseases, particularly measles.

| 2019 Recommendations | 2019 Actions | 2020 Recommendations |
|---|--|--|
| Undertake BEmONC evaluation | DOH funded Php10 Million for BEmONC functionality assessment study through the Health Planning and Policy Development Bureau AHEAD research project to be completed by May 2021 | Continue the BEmONC evaluation |
| Alignment of the 2008 MNCHN Policy to Sustainable Development Goals, Philippine Development Plan, and Universal Health Care Law | Various MNCHN policies were reviewed specifically the PMAC Policy of 2018 and the National Policy in the Provision of Birthing Assistance to Primigravid and Multigravid Women. | Integrate MNCHN policy and implementation with other programs. |
| Intensifying and sustaining community awareness of the risk of measles and the benefits of vaccination through various channels and local champions | Part of the strategies undertaken in the <i>Sabayang Patak Kontra Polio</i> is intensifying community awareness not just for Polio but for other vaccine preventable disease as well. | Continue to sustain community awareness on the benefits of immunization. |
| Re-orientation of health providers on EPI policies such as "Open Vial Policy", cold chain management, and strengthening of routine immunization activities. | Conducted various capacity building in 2019: Basic EPI Training; Cold Chain and Logistics Management Training; Reaching Every Barangay Strategy; and Adverse Events Following Immunization | Strengthen advocacy campaign on immunization and conduct house to house visits to ensure that children are vaccinated to increase herd immunity. |



Photo credits: USAID/PRISM Project/Hisanan

Key Result Area 2

Family Planning

Overview

The National Family Planning Program is one of the priority public health programs of the Department of Health (DOH).

Studies show that fully addressing people's unmet need for family planning would reduce the number of maternal and neonatal deaths. But beyond improving health outcomes, family planning likewise plays a big role in economic growth of the country. It does this by bringing the country into a state of "demographic dividend", which is a period when a country's young dependent population is smaller than the productive, working-age population²⁰. The World Health Organization (WHO), in its bulletin, expressed that "investments in family planning is a best buy for development". The United Nations²¹ has estimated that, for "every

20 *Bulletin of the World Health Organization* 2014;92:548-548A. doi: <http://dx.doi.org/10.2471/BLT.14.142893>. Last accessed 21 May 2020.

21 *What would it take to accelerate fertility decline in the least developed countries?* New York (NY): United Nations Population Division; 2009. Available from: http://www.un.org/esa/population/publications/UNPD_policybriefs/UNPD_policy_brief1.pdf. Last accessed May 21, 2020.

dollar spent in family planning, between two and six dollars can be saved in interventions aimed at achieving other development goals".

Guided by the Universal Health Care (UHC) Act, the Responsible Parenthood and Reproductive Health (RPRH) Law, and the FOURmula One Plus Strategy, the Program undertook a paradigm shift to support the reproductive health needs of all women of reproductive age rather than just focusing on married women. This means that adolescents and sexually active unmarried women are now included in the investments of the government for family planning. Considering the shift of client focus, the program re-calibrated its modern contraceptive prevalence rate (mCPR) target in the National Objectives for Health (NOH). From 65 percent (married women), the target has been adjusted to 30 percent (all women) by year 2022, taking into account the mCPR historical trend over the years, its growth trajectory, and the demand for family planning services.

Status, Trends, and Accomplishments

The 2017 National Demographic and Health Survey (NDHS) showed that the country's modern contraceptive prevalence rate (mCPR) is at 24.9 percent. For the Philippines to reach its NOH target in 2022, at least one percentage-point annual increase, or approximately 250,000 to 300,000 new acceptors of modern FP methods are needed.

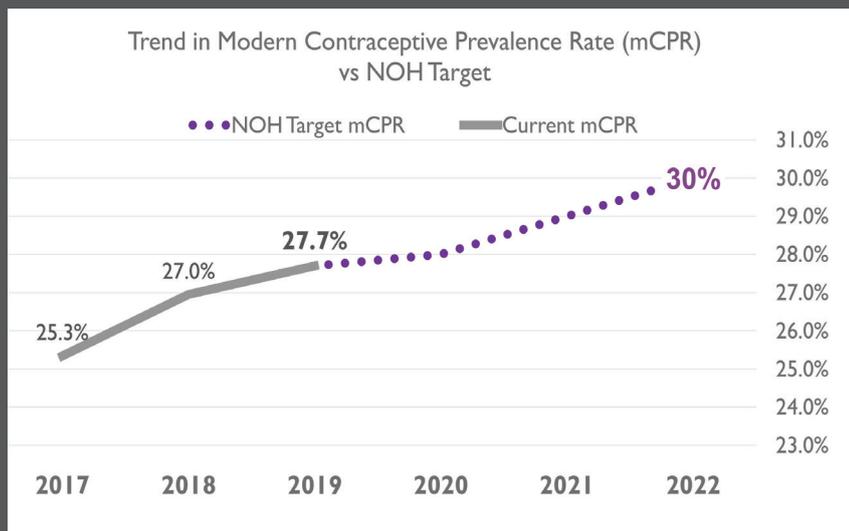
It is important to note that the average mCPR growth (among all women) in a series of previous demographic health surveys was only 0.4 percent. This means that to improve mCPR by one percent yearly, we triple our efforts in responding to unmet

needs of clients through strategic and consistent provision of FP services.

The Field Health Service Information System (FHSIS) of the DOH reported that 7,753,528 women of reproductive age (WRA) used modern FP methods in 2019 of which 338,674 were new acceptors. However, this only reflects FP figures from public service delivery points and does not include FP use outside of the Program.

Expansion of FHSIS coverage, to include other health service delivery points, along with other

Figure 16: Annual Trend in mCPR (AW) versus the NOH Target



Source: DOH FHSIS and NOH

Figure 17: Health Impact of Family Planning

| In 2019, | As a result of contraceptive use, |
|--|---|
| 7.8 million women in the Philippines used modern FP methods | 2.8 million unintended pregnancies prevented |
| | 669,000 unsafe abortions averted |
| | 1,470 maternal deaths averted |

Source: Core Indicators Calculator, Track20, Avenir Health

enhancements in data collection and validation will need to be prioritized to ensure data accuracy and reliability for program planning and decision-making.

Based on the modeled estimates from the Family Planning Estimation Tool (FPET)²², the mCPR for all women in 2019 is projected at 27.7 percent or around 7.8 million women modern FP users. As a result of contraceptive use in 2019, it is estimated that 2.8 million unintended pregnancies, 669,000

²² FPET is a statistical modeling used by the United Nations Population Division (UNPD) that draws from 194 countries and areas worldwide. FPET was adapted to work with a single country at a time and to accept service statistics as well as survey data to establish trends. It was developed by the Track20 Project (implemented by Avenir Health Inc.) for the FP2020 focus countries.

Note that in the previous RPRH Report, the indicator used for abortion is the total estimated abortions in the country which include spontaneous abortions.

unsafe abortions²³, and 1,470 maternal deaths were all averted.

High Impact Strategies to Reach 2022 NOH Target

To reach the NOH target, the National Family Planning Program identified five priority strategies, that based on global evidence, are considered high impact practices in FP and proven to generate better growth in mCPR. These strategies were included in the Program’s Costed Implementation Plan (CIP) for FP 2019-2022.

The FP Goals model was used to strategically select cost-effective interventions among the list of high impact practices in FP. The model estimates the impact of introducing or scaling up various FP interventions in the country’s mCPR based on the change in coverage (from the baseline to the end line) and the odds ratio for the intervention. The higher the odds ratio, the more likely that exposure to the intervention will lead to increase in mCPR.

The model combines the demographic data, status of FP programming, and evidence of the effectiveness (odds ratio) of various interventions in FP to help the Program set realistic goals and prioritize investments across the wide range of FP interventions. If all interventions and scale-ups are in place by 2022, the FP Goals estimated a total potential growth in mCPR of around seven percentage-points or an mCPR among all women of 32 percent by 2022.

The model is also tailored to the demographic situation in the country and its regions. This means that the impact of an intervention will vary by region. The graph above shows the estimated

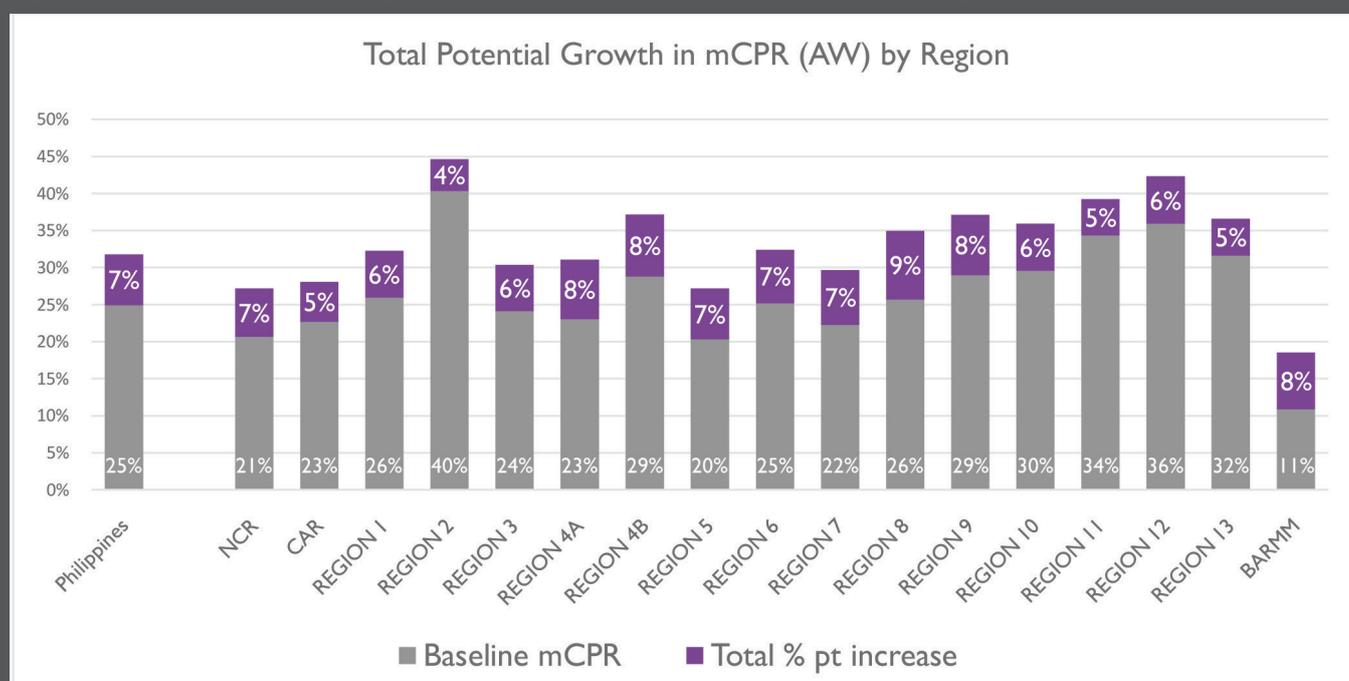
²³ Note that in the previous RPRH Report, the indicator used for abortion is the total estimated abortions in the country which include spontaneous abortions.

Table 10: Scale-up Coverage of FP Priority Strategies and its Impact in mCPR Growth

| Priority Strategies | Interventions | Baseline (2018) | End line (2022) | mCPR (% pts) |
|-------------------------------|---|-----------------|-----------------|--------------|
| PPFP | Facility-based PPFP | 40% | ↑ 70% | 3.67% |
| | Community-based PPFP | 36% | ↑ 50% | |
| | FP-EPI Integration | 3% | ↑ 10% | |
| FP Outreach Missions | No. of Itinerant Teams | 173 | ↑ 414 | 0.04% |
| | Average Clients per Team | 5,190 | | |
| Demand Generation | Comprehensive Community Engagement | 5% | ↑ 10% | 0.06% |
| | Interpersonal Communication | 20% | ↑ 27% | 0.27% |
| FP Stockout Reduction | Average proportion of health facilities reported stockout | 29% | ↓ 70% | 2.51% |
| Public Sector Availability | Average proportion of method availability in public health facilities | 50% | ↑ 70% | 0.33% |
| TOTAL POTENTIAL GROWTH | | | | 6.88% |

Source: Family Planning Goals Model Estimates, Track20, 2019

Figure 18: Annual Trend and Average Growth Rate in mCPR (AW) versus the NOH Target



Source: NDHS 2017 and Family Planning Goals Model Estimates, Track20, 2019.

total potential growth in mCPR at the sub-national level. The projected growth in mCPR varies across regions with the highest growth projected in Region VIII at nine percentage points followed by Regions IV-A, IV-B, IX, and BARMM. On the other hand, Region II has the lowest expected mCPR growth as it has the highest baseline mCPR at 40 percent in 2017. Sustaining the current FP users, with no dropouts, should be the priority of this region.

Key Interventions

A. Demand Generation

Responsible Parenthood and Family Planning (RPPF) in Communities. The RPPF classes are facilitated sessions for couples and individuals of reproductive ages to inform and motivate them to choose a family planning method that fits their intended fertility goals and intentions. In 2019 RPPF demand generation activities reached a total of 1,886,505 couples/individuals. This translated to 119 percent accomplishment of the 1,600,000 target couples/individuals for 2019. Couples and individuals of reproductive ages were reached through the conduct of various classes and outreach activities including individual counseling and house-to-house visits. These classes generated a total of 365,215 identified unmet need for family planning and 258,459 (70%) referred/served.

RPPF Orientation in Workplaces. Majority of people in the labor force belong to the 15 to 49 reproductive age group, making workplaces viable platforms for reaching individuals with unmet need for family planning.

A total of 4,653 individuals received information on responsible parenthood and family planning through RPPF sessions in workplaces. POPCOM delivered these sessions to various government agencies, namely: 1) Department of Trade and Industry; 2) Bureau of Fire Protection; 3) Department of Education; 4) Department of Agrarian Reform; 5) Philippine National Police; 6) Department of Social Welfare and Development; 7) Department of Environment and Natural Resources; 8) Department of Science and Technology; 9) National Anti-Poverty Commission; and 10) National Economic and Development Authority. A total of eleven private companies representing various industries and one academic institution also underwent these sessions.

In terms of reaching out to the marginalized sectors such as farmers and fisherfolks in poverty-stricken areas, POPCOM in coordination with the Department of Agriculture-Special Area for

Agricultural Development (DA-SAAD) conducted RPPF classes in eight municipalities in Southern Leyte and Northern Samar.

KATROPA (Male Involvement in RPPF). In 2019, a total of 89 KATROPA orientations were conducted at the regional levels as a strategy to promote male involvement in RPPF. There were a total of 1,778 participants oriented composed of 1,617 male and 161 female participants. Training of Trainers for the KATROPA were also conducted for 260 males coming from line agencies, private institutions, LGUs, and even the academe.

Pre-Marriage Orientation and Counseling (PMOC). The PMOC is another avenue for orienting couples, around 50 percent of which are already in live-in arrangements, about responsible parenthood and family planning, specifically on spacing and limiting pregnancies based on their desired family size. In 2019 there were 1,803 participants who attended this orientation.

National Campaign. DOH, with support from USAID's ReachHealth Project, continued the airing of the "Inakup, Arekup" television commercial (TVC) reaching an audience of 37,120, 620 through major national TV stations. Also during the reporting period, POPCOM, with support from USAID/ReachHealth, designed a new campaign dubbed as "Usap tayo sa FP" (Let's Talk about FP), which will be launched nationwide as part of the National Program for Population and FP (NPPFP). Apart from print materials, the campaign is utilizing Facebook to expand the campaign reach. The first batch of campaign key messages will focus on men and their role in FP.

CSO contribution. CSOs contributed to demand generation efforts through family development sessions, awareness activities on family planning methods and other sexual and reproductive health and rights issues, to name a few. CSOs reached a total of 145,957 people, and in the process, identified women with unmet need for FP. Additionally, the Forum for Family Planning and Development produced sets of six-page policy briefs in modern FP commodities distributed to local officials, legislators, and other influentials.

B. Service Delivery

With the new adjusted mCPR target of 30 percent of all women of reproductive age by 2022, the 2019 mCPR target has been set to 27 percent, with a one percent increase per year from the 25 percent baseline in 2017.

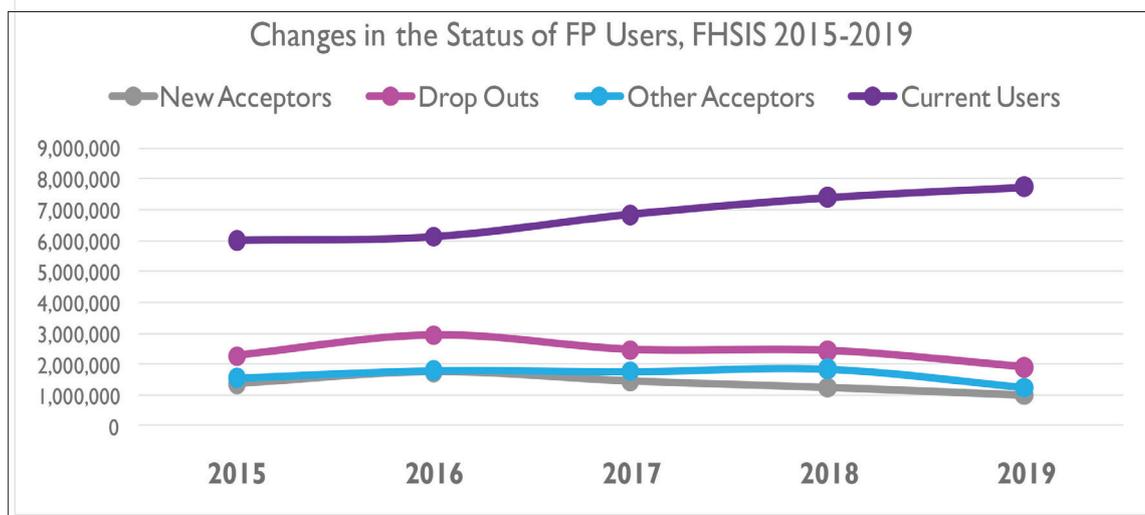
In 2019, the FHSIS reported an mCPR of 27.7 percent which is higher than the annual target. It must be noted that while the FHSIS data showed a higher mCPR, there are still challenges in gathering FHSIS reports from the LGUs. The FHSIS covers only the public sector and does not account for FP use outside the program, thus, is not considered a “true” prevalence, rather it accounts only for service statistics. There is also a problem in terms of data quality due to various factors such as: 1) increased workload pressure of primary care health professionals who provide these reports; 2) inflation of data due to non-drop-outs for lactational amenorrhea method (LAM); and 3) tedious monitoring forms, among others.

Hence, in 2020, the program plans to monitor mCPR using the Family Planning Estimation Tool, a statistical model used by the United Nations Population Division to eliminate the current challenges in the FHSIS reporting. However, the Program will still be utilizing the FHSIS report in terms of quarterly monitoring of service statistics.

Figure 19 illustrates the variations in the status of family planning users for five years as reported in the FHSIS. Current users have significantly increased over the years, with a steep improvement noted in 2017, when the Supreme Court (SC) Temporary Restraining Order (TRO) on contraceptives was lifted. In addition, an almost flat or slow progress in current FP use was observed in 2015 to 2016 as evidenced by the SC TRO. During this period, the number of drop-outs significantly increased due to fear of using contraceptives specially, Progestin Subdermal Implant. Further, false and incorrect information were circulating, specially on social media. However, since the lifting of the SC TRO drop-outs further declined up to the current reporting year.

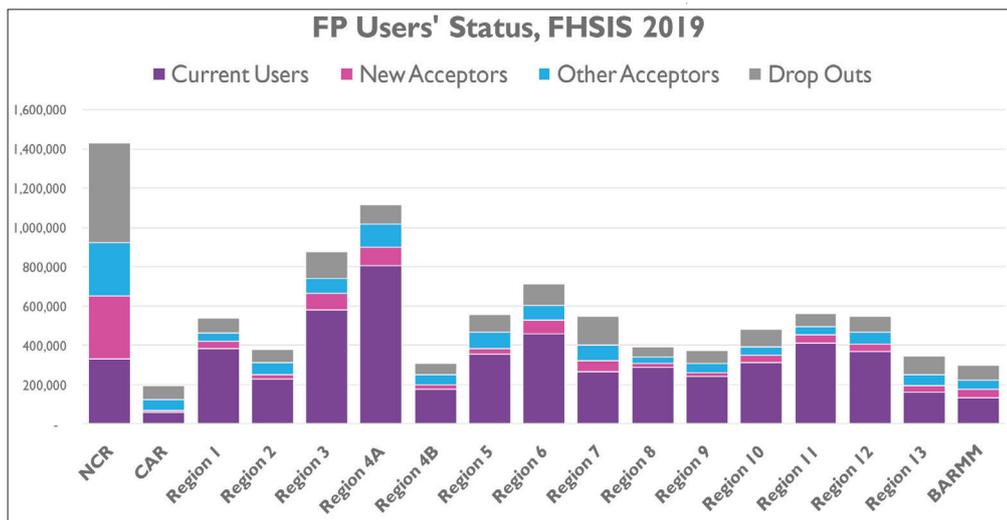
While current use and drop-outs considerably improved in 2019, new acceptors remained flat over the years. In fact in 2019, the number of new acceptors declined by 236,253 in 2019. The decrease can possibly be attributed to: 1) persistent use of traditional methods among couples or women of reproductive age; 2) inability of the program to respond to needs of FP clients because of supply chain management challenges; 3) fear of side effects; and 4) persistent misinformation received by clients from unreliable sources, among others. In the 2017 NDHS, health concerns and fear of side effects remain as the most common reasons for non-acceptance and dropping out of a method, respectively.

Figure 19: Status of Family Planning Users, 2015-2019



Source: DOH Field Health Service Information System, 2015-2019.

Figure 20: Regional FP Users, 2019



Source: DOH Field Health Service Information System, 2015-2019.

Table 11: Demand Indicators for Family Planning, 2017

| Region | All women mCPR | Unmet need | Traditional Use | Total Demand | % of Demand Satisfied |
|-------------|----------------|------------|-----------------|--------------|-----------------------|
| NCR | 20.6% | 6.7% | 7.9% | 35.0% | 58.6% |
| CAR | 22.7% | 8.0% | 3.6% | 34.0% | 66.2% |
| Region 1 | 25.9% | 8.3% | 9.4% | 43.0% | 59.3% |
| Region 2 | 40.3% | 10.9% | 4.0% | 55.0% | 73.0% |
| Region 3 | 24.1% | 9.3% | 9.2% | 43.0% | 56.6% |
| Region 4A | 23.0% | 13.4% | 11.1% | 47.0% | 48.4% |
| Region 4B | 28.8% | 12.7% | 4.7% | 46.0% | 62.3% |
| Region 5 | 20.3% | 13.5% | 11.9% | 46.0% | 44.4% |
| Region 6 | 25.2% | 9.3% | 11.6% | 46.0% | 54.7% |
| Region 7 | 22.3% | 12.9% | 9.7% | 45.0% | 49.7% |
| Region 8 | 25.7% | 10.5% | 11.5% | 47.0% | 53.6% |
| Region 9 | 29.0% | 17.0% | 4.9% | 51.0% | 56.9% |
| Region 10 | 29.5% | 12.3% | 5.4% | 47.0% | 62.5% |
| Region 11 | 34.3% | 11.1% | 9.3% | 55.0% | 62.7% |
| Region 12 | 35.9% | 12.5% | 5.6% | 54.0% | 66.4% |
| Region 13 | 31.6% | 12.4% | 5.5% | 50.0% | 63.9% |
| BARMM | 10.9% | 10.4% | 4.4% | 26.0% | 42.5% |
| Philippines | 24.9% | 10.8% | 8.7% | 44.0% | 56.1% |

Source: NDHS 2017

Meanwhile, 24 and 29 percent of currently married and sexually active unmarried women, respectively, use traditional methods, such as withdrawal method.

In terms of regional performance, while NCR has the highest number of new acceptors in 2019, it has the biggest drop-out rate, hence the number of current users remain substantially low. Meanwhile, Regions III and IVA have the highest current use of family planning.

It is important to note that contraceptive use varies across regions or localities. This is because the demand for family planning is reflective of the fertility intentions of couples or WRA. Thus, even though a region has numerous women of reproductive age, it does not mean that the contraceptive demand or use for that region is high. Table 11 shows the demand for family planning and demand satisfied across regions in 2017.

To illustrate, Central Visayas and BARMM have an almost similar demand satisfied by a modern method in 2017 (49.7% and 42.5%), but modern contraceptive prevalence among all women in Region VII is higher compared to BARMM. The reason for the almost similar demand satisfied between Central Visayas and BARMM, despite the lower mCPR in BARMM, is that unmet need for modern contraceptives

is low at 10.4 percent as compared to Region VII at 12.9 percent; and low traditional method use of 4.4. compared to 9.7 in Central Visayas. As can be seen in the able, only 26 out of 100 women in BARMM or 1 in 4 women have a demand for modern contraception, while in Region VII it is 45 out of 100 women or almost 1 in 2 women. This means that in BARMM, majority of women (74 in 100) are considered as not having a need for family planning.

Because of the much lower overall need in BARMM, they are able to have a similar level of demand satisfied as Region VII with much lower levels of contraceptive use. This can also be explained by the fertility desires of women and couples in BARMM. Fertility desire is affected by several factors such as culture, values, economy, institutional factors, and policy instruments.

Based on studies and experience from other countries, it is expected that the need for modern contraception will increase as fertility desires begin to shift, and more women want to limit their family sizes. Note that in BARMM total fertility rate is higher than in Region VII (3.1 vs 2.5). Therefore, in a country or region where unmet need is low, because fertility desires remain high, overall demand for contraception will be lower. This means that a smaller number of users (i.e., a lower mCPR) can result in a relatively high demand satisfied.

Partners' contribution. The Center for Health and Development, POPCOM, and LGUs, with support from USAID/ReachHealth, coordinated the conduct of FP outreach activities prioritizing underserved communities, such as geographically isolated and disadvantaged areas (GIDAs), IP constituents, and those in urban informal settlements. Outreach activities were conducted in Zamboanga City, Zamboanga del Norte, Zamboanga del Sur, Bukidnon, Davao City, South Cotabato, and General Santos City. A total of 1,473 clients were provided information on FP-MNCHN, including FP counseling, and 1,134 clients (77%) were provided with various FP services.

CSOs reported that around 70 health service providers (doctors, nurses, and midwives) provided FP services in 2019, with majority of them providing implants and more than half providing IUDs. For long acting and permanent methods, two CSO health service professionals provided BTL and one for NSV. CSOs have also provided family planning services to a total of 100,479 current or continuing users. While PSIs are among the preferred method of choice among CSO clients, some CSOs have reported stock outs of this commodity possibly due to a global stock-out in PSI.

C. Logistics

Monitoring of FP Commodity Inventory

The Pharmaceutical Management Information System (PMIS) is an electronic inventory system of the DOH managed by the Pharmaceutical Division (PD). Inventory of health products, including FP commodities, is being updated by public health pharmacists who monitor and visit health facilities on a monthly basis. Pharmacists are also authorized to re-distribute commodities from one health facility to another if there are overstocks or stockouts of FP supply. The PMIS is used by the National FP Program as well as the DOH FP regional coordinators to guide them in re-supply and redistribution of commodities in warehouses and service delivery points.

Table 12: Reporting Health Facilities Disaggregated by Type, PMIS 2019

| Health Facility Type | Count |
|---|--------------|
| Rural Health Units | 1,578 |
| Main Health Centers | 471 |
| LGU Health Offices and Hospitals | 490 |
| Provincial and Regional DOH Offices and Hospitals | 33 |
| Others | 16 |
| TOTAL | 2,588 |

Source: DOH PMIS, 2019.

Table 13: Average Monthly Consumption of Health Facilities by Commodity, PMIS 2018 and 2019

| FP Commodities | 2018 | 2019 | Percent Change |
|----------------|-----------|-----------|----------------|
| COC Pills | 1,758,097 | 3,248,184 | 85 |
| POP Pills | 154,439 | 219,342 | 42 |
| Male Condoms | 813,604 | 1,328,728 | 63 |
| Injectables | 425,045 | 791,740 | 86 |
| Implants | 10,665 | 26,188 | 146 |
| IUD | 22,830 | 48,036 | 110 |

Source: DOH PMIS, 2019.

In 2019, an increase by 138 reporting facilities was reported in the PMIS from the 2,450 health facilities in 2018. The system covered 79 percent of the total rural health units (RHUs) and main health centers (MHCs) in the country.

Table 14: Number of Health Facilities that Reported Stock-out of FP Commodity by Method and Region.

| Regions | COC | POP | Inject-ables | IUD | Male Condoms | Implants |
|--------------------|------------|--------------|--------------|--------------|--------------|--------------|
| NCR | 60 | 291 | 82 | 328 | 87 | 455 |
| CAR | 8 | 22 | 13 | 28 | 32 | 102 |
| Region 1 | 10 | 52 | 17 | 68 | 23 | 162 |
| Region 2 | 3 | 49 | 24 | 24 | 17 | 88 |
| Region 3 | 31 | 121 | 66 | 133 | 70 | 252 |
| Region 4A | 35 | 113 | 29 | 88 | 42 | 175 |
| Region 4B | 9 | 45 | 11 | 28 | 14 | 44 |
| Region 5 | 27 | 99 | 32 | 39 | 34 | 147 |
| Region 6 | 40 | 138 | 47 | 65 | 44 | 135 |
| Region 7 | 26 | 105 | 21 | 38 | 48 | 103 |
| Region 8 | 29 | 135 | 40 | 68 | 48 | 150 |
| Region 9 | 4 | 74 | 15 | 17 | 23 | 100 |
| Region 10 | 8 | 39 | 14 | 12 | 35 | 98 |
| Region 11 | 10 | 45 | 9 | 14 | 41 | 70 |
| Region 12 | 12 | 27 | 8 | 14 | 17 | 66 |
| Region 13 | 12 | 65 | 15 | 15 | 31 | 79 |
| BARMM | 4 | 23 | 4 | 26 | 7 | 34 |
| Philippines | 328 | 1,443 | 447 | 1,005 | 613 | 2,260 |

Source: DOH PMIS, 2019.

Table 15: Number of Health Facilities that Reported Overstock of FP Commodities by Method, PMIS 2019

| Regions | COC | POP | Inject-ables | IUD | Male Condoms | Implants |
|--------------------|------------|------------|--------------|------------|--------------|-----------|
| NCR | 25 | 22 | 17 | 19 | 17 | 2 |
| CAR | 5 | 1 | 3 | 20 | 6 | 1 |
| Region 1 | 19 | 19 | 17 | 25 | 20 | 0 |
| Region 2 | 5 | 24 | 3 | 33 | 9 | 3 |
| Region 3 | 14 | 22 | 9 | 39 | 12 | 5 |
| Region 4A | 44 | 13 | 30 | 36 | 35 | 9 |
| Region 4B | 12 | 7 | 10 | 7 | 12 | 5 |
| Region 5 | 6 | 7 | 3 | 34 | 37 | 2 |
| Region 6 | 22 | 5 | 18 | 25 | 21 | 6 |
| Region 7 | 22 | 1 | 30 | 27 | 11 | 5 |
| Region 8 | 5 | 3 | 5 | 30 | 3 | 8 |
| Region 9 | 3 | 1 | 1 | 19 | 2 | 0 |
| Region 10 | 13 | 12 | 13 | 36 | 9 | 2 |
| Region 11 | 1 | 5 | 6 | 21 | 4 | 0 |
| Region 12 | 2 | 4 | 2 | 19 | 5 | 0 |
| Region 13 | 10 | 0 | 5 | 39 | 5 | 1 |
| BARMM | 17 | 12 | 18 | 1 | 24 | 8 |
| Philippines | 225 | 158 | 190 | 430 | 232 | 57 |

Source: DOH PMIS, 2019.

The reporting coverage of these facilities varies across region ranging from 46 percent in BARMM to as high as 95 percent in NCR.

Table 13 shows that, overall, the average monthly consumption (AMC) of FP commodities increased from 2018 to 2019. This can be attributed to the growth in the number of reporting health facilities from previous year and the increase in current use in 2019. There is a notable increase in the AMC of implants and IUD by over 100 percent from the previous year's AMC.

In December of 2019, majority of the health facilities in the PMIS reported stockouts²⁴ on implants (87%) followed by POP (56%). There were also cases of stockouts on IUD (39%), male condoms (24%), injectables (17%) and COC (13%). Except for IUD, all of the five FP commodities being distributed by the DOH have experienced increase in incidence of stockouts when compared with December of 2018.

The Program plans on improving the capacities of regional FP

²⁴ Stockout – zero (0) stocks on hand of specific FP commodities during the time of assessment

coordinators in the monitoring of FP commodity inventory to avoid future stock-outs and to guide them in the redistribution of FP commodities to in-need service delivery points.

Nonetheless, the FP commodities procured by the DOH Central Office in 2019 was sufficient to cover the needs of all women of reproductive age for that year. Forecasting of FP commodities, which is reflected in the budget proposal of the DOH, is based on the projected needs of women and girls per method mix and is aligned with the National Objectives for Health target.

Meanwhile, there were also health facilities that reported overstock²⁵ of FP commodities, namely, IUD (17%); male condoms and COC (9%); Injectables (7%); POP (6%); and Implants (2%).

These reports showed that the supply chain management of FP commodities has still a long way to achieve the desired 70 percent reduction in the incidence of stock-outs. The data reflect that there is a mismatch between the supply and demand – stock-out and overstocking on FP commodities are still not adequately addressed despite the existence of the PMIS and FP Logistics Hotline by POPCOM. In addition, delayed deliveries can also lead to both stock-outs and overstocking if the previous month/quarter allocation arrived at the service delivery points simultaneously.

The collaboration between the DOH PMIS and POPCOM FP Logistics Hotline should be explored where both systems synergize in the monitoring and responding to stock-outs and overstocks status of FP commodities. FP Logistics Hotline could use the PMIS to actively monitor and notify pharmacists or development management officers (DMOs) assigned to the area to re-distribute FP supplies to appropriate health facilities if impending stock-outs or overstocks are observed.

To complement the PMIS, the DOH supported the Barcode Track and Trace innovation of the United Nations Population Fund and the Philippine Society for Responsible Parenthood. The DOH Central Office sub-allotted funds to NCR, CAR,

²⁵ Overstocks – more than 12 months' worth of FP supplies computed based on average monthly consumption of health facilities

Region 3, and Region 12 to jumpstart pilot implementation.

Procurement of Commodities in 2019

The National Family Planning Program of the DOH allotted a total of Php 309 million for the procurement of FP commodities in 2019, which is 90 percent higher compared to the previous budget allotment in 2018 (Php 162.64 million) [Table 16]. In addition, POPCOM has procured 98,000 rods of PSI last December 2019 with an obligated amount of Php 63,700,000.00.

Table 16: FP Procurement Plan in 2019

| FP Commodities | Quantity | Unit Costs | Cost (Php) |
|-------------------|------------|------------|-----------------------|
| POP Pills | 600,000 | 40.00 | 24,000,000.00 |
| COC Pills | 3,500,000 | 30.00 | 105,000,000.00 |
| Male Condoms | 10,000,000 | 5.00 | 50,000,000.00 |
| Implants + kits | 200,000 | 650.00 | 130,000,000.00 |
| Total Cost | | | 309,000,000.00 |

Source: DOH FHNRP, 2019.

Table 17 shows the total inventory of FP commodities at the start of 2019. This includes the stocks on order (FP Procurement Plan in 2019) and the stocks on hand at the facility level reported through the PMIS. The total FP inventory will be able to meet the requirements of 2,052,111 women of reproductive age in 2019.

Table 17: Total FP Inventory and Target WRA Beneficiaries, 2019

| FP Commodities | Total FP Inventory | WRA Beneficiaries |
|--------------------------------|--------------------|-------------------|
| COC Pills | 12,683,341 | 845,556 |
| POP Pills | 868,760 | 57,917 |
| Male Condoms | 13,246,255 | 91,988 |
| Injectables | 1,851,761 | 370,352 |
| Implants | 275,287 | 275,287 |
| IUD | 411,011 | 411,011 |
| Total WRA Beneficiaries | | 1,852,111 |

Source: DOH PMIS, 2019.

With the identified average monthly consumption (AMC) of the above commodities, the total stocks of COC will be good for at least 7 months and POP for 6 months. Meanwhile, the total stocks of male condoms are good for 16 months, injectables for

Good Practice

South-South Triangular Cooperation (SSTC)

This International partnership and developmental program began as a South-South Cooperation policy in Indonesia which aims to revitalize their Family Planning Program.

In 2011, a bilateral partnership started in the Philippines with the Autonomous Region for Muslim Mindanao (formerly ARMM, now BARMM) as a pilot area. A Memorandum of Understanding was signed between Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), the National Family Planning Coordinating Board of Indonesia, and POPCOM in August 2012 and was later named South-South Triangular Cooperation.

The objective was to share and apply good practices on population, family planning, adolescent reproductive health and gender mainstreaming between the governments of Indonesia and the Philippines. The major strategies included training, field exposure, internship, action planning, implementation of action plans and exchange visits which were conducted over the years.

One of the rewarding results of the Cooperation is the strong commitment given by the pilot local government units made evident by the local policy issuances that support the implementation of the initiatives under the SSTC. As a fruitful output of the cooperation, the Fatwa on Model Family in Islam was developed and issued which provides for the legal opinion of esteemed religious leaders about early marriage, pre-marriage counseling, gender and health education for young people and gender-based violence.

With the promising results of the SSTC Initiative between Indonesia and the Philippines, the Cooperation has been renewed for another five years with the signing of a new MoU between BKKBN and POPCOM last 5 July 2019 in Banjarmasin City, Indonesia. Highlights of activities in 2019 were:

- Training of Speakers' Bureau on the Official Ruling (FATWA) on the Model Family in Islam;
- First drafting of the Comprehensive Gender and

Health Education for the Youth (CGHEY) Module in Davao City participated by DepEd-BARMM, Bureau of Madaris, Ministry of Health-BARMM, POPCOM XII, BARMM Interim Office, POPCOM Central Office (CO), and the United Nations Population Fund (UNFPA). The module aimed to educate Muslim Youth on Adolescent Health and Development.

- After-Action Review on the Fatwa Dissemination on Model Family in Islam was held. It was followed by "Knowledge Sharing for ARMM Youth in Indonesia," and Updates on the CGHEY Module
- Seminar on RPPF with Islamic perspective was conducted for the Muslim Religious Leaders in Tawi-Tawi
- Knowledge Sharing Program of Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) Youth Leaders of the Philippines in Surabaya, East Java, Indonesia

The SSTC initiative indeed worked well because of the passion of Indonesian and Filipino partners to learn from each other and their openness to adopt good practices. It is noteworthy that the cultural and religious similarities of the two countries has made the SSTC implementation smooth and mutually beneficial.

Some of the major lessons learned were the following: 1) the government sector and the religious sector can harmoniously work together towards a noble end that of empowering the families and the whole community; 2) Muslim religious leaders play a critical role in the successful implementation of development programs and various advocacy activities at the national, regional and local levels; and 3) local leaders, program implementers and religious leaders have stake in the improvement and promotion of the total well-being of young people who can be tapped to empower their peers through the provision of information and life skills.

Sharing of experiences and technical expertise between the Philippines and Indonesia through the SSTC has enhanced local leadership and governance that paved the way for the achievement of health reforms and better health outcomes.

4 months, IUD for 18 months, and implants for 26 months. The seeming oversupply of implants can be attributed to the current low AMC. The AMC of implants was heavily influenced by the restriction posed by the SC TRO which prohibited the administration of Implants from June 2015 to November 2017.

Warehousing and distribution

DOH and POPCOM agreed to utilize POPCOM's warehouses and staffing for storing and distributing FP commodities from the regional to the rural health unit level. While the DOH will be procuring all FP commodities for the country, POPCOM will take part in product selection and quantification with the DOH and will conduct the last mile delivery of FP commodities, including outreach.

POPCOM allocated a total of Php 21.26 million for the repair and renovation of five regional warehouse hubs located in Region V, VI, IX, XI, and XII. It is currently maintaining a central warehouse located at the POPCOM Central Office and managed by a pharmacist/warehouse manager with two staff, a logistics management officer and a utility worker. POPCOM also designated an acting supply chain manager who is overseeing the supply chain management. POPCOM distributed a total of 10,000 PSI rods to regional offices and 156,180 PSI rods to CHDs, including 880,199 copies of mother and baby books.

D. Governance and Systems

Capacity Building on Supply Chain Management. DOH and POPCOM, with technical assistance from USAID's Medicines, Technologies, and Pharmaceutical Services (MTaPS) Project, participated in several initiatives related to capacity building on supply chain management.

Specifically, a National Quantification for TB and FP commodities was conducted which paved the way for the drafting of the Procurement Supply Chain Management (PSCM) National Strategic Plan. Once approved, the Philippines will be one of a few countries to have fully developed a National Strategic Plan that would guide the optimization

of all PSCM components at different levels of the supply chain. USAID MTaPS also helped establish a PSCM Team (Bureau) under the leadership of an undersecretary. USAID MTaPs provided capacity building and organizational development support to the PSCM Team to take on full stewardship of the PSCM cycle including product selection, quantification, procurement, warehousing, distribution, among others. The PSCM Team is now fully functional with approval of 32 additional staff for 2020, and another 37 staff for 2021

DOH and POPCOM also held an FP Logistics Technical Working Group (TWG) meeting and designed an FP commodity management system based on the capacity and mandates of DOH and POPCOM.

Capacity Building on Responsible Parenthood and Family Planning. Together with the DOH and LGUs, POPCOM has been promoting modern Natural Family Planning (NFP) methods. These methods of family planning do not require drugs or devices. Capacity building activities initiated by POPCOM in 2019, included Orientation on Natural Family Planning/Fertility-Based Awareness Methods and Training of Trainers on NFP. On July 4, 2019, POPCOM in collaboration with the Responsible Parenthood-All Natural Family Planning Network, Inc. met with Bishops of different denominations on Natural Family Planning (NFP) at the Pope Pius XII Center, United Nations Avenue, Manila. With the support of church leaders for NFP, the method may have a wider space for promotion, especially among church members who prefer to use the natural methods of FP.

Other capacity building activities conducted in 2019 include: 1) Orientation on Enhanced RFPF Manual and 2019 RFPF Guidelines to 553 community health worker, volunteers, BHWs, BNS, barangay population and development officers, as well as women leaders in five regions (Region IV-A, V, VII, IX and NCR) ; 3) Retooling Workshops on RFPF to 5,946 barangay population volunteers and workers on RFPF in Regions I, IV-A, IV-B, V, X, CAR and NCR; and 4) Training of Trainers were provided to 438 PMOC Team Members.

Capacity building on FP service delivery. DOH, with support from USAID/ReachHealth Project, facilitated Level 1 and 2 FP Competency-Based Trainings (FPCBT) for public and private hospitals, RHUs, and public and private lying-in clinics. A total of 496 health service providers were trained, of which 224 health service providers were from government facilities, while 40 were from private hospitals and lying-in clinics. A total of 125 HSPs were trained in PSI insertion and removal and 21 health service providers underwent NPPFP/postpartum intrauterine device (PPIUD) training. DOH and USAID/ReachHealth also conducted a post-training evaluation prior to issuing a certificate of competency for 21 PSI-trained HSPs and 25 previously trained PSI HSPs. All were found competent and were endorsed for certification to the concerned CHD.

Private Sector Partnership for Family Planning: Strengthening the RFPF in the Workplace. POPCOM, through the RFPF for Labor Force Empowerment (RFPF4LFE) initiative, organized a series of activities aimed at improving workers' access to RFPF information and services. During the reporting period, POPCOM trained staff of DOLE regional offices and attached agencies on RFPF. In partnership with UNFPA, POPCOM also trained human resource officers and nurses from big companies in Regions III, IVA, IX and XI on how to establish their own company Family Planning and Welfare Clinic and come up with policy to strengthen their family planning program.

Also during the reporting period, several POPCOM Regional Offices initiated activities on RFPF4LFE project with various private companies and government agencies such as Permex Canning Incorporated in Zamboanga City (Region IX), DOLE CAR employees (CAR), human resources staff of Freeport Area of Bataan (Region III), LGU of Manolo Fortich, Del Monte Philippines and Republic Biscuit Corporation (REBISCO (Region X)), and RFPF4LFE for Tabuk City, Ifugao, Abra, Apayao, and Baguio City (CAR).

Challenges and Recommendations

Challenges

1. Issues in data quality for FHSIS and other reporting and monitoring system need to be addressed. Heavy workload and complicated tools are underlying factors for the weak capacity for data gathering and data validation.
2. Based on the NDHS, health concerns and fear of side effects remain as the most common reasons for non-acceptance and dropping out of an FP method, respectively. There is a need to review and re-design demand generation activities to address such barriers through appropriate social and behaviour change communication approaches.
3. There is a need to strengthen the coordination among PSCM stakeholders; strengthen institutional and human resource capacity at the central, regional, and LGU levels to manage PSCM functions; streamline and harmonize supply chain information systems; establish a data-use culture; and synchronize demand and supply systems contribute to these challenges.

| 2018 Recommendations | 2019 Actions | Recommendations for 2020 |
|--|---|--|
| Harmonizing NOH and PDP targets during the Midterm Review of the PDP this year. | NOH and PDP targets were harmonized. mCPR target for ALL women has been set to 30 percent by 2022. | Institutionalize the use of the Family Planning Estimation Tool to lessen, if not eliminate, data biases and challenges with data quality |
| Setting of the national FP goal, strategic directions and multi-year costing of the National Program on Family Planning (NPFPP) under a co-management arrangement between DOH and POPCOM under NEDA. | The National FP Program strategic directions were co-created with the Commission on Population and Development and other key stakeholders. | Strengthen the delineation of roles and complementation of DOH and POPCOM in terms of implementing the Family Planning program in the country. |
| Review and revise the M&E RPRH Framework following the directional plan of the national FP program. | A new M&E framework is currently being developed. | Conduct and establish an RPRH NIT strategic goals and directions. |
| Address the shift in the distribution mechanisms from a direct to service delivery point mode to Regional distribution scheme | The National Family Planning Program heavily utilized the PMIS in the monitoring of FP commodity inventory at the regional level and local level to guide in commodity redistribution mechanisms. Further, the Program likewise sub-allotted funds to the DOH CHDs to support procurement of additional commodities and technical assistance to the LGUs. | Align FP service delivery and provider payment mechanisms to UHC Law. |
| Conduct of the 5-Year RPRH Implementation Review | DOH contracted out PIDS in the conduct of RPRH Law implementation review. Inception report was submitted in the last quarter of 2019. | Complete the 5-year RPRH Law Implementation Review. |



Photo credits: USAID/ReachHealth Project

Key Result Area 3

Adolescent Sexual and Reproductive Health

Overview

As mandated by the RPRH Law, the DepEd, DOH and POPCOM are collaborating to protect young people from early and repeat pregnancies. In the Philippines, teenage pregnancy remains to be a major concern not only because of its serious health implications to both mother and child, but also because of its economic and social consequences to communities and to the country as a whole. Adolescent Reproductive Health and Development is thus placed high in the government's health and development agenda.

DepEd's Adolescent Reproductive Health (ARH) Education Program aims to increase the number of students and adolescents provided with information, counseling, and referral in an adolescent-friendly setting. DepEd works to, among other initiatives,

integrate Responsible Parenthood and Reproductive Health information into formal, non-formal and indigenous learning for young Filipinos and strives to make sure that educators and counselors are equipped to deliver appropriate counseling and guidance to adolescents.

For DOH and POPCOM's Adolescent Health and Development Program, apart from educating adolescents about responsible sexuality through communication strategies, it is also working to establish and operationalize adolescent-friendly health facilities and teen centers across the country and in various settings. The establishment and mobilization of Information and Service Delivery Networks (ISDNs) with both public and private sector health providers, is also a key strategy.

Status, Trends, and Accomplishments

Adolescent pregnant mothers are more likely to die compared to pregnant mothers in their 20s²⁶ since pregnancy during adolescence is associated with greater risk of health problems like nutritional anemia, predisposition to unsafe abortions, postpartum hemorrhage, eclampsia, puerperal endometritis, systemic infections, and mental disorders. Children born from adolescent mothers are also at high risk of poorer health outcomes such as low birth weight, higher incidence of pre-term births, infant morbidities, and mortalities.

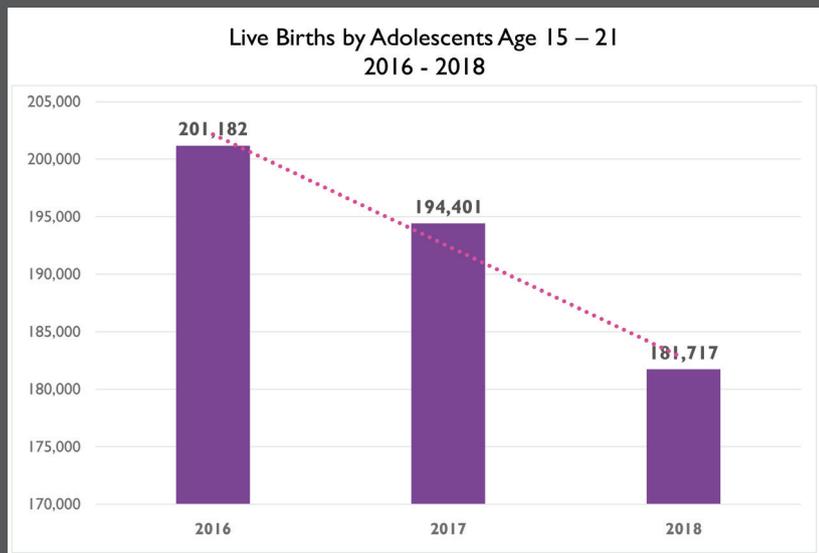
²⁶ "Adolescent Pregnancy". World Health Organization, 31 January 2020. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

The Population Reference Bureau stated that teenage mothers and their children face elevated risks of poverty and health problems which make preventing unplanned teenage births a public policy priority.²⁷ A study on the economic impact of teenage pregnancies²⁸ also emphasized that adolescents who have begun childbearing were less likely to complete secondary education resulting to a significant decrease in total life earnings.

²⁷ Scommegna, P. (January 2018). *Contraceptive Methods, Violent Relationships, Teenagers' Perceptions Play a Role in Unintended U.S. Teenage Births*

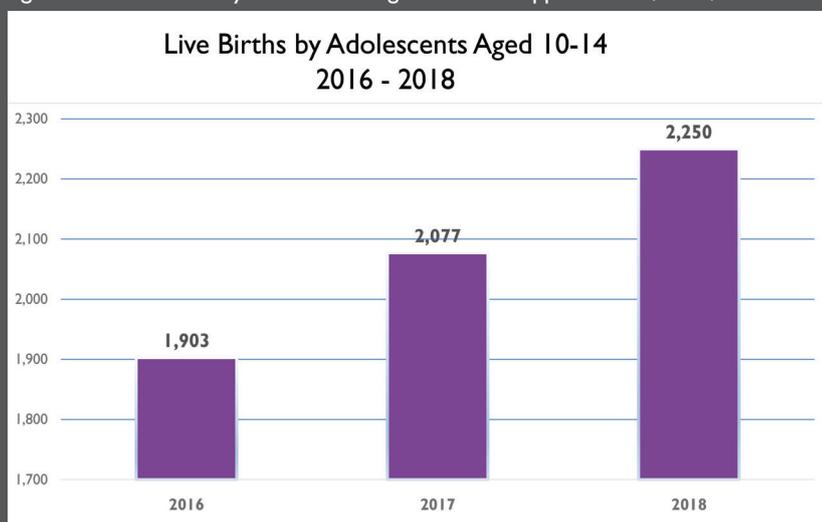
²⁸ Herrin, A. (2016). *Education, Earnings, and Health Effects of Teenage Pregnancy in the Philippines*. United Nations Population Fund.

Figure 21: Live Births by Adolescents Age 15-19 Philippines: 2016, 2017, and 2018



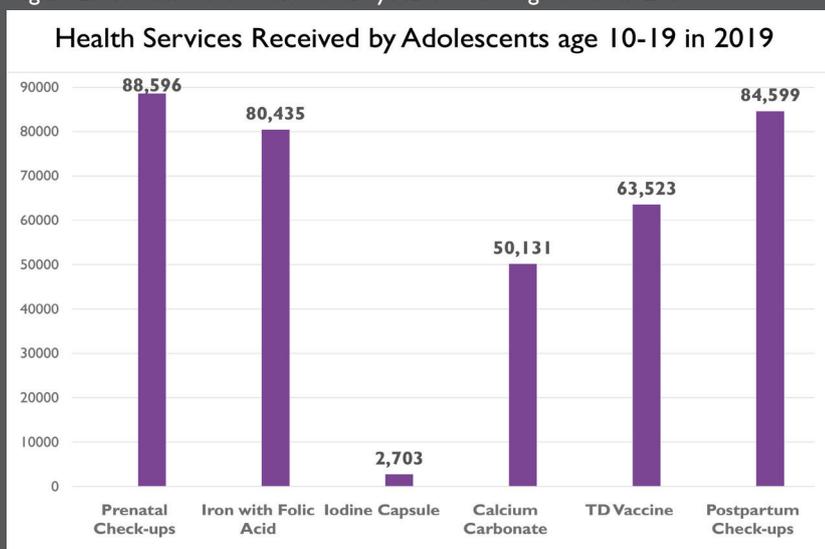
Source: Philippine Statistical Authority, 2018

Figure 22: Live Births by Adolescents Aged 10-14 Philippines: 2016, 2017, and 2018



Source: Philippine Statistical Authority, 2018

Figure 23: Health Services Received by Adolescents age 10-19 in 2019



Source: DOH FHSIS 2019

In the Philippines a declining trend of live births could be observed among adolescent mothers aged 15 to 19 based on the data starting 2016 (201,182), 2017 (194,401) up to 2018 (181,717) taken from the Philippine Statistics Authority Civil Registration and Vital Statistics (CRVS).

The reported births from adolescent mothers aged 15 to 19 in 2018 were most prevalent in CALABARZON (24,108), Region III (21,416), and NCR (20,613) while in 2019²⁹, Region XI (13,758), Region XII (10,612), and Region III (10,322) had the highest incidence. Furthermore, number of babies born to adolescent mothers from 2016 to 2018 were also higher than babies sired by adolescent fathers in 2016 (51,917), 2017 (52,221), and 2018 (50,130).

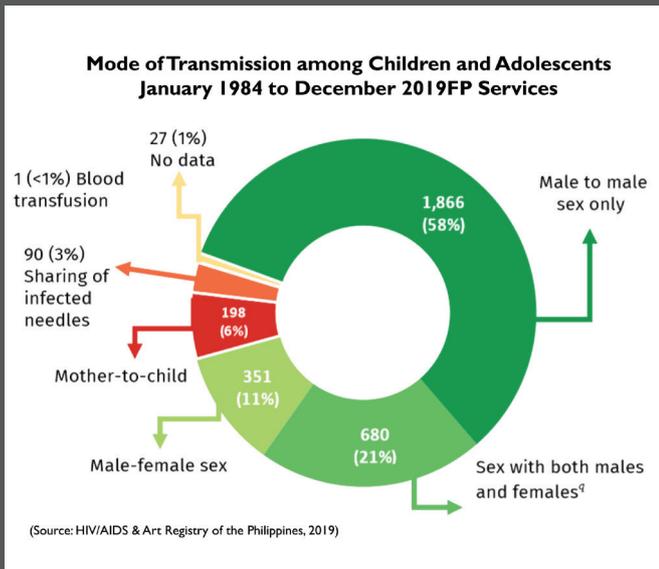
Although declining trends were observed from data on adolescent births among 15 to 19 age group, the same was not the case for young adolescents age 10 to 14. An increasing trend was observed for live births by adolescents age 10 to 14 based on the PSA CRVS which reflected higher births from 2016 (1,903), 2017 (2,077), and 2018 (2,250) [Figure 22]. The reported births from adolescent mothers aged 10 to 14 in 2018 were most prevalent in NCR (369), Region III (294), and CALABARZON (279) while in 2019³⁰, Region XI (519), Region III (198), and Region XII (192) had the highest incidence.

This upward trend may be due to the young adolescents' lack of information about sexual reproductive health and rights, lack of access to reproductive health programs, peer pressure, influence of social media, or sexual violence.

29 2019 Department of Health, Epidemiology Bureau, Field Health Services Information System

30 2019 Department of Health, Epidemiology Bureau, Field Health Services Information System

Figure 24 : Mode of Transmission among Children and Adolescents, January 1984 to December 2019 FP Services



There is also an increase in the maternal care and other health services provided to adolescent mothers [Figure 23]. Based on the 2019 data from the FHSIS, most adolescent pregnant women who have had at least four pre-natal check-ups resided in Central Luzon (18,199), Western Visayas (11,241), and SOCCSKSARGEN (10,178).

According to the October to December 2019 data from the HIV/AIDS & Art Registry of the Philippines, young people continue to be at risk of Human Immuno Deficiency Virus or HIV.

As of December 2019, 21,491 (29%) of reported cases were 15 to 24 years old and 3,213 (4%) of all diagnosed cases were 19 years old and younger at the time of the diagnosis. From these, 194 (6%) were children less than 10 years old and 94 percent (3,019) were adolescents. Twenty-three were 10 to 14 years old, 431 were 15 to 17 years old, and 2,565 were 18 to 19 years old. Of the adolescents infected, 96 percent were infected through sexual contact wherein 351 were male-female sex, 1,866 were male-male sex, and 680 were sex with both males and females.

“Teenage pregnancy has now become a national social emergency due to the staggering economic loss worth 24 to 42 billion pesos caused by early childbearing.”

Ernesto Pernia, former National Economic and Development Authority (NEDA) Secretary, during the Teenage Pregnancy Summit in 2019

Key Interventions

A. Demand Generation

Demand generation activities in 2019 reached a total of:

- 319,755 adolescents
- 37,804 adults (stakeholders, parents, teachers, etc.)

National level

- **Youth for Youth (U4U) Teen Trails.** POPCOM’s flagship strategy, Youth for Youth (U4U), has been sustained this year by local government units through the training of teen facilitators as peer educators. Trained facilitators were tapped as leaders for teen trails, and discussed Adolescent Sexual and Reproductive Health concepts spelled out in U4U. For 2019, U4U reached 17,764 young people nationwide.
- **Adolescent Health and Development (AHD) Learning Package.** To generate interest from program implementers, and as part of its 50th Anniversary, POPCOM launched its Adolescent Health and Development (AHD) Learning Package on 19 February 2019. This Package consists of the Sexually Healthy and Personally Empowered (SHAPE) Adolescents Facilitator’s Guide; Parent-Teen Talk Interactive Sessions for Nurturing Effective Parent-Teen Communication on Sexual and Reproductive Health Facilitator’s Guide and Information Service and Delivery Network (ISDN) for Adolescent Health and Development (AHD) Guidebook. Through various training sessions, POPCOM has successfully utilized this package to enhance the knowledge of local program implementors on AHD concepts and core messages.
- **Sexually Healthy and Personally Empowered (SHAPE) Adolescents.** The SHAPE, POPCOM’s strategy to reach adolescents with life skills needed to address emerging ASRH concerns, has been updated this year. POPCOM trained a pool of peer educators or teen facilitators to assist adolescent-friendly health facilities and

promote adolescent health either in schools or in communities. This strategy also allows the tapping of young people as influencers or peer educators imparting correct and appropriate information on ASRH. For the year, POPCOM conducted SHAPE Orientations and Training of Facilitators for 1,041 participants nationwide.

- **Parent Teen Talk.** The Parent Teen Talk (PTT), an updated and streamlined version of the Learning Package on Parent Education on Adolescent Health and Development (LPPEAHD), is a three-hour interactive platform to equip parents with critical information on adolescent health and development. The session aims to empower parents to communicate on sexuality and impart proper values and guidance to their children, and in the process, bridge communication gaps between them.

POPCOM, through its partners, conducted trainings for facilitators using the learning package. Facilitators, in turn, rolled-out the sessions on Parent-Teen Talk in their own groups and networks. Overall, the strategy has reached 15,592 in-school and out-school youth for the whole year.

Local level

- **Usapang Kabataan: Adolescent Life Skills and Reproductive Health Education (ALSHRE).** With support from USAID and in partnership with the Provincial Health Office of Cavite and DepEd, the Integrated Midwives Association (IMAP) rolled-out the Adolescent Life Skills and Reproductive Health Education (ALSRHE) initiative in three pilot schools in Cavite Province.

ALSRHE is a Comprehensive Sexuality Education (CSE) strategy that provided correct information and counseling and referral services to the youth for their reproductive health and sexuality-related concerns. The ALSRHE in school covered 5,692 students from grades 9 to 10 from 3 big schools in Tanza, Cavite as of June 2019.

The roll-out of the ALSRHE included the conduct of the rapid psychosocial screening for its participants to elicit relevant information about the young person's functioning in key areas of their life. Psychosocial risks identified were referred and coordinated accordingly to agencies that respond to the needs of the adolescents, such as the barangay Violence Against Women and Children (VAWC) Desk, Department of Social Welfare and Development and Adolescent-Friendly Health Facilities, among others.

- **ASRH in Emergencies.** To address young people's sexual and reproductive health needs during emergencies, UNFPA in partnership with Magungaya Mindanao Incorporated (MMI), Mindanao Organization for Social and Economic Progress (MOSEP) and United Youth of the Philippines-Women (UNYPHIL) conducted demand generation activities in Lanao Del Sur, Marawi City and North Cotabato, reaching a total of 4,084 (boys: 1,751, girls: 2,333). These activities include intergenerational dialogues, peer education sessions and health information sessions in schools and in the community for out-of-school youth.
- POPCOM-led activities at the local level were as follows: Adolescent Health Summit/Congress, Summer Youth Camp, Partnership with Parent-Teachers' Associations (PTAs), Population Awareness Mother and Daughter Class, RAGE talks on teenage pregnancy, Teenage Ninja Roll-out and lectures and talks on prevention of engagement to early sex. These also include Reproductive Health Sessions and Sexual Orientation Gender Identity and Expression (SOGIE) learning sessions. Over-all, POPCOM reached 48,560 adolescents through these events.
- CSOs organized IEC activities on ASRH including the conduct of RH sessions and ASRH orientations in high schools; ASRH and SOGIE learning sessions in selected areas of Batangas, Benguet, Bulacan, Caloocan, Cebu, Laguna, Malabon, Manila, Navotas, and Palawan. Through these activities, CSOs reached a total of 54,621 adolescents and young people.

B. Service Delivery

Setting-up and Mobilizing the Information and Service Delivery Network (ISDN)

POPCOM continued its advocacy for the establishment of a network of facilities and institutions that link existing demand generation activities in a locality for referral and provision of ASRH services.

In 2019, POPCOM established 44 ISDNs, adding up to a total of 128 functional and maintained ISDNs in the country, since its inception in 2015. POPCOM also launched its ISDN Guidebook during POPCOM's 50th Anniversary Partner's Event at the 2019 Philippine Population Annual Scientific Conference. This will serve as a guide for establishing ISDNs in localities.

DOH developed an online course on Adolescent Care for Health Service Providers that will be available in the DOH e-Learning Platform. This re-packaged course combines Adolescent Health Education and Practical Training (ADEPT), Healthy Young Ones and the Foundational Course on Adolescent Health Care for Primary Service Providers.

Teen Centers

Teen centers are hubs intended to provide a one-stop facility that would cater to the needs of young people. It is here where an adolescent can find solace or care from adolescent advocates or their peers. Teen centers are also part of the referral network catering to adolescents who are in need of information or health services. To date, POPCOM reported a total of 355 community and school-based teen centers established in the country through the collaboration of all AHD stakeholders.

Adolescent-friendly Health Facilities

DOH has conducted a series of accreditation for barangay / rural health centers as Adolescent-Friendly Health Facilities (AFHFs) in all regions. Currently, the country has a total of 704 adolescent-friendly health facilities of which 617 are Level 1, 52 are Level 2, and 35 facilities were

recognized as Level 3. The categorization is based on the DOH Department Memorandum 2017-0098:

- Level 1: system in place to ensure that adolescents are aware on where and when to obtain information and health service
- Level 2: protocols in place to ensure provision of both information and health services, including trainings and demand generation activities outlined in an annual plan
- Level 3: referral pathway to link adolescents to other facilities in case services are not available in the center; peer educators available to assist with exclusive room or space to ensure confidentiality during counseling; functional technical working group to oversee the delivery of services for adolescents

The regions with the highest number of adolescent-friendly health facilities under Level 3 category were Cordillera Administrative Region (7), followed by Ilocos (4), Western Visayas (4) Davao and SOCCSKSARGEN (4).

With assistance from USAID ReachHealth, 17 hospitals were supported in developing action plans to establish adolescent-friendly health facilities following the standards set by the DOH.

Through the adolescent-friendly health facilities, a total of 345,522 adolescents have availed of ASRH services in various health facilities for the whole year. Meanwhile, CSO-run health facilities provided a total of 36,617 ASRH services, which comprised of 4,516 contraceptives, 900 prenatal check-ups, 289 STI/HIV-related services, and 155 GBV-related services.

C. Governance and Systems

Technical Working Group

The National Adolescent and Youth Health and Development Technical Working Group (NAYHD-TWG) was organized to ensure convergence of leaders in adolescent health from national government agencies; NGOs and development partners. This Technical Working Group aims to develop a comprehensive and coordinated

approach to improving adolescent and youth health in the country. The TWG is led by the DOH and the National Youth Commission, with Secretariat support provided by the POPCOM.

The TWG has conducted a mapping of adolescent health and development programs, projects, and activities of various program stakeholders, and is reporting regularly to the Reproductive Health (RPRH) Law National Implementation Team (NIT).

National Summit on Teenage Pregnancy

As a result of President Duterte's directive to convene all Adolescent Health and Development stakeholders to highlight teenage pregnancy as a social concern, DepEd, together with DOH and NEDA, in partnership with the United Nations Population Fund (UNFPA) and the Center for Health Solutions and Innovations (CHSI), conducted a Teen Pregnancy Summit last 22 August 2019. Dubbed as "Kapit Kamay: Empowering the Youth to Make Informed Choices," the Summit, which gathered 500 participants representing government, civil society organizations, faith-based organizations, and youth sector representatives. served as a platform for stakeholders to share their experiences and knowledge on the issues surrounding teenage pregnancy.

As a culminating activity, former NEDA Secretary Ernesto Pernia led the "Manila Declaration on addressing the Education, Health and Development Issues on Early Pregnancy", where participants committed to urgent and concrete actions to curb the burgeoning teenage pregnancy in the country.

Some of the major commitments adopted were:

1. Fully implementing age-appropriate and culturally sensitive Comprehensive Sexuality Education (CSE);
2. Scaling up of adolescent-friendly health services;
3. Encouraging genuine participation of adolescents in the development of policies and programmes;
4. Guaranteeing that all adolescents complete school, especially girls;
5. Protecting adolescents from sexual violence, discrimination and harmful practices; and

6. Supporting more researches and improving the available data on adolescent pregnancy and its determinants.

Evidence-based Planning and Strategy Formulation

- **National Condom Strategy to Protect Young People from HIV/AIDS.** DOH, with assistance from UNFPA, developed a National Condom Strategy to improve access and availability of condoms for key populations to reduce HIV transmission and unplanned pregnancies in the Philippines. The strategy was developed based on a 2018 assessment of the country's condom promotion program, and validated by key stakeholder.

Major principles adopted in defining the strategy are: 1) adoption of a Total Market Approach (TMA), 2) use of data and evidence especially about key populations to design interventions; 3) aligning within the context of broader HIV prevention and treatment strategies; 4) meeting human rights standards; 5) addressing gender-related barriers to condom use; 6) ensuring counseling and education on condoms for triple protection against HIV, STIs and unintended pregnancy, and 7) integrating condom procurement to the DOH's supply and commodity security plan.

- **Human-Centered Design (HCD) Approach.** With assistance from USAID's ReachHealth Project, DOH and POPCOM, together with young people, parents, guardians, teachers, and health workers, participated in a Human-Centered Design (HCD) approach in analyzing the current state of adolescent sexual and reproductive health in the Philippines and identifying solutions to reduce teenage pregnancy.

Specifically, in August 2019, a team from USAID's ReachHealth project consulted over 200 individuals in the cities of Manila, Cavite, Iloilo, and Davao on solutions to the question "How might we reduce unintended teenage pregnancy in the Philippines?" Based on the consultations, the team identified 12 key insights around the issue of teenage

pregnancy and presented to another group of teenagers and supportive adults during a 2-day interactive “Imagine Workshop” in October 2019. Participants created simple, low-tech prototypes of five prioritized solutions, which were then rapidly tested by the team from USAID’s ReachHealth project with over 140 individuals in Tanauan City and Davao City.

These five solutions are #TheBestICanBe Movement, Digital Resource, #SoConnected, Teen Terminal, and Teen Fest which emerged as viable interventions with support from teenagers, adults, community leaders, and other key stakeholders.

- **Bangsamoro Youth Transition Priority Agenda.** The Bangsamoro Youth Commission (BYC), with support from UNFPA, developed the Bangsamoro Youth Transition Priority Agenda (2019-2020), which is the BARMM’s regional translation of the Philippine Youth Development Plan (2017-2019). The Bangsamoro Youth Transition Priority Agenda (BYTPA) highlights health as one of the core pillars for youth participation. It also underscores the need for BARMM youth to participate in multi-sectoral and inclusive programs, projects and activities that promote youth health and well-being and reduce their sexual and reproductive health risks and non-sexual risk taking behaviors.
- **Study on the Filipino Child.** On the area of data and generation of evidence to strengthen the responsiveness of impact of development policies, programs and initiatives, UNFPA provided substantial technical and financial support to the Government-led 15-year Longitudinal Cohort Study on the Filipino Child. The study has completed the third wave of data collection in 2019 and was able to provide DOH with data related to adolescent pregnancy. Data from the Cohort Study showed significant correlation between adolescent pregnancy and poor socioeconomic, health and education outcomes of both the mother and the index child, where index children born from mothers 15 to 19 years old were almost 45 percent less likely to be in school compared to those born from mothers aged 20 to 35.

Capacity Building

- **Comprehensive Sexuality Education (CSE) Resource Materials.** With support from the UNFPA and CHSI, DepEd conducted a workshop to develop teaching and learning modules on Comprehensive Sexuality Education (CSE). The resource materials included Detailed Lesson Plans (DLPs) for teachers integrating CSE key concepts and messages to the different learning areas. DepEd subjected the DLPs to field validation in selected elementary and secondary schools in Regions I, III, CALABARZON and NCR to ensure alignment of content, objectives, age and development appropriateness and development of life skills.

DepEd also conducted a consultative forum on CSE, providing an avenue for national, regional and division coordinators and development partners to share their good practices on ARH Education/CSE; learn about new options, researches and latest innovations in ARH/CSE; determine roles and actions of DepEd and partner agencies to expedite the implementation of ARH Education/CSE; share relevant government efforts on ARH Education/CSE; and discuss relevant ARH/CSE legislative and policy initiatives; and recommend viable actions to advance ARH Education/CSE in the country`.

Moreover, DepEd, with UNFPA, is developing a multi-year Costed Implementation Plan (CIP) identifying the activities to be undertaken, timelines, and responsible persons/entities that will implement the CIP for five years; and a CSE M&E Framework. This Plan details DepEd’s strategies and key interventions and actions for CSE integration in the curriculum. The CIP defines the priorities for strategic actions; identify the activities and inputs needed to achieve them; and estimates the costs associated with each as a basis for budgeting and mobilizing resources required for implementation at different levels of organizations and institutions over a five-year period. The CIP also identifies the gaps which can be addressed through partnerships with

Promising Practice

Post-partum and adolescent and youth family planning services thrives in a coastal hospital in Zamboanga del Sur

In a third-class coastal municipality in the province of Zamboanga del Sur, the humble origins of Margosatubig Regional Hospital (MRH) as a small operating Rural Health Unit way back in 1924 now has grown into a 150-bed hospital providing a wide range of health services, including family planning (FP) and as a Department of Health (DOH)-certified Clinical Practice Site (CPS). To be able to serve more people, construction is currently ongoing to expand MRH into a 300-bed hospital. MRH also now a level-I DOH-retained hospital in the Service Delivery Network (SDN) for a geographically isolated and disadvantaged area (GIDA).

In 2019 alone, MRH served 2,898 pregnancy deliveries and 1,927 of these have been identified to have FP unmet needs. 1,016 women have been given post-partum family planning (PPFP) services (mostly post-partum intra-uterine device or PPIUD, and some bilateral tubal ligation or BTL) comprising 35.06 percent against the total number of deliveries. This was a huge leap from when they first began providing PPIUD services after September 2014, with only 42 PPIUD acceptors.

The number of clients eventually picked up in 2015 with 105 acceptors and it seems to double in number every year thereafter. Alongside with this, MRH did on-site mentoring and coaching as a way of transferring knowledge and skills, particularly to those trained on Family Planning Competency-Based Training (FPCBT) I. They responded to the need to capacitate other hospital health service providers.

Also, in 2019 a total of 107 pregnant women between 10-24 years old were served in MRH, where 35 of them were adolescents (10-19 years old). As early as 2015, MRH began with only three teen mom PPIUD acceptors. The year after, there were 30 new acceptors and the numbers continue to increase every year. As of 2018, a total of 143 teen moms became PPIUD acceptors. For MRH,

these translate to an income amounting to Php 1,138,000 total reimbursements in 2018 and Php 1,216,000 total reimbursements in 2019 for IUD and Progestin Sub-dermal Implant (PSI).

MRH has also fully established its structure as an adolescent friendly hospital and has made huge strides in the orientation and capacity building of staff, information dissemination, recording and reporting, availability of services for adolescent and youth clients, and referrals. Years prior, teenage pregnancy rate has been high in Zamboanga del Sur and it seems the tide has been turning better this time. The province reported 2,631 teenage pregnancies in 2018 and this number went down to 1,125 in 2019, or about 43 percent reduction.

All these improvements in the capacity of the hospital to cater to family planning needs were seen as the Responsible Parenthood and Reproductive Health Law took full effect since 2014. And since then, USAID has been a partner of the Philippine Government in implementing the RPRH law all over the country with their health-related projects complementing the efforts of the government.

Midwife Flora Dumayo-Rajah attributes MRH's accomplishments to their growing number of competent health service providers trained by USAID, as they now carry on with the training of new health service providers. *(continued in page 67)*

“Since that training, I have been active in advocating postpartum family planning to our pregnant clients on a daily basis, educating them on its importance and how this can make their lives even better,” midwife Flora added. She found the MRH PPIUD program remarkable after she was able to provide a 14-year old teenage mother, back in 2014, with PPIUD as her method of choice.

development partners, other government agencies, and stakeholders in the community.

To ensure convergence of efforts on CSE, DepEd also developed the Adopt-a-Region Concept with assistance from USAID. POPCOM is providing Secretariat Support to this initiative. The goal of this initiative is to improve the reproductive health status of learners, help them complete basic education without the burden of (reproductive) health concerns by ensuring that critical strategies to fully implement Comprehensive Sexuality Education are in place to ultimately reduce teenage pregnancies in schools and communities.

- **Trainings on CSE.** For 2019, DepEd trained 557 public school teaching personnel on CSE. In coordination with UNFPA and CHSI, pilot schools in Regions CALABARZON, VII and XI using the CSE module package have been trained. DepED also undertook capacity building for teachers and parents in addressing CSE-related issues for very young adolescents. The strategy utilized the Positive Discipline for Every Teaching Module developed by the Agency and Save the Children.
- **Training on Counseling.** DOH conducted Orientation Training (TOT) on the Basic Counseling for Counselors and Health Personnel on Responsible Parenthood and Reproductive Health (RPRH ARH) in Schools. This TOT, which was done in two

clusters (Luzon, Visayas/Mindanao), provided understanding on adolescent sexual and reproductive health. Furthermore, a Training for Counselors and Health personnel through Adolescent Health Education and Practical Training (ADEPT) was also conducted. The TOT capacitated participants in providing a guide on the handling of adolescent health problem and risk behaviors

- **Youth Empowerment: Integrated Solutions Platform on Sustainable Development Goals.** On engaging young people in the Bangsamoro, UNFPA, together with International Labour Organization (ILO) and United Nations Development Program (UNDP), implemented the Integrated Solutions Platform for the Bangsamoro Youth which provided a platform (both virtual and face-to-face consultations) to discuss key issues facing the Bangsamoro Youth and arrive at integrated solutions encompassing economic, social, political and environmental dimensions of sustainable development to address these key issues. This was implemented in close coordination with the Bangsamoro Youth Commission, the Provincial Government of Lanao del Sur, and the Philippine Statistics Authority at the national, regional and provincial levels.

A total of six youth organizations were provided with mentoring/coaching sessions to successfully implement their proposed projects, which include livelihood, community

As the latest family planning focused project of USAID, ReachHealth project has been continuing technical assistance to RHUs such as MRH. USAID's ReachHealth project provides technical guidance to these newly trained FP front liners of the hospital, as well as the seasoned hospital personnel in advancing the hospital's goals. MRH's experiences have been recognized during the Collaborate, Learn, Adapt (CLA) Pause and Reflect Session on FP in Hospitals last August 2019 organized by the project.

One can hear the enthusiasm and passion of Midwife Flora sharing that "as a midwife and a trainer on family planning in the MRH, I also work with the other trained personnel in the hospital who have also been trained in FPCBT I with Balanced Counseling Strategy. I thank USAID for that, counselling and demand generation are now being done in all departments in the hospital, especially in the labor room, outpatient department and pediatrics ward. Each department has a trained FPCBT I health service provider and they have daily schedule for the counseling."

dialogues and behavioral change interventions to prevent conflict and violence, promote health and youth development.

- **Youth representation in International Conference.** With support from UNFPA, five youth participants represented the Philippines in the International Conference on Population and Development in Nairobi, Kenya. The Philippine Youth contingent shared their commitment to ensure meaningful participation of young people in all levels of decision-making related to their health and wellbeing.
- **CSO contribution.** Likhaan led a two-day national conference entitled “Standing Up for CSE: A National Discussion on Adolescent Sexuality, Fertility and Contraception” last June 18 to 19, 2019. The two-day conference was organized to provide a venue for the participants to have a common understanding on adolescent sexuality, CSE, and CSE efforts of DepEd as well as develop a positive sexuality and identify steps for supporting CSE. This activity was participated in by a total of 120

key young people and ARH advocates from the government agencies, local government units, communities, NGOs, health providers, legal practitioners, and development partners. It is noteworthy that a good number of participants were from several youth organizations

Moreover, CSOs trained health service providers and peer educators on ASRH service delivery. These trainings include responsible use of social media, RH/HIV, life skills such as assertiveness, community-based HIV screening, TOT on CSE, SRHR awareness, Adolescent Job Aid, and CSE advocacy.

The Forum for Family Planning and Development conducted policy development trainings for Sangguniang Kabataan officials in the provinces of Albay, Benguet, and Palawan. These trainings focused on developing policies for ASRH, SOGIE-equality and anti-discrimination, teenage pregnancy prevention and HIV, etc.

Challenges and Recommendations

Challenges

- Lack of data for Adolescents Age 10 to 14 in RPRH Indicators
- Lack of comprehensive assessment of the ASRH situation for designing service delivery and capacity building interventions
- Need to streamline structures and arrangements on ASRH and AYHD and delineation of roles
- Weak strategic direction on ASRH to address teenage pregnancy
- Need to strengthen inter-agency collaboration on CSE implementation

| 2019 Recommendations | 2019 Actions | 2020 Recommendations |
|---|--|--|
| Setting of strategic direction on ASRH to address teenage pregnancy | The Adolescent Health and Development Program (AHDP) of DOH developed strategic directions 2020-2022 to address adolescent pregnancy | Policy issuance on DOH-AHDP strategic directions to address adolescent/teenage pregnancy |

Continued in page 69.

| 2019 Recommendations | 2019 Actions | 2020 Recommendations |
|---|--|--|
| DOH to continue strong collaboration with DepEd in relation to Teenage Pregnancy | DepEd and DOH co-organized a national summit to address teenage pregnancy. The event was participated in by stakeholders from national agencies, non-government, faith-based, civil society and youth organizations. The objective was to share information on early pregnancy and understand the different dimensions on health, education and development. A call to action/commitment from these stakeholders was developed through the “Manila Declaration on addressing the Education, Health and Development Issues on Early Pregnancy.” | Conduct of an inter-agency, multi-stakeholders planning workshop to develop operational plan and framework (whole-of-government, whole-of-society approach), unified strategies and indicators for efficiently utilization of programs and services to address teenage pregnancy |
| Strengthen inter-agency collaboration on CSE implementation | The DOH has been working with the DepEd in developing age-and-development-appropriate and inclusive modules and materials on Comprehensive Sexuality Education which can be available and accessible both for in-school and out of school children and youth. | Inter-agency collaboration on demand generation on CSE and improve referral pathway or linkages to health services through different methodologies (i.e. online training of health service providers on HEEADSS and psychosocial assessment and counseling) |
| Streamline structures and arrangements on ASRH and AYHD and clarify complementation of roles | Proposed amendment of the National Adolescent and Youth Health and Development TWG to clarify complementation of roles of member agencies and other organizations | Finalization and policy issuance on the amendment of the NYC Resolution re: National Steering Committee on Adolescent and Youth Health and Development |
| Conduct a comprehensive assessment of ASRH situation for designing service delivery and capacity building interventions, focusing on areas where unmet need for ASRH is highest | UNFPA conducted an independent evaluation of ASRH component of the RPRH law | Develop a National Communication Plan on Adolescent Health and Development and improve on Monitoring and Evaluation of ASRH |
| Generate data for the 10-14 age group in major RPHRH indicators like ensuring the disaggregation of RPRH data by age in FHSIS, NDHIS and other related surveys | FHSIS of DOH started generating ASRH/ RPRH data among 10-14 and 15-19 | Generate and disseminate public health program reports with age (10-14 & 15-19) and sex-disaggregation |



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Key Result Area 4

Sexually Transmitted Infections and HIV/AIDS

Overview

The 6th AIDS Medium Term Plan 2017-2022 (6th AMTP) details the targets for six years to halt the spread of HIV and AIDS in the Philippines and provides broad strategic directions for the national, regional, and local multisectoral AIDS response in the country.

With the theme “Synergizing the Philippine HIV and AIDS Response”, the 6th AMTP seeks to :1) reduce new HIV/AIDS infections; 2) improve health outcomes and wellness of people living with HIV (PLHIV); 3) strengthen systems such as health, non-health and community systems, including strategic information; 4) improve leadership accountabilities; and 5) increase domestic financing for a sustainable HIV response.

The set targets for 2019 are: 1) increase to 90 percent the knowledge on STI and HIV transmission, prevention, and services of individuals 15 to 24 years old; 2) prevent new infection among 15 to 24 years old with special focus on key affected population (KAPs); 3) ensure that 90 percent of PLHIVs receive testing and treatment support; and 4) eliminate mother-to-child HIV transmission.

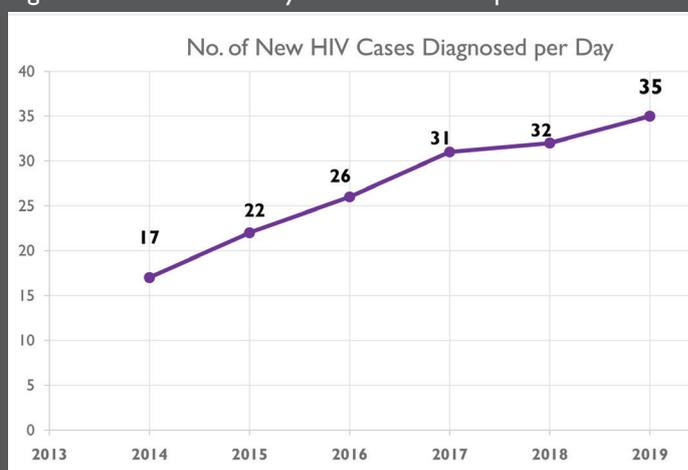
The key strategies to reach these targets entail: 1) teaching HIV in schools, communities, and workplaces; 2) empowering youth with HIV life skills and helping them gain access to prevention services; 3) increasing the availability and access to testing, treatment and adherence programs; and 4) prioritizing high burden, particularly with increasing incidence of mother-to-child transmission.

Status, Trends, and Accomplishments

Although the Philippines continues to be a low HIV prevalence country, it has the fastest growing HIV epidemic in the world with 203 percent increase in new infections from 2010 to 2018.

In 2019, the HIV/AIDS and antiretroviral treatment or ART Registry of the Philippines (HARP) reported 12,778 new confirmed HIV-positive individuals in the country. The cumulative number of cases since the first case of HIV infection was reported thirty-five years ago in the Philippines is 74,807 at the end of 2018. Based on HARP figures, 78 percent (58,331) of the total diagnosed cases were reported from 2014 to 2019.

Figure 25: Number of daily new HIV cases reported



Source: 2014 to 2019, HARP data

Figure 25 show a steady increase in the number of daily new diagnosed cases from 2014 to 2019. By December 2019, the average daily diagnosed HIV cases was pegged at 35. This is more than double the 16 cases per day reported in 2014.

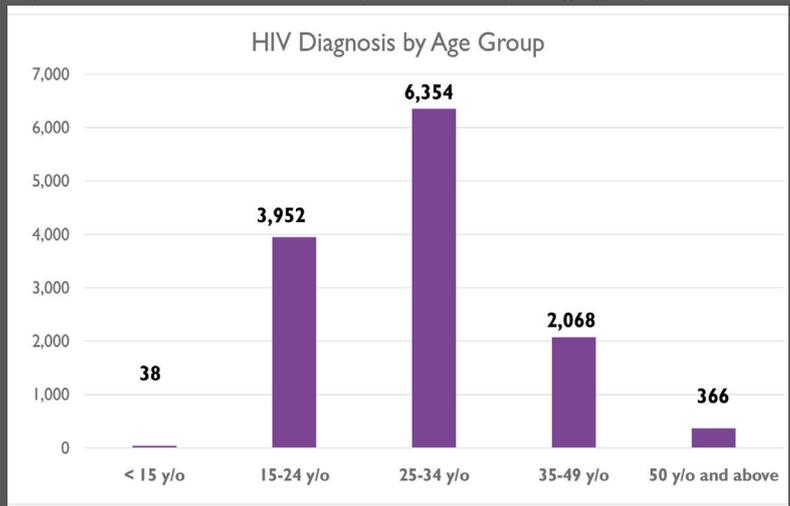
The NCR has the most number of reported cases in 2019 at 33 percent (982), followed by Region IVA with 17 percent (512), Region III with 11 percent (341), Region VII with 8 percent (255) and Region XI with 5 percent (153). Regions NCR, IVA, and III continue to occupy the top spot in number of cases since 1984 with the highest number of overseas Filipino workers diagnosed with HIV.

Males diagnosed with HIV in 2019 significantly outnumbered females by 95 percent (12,116 and 662, respectively). Although the latter account for only 5 percent of the total new HIV cases in 2019, historical data show that this figure is triple the number of HIV cases in women of the same period in 2014 (253).

The 25 to 34 age groups remain to be the predominant age group of newly diagnosed HIV cases. In 2019, they make up 50 percent (6,354) of all cases. This is followed by the 15 to 24 years old age group at 30 percent (3,952) of all new cases. This proportion has alarmingly doubled in the past ten years, from 17 percent between the period 2000 to 2009 to 29 percent for the period 2010 to 2019.

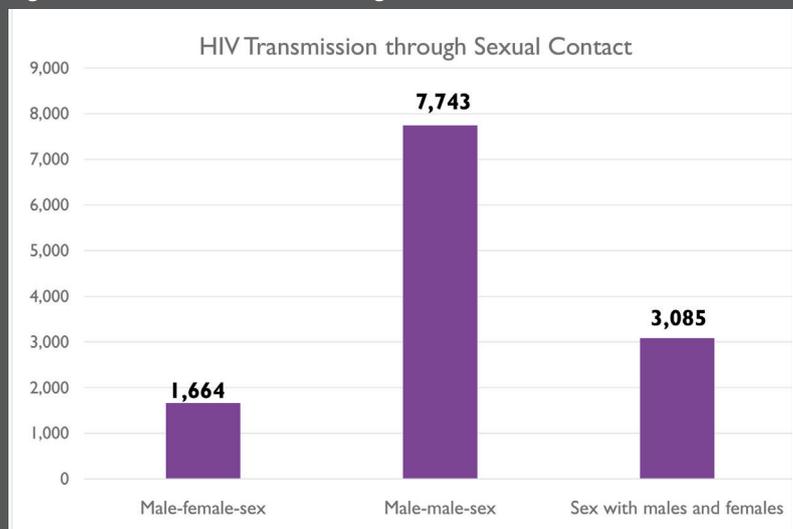
According to the October to December 2019 data from HARP, young people continue to be at risk of HIV. As of December 2019, 21,491 (29%) of reported cases were 15 to 24 years old and 3,213 (4%) of all diagnosed cases were 19 years old and younger at the time of the diagnoses. From these, 194 (6%) were children less than 10 years old and 94% (3,019) were adolescents. Twenty three were

Figure 26: Distribution of HIV reported cases per age group in 2019



Source: 2014 to 2019, HARP data

Figure 27: HIV transmission through sexual contact in 2019



Source: 2014 to 2019, HARP data

10 to 14 years old, 431 were 15 to 17 years old, and 2,565 were 18 to 19 years old.

In terms of mode of transmission, sexual contact still remain to be the primary channel for HIV/AIDS. Among the 2019 newly diagnosed cases, 98 percent (12,492) contracted the virus through sexual contact. Of this, 61 percent (7,743) were among men having sex with men (MSMs); 24 percent (3,085) were among those who had sex with both males and females; and 13 percent (1,664) were among those who engaged only in male and female intercourse. Other modes of transmission included sharing of

infected needles among people who inject drugs at 1 percent (138) and mother to child transmission at 0.26 percent (35).

Of the 12,778 who tested positive for HIV in 2019, 1,668 or 13 percent acquired the virus through transactional sex. Apart from those engaging in transactional sex, the infection rate among OFWs was also noteworthy at seven percent (931) of new HIV infections in 2019. Of these OFWs, 93 percent or 200 are males and almost all of the cases were

contracted through sexual contact. By December 2019, 35 cases of pregnant women living with HIV have been reported.

With the continuous increase of HIV cases in the country, the National AIDS and STD Prevention and Control Program (NASPCP) advanced its efforts in terms of prevention, testing, and treatment.

To achieve the 2019 targets for the HIV/AIDS response in the country, the DOH, through the National AIDS and STD Prevention and Control Program (NACPCP), designed high impact prevention, testing and treatment interventions for key affected populations to achieve Zero new infections, Zero discrimination and Zero AIDS-related deaths. These interventions focused on accelerating the reduction of barriers to access and enhance governance to ensure efficient, effective and sustainable delivery of quality HIV prevention, testing and treatment services.

Among the targeted individuals were Men having Sex with Men (MSM); Transgender Women (TGW); People Who Inject Drugs (PWID); Female Sex Workers (FSW); Young Key Population (YKP); and Women-at-Risk or those who are pregnant, or are mothers, female partners of PWIDs, or female partners of MSM.

Understanding that prevention is pivotal in HIV/AIDS/STD transmission, DOH took on aggressive efforts to prevent new infections. These included the following:

1. Lobbying to the Philippine National AIDS Council (PNAC) for the implementation of the HIV and AIDS Policy Act of 2018;
2. Intensifying campaigns to promote the use of condoms, advocate testing and disseminate relevant information to KAPs;

3. Implementing a national condom strategy through PNAC;
4. Providing support to Community Based Organization (CBO) managed community centers;
5. Intensifying the TB-HIV service package; and
6. Lobbying with the LGUs thru PNAC to increase local budget allocations on HIV and related expenditures.

To promote HIV testing among the targeted individuals, DOH scaled up its Viral Load Testing coverage, expanded the implementation of the Rapid HIV Diagnostic Algorithm (rHIVda), integrated HIV screening in the services offered by the Rural Health Units (RHUs); and expanded Community-Based HIV screening through partnerships with CBOs.

In order to encourage People Living with HIV and AIDS (PLHAs) to undergo treatment, DOH introduced a safer Anti-Retroviral (ARV) Regimen; improved access to treatment hubs; ensured consistent availability of ARV drugs in the facilities; and engaged the services of case managers.

Key Interventions

A. Demand Generation

Anchored on the crucial role of condom use and HIV testing to reverse the tide of new HIV infections in the country, demand generation activities have been primarily designed to promote safe sex and testing especially among KAPs. These activities focus on breaking the barriers hindering people to access relevant information and seek testing and treatment for HIV/AIDS.

To increase the demand for HIV prevention services, the Disease Prevention and Control Bureau of the DOH, through the NASPCP, launched several activities to mainstream awareness and reduce the discrimination or stigma related to HIV and AIDS. Among these are the International AIDS Candlelight Memorial Day and the World AIDS Day to commemorate the people who lost their lives to the disease. Additionally, DOH also conducted two comprehensive community fora on HIV Programs for KAPs in Davao City and Batangas.

Moreover, DOH launched the LHIVE FREE HIV and AIDS campaign. This advocacy seeks to encourage the most at risk population -- the men having sex with men -- to get tested and treated for HIV. It is an aspirational campaign to help those who were tested HIV positive understand that they can still live a good life so long as they get treated and adhere to treatment. Further, this campaign involved identification of enablers and support groups for people living with HIV to rely on in their journey to wellness.

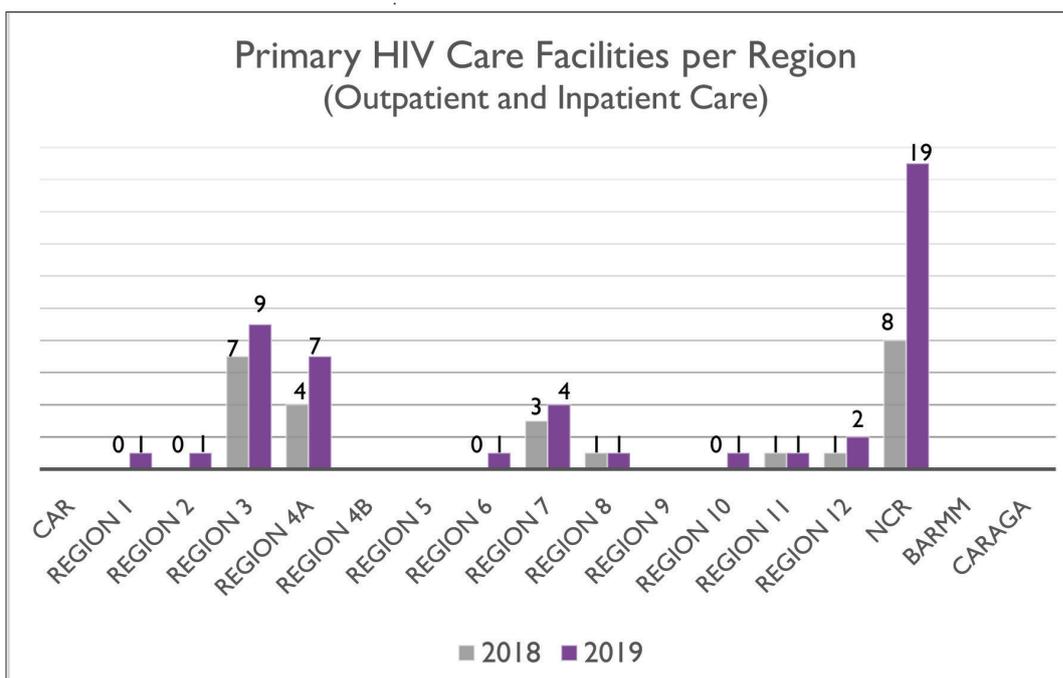
DOH embarked on an intensified approach to widen its reach especially among key populations. This included conducting HIV/AIDS awareness in schools, workplaces, communities, and jails; holding regional peer education trainings, case-based surveillance, HIV Youth Summits; and calling on every one to partake in curbing the HIV/AIDS prevalence in the Philippines.

Moreover, CSOs, as members of their respective local AIDS councils, supported the local implementation of activities on HIV awareness in barangays, and in the establishment and/or revitalization of local AIDS councils. CSOs reached a total of 22,990 men and women with their HIV/AIDS IEC activities. These include HIV teaching sessions to grades 11 to 12 students in 39 high schools in Palawan, My Campus Chat, Buntis Congress, orientations for walk-in clients, and granting of TV interviews.

B. Service Delivery

The service delivery interventions of DOH focused on increasing access to HIV/AIDS related services by way of existing infrastructures throughout the country. The intent is to reduce the gap between patient diagnosis and treatment. This included the establishment of HIV Primary Care Facilities and Treatment Hubs across key geographic areas.

Figure 28: Primary HIV Care Facilities per Region



Source: 2018 to 2019, HARP data

By the end of 2019, there are a total of 47 DOH designated Primary HIV Care Facilities nationwide. This reflects 53 percent increase from last year's 25 percent. Of these facilities, 19 (47%) are located in NCR, 9 (19%) are situated in Region III, and 7 (15%) could be accessed in Region IVA [Figure 28].

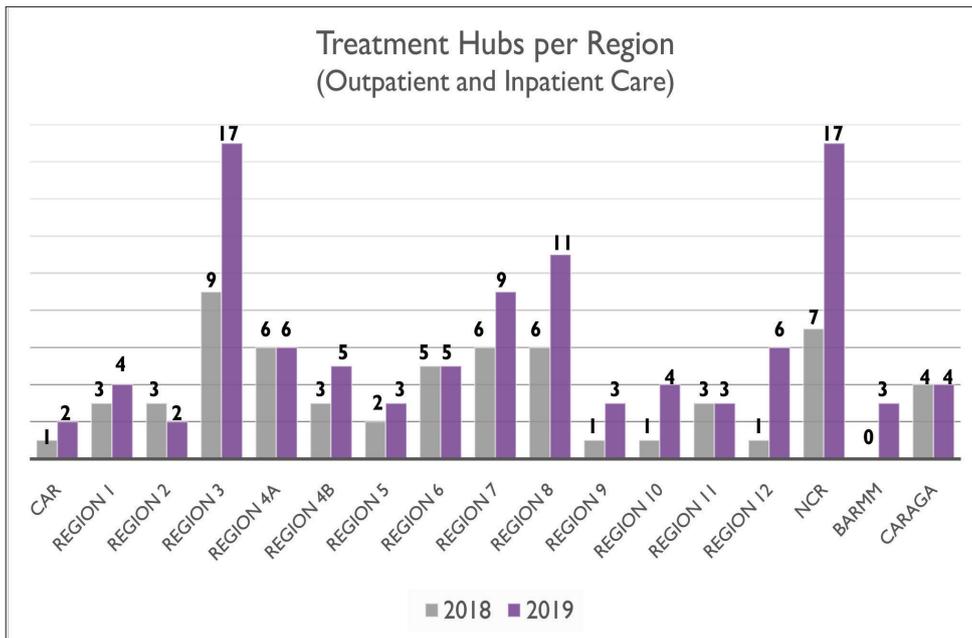
From only 61 the year before, there are currently 104 (59% increase) Treatment Hubs across the country from which PLHIV can access much

needed treatment intervention. Of these facilities, 17 (16%) are located in NCR and Region III, where the highest newly diagnosed HIV cases have been recorded (17% and 11% respectively) [Figure 29].

Based on the 2019 HARP data, 81 percent or 10,287 out of 12,778 newly diagnosed HIV cases in the country are currently initiated in the Anti-Retroviral Treatment Programs available at the DOH designated Treatment Hubs [Figure 30].

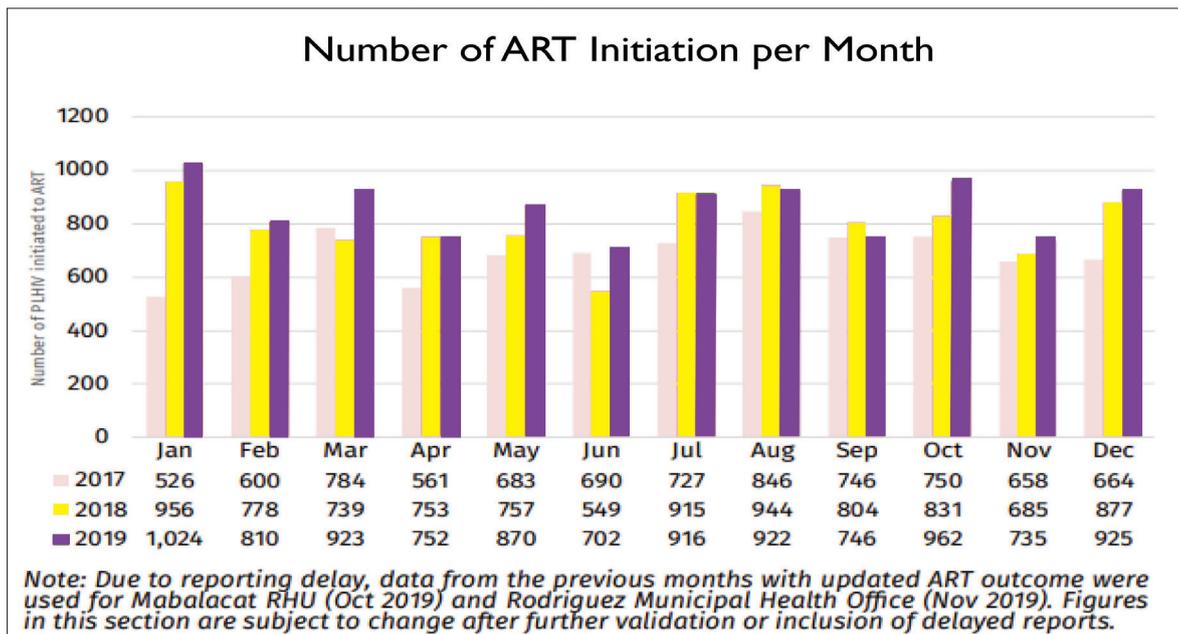
Aside from ensuring the availability of HIV/AIDS related services on the ground, DOH also came up with comprehensive financial coverage for people to obtain these services for free or at very affordable and equitable costs. Qualified individuals can avail either the "No Balance Billing" scheme; financial assistance through Malasakit Program; or monetary support via the Medical Assistance for Indigent Patients available at the DOH Central Office.

Figure 29: Primary Treatment Hubs per Region



Source: 2018 to 2019, HARP data

Figure 30: Number of ART initiation per month (Source: HARP data)



Source: 2017 to 2019, HARP data

Meanwhile, reporting CSOs provided HIV testing/screening services through their facilities and catered to a total of 6,288 young key affected population who were tested and informed of their HIV status. Additionally, there were 2,117 KAP screened and managed for STI; 2,499 KAP referred for STI detection and management; 36 KAP referred for HIV testing and management; and 2,955 KAP who availed of condoms and lubricants. A total of 64 health service providers delivered STI and HIV-AIDS services in 2019.

C. Logistics

Tantamount to increased access to HIV/AIDS related services is ensuring consistent and ample supply of HIV/AIDS commodities in the treatment hubs for those needing it. In 2019, although the supply of commodities at the treatment facilities hit critical levels, DOH is proud to say that no stock-out of HIV/AIDS commodities happened in all of the treatment hubs throughout the year.

D. Governance and Systems

Capacity building

As a critical component in curbing the rise of HIV cases in the country, DOH pursued strategies to increase the capacity of systems, infrastructure and personnel to enable optimal delivery of critical prevention, treatment, care and support interventions. Among these is forging partnerships with local government units (LGUs) to help them establish their own Social Hygiene Clinics (SHC) or “sundown clinics” capable of providing comprehensive HIV/AIDS health care. In 2019, there were 153 recorded SHCs across the country providing HIV prevention, testing and treatment services primarily to key affected populations.

Based on HARP data, as of June 2019, 15 percent (6,974) of the total number of PLHIV initiated on ART did not continue treatment or lost contact. To address this concern, DOH conducted Adherence Counseling Trainings to capacitate service providers and grassroots support systems to adapt experiences and learning as well as continue innovating responses that are sensitive

to the needs of PLHIV. Apart from empowering HIV/AIDS service providers, this training was also designed to recognize the critical role of PLHIV in the prevention, care, and removal of barriers to accessing HIV/AIDS information and services.

At the regional level, DOH anchored their trainings on four key areas: (1) Reaching out to Key Populations; (2) HIV Counseling and Testing; (3) Enrollment to ART; and (4) Program Management.

Apart from aggressive advocacy campaigns, DOH also put emphasis on staffing their facilities with sufficient number of case managers and community health workers. These service providers underwent HIV proficiency trainings to equip them with the right technical, emotional and mental competency to provide high quality HIV/AIDS related services. DOH also augmented the funds of the regions to sustain the operation of the facilities.

CSOs contributed in the effort through the training of 24 health services providers (HSPs) on STI detection and management, and 40 health service providers on HIV/AIDS counseling and services.

In addition, the Philippine NGO Council on Population Health and Welfare developed the “Philippine HIV/AIDS Field Worker’s Toolkit for Behavior Change Communication”, aimed as a guide for community health outreach workers and case managers in the delivery of quality Reach-Screen-Test-Enroll-Adhere (RSTEA) services, and in achieving DOH program targets.

Monitoring and Evaluation

To improve the monitoring and surveillance systems of HIV/AIDS incidence in the country, comprehensive data gathering, on-the-ground monitoring, and inventory systems and practices based on the AIDS epidemic model has been put in place. Moreover, HARP publishes online monthly reports accesible to everyone. DOH also enjoined the LGUs to establish or reactivate their Local AIDS Councils (LACs) to promote synergy between the LGUs and the

Challenges and Recommendations

| 2019 Recommendations | 2019 Actions | 2020 Recommendations |
|--|---|---|
| <p>Increasing inclusivity and effectiveness of HIV screening and counselling be set in place, especially among key affected population who have negative preconceptions (i.e. rights and gender-based) strengthened with issuance of Implementing Rules and Regulation of RA 11166</p> | <p>The NASPCP participated in the Operational Plan of PNAC on August 2019 and Action Planning on September 2019.</p> <p>DOH scaled up its Viral Load Testing coverage, expanded the implementation of the rHIVda, integrated HIV screening in the services offered by the Rural Health Units (RHUs); and expanded Community-Based HIV screening through partnerships with CBOs.</p> | <p>Service delivery:</p> <ul style="list-style-type: none"> • Ensuring availability of local vehicles to increase testing and treatment. • Ensuring availability of drugs at facility level by regular participation in the monthly NASPCP reporting. • Client-centered approach in delivery of ARVs and other HIV services (courier, ARV refill stations, online/phone counseling/consultation, CBS). • Regular monitoring and use of reminder system (SMS/FB) by case managers for schedule of ARV refill. |
| <p>Expand the implementation of rHIVda</p> | <p>The NASPCP coordinated with HFSRB and SACCL to fast-track the LTO of the facilities applying for rHIVda.</p> <p>DC No. 2019 -0497 – Guidelines in securing a license to operate a certified rHIVda confirmatory laboratory (CrCL)</p> <p>DOH scaled up its Viral Load Testing coverage, expanded the implementation of the rHIVda, integrated HIV screening in the services offered by the Rural Health Units (RHUs); and expanded Community-Based HIV screening through partnerships with CBOs.</p> | <p>To date, there are 12 rHIVda facilities.</p> <p>DM No. 2020-0335 Updated list of health facilities with Rapid HIV diagnostic Algorithm (rHIVda) services as of July 2020.</p> |

| | | |
|---|---|--|
| <p>Address the gaps in the management of PLHIV diagnosed with TB</p> | <ul style="list-style-type: none"> • Intensified the TB-HIV Service Package • Organized the National consultation and Planning for National TB Control Program and National HIV, AIDS and STI Prevention and Control Program in Davao. • Organized the Visayas HIV and TB KAP Regional Consultation & Community Dialogue in Cebu and CDO. • Developed the Integrated Guidelines for the sub-allotment and utilization of funds from the DPCB-NTP and NASPCP to CHDs. • Implementation of Isoniazid Preventive Therapy • Scaled-up of viral load testing through the use of Gene Xpert machine | <p>Advocacy and Communication:</p> <ul style="list-style-type: none"> • Boosting of social media accounts of social hygiene clinics and treatment hubs on available HIV services. • Virtual seminars on basic HIV 101 and information on HIV testing and treatment services. • Online reach through social media applications to connect to Key Populations (local key pop leaders/ influencers) to increase demand and referral for HIV testing. |
| <p>Continue the implementation of new/revised policies and guidelines</p> | <p>The National HIV,AIDS and STI Prevention and Control Program is coordinating with the National Safe Motherhood Program, PIDSOG,WHO and UNICEF for the revision of the AO No. 2009-0016 entitled Policies and Guidelines on the Prevention of Mother to Child Transmission of Human Immunodeficiency Virus.</p> | <p>For finalization- Revised Guidelines on the Integrated Prevention of Mother to Child Transmission (PMTCT) of Human Immunodeficiency Virus (HIV)</p> <p>For finalization - Amendment to Administrative Order No. 2017-0019 Entitled Policies and Guidelines in the Conduct of Human Immunodeficiency Virus (HIV) Testing Services (HTS) in Health Facilities Dated September 15, 2017</p> |

stakeholders. The department likewise encouraged the LGUs to establish service delivery networks for HIV, and ensure funding support to strengthen local responses against the disease.

Research

The Philippine NGO Council on Population Health and Welfare, in partnership with Demographic Research and Development Foundation, Inc. (DRDF), Pinoy Plus Advocacy Philippines, Inc. (PPAP) and UNAIDS conducted the PHLHIV Stigma Index Study. This study aimed to: 1) document the various experiences of PLHIVs in the Philippines regarding stigma and discrimination; 2) compare the situation of the PLHIV in the Philippines across different countries; 3) provide an evidence base for policy change and program interventions; and 4) measure the progress and impact of programs to reduce HIV-stigma and discrimination in the Philippines in comparison to the previous stigma index.

E. Technical Assistance from Development Partners

In 2019, UNAIDS and USAID provided technical assistance on the Prevention Combination Program of DOH. The President's Emergency Plan for AIDS Relief (PEPFAR) of the U.S. President provided technical support to NASPCP and the Epidemiology Bureau (EB) of DOH.

The World Health Organization (WHO) provided technical staff to help with the implementation and monitoring of DOH Programs for HIV/AIDS. WHO also provided HIV/AIDS commodities to Iloilo.

The Global Fund also provided five technical staff for NASPCP and funded P1.2 Million for the establishment and operation of treatment hubs.



WOMEN AWAKENING

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Ms. [Name]
[Address]
[City]
[Province]
[Country]

**VAW
FREE**
Community
Starts with
Me
#VAWfreePH

Photo credits: Philippine Commission on Women

Key Result Area 5

Elimination of Violence Against Women and Children

Overview

Violence against women and children (VAWC) is not only a violation of human rights, it is also a public health concern. Studies have shown that violence prevents women and children from accessing comprehensive sexual and reproductive health services³¹.

The RPRH Act of 2012 recognizes that “gender equality and women’s empowerment are central elements of reproductive health and population and development”.³² For this reason, the Act urges national agencies to take more strategic actions to curb the number of VAWC cases.

³¹ Gender-based violence: a barrier to sexual and reproductive health and rights. Retrieved from <https://www.tandfonline.com/doi/full/10.1016/j.rhm.2016.07.001> on April 2020.

³² Section 3 (m) of the RPRH Law. Retrieved from https://lawphil.net/statutes/repacts/ra2012/ra_10354_2012.html on April 2020

The Inter-Agency Council on Violence against Women and Children issued Resolution 2, Series of 2018 which urges member agencies to operationalize the Strategic Plan 2017-2022 and include in their annual agency appropriations, starting 2019 onwards, the funding needed to implement the Plan’s programs and services.³³

Among the key strategies and actions taken in response to VAWC are the various national and local campaigns, field testing of the enhanced VAW intake form and the national mapping of available VAW services.

³³ IACVAWC is composed of DSWD, CSC, CHR, PCW, CWC, DILG, DOJ, PNP, DOH, DepEd, DOLE and NBI.

Status, Trends and Accomplishments

According to the Philippine National Police (PNP), there were 19,743 recorded cases of violence against women (VAW) in the country in 2019. Of this figure, 77 percent, or 15,160 was committed in violation of the Anti-VAWC Law or under the intimate partner relationship category. Other cases include other forms of gender-based violence such as rape with 2,341 cases, acts of lasciviousness with 1,953 cases, concubinage with 204 cases and sexual harassment with 85 cases.

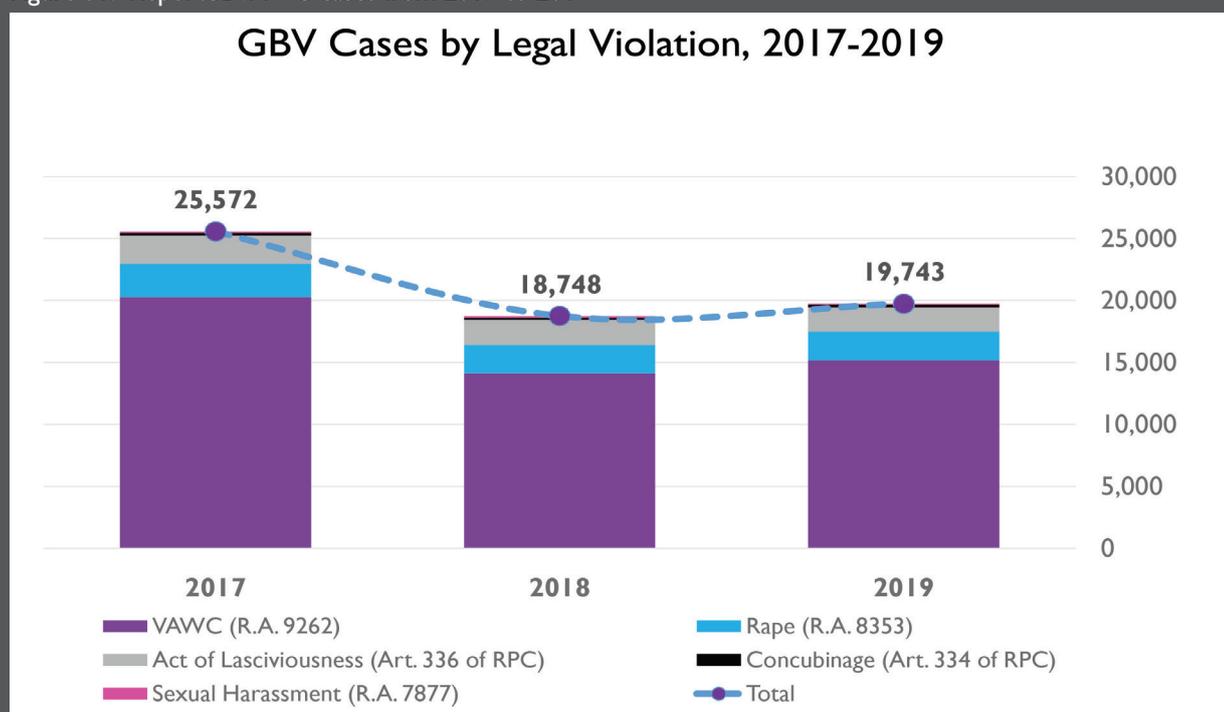
Table 18 shows that there was a significant drop in the number of reported cases of VAW to the PNP. It decreased by almost 27 percent from 25,572 in 2017 to 18,748 in 2018; although it slightly increased by 5 percent from 2018 to 2019.

Table 18: VAW cases by legal violation

| Type of Incident | 2017 | 2018 | 2019 |
|---|---------------|---------------|---------------|
| VAWC (R.A. 9262) | 20,275 | 14,116 | 15,160 |
| Rape (R.A. 8353) | 2,707 | 2,319 | 2,341 |
| Act of Lasciviousness (Art. 336 of RPC) | 2,259 | 2,020 | 1,953 |
| Concubinage (Art. 334 of RPC) | 211 | 165 | 204 |
| Sexual Harassment (R.A. 7877) | 120 | 128 | 85 |
| Total | 25,572 | 18,748 | 19,743 |

Source: Philippine National Police

Figure 31: Reported VAWC cases from 2017 to 2019



Source: Philippine National Police

This trend also holds true for cases related to VAWC. Reported VAWC cases from 2017 to 2019 reduced by 25 percent, although it slightly increased by 7 percent from 2018 to 2019.

Regional VAW Incidence

In 2019, Region VII or Central Visayas had the highest reported VAWC cases at 3,186. The reported VAWC cases in 2019 in the region's provinces of Negros Oriental, Bohol, Cebu as well in the cities of Cebu and Lapulapu have increased significantly, as shown in Table 19.

Table 19: VAWC cases in Region VII

| Province/City | 2018 | 2019 |
|-----------------|--------------|--------------|
| Negros Oriental | 245 | 732 |
| Bohol | 404 | 718 |
| Cebu Province | 435 | 707 |
| Cebu City | 352 | 586 |
| Lapu-Lapu City | 97 | 327 |
| Mandaue City | 84 | 88 |
| Siquijor | 16 | 28 |
| Total | 1,633 | 3,186 |

Source: Philippine National Police

The National Capital Region ranked second highest with a total of 1,554 reported VAWC cases in 2019, lower than 1,731 reported cases in 2018. Western Visayas ranked third with 1,552 VAWC cases in 2019 and 1,567 in 2018. Region IV-A or CALABARZON ranked fourth with 1,162 reported VAWC cases. Surprisingly, Region IX (Zamboanga Peninsula) registered the highest percentage (110%) of increase in reported VAWC cases from 534 cases in 2018 to 1,126 in 2019.

National Demographic Health Survey Data on VAW

Since 2008, the NDHS has consistently established that VAW reporting is extremely low. In 2017, for instance, NDHS results show that only 34 percent of those who have experienced physical or sexual violence sought help. When asked who they approached for help, 93 percent said they reached out to family members, friends, or neighbors. Only six percent claimed to have reported to the police.

PNP records show that the total reported VAW cases in 2017 is 25,572. However, if the national prevalence rate of recent experience of spousal violence is at 15 percent, then there were about 2.53 million women who experienced violence

in the same period. Thus, the total reported cases to PNP only represented about 1.007 percent of actual cases nationwide. It is important to keep this perspective when concluding whether the VAW situation is improving or not, based solely on police reports.

Community VAW Desks

Based on the Department of the Interior and Local Government's (DILG) monitoring report for 2019, there were 47,208 VAWC cases reported to the Barangay VAW Desks. Cases include physical, sexual, psychological, and economic abuse. Of these, 17,732 cases were referred to the Local Social Welfare and Development Officer, PNP, healthcare facility, and courts.

The VAW desks also acted on 4,746 cases by issuing a barangay protection order (BPO). Physical abuse was the most prevalent with 23,743 cases followed by psychological abuse with 11,550 cases. Economic abuse comes third with 8,777 reported cases followed by sexual abuse with 2,539 cases.

Administrative data show that more VAWC cases were reported to the barangay VAW desks in 2019 compared with the PNP data. Reported VAWC cases from various service providers also vary which indicates the need to fully harmonize the data on VAW.

DOH Hospitals and other Facilities

The Women and Children Protection Program of DOH registered 14,823 VAWC cases in 2019. Of this figure 10,398 were registered from DOH hospitals and 4,425 VAWC cases were from public and private facilities at the provincial, city and municipal levels.

Key Interventions

A. Demand Generation

The Philippine Commission on Women (PCW), in collaboration with the Inter-Agency Council on Violence Against Women and their Children (IACVAWC), led the nationwide 18-day Campaign to End VAW from 25 November to 12 December 2019. With the theme "VAW-free Community Starts with Me", the campaign highlighted the significant role of the youth in fighting violence against women and girls within various institutions.

Activities in the different regions included the distribution of IEC materials on VAW, seminars/orientations/fora on R.A. 9262 and other relevant laws, fora on men's involvement in addressing VAW, motorcades, and hanging of tarpaulins/posters. RCAT-VAWCs from different provinces held different kick-off ceremonies and activities to commemorate the campaign. Activities were conducted in 13 regions in the country (Regions I, II, III, IV-A, IV-B, V, VI, VII, IX, X, XI, XIII, CAR). Highlights of activities are detailed below:

- **Youth Forum to End VAW 2019.** The forum held on November 25, 2019 served as the kick-off event for the 2019 Campaign. The event was attended by 506 participants, including junior and senior high school students, Sangguniang Kabataan Officers, boy and girl scouts, and other regional participants.
- **Launching of new IEC materials for Anti-VAWC campaign.** The IACVAWC found it relevant to focus on the youth as the primary target audience of the IEC materials for 2019 given the lack of youth-specific materials. The IEC materials were launched during the Youth Forum on VAW last November 25, 2019.
- **Cine Juana Digital Shorts Competition.** Various teams of senior high school and college students from all over the country participated in the competition. The competition recognized the power of film in raising awareness on violence and inspiring actions to prevent it.

The PCW received fifty-four (54) entries from different parts of the country in the following three categories:

1. JuanParaKayJuana - highlighted the role of men and boys in reducing VAW;
 2. LabanJuana - featured empowering stories that encourage women to seek help and break free from the cycle of violence; and
 3. LigtasJuana, focused on the important provisions of the Safe Spaces Act (Republic Act 11313).
- **Anti-VAW Expo 2019.** Another major activity of the 2019 campaign was the three-day Anti-VAW expo held on November 27-29, 2019 at the University of the Philippines, Diliman, with the theme “VAW-Free Community Starts with Me”. The activity was aimed at raising awareness on VAW and anti-VAW laws and encouraging participants to commit to promote a VAW-free Philippines. A total of 309 participants from different national government agencies, local government units, and organizations visited the Expo.
 - **Solidarity Walk to End VAW 2019.** The Solidarity Walk served as the closing activity for the observance of the 2019 Campaign to End VAW. The event was hosted by the Department of National Defense and Armed Forces of the Philippines in cooperation with PCW and MOVE (Men Opposed to Violence Everywhere) Philippines. A total of 919 individuals from 41 different national government agencies participated in the event and walked the 3-KM route. Dubbed as “Kilos Lakad: Wakasan ang Karahasan sa Kababaihan”, the solidarity walk highlighted the role of men in addressing the problem. The walk also aimed to raise public awareness on the anti-VAWC advocacy and showcase the solidarity of the country’s defense forces and other agencies in fighting all forms of VAWC.

During the reporting period, CSOs reached a total of 8,463 men and women through various CSO-led community education sessions on GBV. Topics covered gender awareness, laws on gender-based violence, responsibilities of VAW desk officers, positive masculinity, and reproductive health for men and VAW.

Participants also received around 2,334 IEC materials such as posters, calendars, umbrellas, advocacy shirts, primers on barangay protection orders (BPO) issuance, and GBV forms during these sessions.

Several CSOs also conducted a series of school-based fora and advocacy and leadership training for student-leaders, and facilitated the creation of Youth Task Force against Sexual Harassment in Public Spaces in the following schools - Polytechnic University of the Philippines Manila, University of the Philippines Diliman, University of Santo Tomas, Far Eastern University, Pamantasan ng Lungsod ng Maynila, and the De La Salle College of Saint Benilde. CSOs also supported the passage of local policies that address VAW/GBV particularly among members of the LGBTQI communities and in congressional hearings on VAW and GBV- related bills.

B. Service Delivery

Established LCAT-VAWC

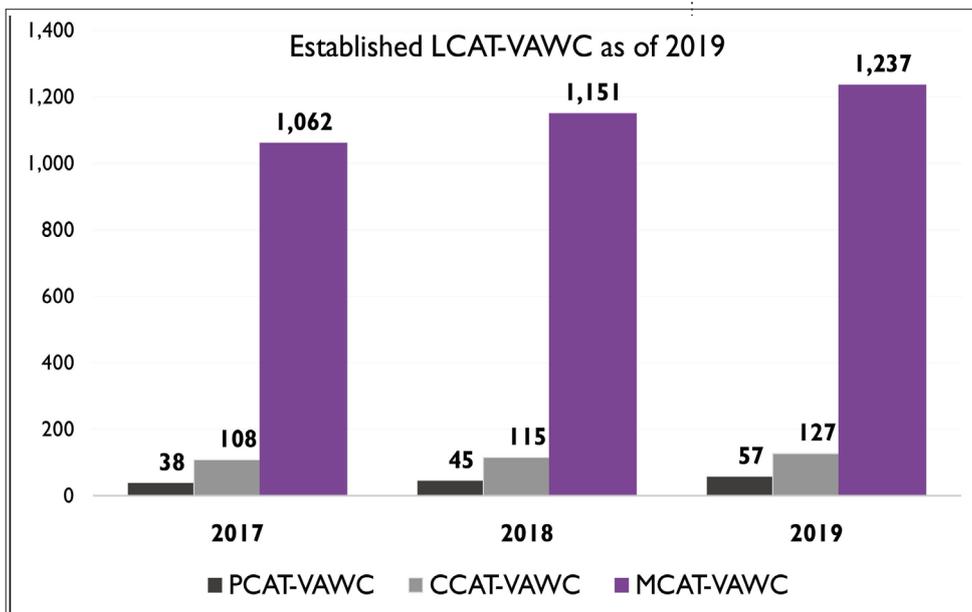
Over time, there has been an increase in the number of local mechanisms that respond to VAWC cases. As of 2019, 127 (87%) of 145 cities and 1,237 (83%) of 1,489 municipalities have established Local Committee on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWCs).

At the provincial level, 57 (70%) of the 81 provinces of the country have already established their Provincial Committee Against Trafficking and Violence Against Women and their Children (PCAT-VAWC); an increase from the 38 provinces (47 percent) that were established in 2017, and 45 provinces (56 percent) in 2018, as shown in Table 11. Regions I, III, IX, XI, and CAR have established PCAT-VAWCs in all provinces under their jurisdiction

Women and Children Protection Units (WCPUs)

The DOH’s Women and Children Protection Program reported that as of 2019, there were a total of 120 women and children protection units operating in 57 provinces and 10 chartered cities in

Figure 32: Reported VAWC cases from 2017 to 2019



Source: Philippine National Police

the country. Of this figure, 46 were classified under Level 1, 32 under Level 2, 4 under Level 3, and 31 as VAWC Desks. Moreover, seven DOH hospitals were classified as non-level units but are reporting VAWC cases.

Responding and handling of VAW cases

In 2018, the Public Attorney's Office (PAO) handled 36,067 VAWC cases, which is an increase of 75 percent from the 20,636 cases handled in 2017. Of the handled cases, 20,449 cases and 13,540 cases were decided on or appealed to the higher court in 2017 and 2018, respectively.

Table 20: VAWC Cases handled by the PAO

| YEAR | Handled | Terminated |
|------|---------|------------|
| 2017 | 20,635 | 13,540 |
| 2018 | 36,067 | 20,449 |

Source: PAO Annual Report, 2017-2018

The National Prosecution Service recorded 17,256 VAW cases in 2018, 14,482 of which were resolved and 9,536 VAW cases were filed. In 2017, there were 16,353 VAW cases handled with 13,914 cases resolved and 9,930 cases filed.

Table 21: Gender-related cases handled by NPS

| YEAR | Handled | Resolved | Filed |
|------|---------|----------|-------|
| 2017 | 16,353 | 13,914 | 9,930 |
| 2018 | 17,256 | 14,482 | 9,536 |

Source: National Prosecution Service, 2017-2018

On the part of CSOs, 1,784 women received counseling and medical and legal assistance of which 67 were referred to crisis centers. Medical and legal services provided include counseling, emergency contraceptives, post-exposure prophylaxis, legal advices, filing of cases and court representations, and referral to partner agencies. At least a hundred women were also assisted in filing their cases before a court.

While there were no CSO health service providers trained on 4Rs (Recognizing, Recording, Reporting, and Referring), there were at least 25 HSPs trained on other VAWC programs/modules aside from 4Rs.

C. Governance and Systems

Functionality of VAW mechanisms

The DILG took the lead in the assessment of the functionality of the Barangay VAW Desks. The 2019 assessment report of DILG showed that 38,824 (92%) out of 42,045 barangays have established their Barangay VAW Desk. This is a significant improvement from the 2018 report with only 29,929 (71%) barangays with VAW desks.

For 2019, out of the 39,824 barangay VAW desks assessed, 7,553 (19%) belong to the ideal level; 20,739 (53%) fall under mature level; 8,677 (22%) are in the progressive level while only 1,855 (5%) belong to the basic category. While in 2018, out of the 29,929 barangays, only 5,197 (17%) are ideal; 16,490 (55%) are considered mature; 6,708 (22%) are progressive; and 1,534 (5%) are in the basic category.

Since 2017, the number of barangay VAW desks assessed in terms of their functionality has increased by about ten-folds. Most of

the barangay VAW desks are at the mature functionality level, while a good percentage have reached the progressive level. It is noteworthy that in 2019, there was an increase in the percentage of barangay VAW desks reaching the ideal level of functionality. This means that these barangay VAW desks are able to provide a more gender responsive service to VAWC victim-survivors.

Table 22: Functionality of Barangay VAW Desks

| YEAR | Basic | Prog-ressive | Mature | Ideal |
|------|-------|--------------|--------|-------|
| 2017 | 255 | 1,395 | 1,620 | 701 |
| 2018 | 1,534 | 6,708 | 16,490 | 5,197 |
| 2019 | 1,855 | 8,677 | 20,739 | 7,553 |

Source: DILG National Barangay Operations Office

Production of Barangay VAW Desk Handbook in local languages

Translation of Barangay VAW Desk Handbook into Ilokano and Hiligaynon was completed in December 2019. Layout of both documents is being finalized for printing within the first semester of the year.

Guidelines in Monitoring the Functionality of LCAT-VAWC

Majority of provinces, cities, and municipalities, have already established their respective VAW mechanisms to handle VAWC concerns in their respective localities. However, there is a need to determine the level of functionality of these mechanisms.

IACVAWC, with DILG as lead, developed the Guidelines in Monitoring the Functionality of LCAT-VAWC. The draft guidelines were field-tested on July 4-5, 2019 in the Municipality of Pililla, Rizal.

The tool developed by DILG provides the following levels of functionality:

1. Basic - LCAT-VAWC obtained a rating of 20 percent and below
2. Progressive - LCAT-VAWC obtained a rating of 21 to 50 percent
3. Mature - LCAT-VAWC obtained a rating of 51 to 80 percent

4. Ideal - LCAT-VAWC obtained a rating of 81 percent and above

DILG will start to conduct the assessment of LCAT-VAWCs in 2020 as the memo circular was just issued in January 2020. Draft guidelines were field-tested and finalized in 2019.

Labor Inspection Program of DOLE

The 10-Day VAWC leave has been incorporated in the tool used by Labor Inspectors as part of the General Labor Standards Indicators that need to be complied by establishments. In 2019, a total of 68,686 establishments nationwide covering a total of 1,197,715 female workers were inspected. Ninety-eight percent (98%) or 66,944 establishments were found compliant and 724 establishments or 1 percent were found to be non-compliant of the 10-day leave benefit for victims of VAWC.

Inspection of One Stop Shops and Woman- and Child-Friendly Investigation Studios in Regional and District Offices

The National Bureau of Investigation conducted an inspection of all existing Woman and Child Friendly Investigation Studios and One Stop Shops for purposes of updating and reporting the status of these services. This would also allow the rehabilitation or renovation of existing investigation studios to ensure that these spaces are comfortable and convenient during the conduct of investigation of VAWC cases. The inspection provides an inventory of serviceable machines, equipment, appliances, and toys in One Stop Shops and WCFIRs. The inspection was conducted in eight (8) district offices and nine (9) regional offices.

Challenges and Recommendations

Updates from the 2019 Recommendations

1. Unified case registry for reporting and recording VAW cases

The IACVAWC Secretariat has been conducting a national mapping of VAW services as a key component for the establishment of a well-coordinated VAW Referral System.

The mapping shall produce a National Directory of Services that will reflect the available services and facilities for VAW victim-survivors. The mapping covers all services related to RA 9262 or the Anti-Violence Against Women and their Children Act and will also include services pertaining to other laws protecting women such as RA 8353 and RA 8505 (Anti-Rape Law and Rape Victim Assistance and Protection Act), RA 9208 and RA 10364 (Anti-Trafficking in Persons Act and Expanded Anti-Trafficking in Persons Act), and RA 7877 (Anti-Sexual Harassment Act), among others.

The Secretariat conducted coordination meetings with members of the Local Committee on Trafficking and Violence Against Women and their Children (LCAT-VAWC) and representatives from

provincial GAD Focal Points of 27 provinces and 14 highly urbanized cities (HUCs). Table 23 shows areas by region covered by December 2019.

2. Review of the comprehensive package of services for VAW survivors and related provisions under the Mental Health Law

The review will be tackled by the Technical Working Committee on Response System (chaired by DSWD) on the second quarter of 2020.

The lack of comprehensive quality package of services for VAW victim-survivors was identified in the IACVAWC Strategic Plan 2017-2022.

Reasons cited are:

- a. lack of funds from agency and LGU allocations from their regular program and gender and development (GAD) budget;
- b. work overload due to limited number of service providers; need to strengthen the capacities of service providers in providing gender-sensitive services to ensure effective services; unclear procedures and protocols and communication among service providers have contributed to the quality of services; and

Table 23: Mapping of national directory of services for VAW victim-survivors

| Region I | Region III | Region IV-A | Region IV-B | Region V | Region VI | Region VII |
|--|--|--|--|----------------|---|-----------------------------|
| Ilocos Norte Ilocos Sur La Union Pangasinan | Bataan Bulacan Pampanga Zambales HUCs Angeles Olongapo | Batangas Cavite Laguna Quezon | Palawan | Albay | Capiz Guimaras Iloilo Negros Occ HUC Iloilo City | Bohol Negros Oriental |
| Region IX | Region X | Region XI | Region XII | Region XIII | NCR (HUCs) | |
| Zamboanga del Norte | Bukidnon HUC Cagayan de Oro | Compostela Valley Davao del Norte | South Cotabato Sarangani HUC General Santos | Agusan del Sur | Paranaque Manila Makati Caloocan Muntinlupa Quezon City San Juan City Pasay City Marikina | |

- c. lack of feedback mechanisms or standard measures to assess and monitor the quality of response that affect the quality of services provided

Protection Desks (WCPDs), Public Attorneys Office (PAO), and LAW Center, Inc. Results from the field-test will be incorporated in the forms before its full implementation.

Challenges that Continue to Persist

Operationalization of the IACVAWC Strategic Plan 2017-2022. Section 54, Rule IX of the Anti-Violence Against Women and their Children (VAWC) Act states that the Inter-Agency Council on Violence Against Women and their Children (IACVAWC) shall undertake the monitoring of the implementation of the Act.

The responsibility was further emphasized in the IACVAWC Strategic Plan 2017-2022. One of the key programs identified to implement the monitoring of the law is to develop and implement a monitoring and evaluation framework to track the progress of the implementation of the strategic plan. A results-based monitoring and evaluation framework (RBMEF) was developed to provide evidence-based assessment of the extent of plan implementation.

Unified Registry of Cases. A harmonized data collection remains to be one of the primary concerns of the IACVAWC. The lack of coordination among member-agencies has resulted in individual statistical reports, double-counting of reported cases, and difficulty in monitoring and sharing of data. A unified data collection is critical for effective advocacy efforts, resource mobilization, program development, policy implementation, and monitoring of VAW interventions for the better implementation of the law.

Currently, the IACVAWC is conducting a field test for the enhanced VAW Standard Intake Form, Service Referral Form, and Consent Form. The field test intends to gauge the effectiveness of the enhanced forms and help in identifying potential problems that may be encountered by service providers during intake with clients.

In 2019, a field-test in Cebu City was conducted with five participating service agencies namely City Social Welfare Development Office (CSWDO), Pink Center of Vicente Sotto Memorial Medical Center (VSMMC), PNP-Women and Children

Recommendations for 2020

1. Review the applicability of the Results-Based Monitoring and Evaluation Framework, for possible recalibration of targets and strategies, set baselines and targets for indicators, and provide impetus to strengthen and focus implementation according to the targeted results.
2. Strengthen support on programs on male involvement in addressing VAW, including the establishment of male advocates groups such as Men Opposed to VAW Everywhere (MOVE) in government agencies and local government units
3. Develop a training module for the capacity development of Barangay VAW Desk Officers and Barangay Chairperson
4. Have a unified registry of cases towards a common platform for reporting and recording of cases
5. Review existing protocols/guidelines and standardize services across the country; inventory of all available services (including functional VAW desks) and dissemination of list that will serve as reference for referrals
6. Provide adequate management, financial, and technical support for full operationalization of the IACVAWC Strategic Plan 2017-2022
7. Develop the 2020-2027 strategic and costed implementation plan for Women and Children Protection Program
8. Measure the effectiveness of demand generation activities in terms of improving the “help-seeking” behaviour of survivors and decreasing the acceptability of VAWC.
9. Ensure the quality of response services. Over the years, mandated responders have significantly improved the availability and accessibility of various services. However, reports of traumatizing experiences with responders persist—from victim blaming, breach of privacy and confidentiality, to forced reconciliation with abusers. These are serious ethical issues that erode the trust of victim-survivors in response institutions and ultimately discourages reporting.

Annex I: Joint Memorandum Circular No. 2019-01



**DEPARTMENT OF HEALTH (DOH)
NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY (NEDA)
COMMISSION ON POPULATION AND DEVELOPMENT (POPCOM)**

Joint Memorandum Circular No. 2019-01

To: Heads of Department Members of POPCOM Board of Commissioners, National and Regional Officials of DOH and POPCOM, Heads of PhilHealth, National Nutrition Council (NNC) and Food and Drug Administration (FDA), Local Chief Executives, Regional Governor of Autonomous Region of Muslim Mindanao, Members of the Sanggunian, and All Others Concerned

Subject: POLICY GUIDELINES FOR THE INTENSIFIED IMPLEMENTATION OF THE NATIONAL PROGRAM ON FAMILY PLANNING (NFPF) TOWARDS BETTER HEALTH OUTCOMES, POVERTY REDUCTION AND SOCIO-ECONOMIC DEVELOPMENT

I. BACKGROUND AND RATIONALE

The **Philippine Development Plan (PDP) 2017-2022**, which is anchored on *AmBisyon Natin 2040 (Matatag, Maginhawa, at Panatag na Buhay)*, aims to build a strong foundation for inclusive growth, a high-trust and resilient society, and a globally competitive economy. As its major goal, it aims to reduce poverty to 14 percent by 2022.

Recognizing the critical role of population and development in socio-economic development in the country, the PDP explicitly included the achievement of demographic dividend as a key strategy for achieving the socio-economic agenda of President Duterte's Administration. In pursuing this strategy, the President issued Executive Orders No. 12 and 71 to direct key agencies to implement the RPRH law, which ensures universal access to sexual and reproductive health (RH) services, in particular the Family Planning Program, as an essential RH element.

The current state of the country's population, however, continues to provide a significant challenge to the government's capacity to actualize its socio-economic goals. Filipino women, particularly the poor and those with low level of education, continue to have high fertility and unplanned pregnancies and births, and pregnancies among adolescents continue

to persist at historically high levels. While the country has a Responsible Parenthood and Reproductive Health (RPRH) Law in place, its implementation has been delayed by legal barriers and institutional factors.

Family Planning is likewise a key element or strategy in promoting the overall health and well-being of the population. Specifically, its role is crucial in illegal abortion, unintended pregnancy, malnutrition, stunting, and high level of infant and maternal mortality.

As the country's age structure is changing towards a situation for a possible demographic dividend, there is a need to improve the needed conditions for this opportunity to happen. A crucial strategy is to reduce unplanned pregnancies by enabling couples and individuals to have their desired number, timing, and spacing of children within the context of responsible parenthood, and informed choice and voluntarism. Thus, the need to strengthen and intensify the country's national family planning program to ensure access of couples and individuals to needed information and services that can help them plan their families and consequently contribute to poverty reduction and socio-economic development.

II. LEGAL BASES

- A. Republic Act 10354 (December 12, 2012), "Responsible Parenthood and Reproductive Health Act";
- B. Republic Act 7160 (October 10, 1991), "Local Government Code of the Philippines";
- C. Presidential Decree No. 79 (December 8, 1972), "Revised Population Act of the Philippines";
- D. Executive Order No. 12 s. 2017, "Attaining and Sustaining 'Zero Unmet Need for Modern Family Planning' through the Strict Implementation of Responsible Parenthood and Reproductive Health Act, Providing Funds Therefore and for Other Purposes";
- E. Executive Order No. 71 s, 2018, "Renaming the Commission on Population as the Commission on Population and Development and Reverting its Attachment to National Economic and Development Authority from the Department of Health and for Other Purposes";
- F. Relevant POPCOM Board Resolutions:
 1. POPCOM Board Resolution No. 1, series of 2016, "Adopting the Collaborative Framework and Strategies for the Implementation of National Family Planning Program as a Public Health and Population Management Intervention";
 2. POPCOM Board Resolution No. 2, series of 2018, "Resolution Strengthening the National Program on Family Planning and The POPCOM Secretariat by Designating the Executive Director of The Commission on Population as The Manager of The National Family Planning Program, Among Other Purposes";
 3. POPCOM Board Resolution No. 5, series of 2018 "Amending Board Resolution No. 2 Series of 2018 Resolution Strengthening the National Program on Family Planning and The POPCOM Secretariat by Designating the Executive Director of The Commission on Population as The Manager of The National Family Planning Program, Among Other Purposes", adopting a Co-management scheme for the National Program on Family Planning between the Department of Health and the Commission on Population.

G. Relevant DOH Issuances:

1. DOH Administrative Order No. 2017-0005, "Guidelines in Achieving Desired Family Size through Accelerated and Sustained Reduction in Unmet Needs for Modern Family Planning Methods";
2. DOH Administrative Order No. 2012-0009, "National Strategy Toward Reducing Unmet Need for Modern Family Planning as a Means to Achieving Millennium Development Goals on Maternal Health"
3. DOH Administrative Order No. 50-A, series of 2001, 'National Family Planning Policy"

III. PURPOSE

This JMC shall establish an efficient and effective collaborative mechanism for management and implementation of the national family planning program towards the achievement of the following targeted reproductive health outcomes by 2022:

- a) Zero unmet need for modern family planning methods;
- b) Modern contraceptive prevalence rate of 65%;
- c) Increased use of FP methods among males;
- d) Zero-gap between actual and wanted fertility; and
- e) Adolescent birth rate of 40 per 1,000 adolescent women (15-19 years old) (reduced teenage pregnancy);

Specifically, this JMC aims to:

- a) Institute strategies to strengthen the national family planning program towards better health, poverty reduction and socio-economic development.
- b) Define and implement effective collaborative management and implementing mechanisms between DOH and POPCOM, including their respective regional offices, as the mandated agencies for the coordination of the National Program Family Planning (NPFP); and
- c) Enjoin other concerned institutions and agencies at all levels to support and integrate within their mandates the intensified, cohesive and well-coordinated national family planning program.

IV. STATEMENT OF POLICY

It shall be the policy of the Government to intensify all efforts to improve the conditions for the country's capacity to achieve and optimize the demographic dividend to accelerate the achievement of the government's reproductive health and socio-development goals, particularly the reduction of poverty. In particular, the Government shall strengthen the coordination and implementation of the National Program on Family Planning (NPFP) as both a public health and socio-economic strategy at all levels. Towards this end, it shall pursue an efficient co-management scheme by the Department of Health (DOH) as the lead agency in implementing the RPRH Law and Commission on Population and Development (POPCOM) as the lead agency in implementing the Philippine Population Management Program (PPMP).

The NPFP shall adopt the existing “Collaborative Framework and Strategies for a National Family Planning Program” approved by the POPCOM Board of Commissioners (POPCOM Board Resolution No. 1, series of 2016) as hereby further defined and the “Family Planning Clinical Standards Manual” (DOH, 2014 as well as its succeeding editions) as its technical policy and operational guidelines.

All future policy issuances for the NPFP shall be issued jointly by the Chairperson of POPCOM Board and the Secretary of Health.

V. COLLABORATIVE FRAMEWORK FOR PROGRAM MANAGEMENT

A. Designation and Collaboration of Co-Managers from DOH and POPCOM

1. To jointly take the lead in the implementation of the NPFP, the Chair of the POPCOM Board and the Secretary of Health shall designate Co-Managers from POPCOM and DOH, respectively. For this purpose, the Undersecretary for Population and Development and Executive Director of POPCOM is hereby designated as the Co-Manager for POPCOM, and an Undersecretary for Health as the Co-Manager for DOH.
2. The Co-Managers shall be tasked to oversee and ensure the efficient and intensified coordination and implementation of the NPFP. The Co-Manager from POPCOM shall ensure that the NPFP is aligned with the objectives of the population management program and the Co-Manager from DOH to ensure that the program is responsive to the National Objectives for Health (NOH). Both shall ensure that the common program significantly contributes to the NOH and socio-economic agenda of the Administration.
3. In setting the direction for the NPFP, the Co-Managers are hereby authorized to make further joint operational issuances for the NPFP. These issuances shall not be contrary to the stated policy of this JMC.
4. The Regional Directors of DOH and POPCOM shall likewise serve as the Co-Managers of the NPFP at the regional level. As such, they are tasked to establish an efficient collaborative mechanism to intensify the implementation of the program at the regional and local levels.

B. Development and Implementation of an Annual Unified Work and Financial Plan

1. The Co-Managers, in consultation with various stakeholders, shall jointly identify and set the common targets and objectives for the NPFP particularly at the national level. Interventions to address these objectives shall be spelled out in a Unified Work and Financial Plan which shall be jointly formulated annually.
2. The unified WFP shall cover complementary strategies and activities with corresponding funds to ensure well-coordinated initiatives.

3. The Regional Offices of DOH and POPCOM, in collaboration with regional partner agencies, local government units (LGUs) and CSOs shall also develop common objectives/targets and a unified WFP for regional implementation.
4. Pursuant to the pertinent provisions of RPRH Law, EO12 and RA7160, all Local Government Units (LGUs) are enjoined to integrate the national and regional NPFP standards, objectives, targets, and strategies in their respective Local Development Plans and investment programs, and pursue their implementation thereof.

C. Specific Collaborative Roles of DOH and POPCOM

1. DOH and POPCOM shall collaborate and work with LGUs and CSOs in the provision of the full range of Family Planning services at all levels. For this purpose, Family Planning service delivery shall be defined as the provision of the full range of FP services including:
 - a. Basic information and education on family planning (i.e. benefits and various types of FP methods);
 - b. counseling services (both at the facility and community level);
 - c. referral to appropriate health facilities and service providers;
 - d. full range of modern FP services following the principles on informed choice and voluntarism; and
 - e. follow-up services. The NPFP shall work with the National Implementation Team (NIT) for family planning in accordance with the RPRH Law.
2. DOH and POPCOM will work collaboratively in major program areas of Family Planning including:
 - a) Policy formulation and plan development;
 - b) Demand generation (including promotion, communication, and advocacy strategies);
 - c) Service delivery and logistics management;
 - d) Quality assurance and standards setting;
 - e) Capability building; and
 - f) Monitoring and evaluation.
3. To ensure that the National Program on Family Planning (NPFP) is aligned with the goals and strategies of the Responsible Parenthood and Responsible Parenthood Law (RA 10354), the program shall collaborate with the National Implementation Team (NIT) for RPRH law in its major program areas.
4. DOH and POPCOM shall endeavor to harmonize and unify their interventions to ensure greater impact of strategies and activities and efficiency in resource allocation and utilization.
5. The specific collaborative roles of DOH and POPCOM to be applied at the national and regional levels are defined in the Collaborative Matrix between DOH

and POPCOM, hereto attached as “Annex A” and forms an integral part of this JMC.

VI. HARMONIZATION OF FORMS AND DATA BASES

To ensure a more collaborative and harmonized implementation of the NPFP, DOH and POPCOM, in coordination with the NIT for RPRH Law, shall harmonize existing forms and databases used for program implementation and coordination. The two agencies shall likewise ensure access of both agencies to information generated from the databases for planning and program decisions.

VII. REPORTING, MONITORING AND EVALUATION

For efficient and effective planning and program implementation of the NPFP, the DOH and POPCOM shall establish a reporting, monitoring and evaluation system.

VIII. ROLES OF OTHER RELEVANT AGENCIES

The member agencies of the POPCOM Board of Commissioners which includes the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Department of Interior and Local Government (DILG), Department of Agriculture (DA), Department of Agrarian Reform (DAR), Department of Labor and Employment (DOLE), Department of Public Works and Highways (DPWH), Department of Trade and Industry (DTI), University of the Philippines Population Institute (UPPI) and other relevant agencies are highly encouraged to closely collaborate with DOH, POPCOM and NEDA to support the implementation of this JMC within their respective mandates.

DOH and POPCOM may enter into various institutional arrangements in relation to the implementation of the NPFP to specifically define roles and responsibilities among relevant National Government Agencies.

IX. BUDGET AND FUNDING

All programs, strategies and activities to be undertaken by DOH and POPCOM in the implementation of NPFP shall be sourced from their respective annual approved budget. The two agencies shall work together to ensure adequate funding for the key strategies of the NPFP.

X. DISSEMINATION

DOH and POPCOM shall ensure the dissemination of this JMC to all its Regional Offices, partner agencies including Civil Society Organizations (CSOs).

XI. SEPARABILITY CLAUSE

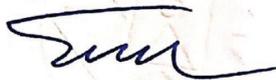
If any section or part of the this JMC is held unconstitutional, invalid or unauthorized by any court of Law or any competent authority, the other sections or provisions not otherwise affected shall remain in full force and in effect.

XII. REPEALING CLAUSE

All other orders, issuances, rules and regulations or any provisions of any related circular which are or may be inconsistent or contrary herewith are hereby repealed, amended, or modified accordingly.

XIII. EFFECTIVITY

This JMC shall take effect immediately upon approval.




ERNESTO M. PERNIA Ph.D
Secretary of Socio-Economic Planning, and
Chairperson,
Commission on Population and Development


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Date: Feb. 15, 2019

Date: Feb. 15, 2019

ANNEX A. Matrix of Collaborative Roles of DOH and POPCOM

| DOH | POPCOM |
|---|--|
| A. Policy Formulation and Plan Development | |
| <ul style="list-style-type: none"> • Develop plans including setting of objectives for health in general and program targets for FP performance indicators in particular which will be inputted in the PPMP • Provide relevant data on performance indicators | <ul style="list-style-type: none"> • Develop the medium-term directional plan, strategies and objectives for the population management program particularly for RPPF component • Relate targets to outputs and outcomes • Monitor and evaluate output and outcomes vis-à-vis PDP results matrix |
| <ul style="list-style-type: none"> • Ensure resources and budget allocation for FP program in the Department's annual budget and work and financial plan of Disease Prevention and Control Bureau (DPCB) | <ul style="list-style-type: none"> • Ensure budget allocation for RPPF in the agency's and other stakeholders' (including POPCOM Board Members) annual budget and work and financial plan |
| B. Demand Generation (Conduct of promotional and communication activities for FP) | |
| <ul style="list-style-type: none"> • Initiate, develop, sustain and heighten nationwide multi-media campaign to raise the level of public awareness on family planning as a health intervention <ul style="list-style-type: none"> ○ Develop a comprehensive, inclusive, and evidenced-based health promotion and communication plan for FP ○ Regularly review, assess and revise existing communication and education materials for FP | <ul style="list-style-type: none"> • Develop and implement communication and demand generation strategies for RPPF at the national and sub-national level: <ul style="list-style-type: none"> ○ Coordinate with LGUs and engage CSOs in the conduct of RPPF classes; ○ Develop, produce, and disseminate IEC materials for RPPF classes; ○ Organize, capacitate, and mobilize community population volunteers for RPPF education and referrals; ○ Coordinate and strengthen the Pre-Marriage Orientation and Counseling Program through technical assistance in capacitating PM counselors and facilitators, enhancement of modules, and establishment of reporting system |
| <ul style="list-style-type: none"> • DOH Regional Offices to provide technical assistance to LGUs in developing and implementing their local communication and promotional strategies for family planning | <ul style="list-style-type: none"> • Support DOH Regional Offices in providing technical assistance to LGUs in developing and implementing their local communication and promotional strategies for RPPF |

| DOH | POPCOM |
|---|--|
| C. Service Delivery including Logistics Management | |
| Service Delivery | |
| <ul style="list-style-type: none"> Assist LGUs through DOH Regional Offices in establishing and capacitating integrated Service Delivery Network (SDN) for FP | <ul style="list-style-type: none"> Provide counseling services (at the community level) through population workers and refer couples and individuals with unmet need for modern FP (both natural and artificial) to health facilities to access appropriate FP services Engage CSOs through POPCOM Regional Offices in linking identified couples with unmet need to FP service delivery mechanisms |
| <ul style="list-style-type: none"> Ensure the upgrading and improvement of health facilities to ensure the delivery of quality family planning services (through HFEP of DOH) | |
| <ul style="list-style-type: none"> Provide support for the procurement and mobilization of Mobile Health Care Service vehicles (through HFEP of DOH) | |
| <ul style="list-style-type: none"> Provide support to LGUs upon request in order to meet the adequate number of skilled health professionals through the contracting and deployment of midwives and/or nurses. | |
| <ul style="list-style-type: none"> Ensure financing for the access to FP services through PhilHealth reimbursement | |
| FP Logistics Management | |
| <ul style="list-style-type: none"> Utilize an efficient logistics management system in the procurement and distribution process as well as monitoring and evaluation of FP supply usage in the country | <ul style="list-style-type: none"> Provide inputs in forecasting of FP commodities Coordinate and supervise the FP Logistics Management at the regional and local level by: <ul style="list-style-type: none"> monitoring stock level of FP commodities at facility level, reporting stock-out of commodities, and reporting utilization of FP commodities thru the management of FP Logistics hotline, starting at the national level and to expand to the regional level |

| DOH | POPCOM |
|---|--|
| <ul style="list-style-type: none"> Ensure adequate supply of FP commodities at the service delivery points | <ul style="list-style-type: none"> Support the storage of FP commodities, from the national level to the regional level, by utilizing POPCOM warehouses. |
| | <ul style="list-style-type: none"> Help through POPCOM Regional Offices the redistribution of FP commodities stored in the regional warehouses. |
| D. Quality Assurance and Standards Setting | |
| <ul style="list-style-type: none"> Develop, monitor and evaluate compliance of health facilities and service providers to set standards for the provision of FP services in all levels | |
| <ul style="list-style-type: none"> Ensure compliance to informed choice and voluntarism (ICV) principles in the provision of FP services | <ul style="list-style-type: none"> Ensure compliance to ICV principles in the provision of FP information and counseling services by the population workers and community volunteers |
| <ul style="list-style-type: none"> Develop and ensure standards for training of health and non-health service providers on FP | <ul style="list-style-type: none"> Develop training curriculum or standards on demand generation for RPPF |
| E. Capability Building | |
| <ul style="list-style-type: none"> Provide trainings to health and non-health service providers on provision of information and counseling on FP | <ul style="list-style-type: none"> Support the cascading of trainings to municipal and community levels in the implementation of demand generation for RPPF service delivery |
| F. Monitoring and Evaluation | |
| <ul style="list-style-type: none"> Prescribe monitoring and evaluation strategies and tools to measure expected FP program outcomes | <ul style="list-style-type: none"> Coordinate the FP Data management at the regional and local level such as FP report collection from public and private service facilities by mobilizing the local population officers/workers to this effort |
| | <ul style="list-style-type: none"> Monitor and evaluate the application of skills learned by the FP service providers during FP related trainings as input in updating the FP Training Plan Design |
| <ul style="list-style-type: none"> Consolidate regional and national FP reports (FHSIS) on a regular basis | <ul style="list-style-type: none"> Sustain online and offline database system for identifying and tracking unmet need for modern FP and reconcile, if necessary, this system to existing service facility systems |
| <ul style="list-style-type: none"> As lead agency in the RPRH Act implementation, monitor the implementation of work and financial plans in Family Planning of stakeholders and supervise the development and submission of the annual report of RPRH Law Implementation | <ul style="list-style-type: none"> As head of the Secretariat of the NIT and RITs of the RPRH Act, coordinate the collection, consolidation, monitoring and evaluation of stakeholders' accomplishment reports as well as annual work and financial plans in support of the RPRH Law implementation |

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Annex 2: GBV-related Women's Priority Legislative Agenda

- 1. Strengthening the Provisions of R.A. No. 8353: Amending the Anti-Rape Law.** This aims to redefine rape by highlighting the element of lack of consent, removing the requirement that sexual assault be committed by force, and any requirement of proof of penetration. It also recommends that the age of statutory rape be increased from the current 12 years old to at least 16 years old. This would mean that only upon reaching 16 years old that a person can be legally deemed mature enough to give sexual consent to another person. In addition, the repeal of the forgiveness clause is recommended so that the subsequent valid marriage of the offended party and offender would not extinguish the latter's liability.
- 2. Amending/Repealing the Revised Penal Code provisions on Adultery and Concubinage.** The proposed legislative measure targets the amendment or repeal of Articles 333 and 334 in the Revised Penal Code in order to change the definitions of adultery and concubinage. Although these both refer to marital infidelity, the burden of proof is greater for the wives because of the disparity of the crimes' definitions and the penalties thereof.
- 3. Ensuring Women's Equal Rights in Marriage and Family Relations.** In amending Articles 14, 96, 124, 211 and 225 of the Family Code of the Philippines, spouses shall have equal rights with respect to their ability to provide parental consent to marry, administer their community property or conjugal partnership, exercise parental authority over the person and legal partnership over the property of common children will be removed.
- 4. Recognizing Sexual Abuse and Focusing on the Violence and Abusive Conduct as Grounds for Legal Separation.** This proposed amendment gives the rationale in amending the Family Code by focusing on the violence and abusive conduct as grounds for legal separation as well as recognizing sexual abuse. Currently, under Article 55 of the Family Code, only when the physical violence is "repeated" and the abusive conduct is "gross" can the woman cite these acts as causes in filing for legal separation. Through this measure, the focus will be on the acts committed and not on the severity or instances of the violence and abuse.
- 5. Enacting the Anti-Prostitution Law. By amending Articles 202 and 341 of the Revised Penal Code.** Prostitution which promotes sexual exploitation and violence against women will be recognized as a human rights violation. The recommendations highlights curbing the demand side of prostitution and treating women in prostitution not as criminals but victims, and criminalizing those who exploit people in this illicit trade, and establishing support mechanisms for prostituted persons so they can get out of prostitution.
- 6. Upholding the Right to Life and Security of Spouses and Daughters by Repealing Article 247 of the Revised Penal Code.** The proposed legislation's objective is to repeal Article 247 of the Revised Penal Code which exempts a spouse or parent who inflicts harm or even death upon the other spouse or minor daughter caught having sexual intercourse with another person. This view is based on honor-based violence, which is committed against

women under the pretext that the honor of the family must be protected and that a woman must preserve her virginity or conform to patriarchal standards of sexual behavior.

7. **Enacting a Law Prohibiting Discrimination Based on Sexual Orientation, Gender Identity and Expression (SOGIE).** This proposes that people of diverse sexual orientation, gender identity and expression should not just be accepted but more importantly, protected. It also aims to penalize discriminatory acts that exclude or prevent persons of diverse SOGIE's access and meaningful participation in work, education, and training institutions, and those that hinder them from accessing basic services.
8. **Adopting Divorce in the Family Code.** The PCW supports the adoption of divorce in the Family Code to allow the dissolution of abusive and dysfunctional marriages which are irreparable. The Philippines is the only country, apart from the Vatican, which does not have a divorce law. If enacted, this will permit divorce based on existing grounds for legal separation, allow divorced spouses to remarry, and grant women the right to initiate divorce on the same terms as men.

Pending Resolutions

1. **Resolution No. 5-2018: Resolution Requesting the Department of Budget and Management (DBM) on the Institutionalization of the IACVAWC Secretariat within the Philippine Commission on Women (PCW) and Providing Funds Thereof.** The resolution aims to strengthen the structure of the IACVAWC Secretariat through the creation of plantilla positions for the Secretariat as a separate unit in the Philippine Commission on Women that will be directly supervised by the PCW Executive Director, and increase its annual budget to cover operational expenses.
2. **Resolution No. 6-2018: Resolution Urging the Supreme Court to Assign All Gender-Based Violence Cases to Family Courts.** The IACVAWC, through the resolution, appeals to the Supreme Court to designate Family Courts

and Regional Trial Courts acting as Family Courts to hear gender-based violence cases falling within the jurisdiction of the Regional Trial Court. This is to ensure that GBV cases are heard and tried by judges who are gender-sensitive and judicial decisions are based on gender equality.

3. **Resolution No. 1-2019: Enjoining All Government Agencies and Local Government Units to Support the Program on Male Involvement in Eliminating Violence Against Women and their Children and in Achieving Gender Equality and the Empowerment of All Women and Girls.** The resolution categorically provides to support established MOVE chapters and the creation of the same or similar male organizations espousing the same values and principles of MOVE in national government agencies, LGUs, and other government instrumentalities. It also provides to support MOVE activities and charge them to the Gender and Development (GAD) budget of the agency.

