

RPRH



5th ANNUAL REPORT

2018



RPRH

5th Annual Report

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MESSAGE FROM THE SECRETARY


The Department of Health (DOH) is pleased to present the 5th Annual RPRH Report on the implementation of Republic Act No. 10354, otherwise known as the Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law).

The details of the 2018 program performance, as well as the challenges on the five elements or key result areas of Reproductive Health (RH), are highlighted in this Report. The Key Result Areas (KRAs) are 1) maternal, neonatal, child health and nutrition; 2) family planning; 3) adolescent sexuality and reproductive health; 4) sexually-transmitted infections and HIV and AIDS; 5) gender-based violence; and other related concerns in reproductive health and rights. It also includes a report on Budget and Financing as well as Policy and Governance across the five KRAs.

This Report attests to our achievements as we continue our efforts to fulfill and uphold the reproductive health and rights of the Filipinos, especially the marginalized and the underserved populations. With the successful passage of the Universal Health Care Law and other landmark legislation in 2018, the DOH and partners in the RPRH community, have been positioned more than ever to provide quality care to our mothers and children, and Filipino families as a whole.

The journey towards Universal Health Care is challenging, the DOH has instituted the roadmap through the FOURmula One Plus or the F1 Plus strategy as its guiding framework. The F1 Plus shall ensure that health services are inclusive and equitable and anchored on the principles of performance accountability and good governance towards achieving the goals of universal health care.




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





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ACRONYMS


2PNC	Two Post-Natal Consultations
4ANC	Four Antenatal Care Visits
4Rs	Recognition, Recording, Reporting, Referral
4Ps	Pantawid Pamilyang Pilipino Program
AECID	Agencia Espanola de Cooperacion Internacional Para el Desarrollo
AHD	Adolescent Health and Development
AIARHC	Albay Inter-Agency Reproductive Health Committee
AIDS	Acquired Immunodeficiency Syndrome
AJA	Adolescent Job Aid
ALL	Acute Lymphocytic Leukemia
ANC	Antenatal Care Visits
AO	Administrative Order
ARH	Adolescent Reproductive Health
ARMM	Autonomous Region of Muslim Mindanao
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
ASC	Ambulatory Surgical Clinic
ASRH	Adolescent Sexual and Reproductive Health
AYHD	Adolescent and Youth Health and Development
AYRH	Adolescent and Youth Reproductive Health
BEmONC	Basic Emergency Obstetric and Newborn Care
BHS	Barangay Health Station
BHW	Barangay Health Worker
BIHC	Bureau of International Health Cooperation
BNS	Barangay Nutrition Scholar
BTL	Bilateral Tubal Ligation
BWC	Brokenshire Woman Center
C4C	Communication for Communicators
C4RH	Filipino Catholic Voices for Reproductive Health
CBT	Competency-Based Training
CCT	Conditional Cash Transfer
CD4	Cluster of Differentiations
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHO	City Health Office
CHR	Commission on Human Rights
CHSI	Center for Health Solutions and Innovations
CHT	Community Health Team
CICP	Center for Innovation, Change and Productivity
CONAP	Continuing Appropriations
CPR	Contraceptive Prevalence Rate
CPU	Central Processing Unit
CRVS	Civil Registry and Vital Statistics
CS	Caesarean Section
CSC	Civil Service Commission
CSE	Comprehensive Sexual Education




CSO	Civil Society Organization
CWC	Council for the Welfare of Children
DC	Department Circular
DepEd	Department of Education
DILG	Department of Interior and Local Government
JRMMC	Jose Reyes Memorial Medical Center
DM	Department Memorandum
DMPA	Depot Medroxyprogesterone Acetate
DOH	Department of Health
DOH EB	Department of Health Epidemiology Bureau
DOH-RO	Department of Health – Regional Office
DOJ	Department of Justice
DOLE	Department of Labor and Employment
DPCB	Disease Prevention and Control Bureau
DPO	Department Personnel Order
DSWD	Department of Social Welfare and Development
DQC	Data Quality Check
EINC EO	Essential Intrapartum and Newborn Care Executive Order
EPI	Expanded Program on Immunization
EPP	Estimation and Projection Package
ERPAT	Empowerment and Reaffirmation of Paternal Abilities
EU	European Union
FBD	Facility-based Delivery
FCSAI	Fundacion Espanol para la Cooperacion
FHB	Family Health Bureau
FDA	Food and Drug Administration
FDS	Family Development Sessions
FFSW	Freelance Female Sex Worker
FSW	Female Sex Worker
FGD	Focus Group Discussion
FHRP	Family Health and Responsible Parenting
FHS	Family Health Survey
FHSIS	Field Health Service and Information System
FIC	Fully Immunized Child
FNRI	Food and Nutrition Research Institute
FP	Family Planning
FPCBT	Family Planning Competency Based Training
FPS	Family Planning Survey
FWS	Female Sex Worker
FY	Fiscal Year
GAA	General Appropriations Act
GARPR	Global AIDS Response Progress Report
GAD	Gender and Development
GBV	Gender-based Violence
GIDA	Geographically Isolated and Disadvantaged Areas
GPH	Government of the Philippines
GPOBA	Global Partnership Output-Based Aid
GRRB-IRH	Gender-Responsive and Rights-Based Integrated Reproductive Health
HARP	HIV/AIDS and ART Registry
HCT	HIV Counselling and Testing




HBV	Hepatitis B Virus
HCI	Health Care Institute
HCV	Hepatitis C Virus
HFEP	Health Facilities Enhancement Program
Hi-5	High Five Strategy
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
HPV	Human Papilloma Virus
HSP	Health Sector Plan
HUP	Health Use Plan
IACAT	Inter-Agency Committee on Anti-trafficking
IACVAWC	Inter-Agency Council on Violence Against Women and their Children
IEC	Information, Education, and Communication
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
IMR	Infant Mortality Rate
ILHZ	Inter-Local Health Zones
IPCC	Interpersonal Counseling and Communication
IPT	Intimate Partner Transmission
IRR	Implementing Rules and Regulations
IRR DC	IRR Drafting Committee
IUD	Intrauterine Device
IYCF	Infant and Young Child feeding
JICA	Japan International Cooperation Agency
JMC	Joint Memorandum Circular
JPMNCHN	Joint Programme on Maternal, Neonatal, Child Health and Nutrition
K-12	Kinder to Grade 12
KAP	Key Affected Population
KP	Kalusugan Pangkalahatan
KRA	Key Results Area
KATROPA	Kalalakihang Tumutugon sa Responsibilidad at Obligasyon Para sa Kalusugan ng Ina at Pamilya
LAM	Lactational Amenorrhea Method
LAPM	Long Acting Permanent Method
LARC	Long Acting Reversible Contraception
LCAT-VAWC	Local Committees on Anti-Trafficking and Violence Against Women and Children
LCE	Local Chief Executive
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex
LGU	Local Government Unit
LPPEAHD	Learning Package on Parent Education on Adolescent Health and Development
M/TSM	Males/Transgenders who have sex with males
M&E	Monitoring and Evaluation
MAH	Market Authorization Holder
MAPEH	Music, Arts, Physical Education and Health
MARP	Most At-Risk Population



MBFHI	Mother-Baby Friendly Hospital Initiative
MCP	Modern Contraceptive Prevalence
mCPR	Modern Contraceptive Prevalence Rate
MCW	Magna Carta for Women
MDs	Medical Doctors
MDG	Millennium Development Goal
MEC	Medical Eligibility Criteria
MFP	Modern Family Planning
MHO	Municipal Health Officer
MMR	Maternal Mortality Ratio
MNCHN	Maternal, Newborn, and Child Health and Nutrition
MNFP	Modern Natural Family Planning
MOOE	Maintenance and Other Operating Expenses
MOU	Memorandum of Understanding
MOVE	Men Opposed to Violence Against Women Everywhere
MR	Measles-Rubella
MR GAD	Men's Responsibilities in Gender and Development
MRL	Muslim Religious Leader
MSM	Men Having Sex with Men
MYCNSIA	Maternal and Young Child Nutrition Security Initiative in Asia
NAC	National Advisory Committee
NAPC	National Anti-Poverty Commission
NASPCP	National AIDS/STD Prevention and Control Program
NBB	No Balance Billing
NBI	National Bureau of Investigation
NCMH	National Center for Mental Health
NCR	National Capital Region
NDHS	National Demographic and Health Survey
NDP	Nurse Deployment Program
NEDA	National Economic and Development Authority
NGO	Non-Government Organization
NHIP	National Health Insurance Program
NHTS	National Household Targeting System
NHTS PR	National Household Targeting System –Poverty Reduction
NIT	National Implementation Team
NMR	Neonatal Mortality Rate
NNC	National Nutrition Council
NNS	National Nutrition Survey
NOH	National Objectives for Health
NSD	Normal Spontaneous Delivery
NSV	Non-Scalpel Vasectomy
NTHC	National TeleHealth Center
NVAWDocS	National VAW Documentation System
OAE	Otoacoustic emissions device
OB/GYNE	Obstetrics and Gynecology
ODA	Official Development Assistance
OFW	Overseas Filipino Worker
OHAT	Outpatient HIV/AIDS Treatment
OIS	Opportunistic Infections
ONAR	Office of the National Administrative Register
OPCCB	Organization, Position, Classification and Compensation Bureau



OSG	Office of the Solicitor General
PAFLO	Population Awareness and Family Life Orientation
PCB	Primary Care Benefit
PNC	Post Natal Care
PCW	Philippine Commission on Women
PE	Peer Educators
PGH	Philippine General Hospital
PHA	Public Health Assistant
PHIC	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PIA	Philippine Information Agency
PICT	Provider –Initiated HIV Counseling and Testing
PLHIV	People Living with HIV
PME	Planning, Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
PNGOC	Philippine NGO Council on Population, Health and Welfare, Inc.
PNSCB	Philippine National Statistics Coordination Board
PNP	Philippine National Police
PNP-WCPC	Philippine National Police-Women and Child Protection Unit
PO	People’s Organization
POC	Point of Care
POPCOM	Commission on Population and Development
PPAs	Programs, Projects and Activities
PPMP	Project Procurement Management Plan
PPIUD	Postpartum Intrauterine Device
PSA	Philippine Statistics Authority
PSPI	Population Services Pilipinas, Inc
PREVENTS	Primary Care Revitalized and Enhanced Through Skills and Services
PTA	Parent-Teacher Association
PWID	People Who Inject Drugs
PYD	Program for Young Adolescents
PYP	Program for Young Parents
Q&A	Question and Answer
RA	Republic Act
RFSW	Registered Female Sex Worker
RIT	Regional Implementation Team
RITM	Research Institute for Tropical Medicine
RH	Reproductive Health
RHMPP	Rural Health Midwives Placement Program
RHO	Reproductive Health Officer
RHU	Rural Health Unit
RNHeals	Registered Nurses for Health Enhancement and Local Service
RP-FP	Responsible Parenting and Family Planning
RPO	Regional Population Office
RPRH	Responsible Parenthood and Reproductive Health
RTI	Reproductive Tract Infection
SACCL	STD/AIDS Central Cooperative Laboratory
SBA	Skilled Birth Attendance
SC	Supreme Court
SDI	Subdermal Implant



SHC	Social Hygiene Clinics
SK	Sangguniang Kabataan
SOGIE	Sexual Orientation and Gender Identity and Expression
SQAO	Status Quo Ante Order
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SSESS	STI Sentinel Etiologic Surveillance System
STI	Sexually Transmitted Infection
SWRA	Sexually Active Women of Reproductive Age
TB	Tuberculosis
TD	Tetanus-Diphtheria
TFI	Tarbilang Foundation Inc.
THKs	Teen Health Kiosks
TOT	Training of Trainers
TRO	Temporary Restraining Order
U4U	Youth for Youth Activity
UHC	Universal Health Care
UMFP	Unmet Need for Modern Family Planning
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Education, Scientific and Cultural Organization
UNICEF	United Nations International Children's Fund
UNFPA	United Nations Population Fund
UP	University of the Philippines
USAID	United States Agency for International Development
USG	United States Government
VAW	Violence Against Women
VAWC	Violence Against Women and Children
VAWCRS	Violence Against Women and Children Registry System
VIA	Visual Inspection with Acetic Acid
WB	World Bank
WCPC	Women and Child Protection Center
WCPMIS	Women and Child Protection Management Information System
WCPU	Women and Child Protection Units
WFS	Women Friendly Space
WHO	World Health Organization
WINS	Water, Sanitation, & Hygiene in Schools
WMCHDDs	Women and Men's Health and Children's Health Development Division
WRA	Women of Reproductive Age
YAFSS	Young Adult Fertility and Sexuality Survey
YDS	Youth Development Session
ZFF	Zuellig Family Foundation
ZOTO	Zone One Tondo Organization

RPRH

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EXECUTIVE SUMMARY

Policy and Governance

The unequivocal support of the Duterte Administration to reproductive health enabled the swifter implementation of the RPRH law. This support was shown by:

- Including the strengthening of the implementation of the Responsible Parenthood and Reproductive Law in this administration's 10-Point Socio-Economic Agenda;
- Strengthening of the integration of population and development through Executive Order No. 71 changing the name Commission on Population (POPCOM) into the Commission of Population and Development (CPD); and
- Reverting POPCOM's attachment from the Department of Health (DOH) to the National Economic and Development Authority (NEDA) for policy and program coordination.


The DOH also issued Administrative Order 2018-0014, "Strategic Framework and Implementing Guidelines for FOURmula One Plus for Health (F1+)." It aligned health initiatives into four (4) strategic pillars: Financing, Regulation, Service Delivery, and Governance. It also added a cross cutting initiative for Performance Accountability. The National Objectives for Health 2017-2022, a roadmap for the F1+ towards the achievement of Universal Health Care, was formulated and issued. It specifies the objectives, strategies and targets of DOH F1+ for Health.

Important laws relevant to the RPRH implementation were also passed during the 17th Congress. These are:

- The "Universal Health Care Act." This law reorganizes the way health services and commodities (including reproductive health) are financed, procured, delivered, and accessed;
- The "Kalusugan at Nutrisyon ng Mag-Nanay Act" which scales up the national and local health nutrition programs for pregnant and lactating women, adolescent girls, infants, and young children in the first 1,000 days
- The "Philippine HIV and AIDS Policy Act" which strengthens the country's policy on HIV/AIDS prevention, treatment, care, and support. It also lowered the minimum age requirement (from 18 to 15 years old) for the availment of HIV testing and counseling without parental or guardian's consent; and
- The "105-Day Expanded Maternity Leave Law" which increases the maternity leave period to 105 days for all female workers; with an option to extend for an additional 30 days without pay; and an additional 15 days for solo mothers.

The DOH has also issued several policies that specifically enables the implementation of the RPRH law, but challenges remain. The passage of measures that will help eliminate violence against women and children still needs to be lobbied. As in the previous years, there is still a lack of overall strategic direction for the implementation of RPRH. Specific activities and the corresponding agencies and units that should be held accountable for the fulfillment of the RPRH goals and objectives should be clearly stated in its proposed Strategic Plan.

In terms of monitoring and evaluation, it is imperative to review all the indicators used to get a clearer status of implementation at the local level. This way, implementation issues can be



determined, and the national policies and specific supporting interventions could be accurately provided.

Budget and Financing

The indicative national government budget for RPRH increased by 10% from Php37.4 billion in 2017 to Php41.88 billion in 2018, based on adjusted allotments of concerned government agencies. The DOH remains to be the main source of funds with its total budget allocation of Php41.35 billion in 2018, comprising 39% of RPRH's total budget in the 2018. This represents the following items: Family Health and Responsible Parenting (FHRP), Expanded Program on Immunization (EPI), and Health Facilities Enhancement Program (HFEP).

POPCOM allocated 60% of its Php516.88 million budget. This covered reproductive health/family planning and adolescent health development/population and development (POPDEV) integration, among others.

The National Health Insurance Program (PhilHealth) reimbursed a total of Php121.04 billion. Of this amount, 26% (Php31.12 billion) was paid for the government-sponsored members and at least 17% (Php21.41 billion) was paid for RPRH-related benefits. In 2018, there were 811 accredited facilities with trained and certified FP providers which are mostly from Central Visayas, NCR, and MIMAROPA regions.

The Local Government Units (LGUs) allocated around Php406.4 million for FP training, FP-related workshops, and procurement of FP commodities, among others. This FP budget represents only 1.04% of the total budget of LGUs. Various development partners (Php2.11 billion) and CSOs (Php74.43 million) also allocated huge budgetary support for the implementation of the RPRH Law.

Maternal, Newborn, Infant Health, and Nutrition

The DOH Field Health Service Information System (FHSIS) showed that maternal health outcomes improved for the past five years, with a maternal mortality ratio (MMR) of 58/100,000 livebirths in 2018. However, the Maternal Mortality Estimation Inter-Agency Groupⁱ in 2015 demonstrated a maternal mortality ratio of 114 per 100,000 live births. It would be difficult to assess status of maternal health outcomes using only the FHSIS since MMR can only be accurately calculated from considerably large sample sizes.

Meanwhile, perinatal mortality rate increased over the years. In 2018, a total of 8,574 perinatal deaths were accounted for which translates to 5.06/1,000 live births. In contrast, infant mortality rates declined from 8.15/1000 live births in 2016 to 7.48 in 2017 but showed a marginal increase for the current reporting year of 7.78/1,000 live births. The biggest challenge the DOH faced in 2018 was the weak national immunization coverage. Only 66% of children less than one year old were fully immunized, a decrease of 9 percentage points from 2014.

Major interventions to improve Maternal, Neonatal, Child Health and Nutrition (MNCHN) services include:

- Provision of pre-pregnancy services and commodities which includes iron and folate supplementation, counseling and provision of family planning (FP) methods, and prevention and management of infection and lifestyle-related diseases;

- Strengthening of antenatal care through development of new policies and continued demand generation activities;
- Sustained training of health professionals for Basic Emergency Obstetric and Newborn Care (BEmONC) and provision of safe delivery kits nationwide;
- Development of strategies to eliminate preventable causes of pregnancy-related deaths exemplified by the Maternal Sepsis Elimination Campaign;
- Passage of the First 1000 Days Law;
- Capacity building of health staff in the Philippine Integrated Management of Acute Malnutrition; and
- Communication and social mobilization through intensified and sustained community awareness of the risk of measles and the benefits of vaccination through various channels and local champions.

Improvements in maternal health outcomes were evident in this reporting year. However, a number of mothers are still dying due to preventable causes of pregnancy-related deaths. While quantitative measures of skilled birth attendance (SBA) and facility-based delivery (FBD) show progress, antenatal and post-partum care lag behind.

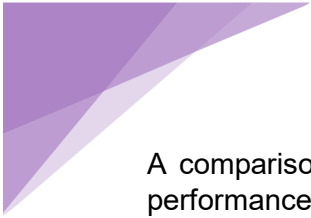
Challenges in the delivery of child health interventions particularly in the implementation of the immunization program has been an immense problem in 2018. This resulted to measles outbreaks and increase in measles-related mortalities for the current reporting year. Recommendations on MNCHN include, but are not limited to:

- Evaluate BEmONC and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) implementation in the entire country and the barriers of Emergency Obstetric and Newborn Care (EmONC) delivery;
- Align the 2008 MNCHN policy to the Sustainable Development Goals, Philippine Development Plan, and the Universal Health Care Law;
- Address results of the maternal death surveillance and response;
- Intensify and sustain community awareness of the risk of measles and other vaccine-preventable diseases and the benefits of vaccination through various channels and local champions; and
- Identify and address effectively the barriers to breastfeeding, and the whole infant and young child feeding.

Family Planning

In 2018, 7.4 million women of reproductive age (WRA) were provided with modern family planning (MFP) methods in both public and private facilities and clinics. This is equivalent to about 2.6 million unintended pregnancies prevented, 1.6 million probable abortions avoided, and 1,410 maternal deaths averted.

Based from the FHSIS, modern Contraceptive Prevalence Rate (mCPR) increased from 53% to 57% in 2018. However, this only represents service utilization in the public sector and does not reflect performance of the private sector. The target mCPR under the Philippine Development Plan (PDP) is 65% for married women of reproductive age (MWRA). The NDHS 2017 reports mCPR at 40% which covered both public and private sector performance.



A comparison of Executive Order 12 Zero Unmet Need for Modern Family Planning (EO 12) performance in 2017 and 2018 showed that in 2018,¹ 3.9 million WRA were reached and identified with unmet modern family planning (MFP). This figure already exceeded the estimated number in 2017.² Of the 3.9 million WRA reached, 1.2 million (31%) women were served³ and newly accepted a modern family planning method in 2018 based on FHSIS data. However, while the number of WRA reached already exceeded the estimated number of women with unmet need for MFP, there remains 2.3 million WRA who have not yet been served and remains to have unmet need for modern family planning. This implies that 2.3 million WRA were not provided with MFP, which translates to 835,000 unintended pregnancies that could have been avoided, 492,000 possible abortions prevented, and 440 maternal deaths that could have been averted. The challenge of reducing the gaps in linking demand generation to service delivery remains.

Key interventions that supported 2018 Family Planning program performance were:

- Demand generation activities that were able to reach 252,184 WRA identified with Unmet Need for Modern Family Planning and where a total of 214,971 (85%) were referred and served with MFP methods;
- Social marketing strategies that includes quad-media campaigns that were able to reach 104,594,768 viewers nationwide;
- Service delivery to a total of 1.2 million WRA who were served and accepted a new method: 54% from the regular public health facilities and 33% through post-partum FP service, while 13% of WRA accepted MFP through the conduct of outreach FP services.

In 2018, Php162,642,000.00 was spent to procure family planning commodities at the national level. Based from the logistics monitoring reports, a total of 2,360 out of 2,450 (96%) facilities reported having no stock outs of FP commodities in 2018.

A number of challenges still needs to be addressed. This includes:

- Setting of the national goal, strategic directions and multi-year costing of the National Program on Family Planning under a co-management arrangement between the DOH and the POPCOM under NEDA;
- Resolving bottlenecks in the implementation of the collaborative framework of the national program on Family Planning under the co-management arrangement between the DOH and POPCOM at the national and regional levels
- Addressing the shift in the distribution mechanisms of FP commodities from direct to service delivery point mode to regional distribution scheme.
- The need to review and revise the M&E RPRH Framework following the directional plan of the national FP program;
- Unresolved bottlenecks in operations such as service delivery structure, in particular, the implementation of the service delivery network; timely provision of critical inputs to service delivery, namely family planning supplies and trained workforce; and information, behavior change and communication; and
- Challenges related to DOH budget utilization and PhilHealth benefit utilization.

¹ DOH Administrative Data: EO 12 Monitoring report 2017-2018

² DOH Administrative Data: EO12 Monitoring Report 2018

³ DOH FHSIS 2018



Adolescent Sexual and Reproductive Health

A slight decline was observed in the following: adolescent fertility rate, the proportion of women who have had a birth or are pregnant with the first child, the number of babies born to adolescent parents, and the number of newly diagnosed HIV positive cases among the 15-24-year age group.

The number of teens who began childbearing in 2018 remains high at 425,000. The Philippines still has one of the highest adolescent fertility rates, ranking closely with countries with the worst performance. Unmet need is still highest among the youngest age group and the proportion of HIV positive cases among the 15-24 age group more than doubled in the past ten years.

Major policies in 2018 include the issuance of the Department of Education (DepEd) Guidelines on the Implementation of Comprehensive Sexuality Education, the development of Adolescent Health and Development Program Directions 2018-2022, and the signing of the 'Philippine HIV and AIDS Policy Act' expanding access of adolescents to HIV services and the 'Nutrisyon ng Mag-Nanay Act'. Training and information dissemination activities related to Adolescent Sexual and Reproductive Health/ Adolescent Health and Development Program (ASRH/AHDP) were also continued in 2018.


There are still several measures that need to be done. Training of K-12 teachers in schools need to be fast tracked to scale up the Comprehensive Sexual Education (CSE) program. There is also a need to streamline structures and arrangements on ASRH and Adolescent and Youth Health and Development (AYHD) to avoid duplication of adolescent health-related initiatives and confusion in roles and responsibilities of concerned agencies. The disaggregation of relevant health data by age and build on adolescent database need to be pushed, too since it should guide the design of ASRH service delivery, training, and IEC interventions. Adolescent-friendly health service packages should be developed to address unique needs of adolescents and youth in terms of correct information and access to RH services especially among 18-19 years age group where pregnancy rate is the highest and compliance to parental consent is not required by Law.

Sexually Transmitted Infections and HIV AIDS

The Philippines remains as a low HIV prevalence country. However, current estimates show that the number of HIV cases in the country will triple in the next ten years—from 80,000 in 2018 to 266,000 by 2028. In 2018 alone, there were 11,427 new HIV confirmed positive individuals. From 13 cases per day in 2013, the number of daily new diagnosed cases increased to 32 in 2018.

HIV infection among 15 to 24 years old doubled from 13% in 1999-2008 to 29% in 2009-2018. More males (95%; 10,828) were diagnosed with HIV in 2018 compared to females (5%; 599). The number of diagnosed women in 2018 was a two-fold increase from the same period in 2013 (299).

HIV in the Philippines is primarily transmitted through sexual contact and this has not changed since 1984. Currently 83% (49,078) of infections transmitted through sexual contact were among males and transgender women who have sex with males (M/TSM). More than half of all diagnosed HIV cases in 2018 came from three regions alone, the National Capital Region (31%; 3,596), Region 4A (16%; 1,817), and Region 3 (11%; 1,230).



Deaths among people living with HIV (PLHIV) in 2018 were primarily in males (67%; 567), and mostly among the 25 to 34 years old age group. These reported deaths were due to any cause, not necessarily due to their HIV status. The World Health Organization (WHO) however, reports that among PLHIVs, the number one killer remains to be tuberculosis (TB). In January to December 2018, 98% of the 36,838 PLHIV were screened for TB, up by 14% from 2016 DOH data. Among those screened, 14% (5,094) were positive for TB coinfection, subsequently referred for TB-Directly Observed Treatment Short Course (TB-DOTS) facilities.

To reduce new HIV infections and improve health outcomes and wellness of PLHIV,⁴ National AIDS/STD Prevention and Control Program (NASPCP) adopted the 90-90-90 global target for HIV: 90% of all PLHIV should know their status, 90% of all PLHIV will receive antiretroviral therapy (ART), 90% of all receiving ART are virally suppressed. Tried and tested advocacy events such as International AIDS Candlelight Memorial and World AIDS Day were conducted. New events were launched to encourage key populations at risk for HIV to get tested early and seek treatment if they have HIV.

Through various training sessions, NASPCP ensured that the quality of health care services was in accordance with the existing DOH policies and guidelines. To install Social Hygiene Clinics, Primary HIV Care Facilities, and Sundown Clinics, the Integrated Services for HIV Care (iSHC) was expanded in various locations, increasing access to HIV testing and treatment. A demonstration project on HIV Pre-Exposure Prophylaxis (PrEP) continued in 2018 with results expected in 2019.

There are still hurdles that are yet to be overcome to control the HIV/AIDS epidemic in the country. There is still a low level of knowledge on HIV, especially on the mode of transmission and ways of prevention, even among those who already engage in risky sexual behavior. The use of condoms among those who engage in anal sex is only 50%. The implementation of a comprehensive sexuality education through DepEd is recommended. The DOH may also reclassify condoms as an infection prevention commodity, not as a family planning commodity to increase accessibility to minors.

Stigma and discrimination are ongoing challenges that need to be addressed because they delay access to screening and testing. The DOH needs to test more at a faster rate, given the increasing trend in diagnosed cases per day from 22 in 2015 to 32 in 2018. Currently, testing for HIV is limited to HIV-proficient medical technologists who are authorized by the DOH to perform the tests. Provisions of RA 11166⁵ on lowered age of HIV testing coupled with the use of a Rapid HIV Diagnostic Algorithm may be implemented soonest coupled with mobilization of non-medical technologists for a step zero in HIV screening.

Access to ART is limited to 15 to 24-year-old PLHIV, with only 14% initiated on treatment.⁶ Near stock-out and near expiration of anti-retroviral drugs were also reported across regions. The limited availability of treatment for other HIV co-infections remain a burden for many PLHIVs. It is recommended that time from diagnosis to initiation of ART be routinely reported by age group. This will allow program adjustments where necessary, more targeted messaging, and better logistics management to avoid stock outs. Finally, out-of-pocket expenses of PLHIVs, especially for management of co-infections, need to be measured as part of program implementation and to inform enhancement of PhilHealth's HIV package.

⁴ 6th Aids Medium-Term Plan

⁵ HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) Policy Act of 2018

⁶ DOH, 2016



Elimination of Violence Against Women and Children

The Philippines continues to narrow the gender gap between men and women in the country. It ranked 8th among 149 countries in the 2018 Global Gender Gap reported by the World Economic Forum. To date, the country has closed 80% of its overall gender gap. Despite this, violence against women continues to be a serious problem in the country.

Data from the Philippine National Police (PNP) Women and Children Protection Center (WCPC) and DOH Violence Against Women and Children (VAWC) Registry System show a declining trend in the reported cases of violence against women and children over the past three years. PNP reported a 19.5% decrease in VAW cases from 2016 (32,073) to 2017 (25,805); and another 26% decrease from 2017 to 2018 (18,947). A similar decline in the trend of cases on violence against children (VAC) was reported by the PNP over the last three years. There was a 9% reduction of cases from 2016 (28,686) to 2017 (26,143) and a decrease of 21% (20,728) in 2018.

The DOH VAWC Registry System also reports a substantial decreasing trend in reported cases from the hospitals. A 50% decrease in the VAWC cases was noted from 2016 (3,167 cases) to 2017 (1,574 cases). This further went down by 49% in 2018 (800 cases). The decline may be due to unreported cases especially from far-flung and isolated areas and less reporting compliance from participating hospitals.

Interventions to help eliminate violence against women and children in 2018 are as follows:

- Statement of commitment of funding to operationalize Strategic Plan 2017-2022 by issuing IACVAWC Resolution No.2, s. 2018;
- Issuance of the National Advocacy and Communication Plan 2017-2022 and conduct of specified activities;
- Issuance of DILG Memo Circular 2018-144 for the retention/re-appointment of current VAW desk persons in the barangays;
- Conduct of training on the 4Rs (recognizing, recording, reporting, referring) of 9,311 public providers and 6,273 private providers in 1,270 LGUs;
- Establishment of women and children protection program in 577 LGUs with a dedicated coordinator and a trained provider;
- Training of 7,646 PNP officers on Women and Children Protection;
- Establishment of VAW desk in 37,723 barangays;
- Assistance provided to VAWC victims by the Department of Social Work and Development (DSWD), DOH-Women and Children Protection Unit (DOH-WCPU), and the National Bureau of Investigation (NBI).

Several measures need to be done to effectively reduce VAWC. Since there is no common recording and reporting of cases, there is a need to unify the registry of cases. Accurate data is important in determining the need for appropriate service providers, in the establishment and enhancement of facilities, and drafting/revision of policies for the program. It is imperative that the concerned agencies work together to marry their systems.



Other recommendations are as follows:

- Review of existing protocols and guidelines and standardize services across the country;
- Conduct of inventory of all available services that should be disseminated as reference for referrals. It will also serve as basis for establishment of additional facilities;
- Establishment of VAW desk in remaining barangays and ensure their functionality and the re-appointment or retainment of current VAW desk officers;
- Harmonization of capacity building activities for service providers;
- Advocacy of policies and legislations that reduces/eliminates discrimination of women;
- Ensuring the provision of a comprehensive package of services for VAW victims (psychosocial care & evaluation; rescue & protection; legal assistance; reintegration); and
- Facilitation of quick resolution of VAWC cases.

ⁱ Maternal Mortality in 1990-2015 WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division,



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ⁱ Maternal Mortality in 1990-2015 WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division,

RPRH

5th Annual Report



1 POLICY & GOVERNANCE

Executive Level

While the lifting of the Supreme Court Temporary Restraining Order (TRO) on contraceptives in 2017 played a crucial role in implementing the key provisions of the RPRH law, the unequivocal support of the Duterte administration to reproductive health has enabled its swifter implementation. This support was shown in several ways.

First, the administration included strengthening of the implementation of the Responsible Parenthood and Reproductive Law in its 10-Point Socio-Economic Agenda. As a follow through strategy, the President issued Executive Order No. 71 on December 2018. This changed the name of the Commission on Population (POPCOM) to the Commission of Population and Development (CPD or POPCOM) and reverted its attachment from the DOH to the National Economic and Development Authority (NEDA) for policy and program coordination.


The integration of population and development is one of the crucial strategies of the Philippine Development Plan 2017-2022 to improve the country's economic growth. This structural change will improve coordination with NEDA on the implementation of population-related programs. As a result, the DOH and CPD now co-manages the National Program of Family Planning. This involves setting the national FP goal, strategic directions, and multi-year costing of the National Program on Family Planning. It also includes setting the specific tasks and responsibilities of the DOH and CPD under the collaborative framework of the National Program on Family Planning to ensure the smooth implementation at the field level.

The DOH initiated a major and significant policy enhancement by issuing Administrative Order 2018-0014, "Strategic Framework and Implementing Guidelines for FOURmula One Plus for Health (F1+)" on May 2018. It aligns health initiatives into four (4) strategic pillars: Financing, Regulation, Service Delivery, and Governance. In addition to these original pillars is a cross cutting initiative for Performance Accountability.

To provide the medium-term roadmap towards the achievement of Universal Health Care, the DOH formulated and issued the National Objectives for Health 2017-2022. It specifies the objectives, strategies and targets of DOH FOURmula One Plus for Health.

The DOH also issued several policies that specifically enables the implementation of the RPRH law. One of this is AO 2018-0003, National Policy on the Prevention of Illegal and Unsafe Abortion and Management of Abortion Complications. This policy reiterates the importance of family planning to prevent unintended pregnancies. It details the mechanism for managing abortion complications.

DOH issued policies that specifically addresses AIDS/HIV related concerns. One is the "Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People Living with Human Immunodeficiency Virus (PLHIV) and HIV-exposed infants." This emphasized the "treat early," "treat all" of newly diagnosed PLHIV. It also released a new department memorandum for the updated list of DOH-designated HIV treatment hubs and primary HIV care facilities. This memorandum aims to expand the accessibility and maximize coverage of in-patient and/or out-patient prevention, treatment, care and support services to PLHIV including but not limited to



antiretroviral therapy, HIV testing services, clinical management, patient monitoring, and other care and support services;

The DOH, together with other concerned agencies, released a Joint Memorandum Circular (JMC) on Pre-Marriage Orientation and Counseling (PMOC) with the topics on: Marriage and Relationship; Responsible Parenthood; Family Planning; and, Pregnancy and Child Care. It was finalized and signed by the DOH, Department of the Interior and Local Government, (DILG), DSWD, CPD, and the Philippine Statistics Authority (PSA). The updated JMC required among others the re-orientation and accreditation by DSWD of all PMOC counselors.

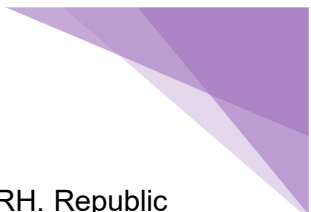
Laws to improve assistance in the prevention of gender-based violence are still needed. During the 17th Congress, the Philippine Commission on Women (PCW), women's groups, CSOs and other concerned agencies have actively pushed for the passage of the bills in the Women's Priority Legislative Agenda. There are several bills that seek to amend or repeal discriminatory provisions of existing laws and new legislations that promote gender equality and women's empowerment. These include:

- Amending the Anti-Rape Law;
 - Sen. Risa Hontiveros introduced Senate Bill 1252 that will strengthen the Anti-Rape Act of 1997 during the 17th Congress. The Senate Committees on Women, Children, Family Relations and Gender Equality; and Justice and Human Rights were able to conduct hearings and report it at the Plenary Session in May 2017. Unfortunately, it only reached interpellations and is still pending at 2nd Reading. In the House of Representatives, Rep. Teddy Baguilat, Jr. also filed a bill revising the Anti-Rape Law. It did not progress much beyond the Committee on Revision of Laws.
- Repealing Article 247 of the Revised Penal Code which exempts from criminal liability a spouse who harms or kills his spouse caught having sex with another. It also exempts a parent who harms or kills his child caught having sex with another;
- Expanding the Anti-Sexual Harassment Law;
- Sexual Orientation and Gender Identity and Expression (SOGIE) law;

The DILG issued Memorandum Circular No. 2018-144 dated August 24, 2018 to assist the LGUs in maintaining the competence of the Violence Against Women (VAW) Desk personnel/officers in barangays. This encourages the Punong Barangays and Sangguniang Barangay members to retain/re-appoint the current VAW desk officers. The term of the VAW desk officers expire at the end of the term of the barangay officials. This policy aims to maximize the training and skills gained by the current VAW desk officers.

Legislative level

The 17th Congress passed the Universal Health Care Act (UHC) and the President signed it as RA 11223 in early 2019. The law aims to: a. progressively realize the universal health care in the country through a systemic approach and clear delineation of roles of key agencies and stakeholders towards better performance in the health system; b. ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risks. The UHC law's implementing rules and regulation is currently being drafted. This law reorganizes the way health services and commodities (including reproductive health) are financed, procured, delivered and accessed through the service delivery network.



The 17th Congress also passed other laws that enhance the implementation of RPRH. Republic Act 11148, otherwise known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act,” scales up the national and local health nutrition programs through a strengthened integrated strategy for maternal, neonatal, child health and nutrition in the first 1,000 days of life to improve the nutritional status of infants and young children, adolescent females, pregnant and lactating women. It also mandates sustained allocation of resources from the different concerned agencies to achieve the law’s objectives. Republic Act 11210, otherwise known as the “105-Day Expanded Maternity Leave Law” increases the maternity leave period to 105 days for all female workers; with an option to extend for an additional 30 days without pay; and an additional 15 days for solo mothers.

It also passed the Philippine HIV and AIDS Policy Act (RA 11166) which strengthens the country’s policy on HIV/AIDS prevention, treatment, care and support. It lowered the minimum age requirement (from 18 to 15 years old) for the availment of HIV testing and counseling without parental or guardian’s consent but with the assistance of a licensed social worker or health worker.

Local level

The Regional Implementation Teams¹ report that there are 341 LGUs with local policies on maternal and neonatal health. However, budget allocations, expenditures and sources of these LGUs supporting these policies were not disclosed. There are 1,869 local policies supporting maternal and neonatal health but only Cordillera Autonomous Region (CAR) was able to disclose the budget that backed these policies at Php3.5 million. Specifically, ordinances were issued in CAR for the establishment of lactation and breastfeeding stations in the workplaces; and the construction and installation of an elevator within the City Hall for the benefit of the pregnant women, elderly and the persons with disability (Resolution No. 354, series of 2018). The number of LGUs in CAR with local policies, however, was not disclosed.

Challenges and Recommendations

The data presented above does not provide a complete picture of the status of LGU support for maternal and neonatal health, as well as for other aspects of the RPRH implementation. All indicators should be reviewed for cleaner data so that implementation at the local level can clearly and easily be seen. This is the only way the issues are determined. National policies and specific supporting interventions could be accurately provided if implementation at the local level can be assessed using cleaner data.

As in the previous years, there is still a lack of overall strategic direction for the implementation of RPRH. While there are strategic plans for the different aspects of implementation (MNCHN, FP, ASRH, STI and HIV/AIDS, elimination of VAWC), there is no strategic plan that covers all these KRAs. It is imperative that specific activities are stated with the corresponding agencies and units that should be held accountable for the fulfillment of the RPRH goals and objectives.

¹ The National Implementation Team (NIT) and the Regional Implementation Teams (RITs) were created to coordinate and monitor the joint implementation of the RPRH law at the national and local levels (DOH AO 2015-0002).



2 BUDGET AND FINANCING

National Government Budget

Based on DOH and POPCOM allocation, the national government budget for the implementation of the RPRH Law in 2018 amounted to Php41.88 billion (Table 1). This is 10% higher than the Php37.4 billion RPRH budget in 2017. The DOH remains to be the main source of funds with its total budget allocation of Php41.35 billion in 2018 comprising of 39% of its total budget in the 2018 General Appropriations Act (GAA) amounting to Php106.08 billion. There was a moderate increase in the DOH budget allocation for RPRH-related line items compared last year.

Table 1. Indicative National Government Budget Allocation and Obligation for RPRH 2017 and 2018				
Agency/Program	2017 Adjusted Allotment for RPRH (in billion Php)	2017 Total Obligation (in billion Php)	2018 Adjusted Allotment for RPRH (in billion Php)	2018 Total Obligation (in billion Php)
DOH	37.18	35.36 (95%)	41.35	37.85 (92%)
Family Health and Responsible Parenthood (FHRP)	4.20	3.68 (88%)	3.64	2.25 (65%)
Expanded Program on Immunization (EPI)	7.10	7.08 (99%)	7.44	7.30 (98%)
Health Facility Enhancement Program (HFEP)	25.88	24.60 (95%)	30.27	28.30 (93%)
POPCOM	0.42	0.42 (100%)	0.52	0.51 (98%)
Total	37.60	35.78	41.88	38.36

Compared to its 2017 budget, there was a slight decrease in the utilization of the 2018 DOH RPRH-related budget line items such as EPI and HFEP. The decrease in the utilization rate of FHRP in 2018 was due to difficulties in the procurement process.²

POPCOM allocated 90% of its Php 516.88 million budget in the 2018 General Appropriations Act (GAA) to cover the programs on reproductive health/family planning, adolescent health development/population, and development integration, among others.

² DOH-Disease Prevention and Control Bureau (DOH-DPCB)

Apart from the above budget, the DOH also appropriated Php11.46 million for the operation of the Philippine National AIDS Council. In addition, it allocated Php94.37 million for the Cancer Program to be utilized for program implementation review of Cancer Medicine Access Program, Breast Cancer Awareness, procurement of drugs and medicines, among others.

Social Health Insurance

The premium collection for the National Health Insurance Program reached Php132.43 billion in 2018, a 23% increase from 2017 which stood at Php107.45 billion.³ Out of the total amount collected, Php37.16 billion came from the National Government as appropriated in the GAA for the premium contribution of the National Household Targeting Survey for Poverty Reduction (NHTS-PR) households. Approximately Php420.92 million came from premium contributions of women who were about to give birth (WATGB),⁴ Php138.46 million from the premium collection under the Point of Care Program and Php3 billion from the 2018 GAA as budgetary support to PhilHealth for the premium payment enrolled under the Point of Service (POS) Program.⁵

PhilHealth reported 104.49 million registered beneficiaries in 2018, which comprises 98% of the country's projected population for the year. Of the total registered beneficiaries, 33% (34.46 million) were indigent members and dependents from the NHTS-PR households.⁶ Western Visayas, Central Visayas and Autonomous Muslim Mindanao are the top three regions with large number of registered indigent members (Table 2).

Table 2. Number of Indigent Program Members and Dependents Among NHTS Poor Households ⁷		
Region	Members	Dependents
CAR	267,240	355,421
I	638,000	923,396
II	490,617	716,376
III	894,975	1,358,366
NCR	631,793	657,432
IV-A	1,034,672	1,332,596
IV-B	665,894	800,151
V	1,240,882	1,679,078
VI	1,642,114	1,675,703

³ Corporate Planning Department, PhilHealth

⁴ Ibid

⁵ POS refers to the program provided in the GAA for the current year, to cover all Filipinos under the National Health Insurance Program (NHIP), including the unregistered and inactive registered members especially those who are financially incapable.

⁶ PhilHealth Stats and Charts 2018, www.philhealth.gov.ph

⁷ Corporate Planning Department, PhilHealth

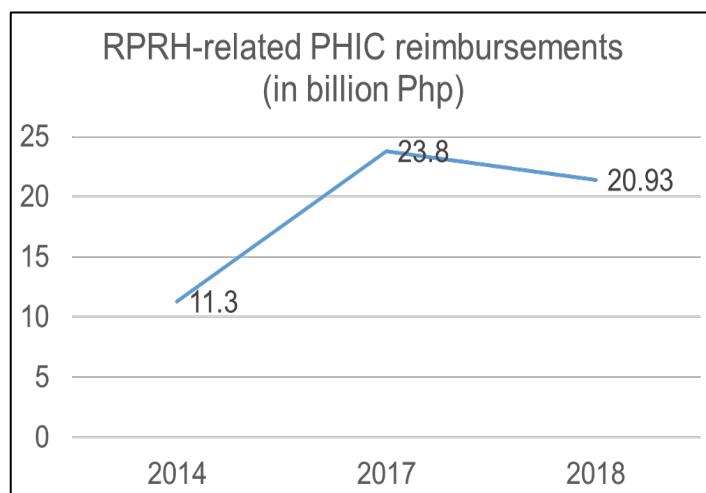
Table 2. Number of Indigent Program Members and Dependents Among NHTS Poor Households ⁷		
VII	1,341,016	1,226,745
VIII	1,140,289	1,567,272
IX	1,205,333	1,229,594
X	1,115,211	1,143,538
XI	455,086	748,363
XII	894,029	997,483
CARAGA	678,804	861,624
ARMM	1,382,927	1,470,155
Total	15,718,882	18,743,293

Source: PhilHealth Corporate Planning Department, 2018

Benefit Payment

In the 2018 Stats and Charts,⁸ PhilHealth reimbursed a total of Php121.04 billion. Of this amount 26% (Php31.12 billion) was paid for the government-sponsored members and at least Php20.93 billion was paid for RPRH-related benefits. The benefit payment for RPRH-related services steadily increased in the last four years of RPRH implementation from Php11.3 billion in 2014 to Php23.8 billion in 2017.⁹ However, benefit payment for RPRH-related services is 11% lower in 2018 compared to 2017. This may be because some claims are still in process. These figures are presented in Table 3.

Figure 1. RPRH-related PHIC Reimbursements



Source: PhilHealth 2018

⁸ Accomplishments of PhilHealth

⁹ 4th Annual Report of the RPRH Law Implementation, 2017

**Table 3. Benefit Payment for RPRH-Related Services
for 2014, 2015, 2016, 2017 and 2018**

Benefit Package	Total Amount Paid (Php Million)				
	2014 ¹⁰	2015 ¹¹	2016 ¹²	2017 ¹³	2018 ¹⁴
FP ¹⁵	21.00	13.60	1,315.42	44.35 (277.62)	366.22
MNCHN ¹⁶	8,274.70	11,560.00	16,340.10	21,953.00	16,805.63
Post-abortion care	258.70	394.15	569.60	240.63	652.17
STI and HIV	53.36	120.00	242.00	338.00	471.10
Breast and Gynecologic ¹⁷	2,547.00	582.11	1,329.00	1,165.80	2,472.15
Men's Health ¹⁸	110.44	130.11	472.34	46.13	171.46
Total	11,265.20	12,799.97	20,268.46	23,787.91	20,983.72

Two RPRH packages are included in the top ten procedures/packages reimbursed by PhilHealth in 2018. These are Newborn Care Package and deliveries (Normal and Caesarian Section). These two comprised 35% (Php2.40 million) of the Php11.89 million total claims paid by PhilHealth.¹⁹

Based on 2018 FHSIS data, a total of 601,113 are new and other acceptors of long acting and permanent methods (LAPM). Correlating the total number of new and other acceptors of LAPM with PhilHealth paid claims for FP services, only 19% or 111,903 claims were reimbursed by PhilHealth. Relative to this, the agency paid only 2% of No-scalpel Vasectomy (NSV) counts. Among the FP methods reimbursed by PhilHealth, there was substantial improvement in the number of claims filed and paid for subdermal implant package in 2018 which increased by 41% (17,396 claims) compared to 2017 (10,217 claims). These figures are presented in Table 4.

¹⁰ The First Annual Consolidated Report on the Implementation of the RPRH Act, 2014

¹¹ The 2nd Consolidated Report on the Implementation of the RPRH Act, 2015

¹² 3rd Annual Report on the Implementation of the RPRH Act, 2016

¹³ 4th Annual RPRH Report, 2017

¹⁴ Source: Case Rates from Powerbi 03-20-2019 based on Admission Year, Paid Claims, Computed Amount Z Benefits from Special Benefits Team

¹⁵ Includes BTL, IUD Insertion, SDI and NSV

¹⁶ Includes deliveries (normal deliveries, caesarian sections, breech and complicated vaginal deliveries); antenatal care, pregnancy-related conditions; and infant and child health care (newborn care package and perinatal conditions)

¹⁷ Includes payment for medical case rates and procedures as well as cancer treatment (Z Benefit Packages)

¹⁸ Includes reimbursement for procedures and treatment for diseases of male genital tract including Z benefit for prostate cancer

¹⁹ Stats and Charts 2018, www.philhealth.gov.ph

The primary driver for subdermal implant claims in 2018 remains to be the private MCP-accredited birthing facilities reflecting 81.3% of total claims, followed by Level 3 private hospitals at 10.6%.²⁰ Also, from the same study, top three facilities for subdermal implant reimbursement are from the private sector namely: Likhaan Center for Women's Health (Bulacan), FPOP-Community Health Care Clinic-GenSan (South Cotabato), and Gaspang Aguillon Birthing Clinic (Leyte).²¹

Table 4. Number of New and Other Acceptors²² and Claims Paid for LAPM 2017 and 2018²³				
FP Method	2017	2018	2017	2018
	New and Other Acceptors	New and Other Acceptors	Claims Paid	Claims Paid
BTL	83,057	251,574	69,064	63,144
NSV	2,800	2,844	54	56
IUD	132,513	113,069	32,397	31,307
SDI	90,630	233,626	10,217	17,396

Source: DOH- FHSIS, 2017 & 2018

Facility Accreditation

As of December 31, 2018, 1,928 facilities (hospitals and infirmaries) and 2,911 accredited MCP providers are accredited by PhilHealth, which is 11% lower compared to 2017. This may be due to the mandatory requirement of LTO for PhilHealth accreditation of birthing facilities. Also, in 2018, PhilHealth started accrediting FP Stand-Alone Clinics. By end of 2018, there were 811 accredited facilities with trained/certified FP providers which are concentrated in Central Visayas, NCR and MIMAROPA.

Facilities with trained/certified FP providers Table 5 shows that the ratio of PhilHealth-accredited PCB providers to total cities and municipalities declined from 94% in 2017 to 81% in 2018, which is partly due to LGU difficulty in complying with the accreditation requirement for physician. Meanwhile, there was marked decline in MCP ratio to total cities and at 66%, which is due to mandatory requirement of License to Operate (LTO) for accreditation of birthing facilities. This means that facilities were not able to comply and secure LTO from DOH which is a requirement for accreditation.

²⁰ Powerpoint presentation on Initial Analysis of PSI Consumption (July-December 2018) and PhilHealth Reimbursements (2017 And 2018), RTI (Usaid Project), 2018

²¹ Ibid.

²² FHSIS, DOH, 2017 And 2018.

²³ PhilHealth, 2017 and 2018

Table 5. Number of Accredited PCB and MCP in Cities and Municipalities, 2017 and 2018

	2017 ²⁴		2018 ²⁵	
	PCB	MCP	PCB	MCP
Number of accredited outpatient clinics	2,455	3,243	2,349	2,911
Number of cities and municipalities with accredited clinics	1,541	1,493	1,330	1,078
Percentage to total number of cities and municipalities	94%	91%	81%	66%

Source: PhilHealth, 2017 and 2018


Enabling Policies

In 2018, PhilHealth developed and implemented RPRH-related policies. These policies have accompanying “Tamang Sagot” information sheet, a list of frequently asked questions, for PhilHealth members and health care providers. To further facilitate understanding of RPRH-related policies, PhilHealth Regional Offices regularly organized orientation activities such as “Alamin at Gamitin (ALAGA Ka)” Program and “Project REACHOUT.” These activities aim to ensure the same understanding of the policies and details of operational mechanisms. These policies are:

1. PhilHealth Circular 002 s. 2018 on the Department of Health License to Operate (DOH-LTO) as Mandatory Requirement for Accreditation of Birthing Homes and Maternity/Lying-in Clinics Starting CY 2018 (Date Published: May 15, 2018). This policy guidelines and mandatory requirements to facilitate accreditation of birthing homes/lying-in clinics and ensure reimbursement for MCP, NSD and NCP services.
2. PhilHealth Circular 004 s. 2018 on the Accreditation of Stand-Alone HIV Treatment Hubs and Satellite Treatment Hubs as Providers of PhilHealth Outpatient HIV /AIDS Treatment (OHAT) Package (Date Published: June 7, 2018). This policy aims to increase access of affected population to the PhilHealth OHAT Package. The package provides a mechanism for people living with HIV (PLHIV) to have access to effective HIV /AIDS treatment and care in PhilHealth accredited health care institutions.
3. PhilHealth Circular 005 s.2018 on the Guidelines for Accreditation of Free-Standing Family Planning (FP) Clinics (Date Published: May 18, 2018). This policy provides standards and guidelines on the accreditation of family planning clinics and health care professionals for family planning packages of PhilHealth done in non-hospital-based facilities.
4. PhilHealth Circular 008 s. 2018 on the Guidelines on the Implementation of Point of Service (POS) Enrolment Program under the GAA 2018 Onwards (Date Published: June 15, 2018). The policy aims to address the gaps in coverage of both financially capable

²⁴ 4th Annual Report of the RPRH Law Implementation, 2017

²⁵ Stats and Charts 2018, www.philhealth.gov.ph

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- and incapable Filipinos, and registered inactive members and to ensure 100% availment rate in covering the poor under the National Health Insurance Program.
5. PhilHealth Circular 0016 s. 2018 on Display of NBB Streamer within Health Care Institution (HCI) Premises (*Date Published: Oct 11, 2018*). The objective of this policy is to create awareness among PhilHealth members and dependents that no co-payment policy is being implemented on the said facility. This approach supplements existing information dissemination initiatives on NBB policy and empower entitled members to avail of the NBB coverage.
 6. PhilHealth Circular 0021 s. 2018 on Enhancement of Newborn Care Package (*Date Published: Dec 21, 2018*). This Circular provides policies and procedures on the implementation of the Newborn Care Package which includes expanded newborn screening test.

Financing Support from Other Sources

The LGUs allocated around Php406.4 million for FP training, FP- related workshops, and procurement of FP commodities, among others. This FP budget represents only 1.04% of the total budget of LGUs.²⁶

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

- USAID allocated around Php900 million for FP and Php150 million for MNCHN programs²⁷ to improve access to quality FP/MCH services, fortify behavioral change, and strengthen health system and remove barriers to FP/MNCHN use.
- UNFPA allocated Php250.31 million to cover programs for sexual and reproductive health of women, adolescents and youth, empowering youth and women, gender equality, among others.
- Global Fund allocated Php420 million (US\$ 8.4 million) for HIV
- The Government of Canada released Php391 million to support the implementation of RPRH²⁸
- Civil Society Organizations (CSOs) reported that in 2018, Php74.43 million was allocated for the implementation of RPRH programs, of which 91% was utilized. This amount was used to fund the following activities: support to policy development, conduct of demand generation, capacity building, and service delivery. Funding for CSOs was made possible through the support of ARROW, Australian Embassy, Bill and Melinda Gates Foundation, DAP, DepEd, DOH, EMpower Foundation, FP2020, InterPares, IPPF, KOICA, Medecins Sans Frontieres, PCPD, POPCOM, Save the Children, and UN Women, among others.

²⁶ Source: 2018 LGU Annual Operational Plan (provided by the DOH)

²⁷ Php50 currency exchange rate

²⁸ Php38 currency exchange rate

Challenges and Recommendations

Challenges	Recommendations
<p>1. Consistently low utilization of FP Packages of PhilHealth.</p> <p>Low utilization may also arise from confusion between patients and providers brought about by differing interpretations in the implementation of the guidelines.</p>	<p>PhilHealth may need to review its membership services to determine barriers encountered by WRA and health care providers in benefit availment.</p> <p>Develop strategies and operational mechanisms to improve women's use of FP services.</p> <p>Introduce and institutionalize effective approaches and practices that will support the DOH and PhilHealth address operational bottlenecks.</p> <p>Review operational and policy bottlenecks and out-of-pocket spending that affect equity and financial risk protection in health.</p>
<p>2. Decrease in the number of PhilHealth-accredited MCP facilities</p>	<p>Review the reasons why there is a decrease in the number of PhilHealth-accredited MCP facilities such as but not limited to existing DOH and PhilHealth guidelines and requirements for accreditation.</p> <p>DOH may assist LGUs in upgrading of existing and constructing new health facilities in areas with limited accessibility to birthing services.</p> <p>DOH and PhilHealth to develop mechanism/system where public and private providers will be organized to form a network that will be responsible for the health needs of the community in the light of Universal Health Care.</p>

3 PROGRESS ON THE KEY RESULT AREAS

Key Result Area 1: Maternal, Newborn, Child Health and Nutrition

Maternal, Infant and Child Health, and Nutrition including Breastfeeding is the second element of the RPRH Care Law. This section discusses health outcomes under this element including the interventions implemented and policies developed. The challenges and recommendations on program implementation are also included in the report.

Maternal Health

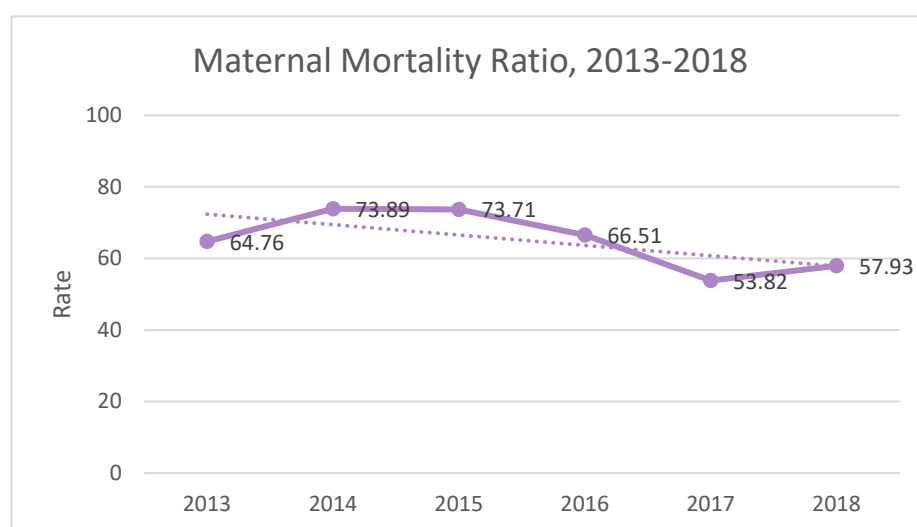
The DOH FHSIS showed that maternal mortality rates decreased in the past years. It dipped to 54/100,000 livebirths in 2017 from 74/100,000 livebirths in 2015. For the current reporting year, MMR slightly increased to 58/100,000 livebirths.

While DOH FHSIS data showed a lower maternal mortality ratio, the Maternal Mortality Estimation Inter-Agency Groupⁱ in 2015 demonstrated a maternal mortality ratio of 114 per 100,000 live births. It would be difficult to assess status of maternal health outcomes using only the FHSIS since MMR can only be accurately calculated from considerably large sample sizes. The DOH is still challenged by the need to accurately measure maternal mortality owing to gaps in the timeliness and completeness in reporting and the quality and private sector inclusiveness of its data.

The fact remains that women are still dying from pregnancy-related complications every year. To halt preventable cause of maternal deaths and to effectively achieve the Sustainable Development Goals, innovative interventions and stronger efforts are needed.

Similar to previous years, the leading causes of mortality remain to be hemorrhage and hypertension which account for about 70% of direct causes. Maternal sepsis in the Philippines has also been increasing and accounts for 9% of the total maternal deaths. These pregnancy-related diseases can be abated by the provision of quality obstetric care and access to CEmONC-capable facility. In addition, the Maternal Death Surveillance and Response (MDSR) report showed that beyond the clinical causes of death, health system delays and social determinants of health greatly affect the outcome of pregnancy.

Figure 2. Philippine Maternal Mortality Ratio
2013-2018



Source: DOH FHSIS, 2013-2018

In terms of regional performance, DOH has reported a lower number of livebirths in 2018 (1,693,508) with more than 114,000 difference compared to 2017. Absolute count of maternal deaths on the other hand, increased for the present year. While maternal mortality rate in majority of the regions decreased (CAR, 1, 2, 4A, 4B, 5, 8, 9, and 10), some regions are still over the desired Sustainable Development Goal target of 70/100,000 livebirths, namely Regions 5, 6, and 11 (Table 6).

Table 6. Maternal Mortality Ratio and Live Births across Regions 2017-2018						
Region	Livebirth (Number)		Number of Maternal Deaths		MMR (per 100,000 LB)	
	2017	2018	2017	2018	2017	2018
PHL	1,807,728	1,693,508	973	981	54	58
NCR	246,580	247,653	125	149	51	60
CAR	32,587	32,640	14	13	43	40
1	82,683	79,438	48	41	58	51
2	57,352	57,009	29	20	51	35
3	180,600	152,703	73	67	40	44
4A	213,194	174,634	90	68	42	39
4B	55,156	51,112	44	33	80	65
5	117,373	116,242	92	89	78	77
6	110,058	101,480	72	88	65	87
7	169,568	143,266	51	83	30	58
8	79,244	75,837	62	43	78	57
9	58,899	63,191	37	39	63	62
10	97,183	96,094	58	50	60	52
11	98,823	102,588	58	77	59	75
12	84,683	83,945	48	51	57	61
ARMM	74,964	74,742	40	35	53	47
CARAGA	48,781	40,934	32	35	66	86

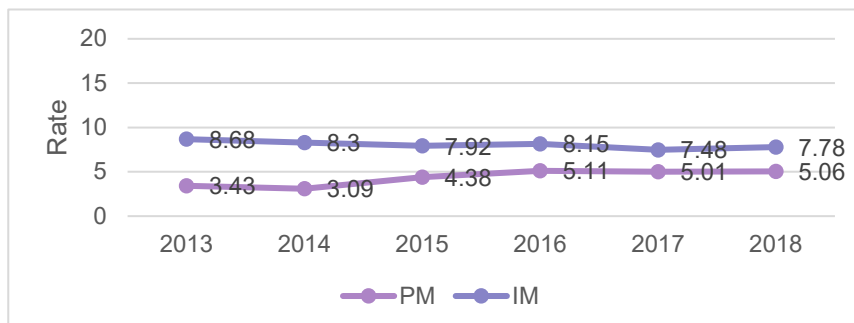
Source: DOH FHSIS, 2017 and 2018

Perinatal and Infant Health

Perinatal mortality is defined as fetal deaths of 22 weeks or more and newborns dying under seven days of life. FHSIS reports showed that perinatal mortality rates increased from 2014 to 2015. This showed no significant change until 2018 when a total of 8,574 perinatal deaths were accounted for which translates to 5.06/1,000 live births.

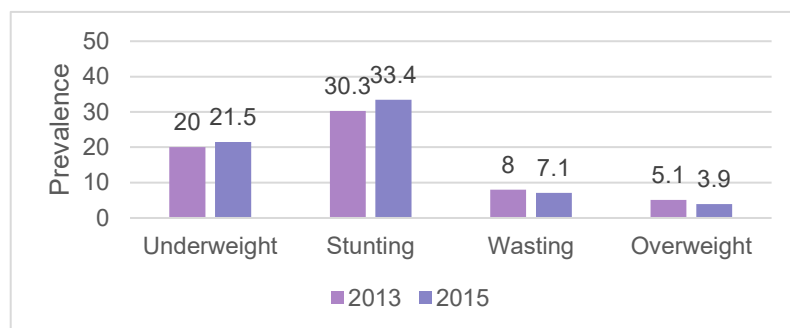
Unlike previous years, perinatal mortality is included in this report as this indicator plays an important role in providing the information needed to improve the health status of pregnant women, new mothers, and newborns. This information allows decision-makers to identify problems, track temporal and geographical trends and disparities, and assess changes in public health policy and practice.²⁹ In contrast, infant mortality rates declined from 2013 to 2017. But 2018, it marginally increased to 7.78/1,000 livebirths.

Figure 3. Perinatal and Infant Mortality Rates 2017-2018



Source: DOH FHSIS, 2017 and 2018.

Figure 4. Prevalence of Malnourished Children 0-59 months 2013 and 2015



Source: National Nutrition Survey, 2013 and 2015.

²⁹ WHO Neonatal and Perinatal Mortality Country, Regional, and Global Estimates, 2016. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/43444/9241563206_eng.pdf?sequence=1

Nutrition

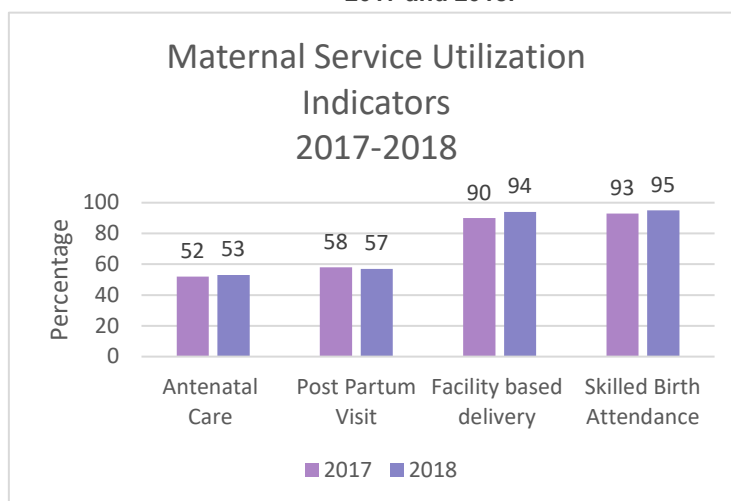
Data on nutrition are highly dependent on survey data. Based on the National Nutrition Survey in 2013 and 2015. Prevalence of underweight and stunted children slightly increased from 20% to 22% and 30% to 33%, respectively from 2013 to 2015 as shown in Figure 4. On the other hand, a marginal decline was also reported in the prevalence of wasting and overweight among under-five children.

Key Interventions

Maternal Health Services

The MNCHN core package of services consist of interventions that will be delivered for each life stage: 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 as DOH Administrative Order 2008-0029. This policy issuance provides the strategy to rapidly reduce maternal and neonatal deaths through the provision of packages for maternal, newborn, child health, and nutrition (MNCHN) services.

Figure 5. Maternal Care Service Utilization Indicators 2017 and 2018.



Source: DOH FHSIS 207 and 2018.

For this reporting year, data from DOH FHSIS will be utilized to compare performance in 2017 and 2018. This will differ from the 4th RPRH Annual Report for maternal care service utilization since it used the National Demographic Health Survey 2017.

Service utilization for maternal care gradually increased in 2018. DOH FHSIS data showed that the number of pregnant women with at least four prenatal check-ups (antenatal consultations or ANC) increased by one percentage point from 52 to 53 in 2017 and 2018, respectively. This is approximately 1,506,395 women. Antenatal care is relatively low compared to facility-based delivery as reporting for ANC should commence in the 1st trimester of pregnancy. Pregnant women who failed to visit during the first trimester are automatically not counted in the ANC indicator. Field reports also showed that women usually seek prenatal care when quickening³⁰ is felt usually at 20 weeks age of gestation or at the second trimester of pregnancy. Facility-based delivery (FBD) and skilled birth attendance (SBA) were reported at 94% and 95% respectively in 2018. The increase from 2017 is an indication of women's preference to give birth

³⁰ Quickening Is the perception of fetal movement beginning at 16 to 20 weeks (Cunningham, G. Et Al., Williams Obstetrics, 22nd Edition, 2005.)

in licensed health facilities attended by skilled health professionals. However, it must be noted that 5% of pregnant women still give birth at home assisted by traditional birth attendants or “*hilots*.”

Improvements in FBD rate can be attributed to the support PhilHealth provided to women giving birth in health facilities through its maternity and newborn care packages. It can also be ascribed to the issuance of local health resolutions prohibiting deliveries at home and the provision of incentives for traditional birth attendants and community health volunteers in bringing pregnant women who are about to deliver in birthing clinics and hospitals.

Table 7. Maternal Care Service Utilization Indicators per Region, 2018				
	ANC (%)	PPV (%)	SBA (%)	FBD (%)
PHL	53	57	95	94
NCR	66	67	98	97
CAR	50	51	98	96
1	60	56	100	98
2	51	57	98	96
3	53	55	98	91
4A	39	45	95	93
4B	48	57	86	95
5	47	59	95	94
6	43	49	95	94
7	51	59	97	96
8	44	44	*	*
9	59	59	91	91
10	66	66	*	*
11	52	52	93	93
12	65	65	92	92
ARMM	58	58	76	68
CARAGA	53	53	94	92

*No report in FHSIS
Source: DOH FHSIS, 2018.

Post-partum visit (PPV or post-natal check-up) decreased by one percentage point from 58% in 2017 to 57% in 2018. PPV is done at least twice - within 24 hours and within seven days after delivery. Field reports collected 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 important as most maternal and newborn deaths occur during or immediately after delivery. Early post-partum care is critical to promote household practices like exclusive breastfeeding, which is key to child health and survival.

Table 7 provides a summary of the four service utilization indicators across 17 regions. Not one region reached the 90% target in all service utilization indicators. However, Regions NCR, CAR, 1, 2, 3, 4A, 5, 6, 7, 9, 11, 12, and CARAGA reached the target of 90% for both SBA and FBD.



Pre-pregnancy Services

Pre-pregnancy services include provision of iron and folate supplementation, counseling and provision of FP methods, and prevention and management of infection and lifestyle-related diseases. Commodities for these services are provided by both the DOH and LGU. Pre-pregnancy services highlight the provision of modern FP methods to reduce unplanned pregnancies and unmet need of women and adolescents that can expose them to unnecessary risks from pregnancy and childbirth. Unplanned pregnancies are also associated with poorer health outcomes for both mother and newborn.³¹ Effective provision of FP services can potentially reduce maternal mortality by around 44%.³² Family planning services will be discussed in detail in the next section of this report KRA 2: Family Planning.

Antenatal Care Services

Antenatal care or ANC is defined as the care provided by skilled health professionals to pregnant women and adolescent girls to ensure the best health conditions for both mother and baby during pregnancy.³³ This visit is important because it helps reduce maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls at increased risk of developing complications during labor and delivery. ANC ensures referral to an appropriate level of care.³⁴ Its components include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

In 2016, the WHO recommended eight ANC visits to achieve a positive pregnancy experience instead of the four ANC visits proposed in the WHO Focused Antenatal Care Model in 2002. It details health system interventions to improve the utilization and quality of antenatal care. These interventions include women-held case notes; midwife-led continuity of care; Group antenatal care; community-based interventions to improve communications and support; task shifting components of antenatal care delivery; recruitment and retention of staff in rural and remote areas; and antenatal care contact schedules. The Philippines has yet to adopt this guideline, but in 2018, the Safe Motherhood Program began drafting implementation guidelines for ANC to strengthen Administrative Order (AO) 2016-0035, The National Policy on the Provision of Quality Antenatal Care in Birthing Centers and Health Facilities Providing Maternal Care Services.


The tracking of pregnancies in the community by the barangay health workers (BHWs) is one of the factors that influence women to seek ANC consultation. BHWs provide both navigation and basic service delivery functions, assist pregnant women in developing birth plans, and help families facilitate access to critical health services. In 2018, Civil Society Organizations (CSOs), reported that 27,668 pregnancies were tracked and 219 pregnant women developed birth plans. “*Bantay Buntis*,” a practice at the regional level by organized communities with indigenous people, ensure pregnant women avail of professional assistance throughout pregnancy, delivery and

³¹ DOH, 2011.

³² Ahmed S., Et Al., Maternal Deaths Averted by Contraceptive Use: An Analysis Of 172 Countries. [Lancet](https://doi.org/10.1016/S0140-6736(12)60478-4). 2012 Jul 14;380(9837):111-25. DOI: 10.1016/S0140-6736(12)60478-4. Epub 2012 Jul 10. Retrieved From <https://www.ncbi.nlm.nih.gov/pubmed/22784531>

³³ WHO, 2016.

³⁴ Carroli G, Rooney C, Villar J. How Effective is Antenatal Care in Preventing Maternal Mortality and Serious Morbidity? An Overview of the Evidence. *Paediatr Perinat Epidemiol*. 2001;15(Suppl 1):1–42.



post-partum. This service extends to ensuring the provision of basic health services to newborns up to their childhood.

To raise awareness on quality ANC, tarpaulins on Quality ANC Services were produced and provided by the Safe Motherhood Program to all public birthing centers in the country. The tarpaulins were recommended to be displayed in the waiting areas of birthing centers so that women are aware of the ANC service package that they should receive from the health provider.

Demand generation activities were also conducted to encourage women and couples to exercise good practices in maternal and infant health. *Buntis* Congress is a common demand generation activity conducted in LGUs nationwide with the support of various CSOs. In this activity, pregnant women and/or couples are educated in various topics, such as responsible parenting, reproductive health, proper nutrition, what to expect during labor and delivery, breastfeeding, and newborn screening. Provision of free routine laboratory procedures and ultrasound during advocacy campaigns are also done.

In 2018, the DOH Health Promotion and Communication Services (HPCS) featured two episodes of Making Pregnancy and Childbirth Safer in the Healthy Ever After Show in GMA News TV.

Pregnancy requires a healthy diet that includes an adequate intake of energy, protein, vitamins and minerals to meet maternal and fetal needs. However, for many pregnant women, dietary intake of vegetables, meat, dairy products and fruit is often insufficient to meet these needs, particularly in low and middle-income countries (LMICs) where multiple nutritional deficiencies often co-exist. In resource poor countries in sub-Saharan Africa, south-central and south-east Asia, maternal undernutrition is highly prevalent and is recognized as a key determinant of poor perinatal outcomes.³⁵ Hence, the provision of macro and micronutrient supplementation for pregnant women and adolescent girls is included as intervention in antenatal care. DOH procures these nutrient supplements to augment LGU supplies. Table 8 shows the units procured and distributed for target beneficiaries.

Labor, Delivery, and Post-partum Services

Advocacies for facility-based delivery are highly important. They ensure safe labor and intrapartum interventions and consequently safeguard the welfare of women and newborns. The establishment of a network of public and private health care providers of emergency obstetric and newborn care is integral to safe intrapartum interventions. The network is configured to include birthing centers capable of providing BEmONC and a referral hospital that can provide CEmONC. Ideally, a BEmONC-capable facility should be reached within 30 minutes from homes using the most common mode of transportation while a CEmONC should be reached within an hour from each BEmONC-capable facility.

³⁵ Tang Am, Chung M, Dong K, Terrin N, Edmonds A, Assefa N Et Al. Determining A Global Midupper Arm Circumference Cutoff to Assess Malnutrition in Pregnant Women. Washington (Dc): FHI 360/Food and Nutrition Technical Assistance III Project (Fanta); 2016 ([http:// www.fantaproject.org/sites/default/files/resources/fanta-muac-cutoffs-pregnantwomen-june2016.pdf](http://www.fantaproject.org/sites/default/files/resources/fanta-muac-cutoffs-pregnantwomen-june2016.pdf), Accessed 26 September 2016.

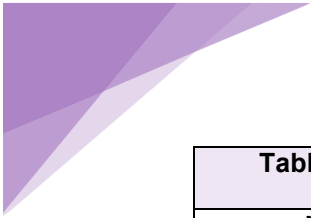


Table 8 Macro and Micronutrient Supplementation Supplies for Pregnant Women aged 10-49 years, 2018		
Nutrient Supplements³⁶	Number of units procured and distributed (tablets)	Amount (Php)
Ferrous Sulfate + Folic Acid tablet	1,257,465,400	628,732,700.00
Calcium carbonate	246,600,000	246,600,000.00

Source: DOH-DPCB Project Procurement Management Plan (PPMP), 2018.

The National Safe Motherhood Program sponsored the BEmONC training course of 21 doctors from Sulu, 21 doctors and midwives from Lanao del Sur, and 21 doctors and nurses of the Philippine National Police (PNP). The Centers for Health Development (CHD) provided BEmONC training programs, too. To date, 95% of the 1,758 public birthing centers of the country have trained BEmONC teams. In terms of commodities, the DOH distributed 5,000 safe delivery kits nationwide. To institutionalize pregnancy interventions, the DOH started reviewing the New Guidelines on Intrapartum Care for Positive Childbirth and expanding the current MNCHN policy (AO 2008-0029) to RMNCAHN – Reproductive Health, Maternal-Newborn, Child, Adolescent Health and Nutrition.

Maternal sepsis was identified as one of the preventable causes of maternal mortalities. It is a life-threatening condition that develops during pregnancy, while or after giving birth, or after an abortion. In the Philippines, maternal sepsis accounts for 9% of the total cases (108) of maternal deaths reviewed in 2016.

In collaboration with the Philippine Infectious Disease Society for Obstetrics and Gynecology (PIDSOG) and the Philippine Hospital Infection Control Society (PHICS), the National Safe Motherhood Program initiated the Maternal Sepsis Elimination Campaign which aims to eliminate maternal sepsis in the country. The strategy is part of the planned Focused Elimination Campaign Strategy of the National Safe Motherhood Program which also addresses pregnancy – related hypertension and hemorrhage. If maternal sepsis will be eliminated, the number of mothers' lives saved can lead an estimated 3% annual rate of decline in the country's maternal mortality ratio. This will help us achieve the SDG goal of 70/100,000 livebirths or better by 2030.

The DOH acted as the country coordinator in the Global Study of Maternal and Newborn Sepsis in 2018 spearheaded by the World Health Organization (WHO) Reproductive Health Research. Nine hospitals in Manila participated in the study, namely: Dr. Jose Fabella Memorial Hospital, Dr. Jose R. Reyes Memorial Medical Center, Tondo Medical Center, Ospital ng Maynila, Gat Andres Bonifacio Memorial Hospital, Justice Jose Abad Santos Memorial Hospital, Sta. Ana Hospital, Tondo General Hospital and Ospital ng Sampaloc. The results of the study will be released in 2019 and will form as the basis for the Maternal Sepsis Elimination Campaign in the country.

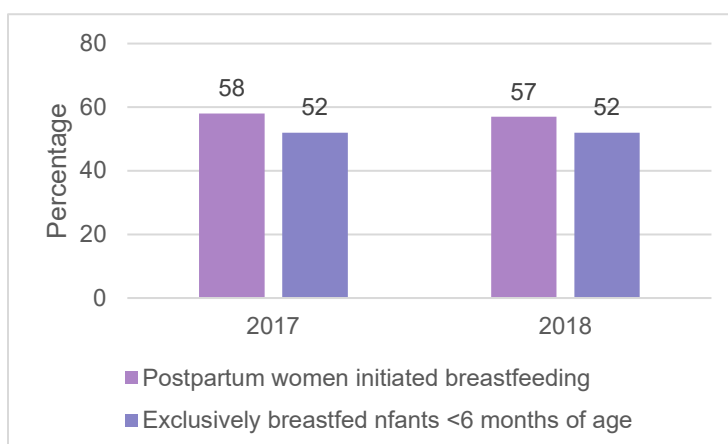
³⁶ Calcium is a macronutrient while Iron, Folate, and Iodine are micronutrients.

Neonatal and Infant Health Services

Unang Yakap Campaign. Services for newborn care are primarily anchored in the Unang Yakap campaign of the Department of Health. Unang Yakap or Early Essential Newborn Care (EENC) are evidenced-based practices for safe and quality care of birthing mothers and their newborns that are the simplest, most cost-effective preventive measure to significantly reduce newborn deaths.³⁷ EENC promotes exclusive breastfeeding. Current evidence indicates that skin to skin contact between mother and infant shortly after birth helps to initiate early breastfeeding and increases the likelihood of exclusive breastfeeding for one to four months of life as well as the overall duration of breastfeeding.³⁸ Breastfeeding indicators comparing 2017 and 2018 is plotted in Figure 6.

Breastfeeding indicators (i.e. post-partum, women-initiated breastfeeding within 90 minutes after delivery and exclusive breastfeeding of infants within six months of life) remains relatively low vis-à-vis the total number of livebirths. One of the reasons for this weak performance are the challenges in the implementation of the Milk Code (Executive Order 51) and weak advocacy in breastfeeding.

**Figure 6. Breastfeeding Indicators
2017 and 2018**



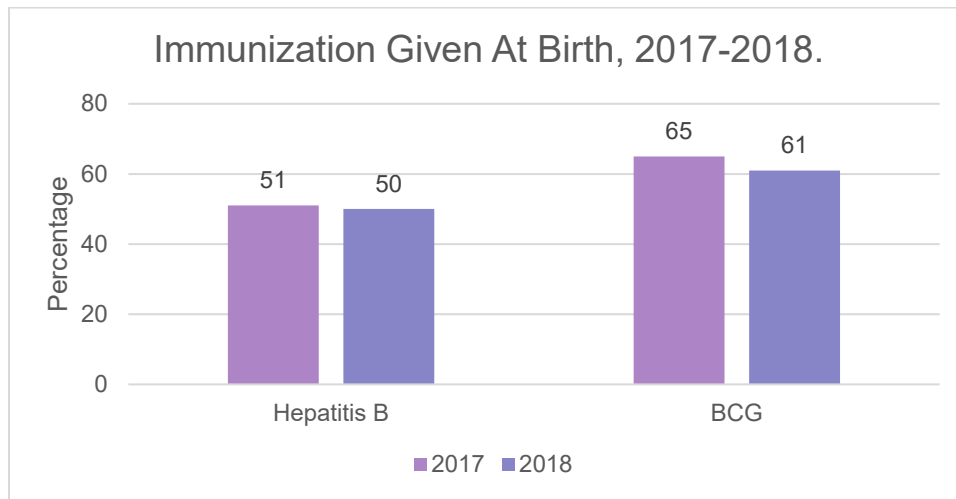
Source: DOH FHSIS, 2017 and 2018

National Immunization Program. The National Immunization Program (NIP) is committed to guarantee free immunization services and ensures that Filipinos, especially the poor, have access to routinely recommended vaccines. It guarantees the immunization of neonates, infants, children, adolescents, mothers, and elderly population as part of the comprehensive strategy for disease prevention and control following the Life Stage approach.

³⁷ WHO, 2017.

³⁸ WHO, 2017.

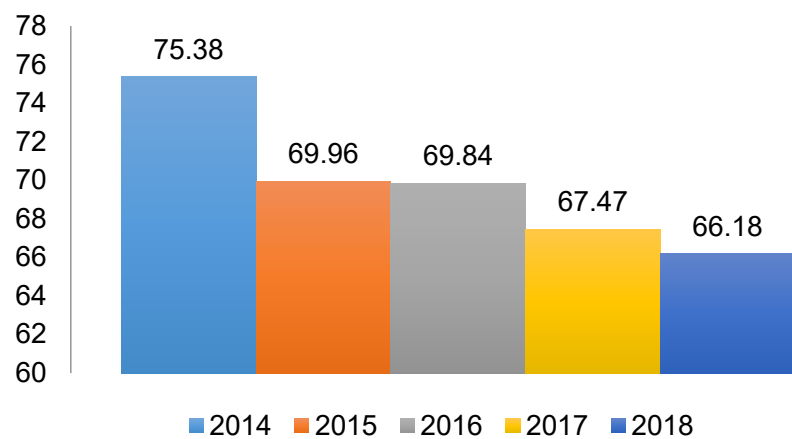
Figure 7. Immunization Given at Birth, 2017 and 2018



Source: DOH FHSIS, 2017 and 2018.

Under the program, first dose of Hepatitis B and BCG are given to newborns within 24 hours after birth. Current data shows low coverage of both antigens compared to the number of livebirths in the country. BCG immunization is higher compared to Hepatitis B but coverage for both antigens declined by one percentage point for Hepatitis B and 4 percentage points for BCG in 2018. Problems on BCG immunization may possibly be related to the practice of pooling a group of 8-10 newborns before administration of the multi-dose vaccine in order to minimize wastage.

Figure 8. Fully Immunized Child Coverage



In 2018, 66 % of children less than one year old were fully immunized, a decrease of 9 percentage points from 2014. Studies showed that one of the factors affecting full immunization coverage is that vaccinations are not administered as scheduled. A delay in one vaccine will produce a domino effect if catch-up adjustments in scheduled visits are not implemented aggressively. Published reports likewise have demonstrated that failure to adhere to scheduled booster immunization, not just the initial inoculation, results in the resurgence of disease.³⁹ Among other reasons being studied by the department on the challenges of the immunization program is the use of a projected eligible population based on census provided by the Philippine Statistics Office to the Department

³⁹ Guerra, Fa. *Delays in Immunization Have Potential Serious Health Consequences*. Paediatr Drugs, 2007.

of Health. Additionally, because of competing demand of different programs, midwives are handling more deliveries than performing public health work.

A very important implication of low immunization coverage is the poor herd immunity in a given population. Herd immunity occurs when a sufficient portion of a population is immune to specific diseases, thereby protecting individuals who have not developed immunity. The greater the proportion of the population that is immune or less susceptible to a disease, the lower the probability that a susceptible person will come in contact with an infectious person.⁴⁰ Low measles vaccine coverage for the past years may have resulted to poor herd immunity which caused the increase in incidence of measles cases in the Philippines in 2018. Table 9 shows the regional distribution of measles cases. In 2018, there were a total of 20,827 diagnosed measles cases and 199 measles-related mortalities. A significant increase from 2,428 and 34 diagnosed measles cases and measles-related deaths, respectively in 2017.

Table 9. Regional Distribution of Measles Cases 2017 and 2018				
Region	2017		2018	
	Number of cases	Deaths	Number of cases	Deaths
PHL	2428	34	20827	199
1	157	0	588	3
2	12	0	58	0
3	129	2	1109	26
4A	223	0	2577	32
4B	34	0	68	0
5	22	0	328	9
6	35	0	793	3
7	20	0	412	1
8	17	0	198	4
9	521	4	1381	6
10	104	0	1614	3
11	206	8	1494	17
12	46	1	1841	11
ARMM	691	16	4354	29
CAR	61	0	216	0
CARAGA	26	0	284	2
NCR	124	3	3512	53

Source: Philippine Integrated Disease Surveillance and Response (PIDSR), 2018.

Results from The Vaccine Confidence Project of the London School of Hygiene and Tropical Medicine showed a dramatic drop in vaccine confidence in the Philippines following the dengue vaccine scare.⁴¹ Confidence in vaccine effectiveness among study respondents significantly dropped from 82% in 2015 to a meagre 22% in 2018. To address this, the DOH developed strategies to improve immunization coverage, including but not limited to:

⁴⁰ American Academy of Pediatrics, 2015. <https://www.aappublications.org/content/36/5/14.1>

⁴¹ Human Vaccines & Immunotherapeutics, 2018 doi.10.1080/21645515.2018.1522468

- conduct of mixed method: non-selective and selective mass Measles and Polio vaccination for target population;
- communication and social mobilization through intensified and sustained community awareness of the risk of measles and the benefits of vaccination through various channels and local champions; and
- partners' engagement to support the Nationwide Measles Immunization Campaign.

Micronutrient Supplementation. The provision of supplies for the Micronutrient Supplementation Program assists the local government units in augmenting micronutrient supplies for vulnerable populations. The National Nutrition Survey reported in 2013 that the prevalence of anemia among 6 months to 1 year of age has the highest rate (39.4%) among population groups. In contrast, vitamin A deficiency among children 6 months to 5 years declined from 40% in 2003 to 15 percent in 2008. The prevalence is generally higher among children age 6- 23 months than children aged 24-59 months. Table 10 summarizes the procured micronutrient supplements for 2018.

Table 10. Procured Micronutrient Supplements, DOH 2018.		
	Number of units procured and distributed	Amount
Micronutrient supplement	207,745,000 sachets	238,906,750.00
Vitamin A capsule 100,000 IU for 6-11 months	1,727,000 capsules	1,727,000.00
Vitamin A capsule 200,000 IU for 12-59 months	30,828,500 capsules	35,452,775.00
Iron Drops 15 mg elemental iron/0.6 ml for low birth weight infants	1,002,900 bottles	10,680,885.00

Source: DOH-DPCB PPMP, 2018.

Integrated Management of Childhood Illness (IMCI). This is a major strategy for neonate, infant, and child survival and healthy growth and development. The DOH procures Zinc and basic antibiotics as logistics augmentation for local government units to protect children from complications of diarrhea and pneumonia. Table 11 encapsulates the commodities procured by the DOH for IMCI.

Table 11. Commodities Procured for the Sick Child, DOH 2018		
Commodity for the Sick Child	Number of units procured and distributed	Amount
Zinc drops for 6-12 months	275,000 bottles	4,125,000.00
Zinc for 13-59 months	276,000 bottles	4,002,000.00
Amoxicillin drops	192,000 bottles	3,072,000.00
Amoxicillin suspension	460,000 bottles	6,900,000.00

Source: 2018 DOH-DPCB PPMP, 2018.

Nutrition. The First 1000 Days or Republic Act (RA) 11148 was signed into Law in December 2018. It seeks to scale up the national and local health and nutrition programs through an integrated strategy for maternal, neonatal, child health, and nutrition in the first 1,000 days of life. Currently, the DOH is developing the Implementing Rules and Regulations for this milestone law.

The Department of Health is already on its 3rd year of implementation of the Philippine Integrated Management of Acute Malnutrition (PIMAM) Scale-Up Program. Following the development of the SAM Manual of Operations and Training Modules in 2016 and 2017, the DOH has been gradually supporting regions and provinces in establishing PIMAM programs through capacity building activities and provision of commodities to be used in the management of Severe Acute Malnutrition (SAM). In 2018, a total of 115 health professionals participated in the Training of Trainers for PIMAM. Table 12 provides the procured commodities in support of the PIMAM.

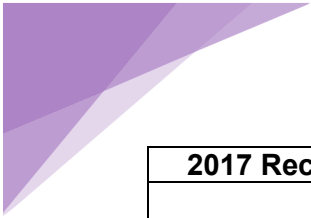
Table 12. Commodities Procured for the Sick Child, DOH 2018.		
Therapeutic food	Number of units procured and distributed	Amount
Ready to use therapeutic food	25,500 box of 150's	66,886,500.00
F-75 Therapeutic diet	500 box of 120's	1,945,000.00
F-100 Therapeutic diet	500 box of 90's	2,422,500.00
Ready to use supplementary food	2,000,000 sachets	46,000,000.00

Source: 2018 DOH-DPCB PPMP, 2018.

Challenges and Recommendations

Improvements in maternal health outcomes have been evident in this reporting year. However, a number of mothers are still dying from preventable causes of pregnancy-related deaths. While quantitative measures of SBA and FBD show progress, antenatal and post-partum care lag behind. Challenges in the implementation of the immunization program has been an immense problem in 2018. This resulted to a measles outbreak and increase in measles-related mortalities for the current reporting year.

2017 Recommendations	2018 Action	2019 Recommendations
Evaluate BEmONC implementation		Undertake BEmONC evaluation
Review MNHCN policies		Alignment of the 2008 MNCHN Policy to Sustainable Development Goals, Philippine Development Plan, and Universal Health Care Law
Assess the quality of maternal and neonatal care services in the country	Maternal death surveillance and response was strengthened	Address results of the maternal death surveillance and response Expedite development and implementation of MNCHN health service packages

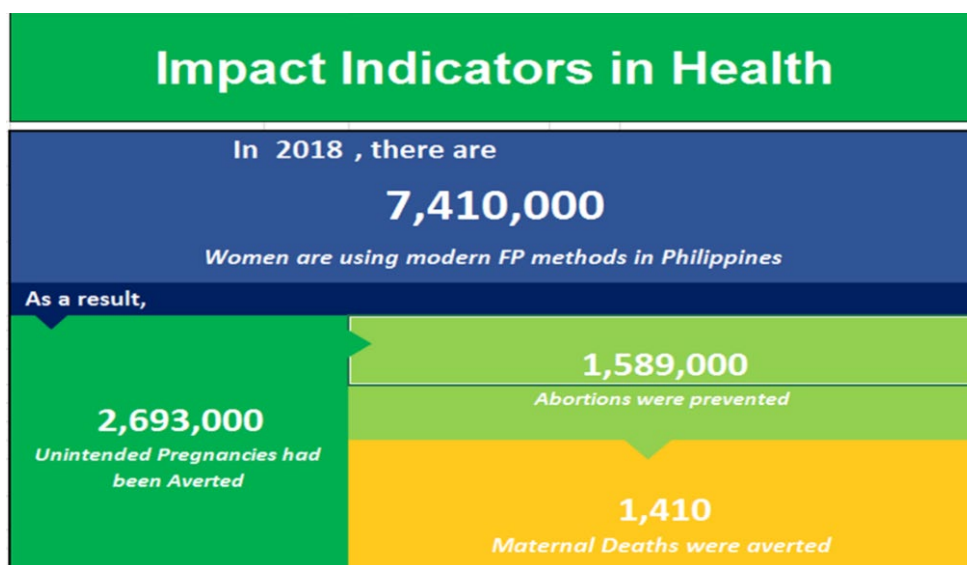


2017 Recommendations	2018 Action	2019 Recommendations
		Strengthen implementation of breastfeeding policies
Strengthen the delivery of family planning services in hospitals and birthing clinics	Modeling of FP in hospitals were carried out by development partners under USAID project sites	Scale-up of various initiatives on family planning
		Intensified and sustained community awareness of the risk of measles and the benefits of vaccination through various channels and local champions
		Re-orientation of health providers on EPI policies such as “Open Vial Policy”, cold chain management, and strengthening of routine immunization activities.

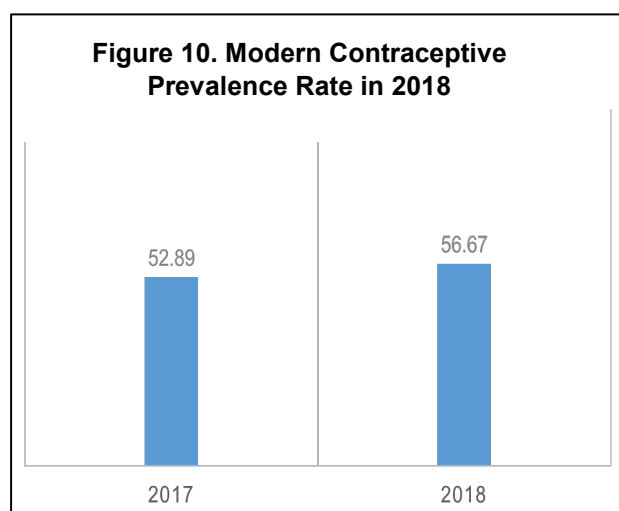
Key Result Area 2: Family Planning

In 2018, there were 7.4 million women of reproductive age who were provided with modern family planning methods in both public and private facilities/clinics. Figure 9 shows that this translates to 2.6 million unintended pregnancies that were prevented, 1.6 million probable abortions avoided, and 1,410 maternal deaths averted.⁴²

Figure 9. Impact Indicators in Health



Source: Core Indicator Calculator, FP Track20, Avenir 2018



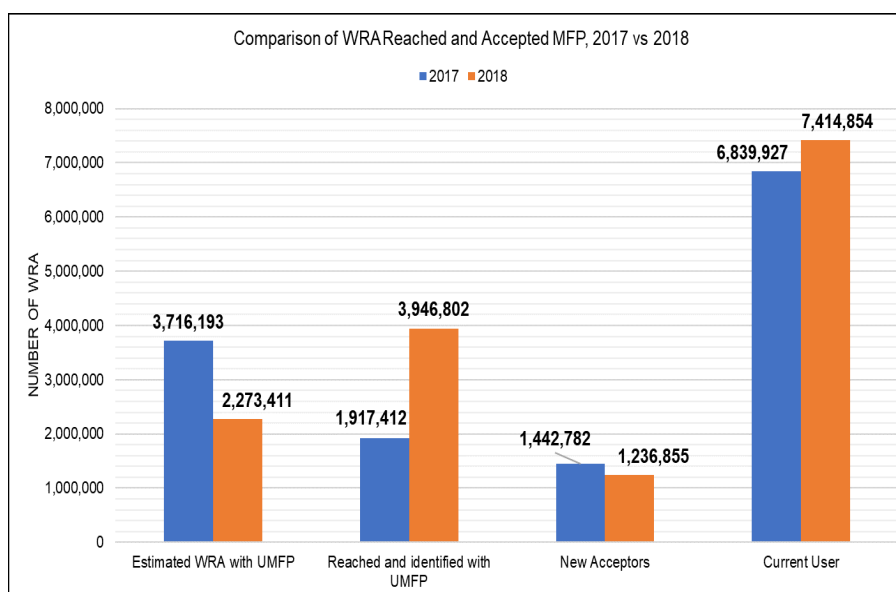
Source: FHSIS 2017-2018

Based on the FHSIS, modern Contraceptive Prevalence Rate or mCPR increased from 53% to 57% in 2018. Note however that this only represents service utilization in the public sector and does not reflect performance of the private sector. The target mCPR under the Philippine Development Plan (PDP) is 65% for women of reproductive age. The NDHS 2017 reports mCPR at 40% which covered both public and private sector performance.

⁴² Core Indicator Calculator, Track20, Project of Avenir

Under Executive Order 12 (EO 12) Zero Unmet Need for Modern Family Planning in 2017, the accelerated and sustained provision of FP services among poor women of reproductive age (WRA) should be achieved by 2018. The government estimated about 3.7 million poor WRA who have unmet needs for modern family planning methods.

Figure 11. Comparison of WRA Reached and Accepted



Source: FHSIS 2017-2018, DOH Administrative Data on EO12

Figure 11 shows a comparison of the implementation of EO 12 in 2017 and 2018. In 2017, the FP program reached 1.9 million WRA. This increased to 3.9 million WRA in 2018, exceeding the estimated number in 2017.⁴³ It is also assumed that the figure reported included both poor and non-poor women since the report was unable to disaggregate between the two.

Of the 3.9 million WRA reached, there were 1.2 million (31%) women who were served and newly accepted a modern family planning method in 2018 (FHSIS, 2018). While the number of WRA reached exceeded the estimated number of women with unmet need for modern family planning, 2.3 million WRA have been served and remains to have unmet needs for modern family planning. This translates to 835,000 unintended pregnancies that could have been avoided, 492,000 possible abortions prevented, and 440 maternal deaths averted.

This can be a reflection of gaps in linking the clients to available services, or deficiencies in the service delivery capacities (human resource, trained staff, availability of commodities, other enabling mechanisms such as policies, budgets and financing). In 2019, a study commissioned by UNFPA⁴⁴ identified some operational bottlenecks in the implementation of RPRH programs, including FP, in 2018. These are:

⁴³ DOH Administrative Data: EO12 Monitoring Report 2018

⁴⁴ Herrin, A. The Challenge of Managing the Implementation of the National Family Planning Program in the Context of the RPRH Law

- service delivery structure, in particular, the implementation of the service delivery network;
- timely provision of critical inputs to service delivery, namely family planning supplies and trained workforce; and
- information, behavior change and communication.

Some of these factors may have resulted to reducing the gaps between those WRA reached with unmet needs and those who are able to access FP services.

Table 13 reflects regional level performance based on the DOH-EO 12 Monitoring Report in 2018. This presents the breakdown on the total number of WRA reached and those who have accepted a method by end of year 2018. The regions with the highest percentage of WRA who accepted MFP were Regions 1, 10, 5, 8, 11 (Note however that the 1,680,309 WRA as new acceptors are a reflection of performance from 2017-2018, which is why this is higher than the figure reflected in the FHSIS 2018 data).

Table 13. Regional EO12 Performance 2017-2018

Region	CIP Unmet Need Estimates	Cumulative 2017-2018	Accepted 2017-2018	%
ARMM	139,161	232,103	37,489	27%
CAR	63,372	56,122	8,851	14%
CARAGA	95,563	118,052	31,586	33%
NCR	473,903	201,263	154,174	33%
Region 01	184,969	375,522	216,595	117%
Region 02	127,017	142,034	47,489	37%
Region 03	412,846	356,830	157,641	38%
Region 04A	530,486	343,482	213,828	40%
Region 04B	109,056	51,878	42,542	39%
Region 05	213,338	129,974	167,931	79%
Region 06	277,350	373,802	52,318	19%
Region 07	272,218	282,305	81,498	30%
Region 08	163,404	291,924	124,642	76%
Region 09	133,582	182,603	58,288	44%
Region 10	172,573	282,182	145,065	84%
Region 11	180,082	284,619	75,009	42%
Region 12	167,273	242,107	65,363	39%
Philippines	3,716,193	3,946,802	1,680,309	45%

Source: DOH Administrative Data, EO 12 Monitoring Report 2018

Key Interventions

Intensifying Demand Generation

RPFP Program Activities. POPCOM's RPFP program deals with issues related to sexual and reproductive health, including fertility and family planning concerns. It aims to help couples realize their desired timing, spacing, and number of children in accordance with their socioeconomic, emotional, psychological capacity, and religious beliefs. The conduct of RP/FP classes is integrated under the Kalusugang Pangkalahatan and the Pantawid Pamilyang Pilipino (4Ps) Program. Aside from the 4Ps strategy, other modes of sharing the RPFP information include Non 4Ps, PMC, house to house giving of information and referral of clients with unmet need for modern FP to the nearest facility, Kalalakihan Tapat sa Obligasyon sa Pamilya (KATROPA) and information caravans.

Table. 14 Responsible Parenthood and Family Planning Activities 2018


Activities	No. of Sessions	No. of participants
RPFP orientations (Regions II, III, IV-A, IV-B, V, VI, VII, VIII, X, XII, CAR, Caraga, NCR, and ARMM)	644	4,196
Orientations on RPRH Law -RA 10354 (Regions I, III, V, XI and XII)	9	431
EO 12 discussion (Region 12)	1	13
RPFP guidelines and forms (Regions IV-A, IV-B, VII, Caraga and ARMM)	5	1,782
PPMP Orientations (Regions III, IV-A, VI, XII, CAR, Caraga and NCR)	20	669

Delivery of quality and adequate information on RPFP is made possible through LGUs, non-government organizations (NGOs), CSOs, and other stakeholders, with the Regional Population Offices as the lead. In 2018, a total of 66,392 classes were conducted which served as venue for FP service demand generation. The dissemination activities have reached a total of 1.2 million couples and individuals. Of those reached, 252,184 (21%) WRA were identified with unmet need for modern family planning (MFP). A total of 214,971 (85%) were referred and served with MFP methods.

Other RPFP initiatives include FP Caravans that were able to serve and refer 6,083 couples/individuals for MFP services and FP Outreach activities where a total of 1,108 couples/individuals participated.

Development of Social Marketing Strategies. Social Marketing interventions were carried out by the DOH-Health Promotion and Communication Service in 2018. In response to the Administration's commitment to revitalize the national FP program and zero unmet need by 2022, the HPCS developed the RPRH Health Promotion Plan (2019-2022) and Communication Plan (2019) to support the Zero unmet need campaign. To encourage LGUs to achieve zero unmet need for FP, reduce high maternal mortality, and recognize their exemplary work and innovation in implementing the FP program, the DOH-CHD conducted a Purple Ribbon Awards in 2017 and 2018. Out of 17 Centers for Health Development, only 12 CHDs conducted the Purple Ribbon Awards. Only nine CHDs awarded the deserving LGUs.

In collaboration with the USAID supported CHANGE Project, the DOH – HPCS, and the Disease Prevention and Control Bureau (DPCB) produced and aired two nationwide communications campaign on family planning. The first phase of the campaign focused on having a better quality



of life and produced “Inakup Arekup,” a 45-sec radio commercial that utilized the song featured in the TV material and a voice over that recapped the key message of the campaign. The campaign reached 104,594,768 viewers nationwide, of which 78% came from Urban Luzon, 11% came from Urban Visayas, and 11% came from Urban Mindanao. Focusing on Mega Manila, the campaign reached a total of 70,754,797 viewers.

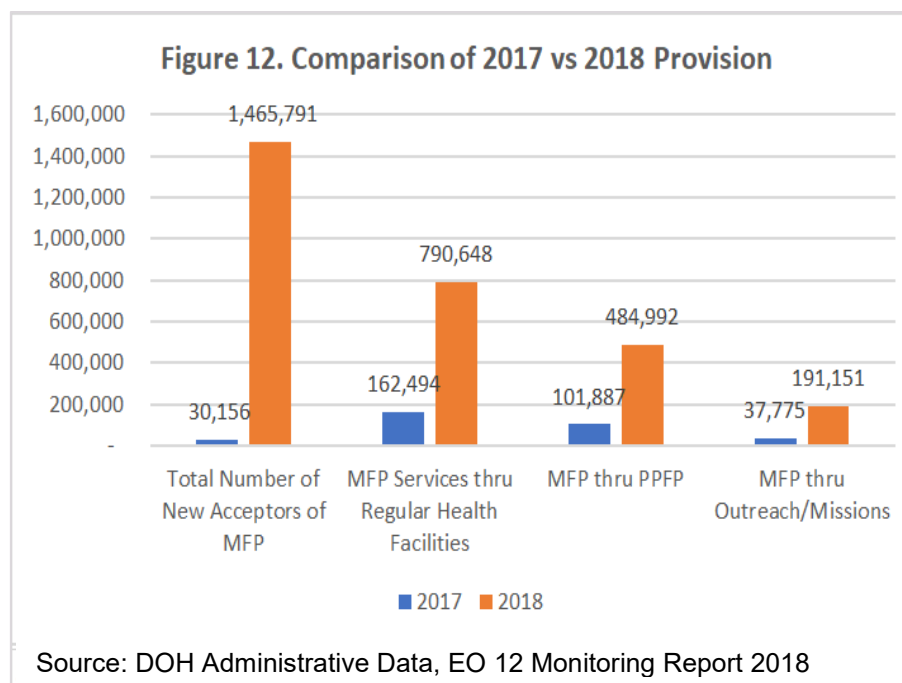
The second campaign featured “Wagi,” which focused on the improvement of the quality of understanding of modern FP methods that help target audiences decide which method to use and to consult a health service provider on the method of their choice. The materials revolved around the benefits of family planning with the taglines “Ang Planadong Buhay ay Maayos na Buhay” (A planned family life is a good life) and “Planado, Panalo” (A planned family wins). A call to action was embedded in the materials, highlighting the need to plan for the desired family size and to use modern FP methods for proper timing, spacing, and limiting of pregnancies. The campaign materials developed were radio & TV commercials, FP wall chart, poster, banner, flyer fan and broadcasters manual.

The DOH continued the dissemination of the campaign materials in 2018 through re-airing of the TV and radio commercials in GMA, GMA News TV, PINOY TV, RGMA, YouTube Pre-Roll ad, TV5, Healthy Ever After and Healthy Juan (TV series), PTV4 (The Doctor Is In), LRT, Mercury Drug Stores, social media cards, and LED TV (1,000 units for regional offices and rural health units) and tablets for health service providers (2,300) distributed nationwide and posting to DOH FB. In addition, the DOH reproduced and distributed flyer fans (100,000 pcs) to the regional health offices. A train wrap was also set-up to highlight the different priority health programs of DOH, and FP program was one of those promoted. FAQs on FP was also one of the articles in the DOH Health Beat Magazine with 10,000 copies distributed nationwide.

Improving Access to Modern Family Planning services

Reducing Unmet Need through Family Planning Postpartum and Outreach Services. The DOH adopted two strategies to achieve its objectives under EO12: FP outreach missions and post-partum FP services. These strategies are proven to effectively increase mCPR based on global evidence.⁴⁵ FP outreach missions allow coverage of a high number of women who would otherwise try to reach health facilities individually. Women who had given birth can be easily provided FP information and services when they come to health facilities for postpartum care. Figure 12 shows the results of these interventions in 2018. More women accepted MFP through post-partum FP service which significantly increased from 25% in 2017 to 36% in 2018. However, the EO12 Monitoring Report of 2018 was used to reflect the implementation of the two strategies since the FHSIS is unable to reflect the indicators. In doing so, a discrepancy of around 200,000 WRA for New Acceptors was observed.

⁴⁵ Cassandra Blazer and Ndola Prata. Postpartum Family Planning: Current Evidence on Successful Interventions. Open Access J Contracept. 2016; 7: 53–67. Published Online 2016 Apr 11. Doi: 10.2147/Oajc.S98817 Pmcid: Pmc5683159



Of the 1.4 million WRA who were served and who accepted a method, 790,648 (54%) received services from the regular public health facilities, 484,792 (33%) through post-partum FP service, while 190,151 (13%) WRA accepted MFP through the conduct of outreach FP services.

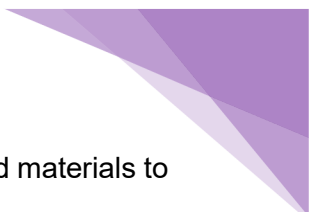
In 2018, the EO 12 Priority Provinces have reached the estimated figure of 1.1 million poor WRA with unmet need for MFP. Under the implementation of EO12, 22 priority provinces were selected with a high burden of unmet MFP need among poor WRA. Among the priority areas, the highest number of modern family planning acceptors were reported in the provinces of Pangasinan (89,474), Camarines Sur (85,546), North Cotabato (35,346), Cagayan Valley (32,365), Negros Occidental (31,160), and Davao del Sur (31,059).

Support for Capacity Building⁴⁶

Strengthening public and private health service providers. The government, together with the development partners, continued to capacitate both public and private health providers to offer family planning services. There are 778 (45.36%) government facilities with trained public providers on FP Competency-based Training (FPCBT1) having a total of 13,551 public practitioners in all. 252 (14.69%) LGUs reported a total of 3,205 private practitioners trained in family planning while 882 (51.43%) LGUs with 6,947 public practitioners and 394 (22.97%) LGUs with 576 private practitioners are trained in FPCBT2.

In 2018, POPCOM developed two materials on Natural Family Planning (NFP). The NFP Manual for trainers and the NFP Handbook for Service Providers were produced together with visual aide on menstrual cycle. Digital thermometers were also purchased as part of the NFP Trainers Kit. A total of 965 were trained composed of barangay health workers, population officers, Church Volunteers, Family Life Apostolates of the Roman Catholic Church in CARAGA and POPCOM

⁴⁶ Administrative data from the RPRH M&E Report, 2018



staff from regional and central office. Trainees were also given the set of manual and materials to be used to capacitate all LGUs.

To support the gaps in service delivery at the LGU level, central DOH and its Regional Offices deployed a total number of 1,613 Family Health Associates (FHAs) under the Nurse Deployment Program of the DOH Health Human Resource Development Bureau. FHAs were trained to provide MFP services as well as to track and monitor WRA with unmet MFP needs in the locality. Furthermore, 67 provinces (82.72%) from a total of 81 (nationwide) have public hospitals providing BTL MLLA services while only 50 provinces (61.73%) have private hospitals providing the same service.

Strengthening Pre-Marriage Orientation and Counseling. In compliance with the law,⁴⁷ the conduct of Pre-Marriage Orientation and Counseling (PMOC) sessions as a requirement for the issuance of a marriage license has long been institutionalized in all LGUs. All contracting parties or would be couples where one or both parties are 18-25 years old are required to undergo mandatory counseling or the PMOC session.

In 2018, a restructured Joint Memorandum Circular on the PMOC was finalized and signed by the concerned agencies (DOH, DILG, DSWD, POPCOM and PSA). The updated JMC required, among others, the re-orientation and accreditation by DSWD of all PMOC counsellors. To orient and disseminate information on the updated PMOC module, three JMC Dissemination Forum covering all regions were conducted in 2018. PMOC regional line agencies namely the DILG, DSWD, DOH and PSA participated.

POPCOM capacitated as trainers 14 DSWD representatives and 44 regional POPCOM staff and selected CO Division staff in the National Training of Trainers on PMOC Module 1. A total of 106 new PMC team members from different regions who will implement the PMC training Pre-Marriage Orientation and Counseling Training of Trainers (PMOC TOT) were trained. Roll-out training events were also conducted to re-capacitate PMOC counselors and prepare them to be DSWD accredited counselors.

Support to the Supply Chain Management. Ensuring the availability of commodities at the different service delivery points is critical to meet and sustain the MFP needs of WRA. In 2018, Php162,642,000.00 was spent to procure family planning commodities at the national level. Table 15 shows us the breakdown of procured commodities provided to 4.4 million WRA using modern family planning methods. Procurement of commodities required for the year was based on inventory of all stocks available at the different levels as well as yearly projections of potential users with unmet needs for FP.

⁴⁷ The 1987 Family Code as well as the RPRH Law requiring all contracting parties or would-be-couples applying for a marriage license to attend and participate in a pre-marriage orientation and counseling session before they are issued such license.

Table 15: FP Commodity Procured in 2018

Commodity	Quantity	Cost	Estimated number of women that can be served in 1 year
Progestin Only Pill (POP)	1,125,000	45,000,000.00	75,000
Depot Medroxyprogesterone Acetate (DMPA)	2,340,000	79,560,000.00	468,000
Intrauterine Device (IUD)	570,000	21,090,000.00	570,000
Standard Days Method Cycle Beads (SDM)	72,000	8,640,000.00	720,000
Digital Thermometer	72,000	5,760,000.00	72,000
Cervical Mucus Method Charts	864,000	864,000.00	864,000
Basal Body Temperature Charts	864,000	864,000.00	864,000
Symptothermal Method Charts	864,000	864,000.00	864,000
Total amount		162,642,000.00	3,777,000

Source: 2018 DOH-DPCB PPMP, 2018

The DOH sub-allotted Php 8,500,000 to all CHDs for the rental, repair, and renovation of regional warehouses that will accommodate the FP commodities coming from the central office as it takes responsibility in the allocation and direct distribution of pills, DMPA, and condom to the different service delivery points (SDPs) while IUDs, PSIs, cycle beads, NFP charts and other supplies were delivered to the DOH Center for Health Development.

The DOH and POPCOM had logistics monitoring in place. POPCOM used its FP Hotline and DOH used the Pharmaceutical Management Information System (PMIS) developed by its Pharmaceutical Division. The PMIS monitors the status of inventory of all DOH-procured health products. The DOH Central Office hired and deployed 219 pharmacists to the different Regions tasked to monitor the stock status and encode their report of their assigned facilities to the PMIS. Based from the logistics monitoring reports, 2,360 out of 2,450 (96%) facilities reported no stock outs of FP commodities in 2018.

Table 16. Stock Status of FP Methods in the Service Delivery Points (DOH PMIS)

FP Methods	Have no FP commodity stockout	Percentage of health facility
Combined Oral Contraceptives (COC) PILLS	2084	85%
Progestin Only Pills (POP)	997	41%
Depo Medroxyprogesterone Acetate (DMPA) VIAL	2068	84%
Intra Uterine Device (IUD) TCU 380-A	1616	66%
Male Condoms	1949	80%
Progestin Subdermal Implant (PSI)	659	27%
Total Number of SDPs	2450	

Source: DOH, Pharmaceutical Management Information System, 2018 Report

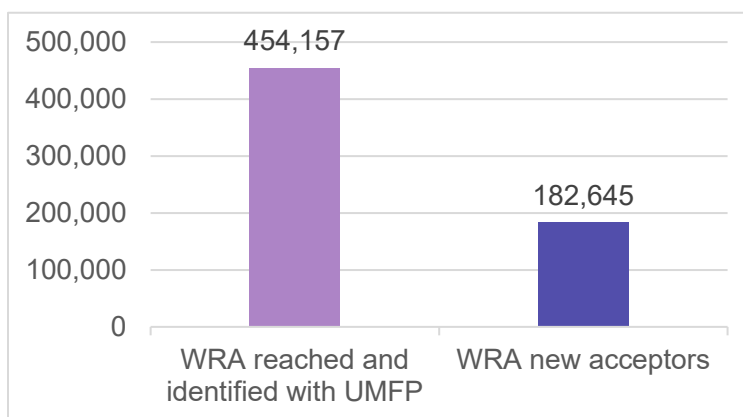
Other FP supplies procured by DOH Central office to support program implementation included distribution of FP Form 1 (6,004,000) for FP acceptors client recording form, and 2,500 FPCBT Manual (Participants Handbook) for FPCBT service providers use.

Governance support

Strengthening RPPF in the Workplace. To provide FP information and services at all levels and address the concern on the declining CPR among the higher income population, POPCOM integrated Philippine Population Management Program initiatives through Board Resolution No. 7, Series of 2017. This was fully implemented in 2018 and specifically required the integration of Responsible Parenting/ Family Planning in the human resource development programs of the national government agencies that are members of the POPCOM Board of Commissioners. These members are the Department of Agriculture (DA), Department of Agrarian Reform (DAR), DILG, DepEd, Department of Labor and Employment (DOLE), Department of Trade and industry (DTI), Department of Public Works and Highways (DPWH), DSWD, NEDA, and the University of the Philippines Population Institute. In 2018, POPCOM conducted 13 sessions of RPPF orientation in the different agencies attended by 562 government officers and staff.

Contribution by Civil Society Organizations. In 2018, the following CSOs have all contributed to achieving the accomplishments for the year: CMEN, DSWP, FPOP, Friendly Care Foundation, HAIN, IMAP, Network, Likhaan, MYRNA's Café, Pangasinan League of Population Officers and Workers, PILAKKK, Roots of Health, Union Christian College. There were more than 6,840 demand generation activities in 2018. These activities were able to reach 454,157 women and men of reproductive age.

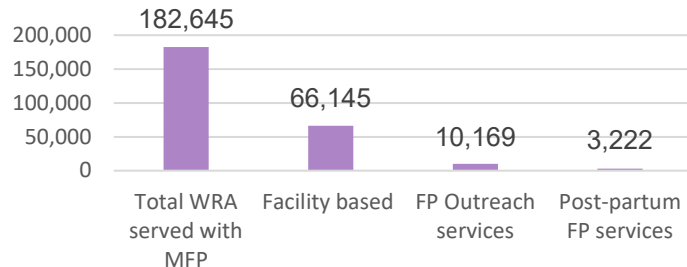
Figure 13. Civil Society Organization Contribution 2018



Source: RPRH Report by CSOs, 2018

In 2018, CSOs were able to serve a total of 182,645 clients (40% of those reached) on various family planning methods including pills, injectables, implants, IUDs, BTLs, and NSVs in collaboration and coordination with government. This represents 15% of the total number of new acceptors in 2018 (1.2 million). Out of these number, 79,536 women are new acceptors provided with various modern FP methods. These women were served through facility-based activities (66,145 women) and outreach missions (10,169 women) and provided with post-partum FP (3,222 women).

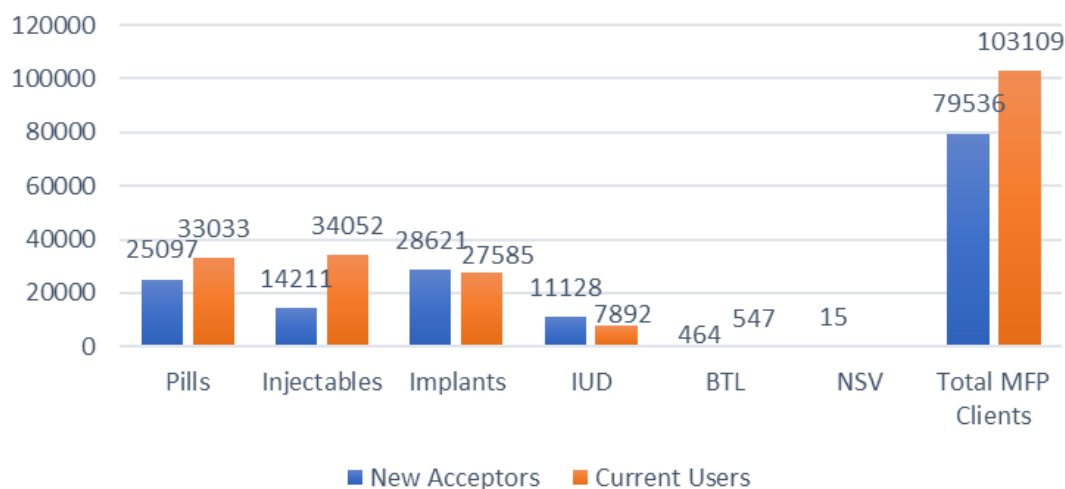
Figure 14. Number of WRA provided with Modern Family Planning Services by CSOs




Source: RPRH Report by CSOs, 2018

In 2018, combined oral contraceptive pills remain to be the preferred method of choice with a total of 58,130 clients. This is followed closely by progestin-based contraceptive subdermal implants and injectables with a total of 56,206 and 48,263 acceptors, respectively. Figure. 15 shows the breakdown of services provided by CSOs in 2018:

Figure 15. New Acceptors and Current MFP Users Served in 2018 by CSOs






In 2018, CSOs continue to train health service providers in various capacity building activities for family planning. These include trainings in FPCBT Levels I and II, including implants and IUDs. They have trained a total of 1,265 health service providers (HSPs) on FPCBT Levels I and II.

In 2018, CSOs have submitted a total of 55,530 claims for FP services, while those reimbursed by PhilHealth totaled to 63,689. This discrepancy may be due to the fact that other claims submitted in 2017 may have only been reimbursed in 2018.

In January 2018, Likhaan organized a National Brainstorming and Workshop on Strategic Actions for Key FP Players. This activity, made some time after the lifting of the TRO on contraceptives, was attended by a total of 134 program managers and coordinators, service providers/trainers, advocates, demand generators, policymaker/development partners from all 17 regions of the country. Among the highlights of this activity include discussions on medical/health as well as legal/political implications of the FDA decision; DOH and PhilHealth's policies and plans for accelerating FP after the FDA decision; attention to clients' needs, community mobilization, and rights; and National Implementation Team (NIT) Thrusts and Call to Action for 2018. The body was also able to present major recommendations to the RPRH Law National Implementation Team.

Challenges and Recommendations

1. Setting of the national goal, strategic directions and multi-year costing of the National Program on Family Planning under a co-management arrangement between the Department of Health and the Commission of Population under NEDA.
2. Resolving bottlenecks in the implementation of the collaborative framework of the national program on Family Planning under the co-management arrangement between the DOH and CPD at the national and regional levels
3. Addressing the shift in the distribution mechanisms of FP commodities from direct to service delivery point mode to Regional distribution scheme.
4. The need to review and revise the M&E RPRH Framework following the directional plan of the national FP program
5. Unresolved bottlenecks in operations such as: (1) service delivery structure, in particular, the implementation of the service delivery network; (2) timely provision of critical inputs to service delivery, namely family planning supplies and trained workforce; and (3) information, behavior change and communication.
6. In addition, there are challenges related to DOH budget utilization and PhilHealth benefit utilization.



2017 Recommendations	2018 Actions	2019 Recommendations
Review and harmonize FP program indicators and estimates		Harmonizing NOH and PDP targets during the Midterm Review of the PDP this year
Assess the gaps in the overall FP program management (demand generation and service utilization)	Reviewed the collaborative framework and harmonization of DOH and POPCOM	Setting of the national FP goal, strategic directions and multi-year costing of the National Program on Family Planning (NFPF) under a co-management arrangement between DOH and POPCOM under NEDA
Focus support on low performing regions with high unmet needs, and maintain current users	Monitoring and tracking of the EO 12 implementation	Review and revise the M&E RPRH Framework following the directional plan of the national FP program
Evaluate existing DOH procurement and logistics management systems	2018 Reforms in Supply Chain Management	Addressing the shift in the distribution mechanisms from a direct to service delivery point mode to Regional distribution scheme
	Contracted External Evaluator for the conduct of 5 Year RPRH Implementation Review	5 Year RPRH Implementation Review ongoing

Key Result Area 3: Adolescent Sexual and Reproductive Health

Adolescent Fertility

Adolescent fertility rate⁴⁸ declined but more than half a million young women still face health risks from early childbearing.

The 2017 NDHS reported a fertility rate of 47 among women age 15-19, which is lower than the 57 reported in the 2013 NDHS for the same age group. PSA Civil Registration Service also shows that babies born to adolescent mothers decreased from 201,182 in 2016 to 194,401 in 2017. While this is higher than the number sired by adolescent males, the latter increased slightly from 51,917 to 52,221 over the same period (Table 17). These are not adjusted for under-registration and actual figures may be higher.

The Philippines has one of the highest adolescent birth rates at the country level at 47, ranking closely with countries with the worst performance: Indonesia (48), Thailand (50), Cambodia (57) and Lao PDR (94). It exceeds the Asia Pacific average of 35 and comes close to the global average of 50 (UNFPA, 2018).

The percentage of women in 15-19 age category who have had a birth or pregnant with first child at the time of the NDHS interview likewise dropped from 10% (2013 NDHS) to 8.6% (2017 NDHS) but there were regions, particularly in Mindanao, that far exceeded this average: Davao (17.9%), Northern Mindanao (14.7%), and SOCCSKSARGEN (14.5%).

Table 17. Number and Percent Distribution of Live Births By Age Group of Father and Mother, Philippines: 2016 and 2017								
Age Group	2016				2017			
	Number		Percent		Number		Percent	
	Father	Mother	Father	Mother	Father	Mother	Father	Mother
Total	1,731,289	1,731,289	100.0	100.0	1,700,618	1,700,618	100.0	100.0
Under 15	153	1,903	0.0	0.1	121	2,077	*	0.1
15-19	51,917	201,182	3.0	11.6	52,221	194,401	3.1	11.4
20-24	327,477	487,763	18.9	28.2	317,520	471,356	18.7	27.7
25-29	421,840	444,205	24.4	25.7	416,168	442,757	24.5	26.0
30-34	350,258	322,878	20.2	18.6	346,451	321,538	20.4	18.9
35-39	240,212	196,493	13.9	11.3	233,730	194,338	13.7	11.4
40-44	121,795	64,960	7.0	3.8	118,109	63,350	6.9	3.7
45-49	51,496	6,622	3.0	0.4	49,611	6,147	2.9	0.4
50 and over	28,625	387	1.7	0.0	27,068	328	1.6	*
Not stated	137,516	4,896	7.9	0.3	139,619	4,326	8.2	0.3

Source: Philippine Statistics Authority, Civil Registration Services, Vital Statistics Division; Reference Nos. 2018-033 and 2018-199

⁴⁸ Defined as the number of live births per 1,000 women aged 15-19 years old

While it appears that the country is generally on track in terms of attaining the National Objectives for Health (NOH) target for adolescent birth rate⁴⁹ of 37 by 2022 with the 10 percentage point decline reported in NDHS from 2013 to 2017, the estimated number of teens that have begun childbearing in 2018 remains high at nearly 425,000⁵⁰ owing to increasing adolescent population and constraints in access to adolescent reproductive health services. This means that close to half a million adolescent women are exposed to the unnecessary risks of early child birth, with the chance of dying being twice as high as that of a woman who waited until her 20s to begin childbearing” (Population Reference Bureau, 2013). The Philippines has one of the highest adolescent birth rates at the country level at 47, ranking closely with countries with the worst performance: Indonesia (48), Thailand (50), Cambodia (57) and Lao PDR (94). It exceeds the Asia Pacific average of 35 and comes close to the global average of 50 (UNFPA, 2018).

Many young women who want to space or limit pregnancies are not able to use modern family planning (FP) methods.

Table 18. Women with Unmet Need for Family Planning, by Age Group

Age Group	2013 NDHS (in %)	2017 NDHS (in %)
15-19	28.7	27.9
20-24	22.2	18.4
25-29	18.2	15.8
30-34	14.7	13.2
35-39	16.1	16.4
40-44	16.8	18
45-49	16.6	17.3
All ages	17.5	16.7

Source: 2013 and 2017 National Demographic Health Surveys

Unmet need for FP among the 15-19 age group declined marginally from 28.7% (2013 NDHS) to 27.9% (2017 NDHS). However, the estimated number of young women wanting to limit or space pregnancies but are unable to use an FP method remains high at nearly 1.4 million.⁵¹ Only 35.8% of these women have access to any FP method and a lesser proportion – 29.7%, have access to any modern FP method (2017 NDHS). Unmet need for FP has remained highest among the youngest age group (Table 18).

HIV

Young people are increasingly at risk of HIV, with one in three new cases coming from the 15-24 age group.


The HIV/AIDS and ART Registry of the Philippines (HARP) showed that the number of newly diagnosed HIV positive cases among the 15-24 age group declined from 327 in 2017 to 281 in 2018 but it still constitutes a third of the total number of cases among all age groups. In the past ten years, the proportion of HIV positive cases in this age category more than doubled from 13% in 1999-2008 to 29% in 2009-2018.

The 2016 AIDS Epidemic Model (AEM) estimates showed that HIV infections among the 15-17 age group run up to 1,976 monthly, but only 158 have been ever diagnosed with HIV in a month.

⁴⁹ Used Interchangeably with adolescent fertility rate

⁵⁰ Estimated using the 2017 NDHS rate of 8.6% of women who began childbearing, and the Philippine Statistics Authority projected population of women aged 15-19 In 2018

⁵¹ Estimated using the 2017 NDHSs unmet need of 27.9% among women age 15-19 and the Philippine Statistics Authority projected population of Women aged 15-19 In 2018



This means that almost nine in 10 from this group identified to be at risk do not get tested, causing delays in treatment, even death (UNICEF, 2018).

Key Interventions

Policies and Legislative Measures

DepEd Order No. 2018-0031: “Policy Guidelines on the Implementation of Comprehensive Sexuality Education.” DepEd Order No. 2018-0031 establishes a common understanding of comprehensive sexuality education (CSE) key concepts and messages and ensures consistent implementation of CSE protocols. This is in keeping with the RPRH Law provision on the development of an age- and development-appropriate curriculum on reproductive health and gender-based violence.


Adolescent Health and Development Program Strategic Directions for 2018-2022. The DOH, with the technical support of UNICEF, developed the Adolescent Health and Development Program (AHDP) Strategic Directions for 2018-2022 to guide the improvement of health status of adolescents, enabling them to enjoy their right to health through the following strategies: health education and promotion, life skills building and medical service provision.

In line with this, health facilities need to be provided with capable and adequate human resource as well as needed equipment, commodities, drugs and supplies to ensure delivery of adolescent-friendly health services. There should also be a strategic information, education and communication campaign to encourage use of adolescent sexual and reproductive health (ASRH) services, and a mechanism for routine monitoring and evaluation to regularly track the performance of ASRH interventions. Moreover, strong policy and funding support will have to be provided to help realize the strategies of the AHDP Strategic Directions for the medium term.

Evaluation of Adolescent Health and Development Program (AHDP). The DOH conducted an evaluation of the AHDP to assess the effectiveness of policies, strategies and implementation of its capacity-building interventions, particularly the Adolescent Job Aid (AJA). The evaluation was done through a survey among provider respondents from rural health units (RHUs) and schools as well as participants in one or a combination of various AHDP-related training activities—AJA, Adolescent Health Education and Practical Training (ADEPT) and Healthy Young Ones (HYO).

Initial results of the evaluation revealed that such training activities made positive changes—from “improved” to “much improved,” albeit not “very much improved” behavioral changes in the capacities of health care providers in RHUs and schools to deliver AHD services. The findings of the evaluation guided the revision of the AHDP Manual of Operations. The study recommended the following:

- training of more health providers and professionals on AJA, ADEPT and HYO
- refinement of criteria for participant selection to prioritize those with greater responsibility for ASRH service provision,
- broad-based engagement of stakeholders involved in overall AHD and strengthening of their technical, financial and leadership capacities to deliver AHD services, and
- improvement of data collection and monitoring system at the national and subnational levels for better tracking of progress on AHDP.



Republic Act (RA) No. 11166: “Philippine HIV and AIDS Policy Act.” This new law signed on December 20, 2018 repeals the 21-year-old RA No. 8504: Philippine AIDS Prevention and Control Act of 1998. One of its major revisions is the introduction of rights-based provisions facilitating access of adolescents to HIV services. In particular, Article IV, Sec. 29 of the Act allows minors 15 to 17 years of age to give their own consent to HIV testing, no longer needing the consent of parent or guardian. This is in keeping with the principle of the evolving capacities of the child. The law also makes any person below 15 years, who is pregnant or engaged in high-risk behavior, eligible for HIV testing and counselling with the assistance of a licensed social worker or health worker. Consent of parent or guardian is no longer required in keeping with the mature minor doctrine.

In all other cases not covered by this Act, consent to voluntary HIV testing shall be obtained from the child’s parents or legal guardian if the person is below 15 years old or is mentally incapacitated. In cases when the child’s parents or legal guardian cannot be located despite reasonable efforts or refused to give consent, it shall be obtained from the licensed social worker or health worker. To protect the best interest of the child, the assent of the minor shall also be required prior to testing.


RA No. 11148: “Kalusugan at Nutrisyon ng Mag-Nanay Act.” This law, which was signed on November 29, 2018, aims to scale up national and local health nutrition programs in the first one thousand 1,000 days of a child’s life, and sustain the allocation of resources to improve the nutritional status as well as the growth and development of infants, children two years and below, adolescent females, pregnant and lactating women. Its Implementing Rules and Regulations (IRR) is currently being developed.

Bills preventing teenage pregnancy. Bills that underscore the importance of education in preventing teenage pregnancy were filed in Congress and Senate. House Bill 4742: “An Act Providing for a National Policy in Preventing Teenage Pregnancies, Institutionalizing Social Protection for Teenage Parents, and Providing Funds Therefor” was approved on March 10, 2017 and was referred to the Committee on Population and Family Relations on March 18, 2017. Meanwhile, 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 on December 10, 2018 and was sent to the House of Representatives requesting for concurrence on December 13, 2018.

Both bills prevent educational institutions from suspending, expelling and dismissing pregnant students. They recognize the fact that hindering teenage parents’ access to education only leads them to eventually drop out of school and risk having closely spaced pregnancies.

Local Policy Issuances. At the subnational level, LGUs supported AHD implementation by creating councils, technical working groups, and offices for ASRH, establishing adolescent and youth-friendly health facilities including Teen Centers, setting up of Information Service Delivery Networks (ISDNs), and issuing local policies creating Municipal/City Implementation Teams (M/CITs), which steer the subnational provision of RPRH, including ASRH services.

Partnerships between the DOH CHDs or the Department of Education (DepEd) regional offices and Provincial Governors were also entered into through Memoranda of Agreement (MOAs) on the delivery of AHD services. In certain instances, civil society organizations have been instrumental in the forging of such agreements, such as in the MOA among the Provincial Governor of Ifugao, its Provincial Health Office and DepEd Ifugao, which provides the mechanisms for the mapping of referral networks, referral of students to local health facilities,



conduct of echo sessions on ASRH campaigns and training, and formation of Sexual and Reproductive Health (SRH) Research Committees.

Demand Generation

The comprehensive sexual education or CSE is one of the major interventions to increase demand for and use of ASRH services among in-school youth, as discussed in preceding section. Aside from this, various stakeholders have continued to implement previously initiated activities such as the Youth for the Youth (U4U) Teen Trail, Parent-Teen Talk, Heart to H.E.A.R.T. (H - HIV and STI, E – Early Sexual Encounter, A – Adolescent sexuality, R – Reproductive health and T – Teen pregnancy) Talk, AHD film festivals and Teen Moms Congress to generate demand for ASRH services. These interventions covered over 465,000 young people in 2018.

U4U Teen Trail. To prevent teen pregnancy and reduce the prevalence of sexually transmitted infections using online and mobile platforms, most LGUs in Regions I, III, VI, VII, XII, CARAGA and NCR pursued the U4U Teen Trail. Initiated by POPCOM with the assistance of the Center of Health Solutions and Innovations Philippines, Inc. (CHSI) and UNFPA, U4U Teen Trail was recently expanded to include parents of adolescents who influence their use of ASRH services. A total of 15,938 adolescents participated in the U4U Teen trails all over the country.


Parent-Teen Talk. POPCOM and WHO initiated Parent-Teen Talk to enable parents and adolescents to effectively communicate with each other, especially on sexuality-related matters. Patterned after the learning methodologies of the U4U Teen Trail, the Parent-Teen Talk is a highly interactive adult learning strategy that enhances the skills of parents and adolescents necessary for a two-way communication on ASRH concerns. It consists of a Parent track and a Teen track. Both tracks are simultaneously conducted through modular sessions interactively and progressively discussed in a series of stations which concludes to a heart-to-heart dialogue.

Heart to H.E.A.R.T. Talk. This is an interactive infotainment led by Save the Children to correct common misconceptions and misinformation of young people about sexual intercourse. It also aims to increase awareness on the growing number of HIV/AIDS cases and teenage pregnancy in the country.

AHD film festivals. The film festival screening and awarding ceremony recognized the efforts of young filmmakers in the production of movies tackling the issues and concerns of adolescents highlighted in the Young Adult Fertility and Sexuality Study (YAFSS). About 350 high school students participated in film festivals promoting AHYD. There were regions like CAR where winning film entries were shown in the Youth Family Development Sessions of Pantawid Pamilyang Pilipino Program (4Ps).

Teen Moms Congress. This has been a regular activity conducted by the different provinces and cities to provide sexual and reproductive health information and services to young mothers. In Cordillera Administrative Region (CAR) for instance, Am-Among Teen Moms Congresses were held in Abra, Kalinga and Baguio City where young moms were provided with FP information and counseling, newborn screening, nutrition, medical and dental services. Testimonies were given by young mothers on their experience as teen moms to highlight the importance of preventing closely spaced repeat pregnancies.

In addition, CSOs such as the Democratic Socialist Women of the Philippines (DSWP), Family Planning Organization of the Philippines (FPOP), Forum for Family Planning and Development (The Forum), Health Action Information Network (HAIN), Likhaan Center for Women's Health,



Pinagsamang Lakas ng Kababaihan at Kabataan (PILAKK), and *Roots of Health* oriented 15,222 adolescents on ASRH, RPRH and HIV/AIDS. They also conducted activities that promoted better understanding of the concepts of sexual orientation and gender identity/expression among the youth.

ASRH was featured in the TV segment *Healthy Ever After* and the tv show *The Doctor Is In*. It was also aired on DZRH and DZXL radio stations. The GMA 7 feature on SRH in *Healthy Ever After* earned 2.28 million views while the *Doctor Is In* episode of PTV 4 on the same topic got 126,539 views. The DOH also distributed LED television sets containing AHDP audio-visual presentations and video materials, and provided RHUs with tablets containing ADEPT E-learning toolkit and other materials through the CHDs.


Usapang Barkadahan. Usapang Barkadahan (youth peer education) is both a strategy and an approach to reach a significant number of young people with correct reproductive health information, and link them to access youth - friendly health and health - related services when needed. Adolescents and youth confide and get a great deal of information from their peers on the issues that are sensitive, like sexuality and reproductive health concerns. In 2018, the youth volunteers of the Maramag Teen Center received training from POPCOM and DOH-10 last November 17-19. Sixteen (16) youth Peer Educators and four (4) Guidance Counselors attended this training. There were also people with disability (PWD) and out-of school-youth participants. The training focused on “Shape and Usapang Barkadahan” modules developed by POPCOM, DOH and other partners of the AHYD program. It hopes to build the capacities of youth peer educators in providing correct reproductive health information to their peers, and be able to facilitate access to needed services and products.

Capacity Building

Comprehensive sexual education. DepEd conducted workshops that integrated CSE standards in its K-12 curriculum. Together with young people and faith-based organizations, it also developed CSE learning materials for Health, Science, Araling Panlipunan, Edukasyon sa Pagpapakatao, Kindergarten, and Personality Development. DepEd conducted CSE training for 425 teaching personnel from 85 public schools and for non-teaching personnel from 30 public schools. While only key DepEd officials and selected personnel were oriented on the CSE program in 2018, DepEd plans to capacitate all its K-12 teachers on the provision of gender-sensitive and rights-based CSE by 2019.

Comprehensive Gender and Health Education for Youth (CGHEY). DepEd developed the CGHEY Module for Madrasah. Together with POPCOM Central Office and Regional Offices XII and ARMM, it mapped the content of the module and ensured its alignment to the Arabic Language and Islamic Values Education in Alternative Learning System (ALIVE in ALS).

Peer Education Program. POPCOM held the first National Peer Educator’s Summit to standardize the peer education program in the country and sustain it by creating a pool of peer educators that can be tapped for national and regional AHD activities. Regional representatives from 17 regions were elected as national officers of the POPCOM Peer Educators Association. They will serve as mentors to the Association members and will be tapped for AHD activities at the national and regional levels. Following the Summit, about 495 peers were oriented on Peer Education and 1,025 were provided with the Peer Educators/Counselors Training. The peer-to-peer approach allows adolescents to have informed discussion of reproductive health issues in a casual setting, which is important given the YAFS 2013 finding that 37.6% of young people relied



on their friends for information when confronted with problems on fertility, sexuality and HIV and AIDS.

ASRH. Based on initial DepEd reports, guidance counsellors in 353 of 2,612 public schools as well as peer educators in 637 public schools and 10 private schools were trained on ASRH. USAID supported the development of the Peer Education Training Manual on Adolescent Sexuality and Reproductive Health and Teen Pregnancy Prevention to guide the provision of standard ASRH messages for adolescent learners. Meanwhile, CSOs helped conduct 314 peer education trainings, which capacitated more than 500 peer educators on ASRH. They also conducted training for 332 health service providers on the delivery of ASRH services.

Adolescent Health and Development Program. The DOH, with WHO technical support, conducted the Training of Trainers on the AHDP Manual of Operations for 81 Regional Coordinators, Development Management Officers, Provincial Health Officers, City Health Officers and Municipal Health Officers from 17 regions. Regional reports to the DOH showed that 145 health providers nationwide were trained in the AHDP Manual of Operations. The Manual guides program managers and coordinators on the implementation of the National Policy and Strategic Framework on AHD and contains standards for the provision of adolescent-friendly health services as well as monitoring and evaluation tools for tracking the progress of AHDP implementation.

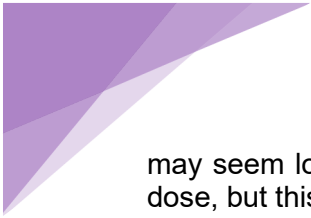
The DOH also trained 2,014 health providers on AJA, 2,247 on ADEPT, 1,377 on HYO, 817 on both AJA and ADEPT, and 775 on AJA, ADEPT, and HYO to ensure more effective, age-appropriate provision of ASRH services. In addition, it piloted a training of trainers for the Adolescent Health Care for Primary Providers course it developed in 2018.

POPCOM Regions III, IVB, VIII, IVB, VIII, IX, NCR, and CAR held classes for the Learning Package on Parent Education on Adolescent Health and Development (LPPEAHD), which oriented 1,322 Family Health Associates, Provincial Social Welfare and Development Officers and children in conflict with the law as well as their parents. LPPEAHD educates parents and guardians on the physical, social, emotional and intellectual stages of adolescent development, and introduces to them to the life skills that their adolescent children should have to be responsible adults.

Another capacity building initiative of POPCOM is the Training of Trainers for population officers on Sexually Healthy and Personally Effective (SHAPE) module in Zamboanga City and in five provinces and six cities in CARAGA, which led to the launch of SHAPE Mobile Academy in the region. Teachers, guidance counselors, health workers and adolescent coordinators in Manila, Pasay, Mandaluyong, Marikina, Navotas, and Pasig were likewise trained on the module. Aside from SHAPE, POPCOM also conducted ISDN and Parent-Teen Trail orientation for population officers and DepEd representatives in certain regions.

Service Delivery

Human papillomavirus vaccination. To help protect adolescents from cervical, vaginal and vulvar cancers associated with human papillomavirus (HPV), which is sexually transmitted, the DOH, in collaboration with DepEd, held a nationwide HPV immunization for Grade 4 female learners aged 9-14 years old in public schools in selected provinces and cities. There were other areas though where vaccination was held in health facilities as well. DOH program reports showed that only 43% (139,167) of total enrolled Grade 4 female pupils received the first dose and a lesser proportion – 2% (7,789), completed the second dose in 2018. Figures reported in 2017



may seem lower at 77% (269,838) coverage for the first dose and 8% (22,838) for the second dose, but this is non-conclusive as it only reflected data from regions that submitted their reports. The DOH identified the requirement for parental consent as one of the factors that prevented a number of target adolescents from getting HPV immunization.

Weekly iron and folic acid (WIFA) supplementation. Anemia prevalence among adolescents 13-19 years old is classified as anemia of mild public health significance at 7.7% (FNRI-DOST, 2015). During adolescence, 'iron requirements increase dramatically in both boys and girls as a result of the expansion of the total blood volume, the increase in lean body mass and the onset of menses in young females. Iron intakes in adolescents suggest that adolescent girls are unlikely to acquire substantial iron stores during this time' (Beard, 2000). The DOH, in partnership with DepEd, provided WIFA supplements to 82% (964,627) of female adolescent learners in Grades 7-10 in public high schools, including those enrolled in the Alternative Learning System (ALS) in the first round. Coverage for the second round is slightly lower at 79% (933,931).⁵² Female adolescent learners were given one 60 mg-iron with 400 ug-folic acid tablet weekly for three months for two rounds. Those in private schools were encouraged to get WIFA supplements from health centers in their localities.

Recognition of adolescent-friendly health facilities. The DOH reported a total of 701 adolescent-friendly health facilities (AFHFs) all over the country – 617 were Level 1, 52 were Level 2, and 32 were Level 3.⁵³ In Level 1 AFHFs, adolescents in the catchment area were aware of the services they provide and find the facilities easy to reach and their services easy to obtain. Facilities comply with the clinical guidelines on the provision of adolescent-friendly health services. Level 2 facilities adhere to Level 1 standards and in addition, provide adolescent health services consistent with the National Standards for Adolescent Service Package. They have well-trained staff that offer on-site services and facilitate referral to appropriate health facilities as needed. Level 3 facilities are those that complied with Level 1 and Level 2 standards, and provide health services in ways that respect the rights of adolescents and ensure their privacy. Adolescents find the surroundings and procedures of the facility appealing and acceptable. DOH Department Memorandum 2017-0098 provides the detailed facility requirements for each category.

USAID supported 65 public and private hospitals in providing adolescent-friendly services, including family planning, for pregnant and post-partum youth to prevent immediate repeat pregnancy. The initiative includes linking the young parents to psycho-social counseling; alternative learning system for those who want to continue their education; and to TESDA for vocational training for those who want to gain employment or livelihood after delivery.

Strengthening of Information and Service Delivery Network (ISDN) for AHD. An ISDN is a network of facilities, institutions, and providers within a local health system that seeks to provide integrated and comprehensive ASRH information and services to the young population. POPCOM, in collaboration with DOH and LGUs, established ISDNs in the municipalities of Ubay in Bohol and Lugait in Misamis Oriental. It also conducted planning workshops for the setting up of said networks in Dipolog City, Dapitan City and Marikina City, and signed a MOA with the Schools of the Province of Agusan del Norte on the creation of an SDN in CARAGA. Orientation

⁵² Data on WIFA coverage in NCR, CAR, II, V, XII And ARMM Regions were not yet reflected In both rounds as these regions have yet to submit their reports to the DOH Central Office

⁵³ Figures do not yet reflect the number of AHFHs in Regions III, IVA, V and CARAGA as they have not yet submitted reports to the DOH as of writing

workshops on ISDN were conducted for POPCOM regional and provincial/city offices in NCR and Regions VI, VIII, X and CARAGA.

Upholding of sexual and reproductive health and rights of women and girls in GIDAs. Initial work on Sexual Health and Empowerment (SHE) project was done in 2018. SHE aims to enable women and girls in disadvantaged and conflict-affected areas (Sorsogon, Masbate, Northern Samar, Samar, Lanao del Sur, Maguindanao, Tawi-Tawi, Zamboanga Sibugay, Zamboanga del Sur, Bukidnon and Misamis Occidental) to assert their sexual and reproductive health and rights, with the help of women's rights organizations (WROs). It also seeks to prevent gender-based violence and increase use of gender-responsive sexual and reproductive health information and services by women of reproductive age.

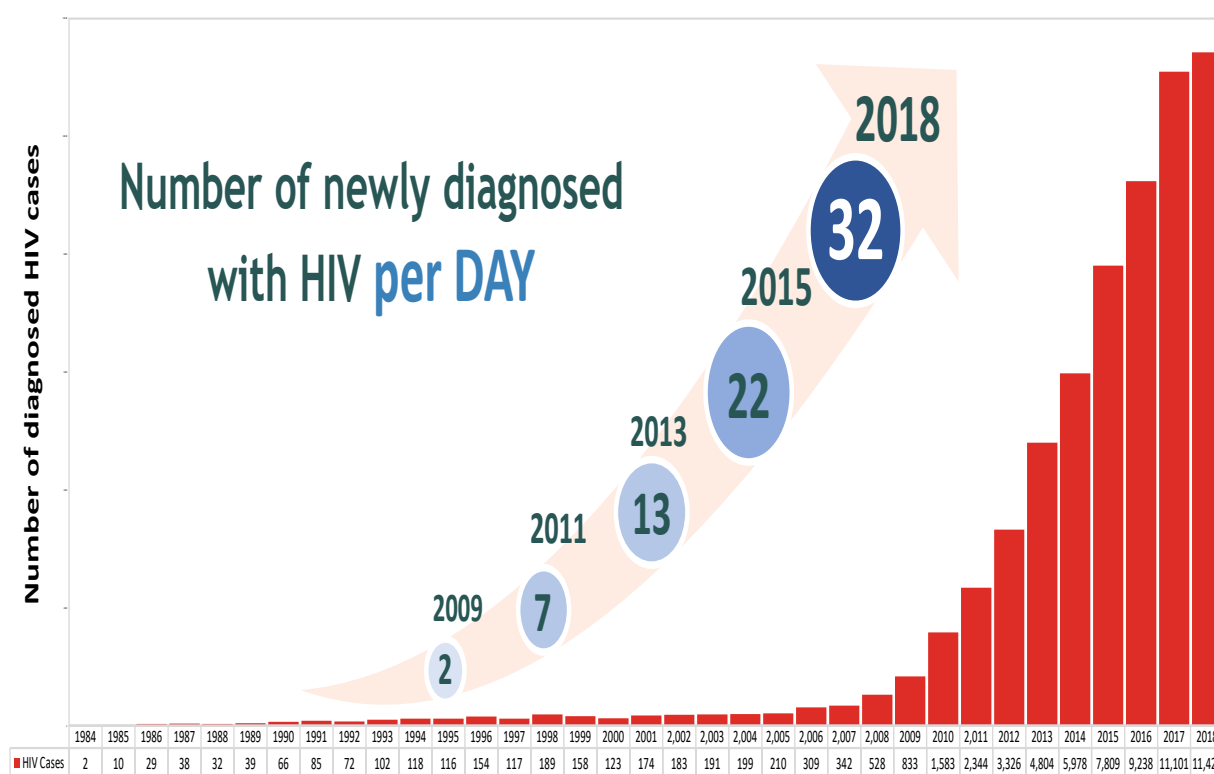
Challenges and Recommendations

2017 Recommendations	2018 Action	2019 Recommendations
Strengthen collaboration among DOH, DepEd, and CHED in conducting IEC activities focused on parent-based ASRH in schools	<ul style="list-style-type: none"> DOH and DepEd collaborated for the completion of CSE modules CSE Modules completed 	<ul style="list-style-type: none"> DOH to continue strong collaboration with DepEd in relation to Teenage Pregnancy. Setting of strategic directions on ASRH to address teenage pregnancy Strengthen inter-agency collaboration on CSE implementation
DepED to update its Comprehensive Sexuality Education (CSE) Modules for K12		
		<ul style="list-style-type: none"> Streamline structures and arrangements on ASRH and AYHD and clarify complementation of roles 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 Generate data for the 10-14 age group in major RPRH indicators like ensuring the disaggregation of RPRH data by age in FHSIS, NDHS and other related surveys

Key Result Area 4: Sexually-Transmitted Infections and HIV/AIDS⁵⁴

The Philippines remains as a low HIV prevalence country. However, current estimates show that the number of HIV cases in the country will triple in the next ten years—from 80,000 in 2018 to 266,000 by 2028. In 2018 alone, there were 11,427 new HIV confirmed positive individuals reported in the HIV/AIDS and ART Registry of the Philippines (HARP). By the end of December 2018, the cumulative number of cases add up to 62,029 which is a 276% increase from the diagnosed cases in 2013 (16,476), five years prior. This shows that from 13 cases per day in 2013, the number of daily new diagnosed cases increased to 32 in 2018 (Figure 16). Eleven percent (7,098) of the total cumulative cases since 1988 had clinical manifestations of advance HIV infection (WHO clinical stage 3 or 4) at the time of diagnosis. Among the new cases from January to December 2018, advance HIV infection was at 18% (2,030).

Figure 16. Number of HIV cases reported in the Philippines by year, Jan 1984 to Dec 2018



Fifty percent of all new cases in 2018 (5,756) were from the 25 to 34-year age group and 30% (3,391) were from the 15-24 years old group. Since 2006, the predominant age group affected by HIV is becoming younger from 35 to 49 years old (2000 to 2005) to 25 to 34 years old. More alarming is the doubling of HIV infection among 15 to 24 years old from 13% in 1999 to 29% in 2009 to 2018. The last five years recorded an annual average of 2,946 cases in this age group. But 2018 data alone shows an annual new case of 3,391 among 15-24 years old. (Figure 17).

⁵⁴ Spectrum-Aids Epidemic Model (AEM) as of May 2017. HIV/AIDS & ART Registry of the Philippines (HARP), December 2018

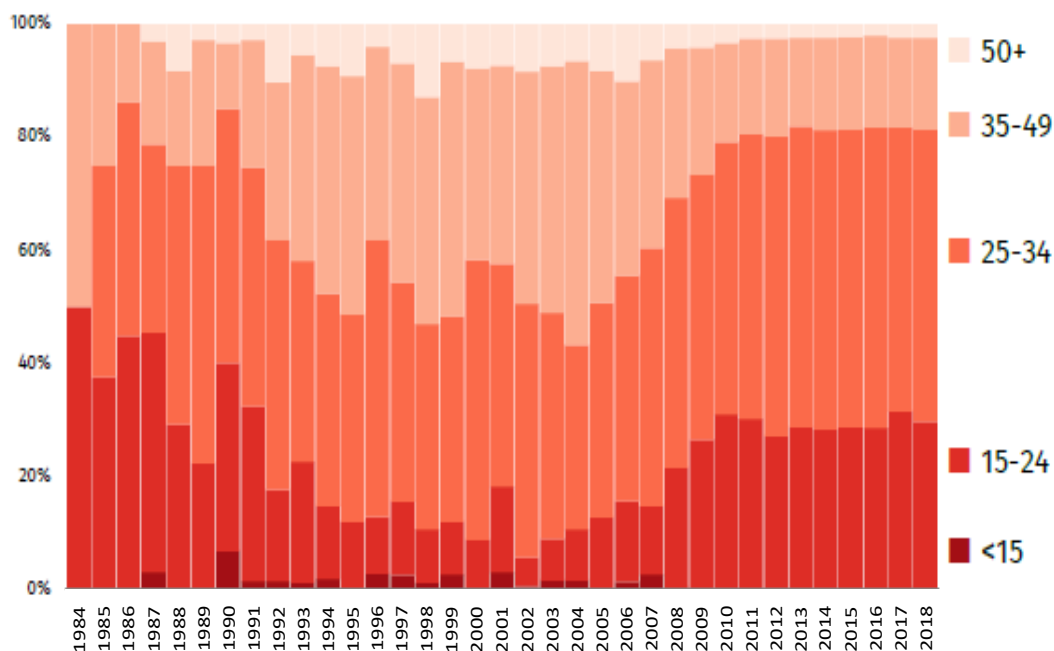


Figure 17. Proportion of HIV cases by age group, Jan 1984 to Dec 2018

Significantly more males (95%; 10,828) were diagnosed with HIV in 2018 compared to females (5%; 599). However, the number of diagnosed women in 2018 is double the number of diagnosed cases for the same period in 2013 (299). Majority of these women were in the reproductive age group (15 to 49 Years old). There were 69 pregnant women diagnosed with HIV from January to December 2018. Three percent (325) of 10,828 males diagnosed with HIV have also self-identified themselves as women.

HIV in the Philippines is primarily transmitted through sexual contact and this has not changed since 1984 (59,153), followed by needle sharing among injecting drug users (2,163), mother-to-child transmission (166), and blood transfusion (20).

From 1984 to 2006 the predominant mode of transmission was male-female sex (Table 19). However, from 2007 the trend shifted to sexual contact among MSM and has remained as such to the present. Currently 83% (49,078) of infections transmitted through sexual contact were among males and transgender women who have sex with males (M/TSM).

More than half of all diagnosed HIV cases in 2018 come from three regions alone, the National Capital Region (31%; 3,596), Region 4A (16%; 1,817), and Region 3 (11%; 1,230). This pattern has remained consistent since 1984. These are the same regions with the highest number of OFWs diagnosed with HIV.

In response to the increasing number of HIV cases in the country, the National AIDS and STD Prevention and Control Program (NASPCP) scaled up efforts to prevent, test, and treat HIV in 2018. From an estimated 80,000 persons living with HIV, the health sector diagnosed 58,975 new cases, a 22% increase from 2017. A total of 33,575 people living with HIV (PLHIV) were on ART as of December 2018, an increase from 38% in 2017 to 42% in 2018 (Figure 18). Ninety-five percent were on first line regimen, 4% were on second line, and 1% were on other line of regimen. Deaths among PLHIV in 2018 were primarily in males (67%; 567), and mostly among the 25 to

Table 19. Modes of HIV Transmission

Mode of Transmission	Dec 2018 (N=877)		Jan–Dec 2018 (N=11,427)		Jan 2013– Dec 2018 (N=50,357)		Jan 1984– Dec 2018 (N=62,029) ^b	
	M ^a	F ^a	M	F	M	F	M	F
Sexual contact	831	30	10,573	573	46,202	2,176	55,519	3,634
<i>Male-female sex</i>	72	30	957	573	4,549	2,176	6,441	3,634
<i>Male-male sex</i>	548	-	6,751	-	26,860	-	31,419	-
<i>Sex w/ males & females^c</i>	211	-	2,865	-	14,793	-	17,659	-
Blood/blood products	0	0	0	0	0	0	5	15
Sharing of infected needles	9	1	163	13	1,638	85	2,037	126
Needlestick injury	0	0	0	0	0	0	2	1
Mother-to-child	0	0	11	12	58	49	89	77
No data	6	0	81	1	142	7	429	84

^a Sex at birth; M = Male, F = Female

^b No data on sex for 11 cases

^c Among males only

Source: HARP, December 2018

34 years old age group. These reported deaths were due to any cause, not necessarily due to their HIV status. The World Health Organization (WHO) however, reports that among PLHIVs, the number one killer remains to be tuberculosis (TB).

TB is a serious health threat, especially for people living with HIV. According to the WHO, the risk of developing TB is estimated to be between 16 to 27 times greater for PLHIV than among those without HIV infection. Hence, assessment and subsequent treatment upon diagnosis of TB is essential to avert tuberculosis-related deaths among PLHIV.

In January to December 2018, 98% of the 36,838 PLHIV were screened for TB, up by 14% from 2016 data of the DOH. Among those screened, 14% (5,094) were positive for TB coinfection, subsequently referred for TB-DOTS facilities and were started on TB regimen. On the other hand, 70% of those screened and tested negative for TB were on Isoniazid Preventive Therapy, which is also higher than the 62% reported in 2016.

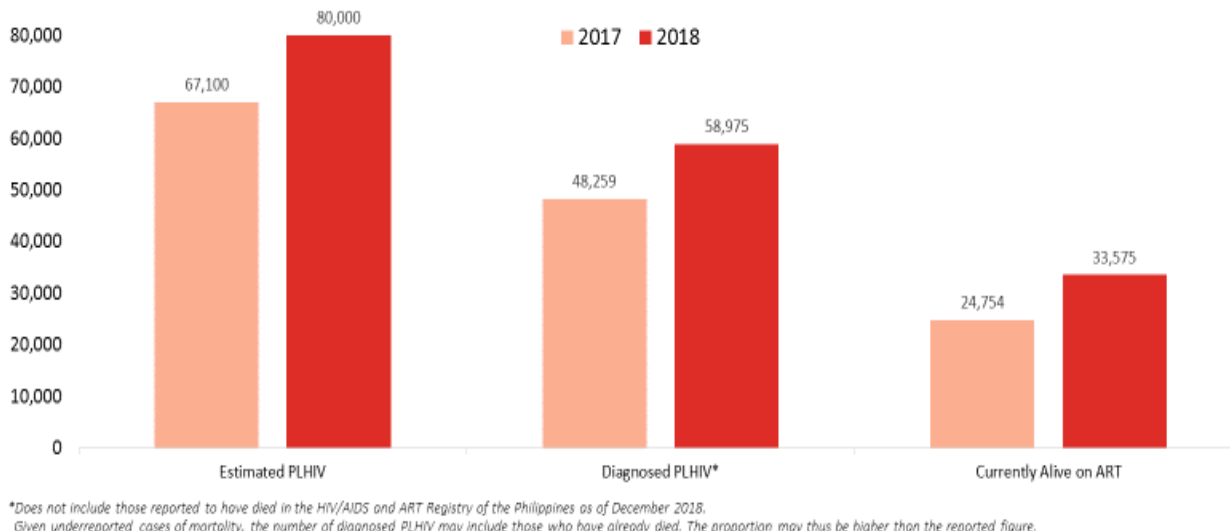


Figure 18. National HIV Care Cascade, 2017 and 2018

Key Interventions

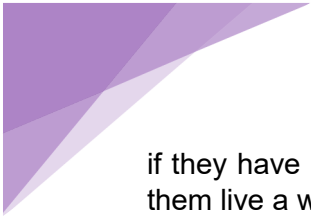
With the goal to reduce new HIV infections and improve health outcomes and wellness of PLHIV,⁵⁵ NASPCP adopted the 90-90-90 global target for HIV: 90% of all people living with HIV (PLHIV) should know their status, 90% of all PLHIV will receive antiretroviral therapy (ART), and 90% of all receiving ART are virally suppressed. Accordingly, interventions on prevention, treatment, care and support are implemented. Prevention intervention includes focused condoms and lubricants distribution along with HIV education, outreach thru online platforms, community-based outreach activities including HIV screening by lay people or peer educators trained to perform finger pricking, free HIV counseling and testing in Social Hygiene Clinics (SHCs), and universal offering of HIV testing among pregnant women and diagnosed TB/MDR TB patients.

Demand Generation

The efforts for demand generation are generally aimed at increasing awareness and knowledge on the prevention and control of HIV/AIDS, increase uptake of HIV testing and treatment, and reduce stigma and discrimination. This includes advocacy events such as International AIDS Candlelight Memorial and World AIDS Day. The Annual International AIDS Candlelight Memorial aimed to remember the people who lost their battle with AIDS and raise awareness to end stigma and discrimination for PLHIV.

Additionally, LHIVe Free Campaign was launched in September 2018 aimed at encouraging the key populations at risk for HIV such as males having sex with males to get tested, seek treatment

⁵⁵ 6th AIDS Medium-Term Plan



if they have HIV and be educated and empowered about the proper use of condoms, and help them live a worry-free life.

Capacity Building Activities

NASPCP ensured that the quality of health care services were in accordance with the existing DOH policies and guidelines by conducting various training including HIV/AIDS Core Team (HACT) for hospital staff; HIV Counseling to Testing (HCT) for health care workers; Phlebotomy for TB-HIV nurses; and Primary Care Management for People Living with HIV (PLHIV).

Service Delivery Initiatives

In 2018, the NASPCP and the Local Health Department of the LGUs implemented the expansion of Integrated Services for HIV Care (iSHC) which installs Social Hygiene Clinic, Primary HIV Care Facility, and Sundown Clinic in various locations to increase access to HIV testing and treatment. Increased access to HIV, AIDS, and STI services were expanded through expansion of treatment facilities (Treatment Hubs and Primary HIV Care Facilities). HIV testing in jails and prisons was integrated through TB-HIV collaborations. In collaboration with the DOH's National TB Control Program, DOTS facilities also prioritize GeneXpert testing for PLHIVs exhibiting symptoms of TB. Finally, referral systems were strengthened for HIV diagnosed pregnant women in treatment hubs catering to delivery of pregnant women, after care and newborn care.

A demonstration project on HIV Pre-Exposure Prophylaxis (PrEP), Project PrePpy, continued in 2018, in collaboration with a local NGO, the Loveyourself Foundation, Inc. with support from the NASPCP, the Global Fund – HIV Project thru Save the Children Philippines, WHO and the Research Institute for Tropical Medicine (RITM). Project PrePpy enrolled 250 individuals to test a protocol for HIV prophylaxis. Monitoring is ongoing, and results are expected in 2019. To date, the response of participants has been positive.

Since 2017, the NASPCP initiated a collaboration with Save the Children-Global Fund on engaging civil society organizations for community-based HIV testing. In 2018, trained partners continued to provide community-based screening reaching individuals who otherwise would not be able to access testing in the usual center. NASPCP also recognized missed opportunities for testing individuals going to clinics for other conditions. A series of discussions was conducted with HIV program coordinators to develop guidelines on facility-based screening for HIV, similar to community-based screening, but conducted by doctors, nurses or midwives at the facility.

The program also ensures the availability of free antiretroviral drugs (ARVs) in all DOH-designated treatment hubs and primary HIV care facilities, as well as prevention of ARV drug resistance through adherence counseling and viral load monitoring. The accessibility of these services was also expanded by increasing the numbers of DOH-designated facilities from 85 in 2017 to 121 in 2018.



Governance and Financing

Republic Act 11166 or the Philippine HIV and AIDS Policy Act into law. The most critical policy intervention accomplished in 2018 was the passing of the Republic Act 11166 or the Philippine HIV and AIDS Policy Act into law. The new act seeks to strengthen government response to the growing number of HIV/AIDS cases in the country.

The law mandates the expanded screening, testing, counseling, treatment, care and support. One of the most important inclusion of the new law is the extension of voluntary HIV testing for children 15 to 18 years old. Further, children below 15 years old who are pregnant or engaged in high-risk behavior will now be eligible for HIV testing and counseling with the assistance of a licensed social worker or health worker. It reiterates the importance of the availability of free treatment not only for HIV, but also for other opportunistic infections. Care and support programs for PLHIV that includes peer-led counseling and support, social protection, welfare assistance, and mechanisms for case management will be established.

Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People living with Human immunodeficiency virus (HIV) and HIV-exposed infants. Issued in 2018, these guidelines emphasized “treat early” and “treat all” of newly diagnosed PLHIV.

New department memorandum for the updated list of DOH-designated HIV treatment hubs and primary HIV care facilities. Released in 2018, the department memorandum aims to expand the accessibility and maximize coverage of in-patient and/or out-patient prevention, treatment, care and support services to PLHIV including but not limited to antiretroviral therapy, HIV testing services, clinical management, patient monitoring, and other care and support services.

Challenges and Recommendations

Despite current efforts against HIV/AIDS, there are hurdles that are yet to be overcome to control the HIV/AIDS epidemic in the country.

Prevention

There is low level of knowledge on HIV, especially on the mode of transmission and ways of prevention, even among those who already engage in risky sexual behavior. Among MSM and M/TSM 15 to 24 years old, only 35% have correct knowledge on HIV transmission and prevention (UNAIDS, 2017). While the RPRH Law requires age-appropriate comprehensive sexual education, it has yet to be implemented.

Correspondingly, the use of condoms among those who engage in anal sex is only 50%. Among MSM, PWD, and FSW, there is a two to three-year lag from first unprotected sex to first use of condoms (PNAC, 2017). This is exacerbated by stigma on sexual health issues like condom use which prevents elevation of safer sex practices into higher platforms of intellectual discussions. It is further compounded by restrictions of another law, the RPRH Law, which requires parental consent for minors (below 18 years old) to purchase family planning commodities, including condoms.



Screening and Testing

Stigma and discrimination are ongoing challenges that need to be addressed as these delay access to screening and testing. The new Philippine HIV and AIDS Policy Act (RA 11166) expands availability of HIV testing to 15 years old, without need for consent, but its effects are yet to be seen. In 2016, UNAIDS estimated that only 67% of PLHIV know their status.


The increasing trend in diagnosed cases per day from 22 in 2015 to 32 in 2018 means the DOH needs to be able to test more and at a faster pace. Testing for HIV is limited to HIV-proficient medical technologists who are authorized by the DOH to perform the tests.

Treatment

Access to ART is limited for 15- to 24-year-old PLHIV, with only 14% initiated on treatment (DOH, 2016). There is a proportion of diagnosed PLHIV, who for various reasons, already know their status but decide to delay treatment. Nearly stock-out and near expiration of anti-retroviral drugs was also reported across regions. Further, availability and costs for treatment of other HIV co-infections (Pneumocystis Carinii Pneumonia, Cytomegalovirus, Hepatitis, and Candidiasis) remain a burden for many PLHIVs.

Recommendations

2017 Recommendations	2018 Actions	2019 Recommendations
Evaluate the existing health promotion strategies and, from this, develop a national communication plan with focus on the young and key population		Increasing inclusivity and effectiveness of HIV screening and counseling 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
Develop new approaches on community-based strategies in the prevention of HIV/AIDS	LHIVe Free Campaign was launched in September 2018 Initiatives supported by Global Fund	

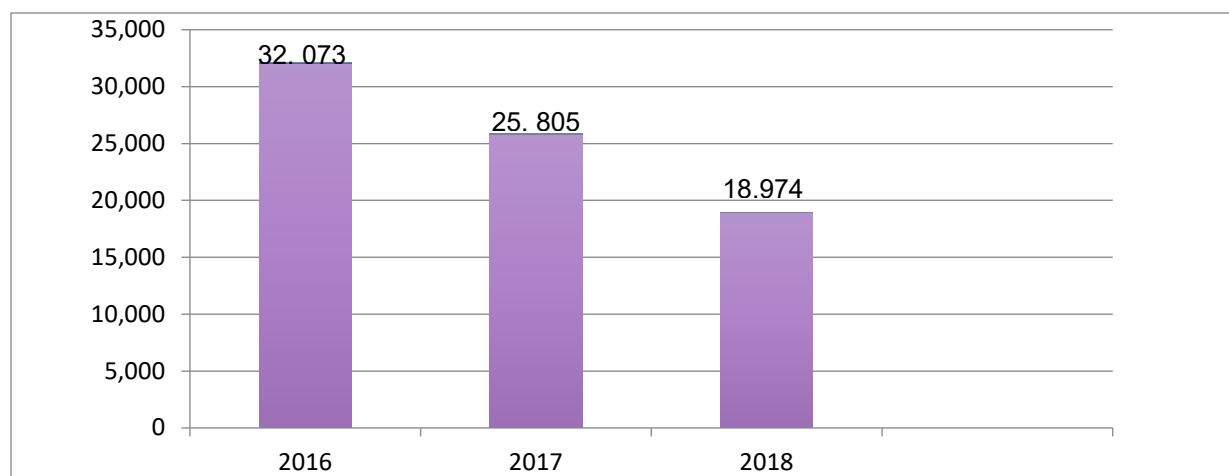


2017 Recommendations	2018 Actions	2019 Recommendations
Eliminate barriers to testing, address delays on confirmatory results, and ensure that Rapid HIV Diagnostic Algorithm (rHIVda) is implemented to lessen missed opportunities and follow-up losses	<p>Passage of Republic Act 11166 or the Philippine HIV and AIDS Policy Act to strengthen government response to the growing number of HIV/AIDS cases in the country.</p> <p>rHIVda has been piloted in 8 facilities; the AO for rHIVda implementation has been signed January 2019</p>	Expand implementation of rHIVda
Expand the Outpatient HIV/AIDS treatment (OHAT) package to include case detection and treatment adherence support	<p>Issued a new department memorandum for the updated list of DOH-designated HIV treatment hubs and primary HIV care facilities</p> <p>Issued a Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People living with Human immunodeficiency virus (HIV) and HIV-exposed infants including mother and child exposure</p>	<p>Address the gaps in the management of PLHIV diagnosed with TB</p> <p>Implementation of RA and its IRR</p> <p>Continue Implementation of new/ revised policies and guidelines</p>

Key Result Area 5: Elimination of Violence Against Women and Children

One element of reproductive health care is the “elimination of violence against women and children and other forms of sexual and gender-based violence.” As specified in RA 10354 or the RPRH Law, everyone should have access to a full range of facilities, services and supplies needed so that all the elements of reproductive health care are fulfilled. The focus of this section is to show the country’s status on the elimination of VAWC/gender-based violence, as well as the assessment of how effective the initiatives and services are in the past three (3) years.

Figure 19. VAW Cases (2016-2018)



Source: PNP-WCPC

The Philippines has continued its efforts towards narrowing the gender gap between men and women in the country. It ranked 8th among 149 countries in the 2018 Global Gender Gap report by the World Economic Forum. The country has closed 80% of its overall gender gap. The said annual report looks at progress towards equality between women and men in key four areas such as economic participation and opportunity, educational attainment, health and survival, and political empowerment.⁵⁶ Despite the country’s position as one of the most gender equal countries in Asia, violence against women continues to be a serious problem. According to the 2018 UNDP Human Development Report, the percentage of women 15 years old and older who have experienced physical and/or sexual violence from an intimate partner remains high at 16.9%.⁵⁷

⁵⁶ World Economic Forum. The Global Gender Gap Report 2018. Retrieved from http://www3.weforum.org/docs/wef_gggr_2018.pdf on 21 March 2019

⁵⁷ United Nations Development Programme. Human Development Reports Retrieved from <http://hdr.undp.org/en/indicators/167406#>; <http://hdr.undp.org/en/composite/Dashboard3> on 21 March 2019

Data from the Philippine National Police (PNP) – Women and Children Protection Center (WCPC) shows a declining trend in the reported cases of violence against women (VAW) over the past three years. There was a 19.5% decrease in VAW cases from 2016 (32,073) to 2017 (25,805); and another 26% decrease from 2017 to 2018 (18,947). Since this data is based on the cases reported to PNP, there may be more unreported cases of VAW especially in far-flung and isolated areas. On the other hand, various initiatives and activities to prevent and mitigate VAW cases were conducted both at the national and local levels. The decline in cases may also be attributed to these interventions, which will be discussed more extensively in the latter part of this section.

In the same PNP database, about 80% of total VAW cases reported in the last three years were violations of RA 9262 or the “Anti-Violence against Women and their Children Act of 2004.” It is followed by violations of RA 8353 or the “Anti Rape Law of 1997 at 10%; and Acts of Lasciviousness at 8%. Please see below the number of reported cases by legal violation over the last three years.

Table 20. VAW Cases by Legal Violation			
Law/s Violated	2016	2017	2018
RA 9262 (Anti-VAWC Act)	26,735	20,275	14,116
RA 8353 (Anti-Rape Law)	2,599	2,706	2,319
Acts of Lasciviousness (Art. 336, Revised Penal Code)	2,163	2,259	2,020

Source: PNP Database 2016-2018

A similar decline in the trend of cases on violence against children (VAC) is reported by the PNP over the last three (3) years. There was a 9% reduction of cases from 2016 (28,686) to 2017 (26,143); and a decrease of 21% (20,728) in 2018. About 63% of the VAC cases over the last three (3) years are violations of RA 7610 or the “Special Protection of Children Against Abuse, Exploitation and Discrimination Act of 1992.” It is followed by violations of RA 9353 or the “Anti Rape Law of 1997 at 28%; Acts of Lasciviousness at 5%; RA 9262 or the “Anti-Violence against Women and their Children Act of 2004” at 2%.

Table 21. VAC Cases by Legal Violation			
Law/s Violated	2016	2017	2018
RA 7610 (Anti-Child Abuse Act)	18,876	16,114	11,869
RA 8353 (Anti-Rape Law)	6,995	7,358	6,378
Acts of Lasciviousness (Art. 336, Revised Penal Code)	1,373	1,418	1,403

Source: PNP Database 2016-2018

In 2016, the Violence against Women and Children (VAWC) Registry System was established in the DOH to improve data collection and maintain confidentiality of cases. This is where VAWC cases are directly recorded by DOH and LGU hospitals with Women and Children Protection Units or WCPUs. While there's also a decreasing trend in reported cases similar to the PNP data, the VAWC Registry System reflected a substantial decrease in numbers. A 50% decrease in the VAWC cases was noted from 2016 (3,167 cases) to 2017 (1,574 cases) in 2017; which further went down by 49% in 2018 (800 cases). More cases are committed against women (60%) than children (40%) in 2016 and 2018. The decline in the cases reflected in the system may be due to less reporting compliance from the participating hospitals. If this is a possibility, the VAWC data from the hospitals are not collected and recorded for consideration by the policymakers.


Table 22. Cases Reported to the DOH VAWC Registry System			
	2016	2017	2018
VAWC cases	3,167	1,574	800
(Women)	1,891	766	420
(Children)	1,276	808	380
Girls	1,067	760	330
Boys	209	48	50

Source: VAWC Registry System, DOH

It is also important to note that not all hospitals with WCPUs are able to participate in reporting VAWC cases through uploading data in the VAWC Registry System. This is due to lack of equipment and training for uploading. There are currently 56 hospitals with WCPUs across the country. But only 29 hospitals report through the VAWC Registry System.

Based on the VAWC cases recorded, violations of RA 9262 or Anti-VAWC Law have the highest percentage of incidence at 54%. This is followed by violations of Anti-Rape Law at 19%, Anti-Child Abuse Law (18%), Anti-Sexual Harassment Law (8%), and Anti-Bullying Law (1%).

The highest percentage of VAWC cases were committed by neighbors, peers, co-workers or classmates of the victim at 21%. VAWC cases perpetrated by the current spouse or partner of the victim were also high at 17%. Similarly, VAWC cases committed by immediate family members and other relatives of the victim were recorded at 16% and 15%, respectively. The remaining VAWC cases were perpetrated by the victim's former fiancé (5%), current fiancé or partner (4%), strangers (4%), former spouse or partner (1%). There is also at least 6 recorded VAWC cases whose perpetrators include a teacher, people of authority or service provider, and employer or supervisor of the victim. Most VAWC cases occurred at home (66%), making it a very unsafe place for vulnerable women and children. While others occurred in school (2%), in the



workplace (2%), and other places (30%). Other places mean areas other than the places earlier classified such as rice fields, dark areas, and other far flung areas. This data suggests that most VAWC cases were committed by people very familiar to the victims at places they usually frequent and most familiar to them.

Varying and inconsistent information could be observed from the PNP data and the DOH VAWC Registry System. There are cases reported to and recorded by PNP that were not referred to the WCPUs in the hospitals and vice versa. There is also the possibility that the PNP and hospitals refer cases to each other. But with different monitors, there is no unified registry of cases nationwide.

Key Interventions

Operationalization of the Strategic Plan 2017-2022

In order to operationalize the Strategic Plan 2017-2022, the Inter-Agency Council on Violence Against Women and Children (IACVAWC) issued Resolution 02, series of 2018, stating the commitment of all Council members (DSWD, CSC, CHR, PCW, CWC, DILG, DOJ, PNP, DOH, DepEd, DOLE and NBI) to include in their annual agency appropriations starting 2019 onwards the funding requirement to implement the Plan's programs and services.

Interventions to increase awareness at the LGU level


The IACVAWC issued the National Advocacy and Communication Plan for 2017-2022 on December 2018. Together with the Strategic Plan, it provides a common framework to facilitate the different advocacy and communication initiatives, campaigns, activities and interventions implemented by IACVAWC member agencies and their partner organizations.

Across the country, major steps were taken to increase awareness on the prevention of VAWC. The IACVAWC through the PCW has adopted the theme "VAW-free community starts with me" for the annual "18-day campaign to end VAW." This theme elevates the campaign to positive advocacy as it enjoins everyone to pursue the common vision of a community free from violence against women and children, and highlights what can be done to achieve it.

The PCW has also initiated the following major activities to raise awareness in the prevention of VAWC:

Regional Film Screening and Forum on GBV. Titled "Bagahe," the screening opened the 2018 "18-day Campaign to End VAW" Celebration in Bacolod City. It narrates the story of an OFW who was subjected to investigations and public scrutiny when she was accused as a suspect for abandoning a newborn child. She was also a victim of sexual abuse by her employer and was sent home to the Philippines without getting justice for the abuse. Participants from the LGUs, SUCs, women's groups and local communities attended this event. During the forum, the local service providers from the DILG, DSWD, DepEd and Bacolod City local government discussed the rights of women as well as the mechanisms for victims-survivors to report cases of abuse.

Staging of a re-run of the Violence Against Women (VAW) Experiential Museum. Held in December 2018 in Quezon City, it featured improved and up-to-date stories on various forms of GBV such as revenge pornography, prostitution, and catcalling, among others. It features interactive theater performances that immerse the audience to different forms of VAW manifested



in familiar situations and social institutions such as home, school, workplace, community, and even in digital media.

Release of “Macho Choir” radio plugs. These radio plugs turn the spotlight on a kind of VAW that often happens in public places—catcalling—but is usually dismissed as just a “compliment.” Dubbed as “The Macho Choir,” the radio campaign used three songs from our childhood that replaces the lyrics with messages against catcalling to emphasize that catcalling is a kind of sexual harassment and it is no laughing matter.

Development and dissemination of the second batch of “VAW: The Unspoken Words” videos. Using free-verse poetry and images, it tackles new GBV-related issues specifically on “Date Rape”, “Revenge Pornography” and “Human Trafficking.”

Conduct of the “Male Advocates Assembly on Eliminating Gender-based Violence (GBV). Held by PCW in partnership with Men Opposed to Violence Everywhere (MOVE) in December 2018 in Manila. Attended by 150 male advocates from various government agencies and CSOs nationwide, the assembly advocated the role of men as partners in the elimination of all forms of discrimination and violence against women and girls. It also served as a venue for the male advocates to have an exchange of ideas, experiences and practices in eliminating VAW in their respective areas and influences, as well as bonding with the other members from the provinces to strengthen camaraderie among the members.

Based on the accomplishment reports submitted by the Regional Implementation Teams across the country, there were about 24,000 IEC/awareness campaign activities conducted on VAWC and GBV, reaching 400,000 women and close to 200,000 men.

Interventions by Civil Society Organizations

Five (5) CSOs conducted various education sessions on GBV in the communities. A total of 68,622 women from different communities in 10 regions participated; and 576 men in selected regions were mobilized. Two hundred of these men from the community, youth and members of the Tricycle Operators and Drivers’ Association (TODA) participated in a series of forum on safe public spaces against sexual harassment. Likewise, a series of school-based forums, advocacy and leadership trainings were conducted for student leaders in selected universities in Manila and Quezon City. Through these efforts, a Youth Task Force against sexual harassment in public places was created. Six student council bodies committed to undertake advocacy for safe spaces free from sexual harassment. Around 4,000 IEC materials on GBV were produced and distributed during the community education sessions.

Capacity Building Activities

In 2018, there are 1,270 LGUs with public (9,311) and private (6,273) providers that were trained on the 4Rs (recognizing, recording, reporting and referring) of VAWC. Five hundred seventy-seven (577) LGUs have established women and children protection program (WCPP) with a dedicated coordinator who is trained on 4Rs. There are also 340 provinces with public and private hospitals with functional women and children protection unit or WCPU, a coordinator and a trained provider.

From 2013 to 2018, 7,646 PNP officers in the country have undergone training on Mandatory Women and Children Protection Desks (WCPD) Specialized Course. There were 1,733 graduates of this course in 2018.

Table 23 Barangays with Established VAW Desks			
Region	Total Number of Brgys.	With Established VAW Desk	%
I	3,267	3,265	99.94%
II	2,311	2,311	100.00%
III	3,102	2,315	74.63%
IV-A	4,018	4,011	99.83%
IV-B	1,460	1,427	97.74%
V	3,471	3,326	95.82%
VI	4,051	4,034	99.58%
VII	3,003	3,003	100.00%
VIII	4,390	4,390	100.00%
IX	1,904	1,266	66.49%
X	2,022	1,883	93.13%
XI	1,162	919	79.09%
XII	1,195	1,166	97.57%
XIII	1,311	1,311	100.00%
CAR	1,177	943	80.12%
NCR	1,710	1,493	87.31%
ARMM	2,490	660	26.51%
TOTAL	42,044	37,723	89.72%

Source: DILG 2018 Accomplishment Report on Women's Concern

Functional VAW Desk in every Barangay. In compliance with the IRR of the Magna Carta of Women (Section 12.D.) on the establishment of a VAW Desk in every barangay, 37,723 barangays (90%) have established a VAW Desk with the following regional breakdown (Table 23):

Based on the monitoring tools provided under DILG Memorandum Circular No. 2017-114 on the Guidelines in Monitoring the Functionality of Violence Against Women (VAW) Desk in Every Barangay, 32,711 (87%) barangays were assessed out of 37,723 barangays with established VAW desk. The result shows that as of December 2018, half of the barangays assessed (50%) has a mature rating on functionality indicators. A mature score means the barangay was able to establish a VAW desk through an ordinance; the VAW desk person has attended trainings on anti-VAW laws, gender sensitivity etc.; with equipment and supplies; AIP and approved GAD budget; Annual Accomplishment Report; quarterly accomplishment report submitted to C/MSWDO and C/MLGOO containing VAWC data; updated database record of reported VAW cases; and accomplishment of VAW desk included in the State of Barangay Address.

Table 24. Functionality of VAW Desks

Total No. of Barangays Assessed	Ideal	Mature	Progressive	Basic
32,711	5,222 (16%)	16,252 (50%)	8,408 (26%)	2,829 (9%)

Source: DILG 2018 Accomplishment Report on Women's Concern

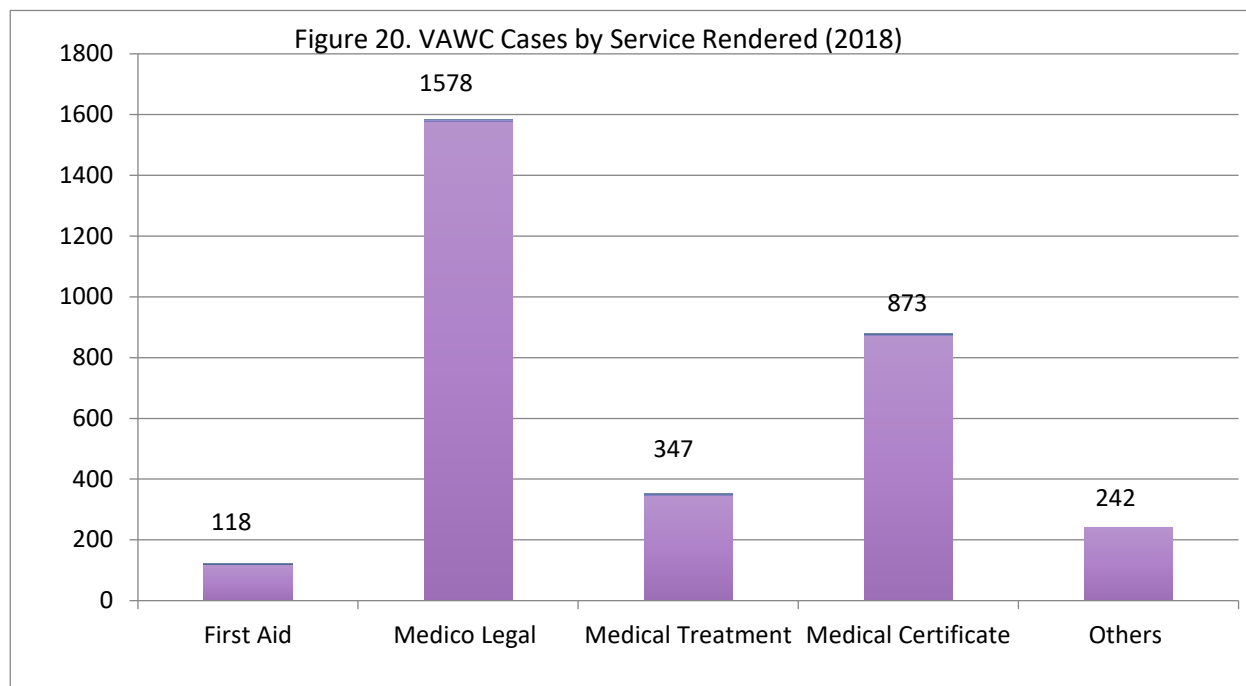
Services Rendered by DSWD. The “Anti-VAWC Act of 2004” (RA 9262) mandates DSWD (along with the respective LGUs) to provide temporary shelters, counseling, psychosocial services, recovery/rehabilitation programs, and livelihood assistance.

Table 25. Number of VAW cases served by DSWD

No. of Cases Served by DSWD	2017	2018	Inc. / Dec. (%)
Total	4,242	5,341	25.9
Physically Abused/ Maltreated/Battered	258	237	(8.1)
Sexually Abused	137	215	56.9
Prostitution	52	108	107.7
Illegal Recruitment	103	197	91.3
In Detention	-	-	--
Armed Conflict	102	16	(84.3)
Others ^{r/}	3,538	4,568	29.1
Uncategorized ^{s/}	-	-	-

Source: Factsheet of Women and Men


Services Rendered by DOH-WCPU. Based on the DOH records, 3,158 VAWC cases were assisted in 2018. Services rendered to the victims of VAWC include provision of medico legal examination (50%) and issuance of medical certificate (28%). Others include the provision of appropriate medical treatment (11%), first aid (4%), and other services (8%).



Source: DOH VAWC Registry System

Table 26 Nature of Cases						
Nature of Case	Received		Terminated		Recommended for Prosecution	
	2017	2018	2017	2018	2017	2018
Adultery / Concubinage	68	74	58	58	11	14
Rape	180	224	161	180	66	98
Acts of Lasciviousness	36	32	26	38	14	11
Seduction	2	2	4	4	1	1
Abduction	19	19	19	11	2	0
White Slave Trade	3	2	1	1	1	0
Sexual Harassment	10	16	6	8	0	2
VAWC	271	431	297	303	106	125
Child Abuse	143	166	124	135	48	59
Total	732	966	696	738	249	310

Source: NBI



Services Rendered by NBI. A total of 966 criminal cases against women and children were received by NBI in 2018, which reflects a 32% increase from 2017 data. Number of terminated criminal cases reached 738, as compared to 696 in 2017. Terminated cases include backlog cases. In 2018, NBI recommended a total 310 criminal cases for prosecution, which reflects a 15% increase from 2017 data.

Harmonization of Data

To facilitate the harmonization of data on VAW, VAC, and GBV in the submitted reports, the PNP has issued a Memorandum Order dated December 4, 2018 to pre-test the Harmonized Intake Form in all concerned Regional WCPDs, Provincial WCPDs and City/Municipality WCPDs. It is a comprehensive consolidated version of the WCPC Client Form, the PNP Incident Report Form, the VAWDocs of the Philippine Commission on Women (PCW), the Suspected Child Abuse Report of the Child Protection Unit of the UP-PGH, as well as the form of the GBV Information Management System (GBVIMS).

Further, PNP aims to ensure the confidentiality of a VAWC case by enhancing the e-Blotter or Crime Information Reporting and Analysis System (CIRAS). This system interfaced with Geographic Information System (GIS) and contains the initial report and updates of all reported incidents/crimes. It serves as a Qualitative Crime Analysis Management Tool and is being used by the desk officer, crime registrar and analyst in crime reporting and analysis.

Challenges and Recommendations

Challenges

The Strategic Plan for 2017-2022 was finalized and issued by the Inter-Agency Council on Violence Against Women and their Children (IACVAWC) on December 2018 through a resolution. This Plan serves as a guide for the members of the Council and the stakeholders in addressing VAWC and other forms of gender-based violence. It is important to get the full cooperation of members of the Council and clearly state the targets (short-term, medium-term, long-term) in implementing the Plan; as well as the respective accountabilities and deadlines.

Unified Registry of Cases

There is no unified platform for monitoring and recording of cases in the country. Upon examination of the number of cases coming from the PNP and the DOH, while both have declining trends of cases, the decline in the DOH data is steep. While cases are reported separately to each agency, the numbers could not be added up to determine the true picture. VAWC victims would go to PNP and not to the hospitals and vice versa. But some would be referred and go to both agencies. Other agencies that also assist VAWC victims are the DSWD and the NBI.

Accurate data is important in determining the need for appropriate service providers, establishment and enhancement of facilities, and drafting/revision of policies for the program. It is imperative that the concerned agencies work together to marry their systems.



Prevention of VAWC cases

Prevention of VAWC cases must be the primary objective in this program. It is important to review current advocacy programs and interventions, and measure their effectiveness. There must be a mechanism that will regularly gather feedback from the VAWC victims, their relatives, and the general public to determine whether the advocacy materials and activities are effective.

Establishment of VAW desks and ensuring their functionality

VAW desks in the remaining 10% of the barangays nationwide must be established in order to provide assistance to VAW victims. The functionality of existing VAW desks must be continuously monitored and assessed for the current level of capacity of VAW desk officers. Result of this assessment shall serve as the basis for the development of capacity building programs to be implemented by the LGUs.


One important issue raised in the implementation of barangay VAW desk is the end of term of the VAW desk officers that coincides with the end of each term of the barangay officials. As these VAW desk officers were already trained by the national and local governments and are already skilled in handling VAW cases, Punong Barangays and Sangguniang Barangay members are encouraged to retain/re-appoint them through the issuance of DILG Memorandum Circular No. 2018-144.⁵⁸ The challenge in this intervention is whether the newly-elected barangay officials will heed this suggestion. Hence, it is important to perform a post-election survey to determine the effectiveness of this intervention.

Enabling access to comprehensive services

There is a need to map out all the programs and services available at the local level. Once this inventory/list is disseminated as part of the advocacy program, it will serve as the basis of referral to the psychiatrists, NGO service providers, trained WCPU providers, etc. These information and guidelines on accessing services must be made available in a clear and user-friendly format and language. If there's a need, establishment of additional facilities (WCPU, residential facilities, WFS, etc.) may also be considered. Further, CSOs must also be engaged in handling cases that also includes cases involving PWDs.

Existing protocols and guidelines must be reviewed to standardize services across the country. One of which are the guidelines on the establishment and implementation of the VAW referral system. Once enhanced, the guidelines should be disseminated. This referral system could be enhanced and replicated in other LGUs. Members of referral networks are encouraged to sign a MOA to clarify specific roles within the network in supporting VAWC victims, promoting opportunities for networking and sharing information on good practices among member agencies. Availability and accessibility of services in a referral system must be ensured through continuous monitoring and developing a feedback mechanism for continuous improvement. Finally, budget guidelines for services under the VAW programs must be clarified and the actual budget must be accessed.

⁵⁸ DILG Philippines. Memorandum Circular No. 2018-144. Retention of Barangay Violence Against Women Desk Persons. <https://www.dilg.gov.ph/issuances/mc/retention-of-barangay-violence-against-women-vaw-desk-persons-officers/2796>. Retrieved on 25 March 2019.



Current models of one-stop shop for VAW victims should also be reviewed and the possibility of replication in other LGUs explored. A one-time interview method should be considered in order to avoid repeat interviews and facilitate quicker action.

Enhancement of capacities of service providers

Capacities of all service providers involved in the prevention of VAWC program must be enhanced. Training needs analysis (TNA) of service providers should be conducted. Result of the TNA shall be used to design or enhance the existing capacity development programs. Possible topics/content of the enhancement training program may include the following: gender-sensitive service delivery and victim empowerment, deeper understanding and appreciation of the law, gender analysis, and handling cases of people with disabilities including provision of assistive facilities (e.g. sign language interpreters).

Further, conduct of joint training of service providers (police personnel, social workers, prosecutors, doctors, barangay officials) must be promoted to clarify roles and protocols that will allow systematic and coordinated provision of services.

Capacity building protocols and activities for all individuals involved in the prevention of VAWC cases and in the provision of assistance to VAWC victims should be harmonized across all agencies nationwide. Monitoring these training activities and measuring their effectiveness to the trainees could be the challenge.

Existing standard protocols/modules for service delivery must be reviewed (e.g. communication protocols, performance standards, handling of PWD cases, etc.) and if non-existent, developed. This will ensure availability of service providers and create multidisciplinary case management team in LGUs.

Facilitating quick resolution of VAWC cases

VAWC victims should be provided with mechanisms that facilitate government support through policies allowing access to legal assistance in PAO and DOJ and use of GAD funds, among others. Persons with disability (PWDs) should be able to access support for their special needs (e.g. sign language interpreters for the deaf victims).

Integration of gender sensitivity principles in the curriculum of law and police training schools will promote gender-sensitive investigative capability among lawyers, judges, police personnel, WCPC officers, NBI investigators, and prosecutors/fiscals and others handling VAWC cases. Along with improving capacities, effective standards and procedures for handling VAWC cases across the justice sector agencies should also be developed.

Foremost, it is crucial to obtain feedback from the VAWC victims in order to determine whether they are able to access services and obtain justice in the resolution of their cases.

Need for research

Republic Act 9262 mandates the IACVAWC to conduct research on an integrated approach to eliminate VAWC by first determining its nature and root causes. The following maybe specifically unpacked, as follows: phenomenon of battered woman syndrome, violence within lesbian relationships, and violence faced by marginalized women.

Other Challenges

There are several challenges that continue to persist. One of these is the existence of discriminatory laws and policies against women that affect how women are perceived in society. They reinforce the culture of violence. Examples are the law on prostitution and certain provisions of the Revised Penal Code and the Family Code. Another challenge is the lack of a comprehensive package of services (psychosocial care and evaluation, rescue and protection, legal assistance, and reintegration for VAW victims due to lack of funds. Measures to deal with VAW are inadequate. There is a need for restorative justice and rehabilitation interventions. Moreover, the slow and long judicial process drains the resources of VAW victims, as well as the small number of lawyers that give them free services.

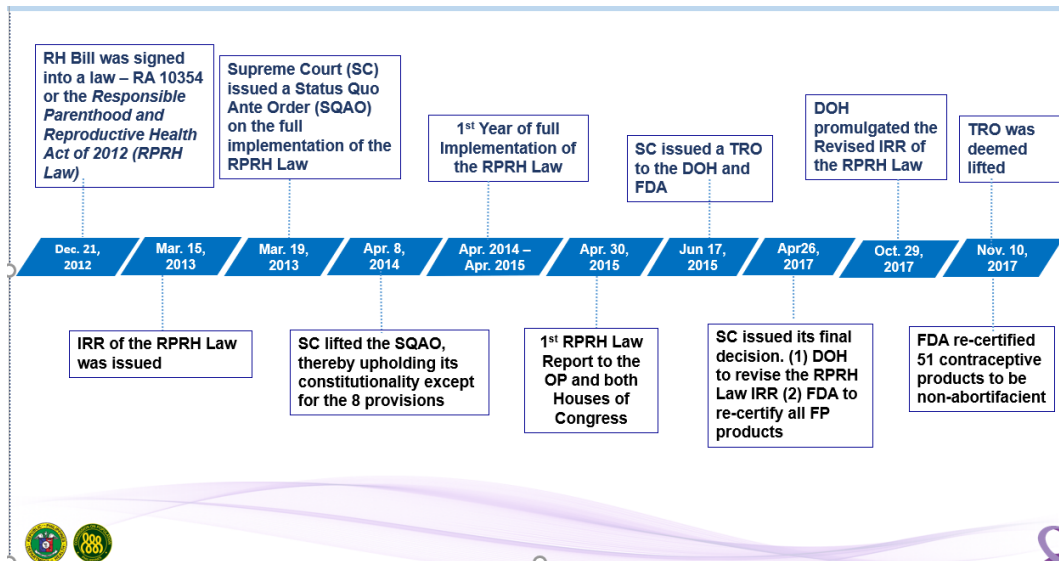
Recommendations

2017 Recommendations	2018 Actions	2019 Recommendations
Review the scope of assistance required from LGUs with respect to covering the cost of comprehensive services and legal assistance to victims of abuse	IACVAWC has issued Resolution 02, series of 2018, stating the commitment of all Council members (DSWD, CSC, CHR, PCW, CWC, DILG, DOJ, PNP, DOH, DepEd, DOLE and NBI) to include in their annual agency appropriations starting 2019 onwards the funding requirement to implement programs and services in the Strategic Plan for 2017-2022.	For IACVAWC to: <ol style="list-style-type: none">1. Have a unified registry of cases as there's no common platform for reporting and recording of cases2. 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 referrals3. Review the comprehensive package of services for VAW victims (psychosocial intervention, rescue & protection, legal assistance, reintegration); as well as the services indicated in the provisions of the newly-passed Mental Health Law
Identify potential partners as well as resources that can be tapped to holistically address needs of victims		



RPRH IN THE PAST FIVE YEARS

Chronology of Major Events



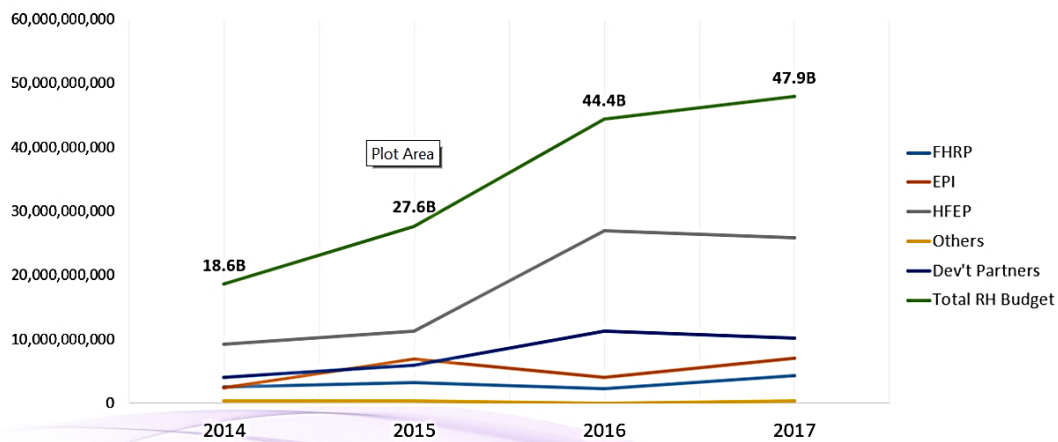
Enabling Mechanisms

Policies

Policies Issued

- Executive Order No. 12 on Zero Unmet Need for Modern FP in Jan. 2017
- Philippine Development Plan 2017-2022
- From 2014 to 2017 a total of **74 Administrative Guidelines** issued in line with the RPRH Law and its IRR
 - 48 from the DOH, 16 from the PhilHealth, 3 POPCOM, 2 DEPED, 2 DSWD, 1 DILG, 1 PCW
 - 1 Joint Guideline

Investments



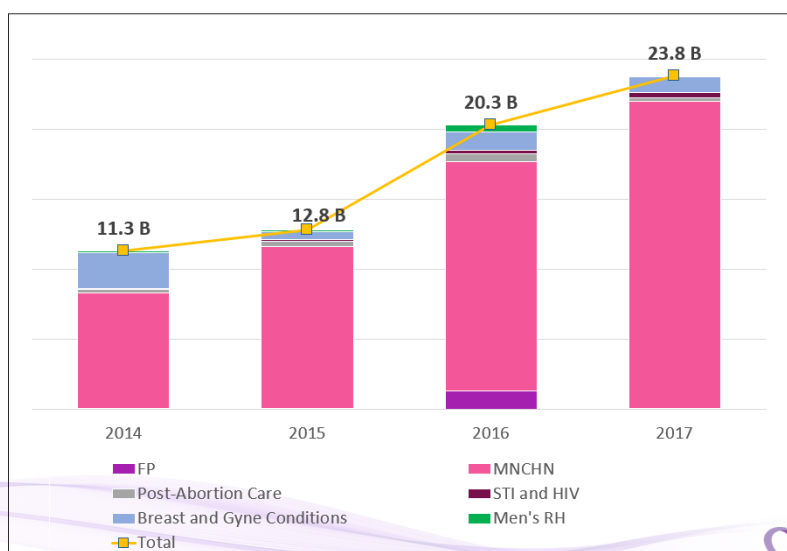
Source: RPRH Annual Reports

PHILHEALTH BENEFIT PAYMENTS FOR RH

17% increase in benefit payment for RH-related services from 2016-2017

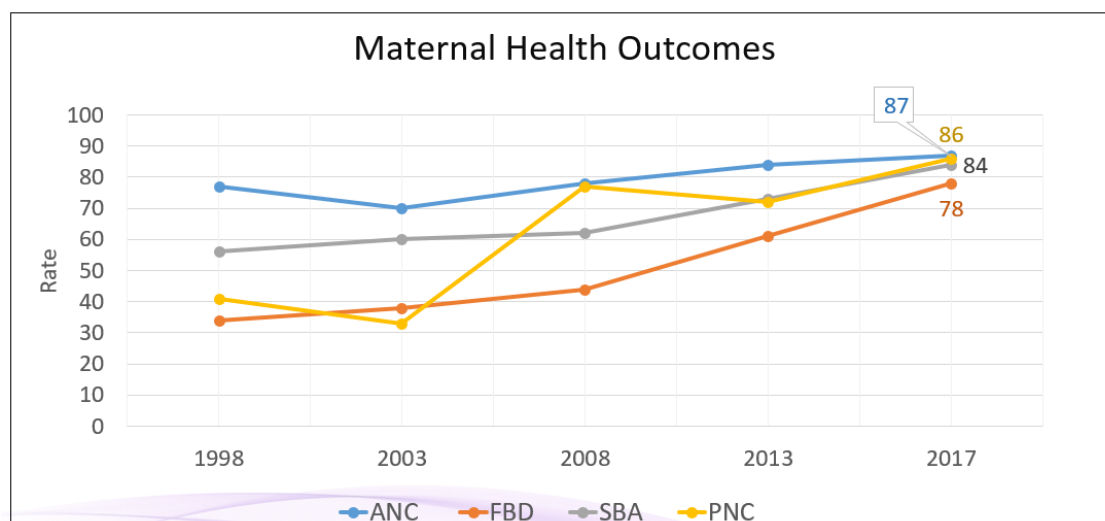
Over 100% increase from 2014 to 2017

Source: RPRH Annual Reports

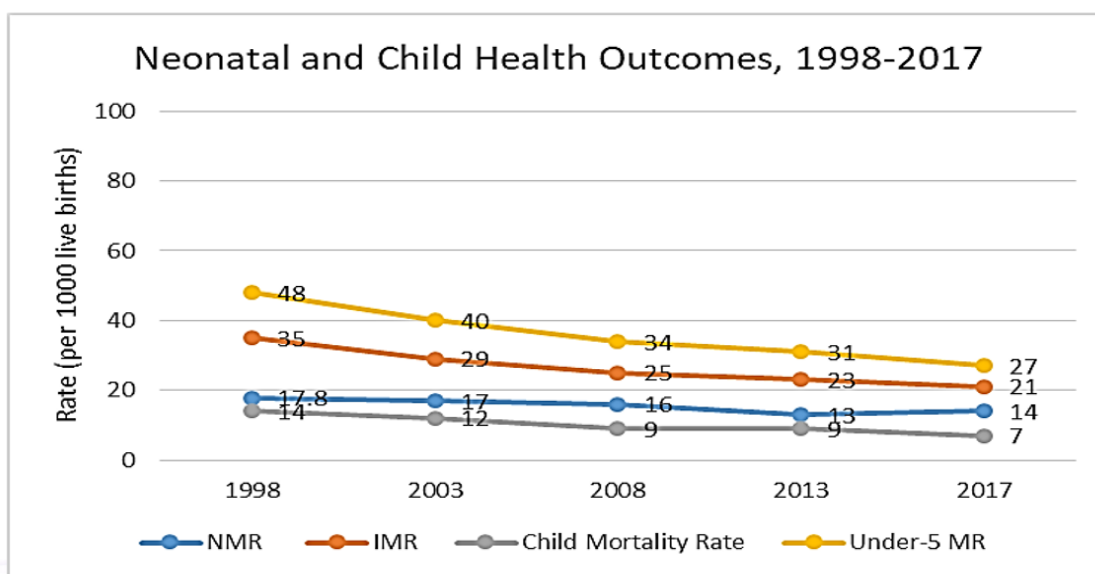


Implementation Outcomes

KRA 1: Maternal Newborn Child Health and Nutrition



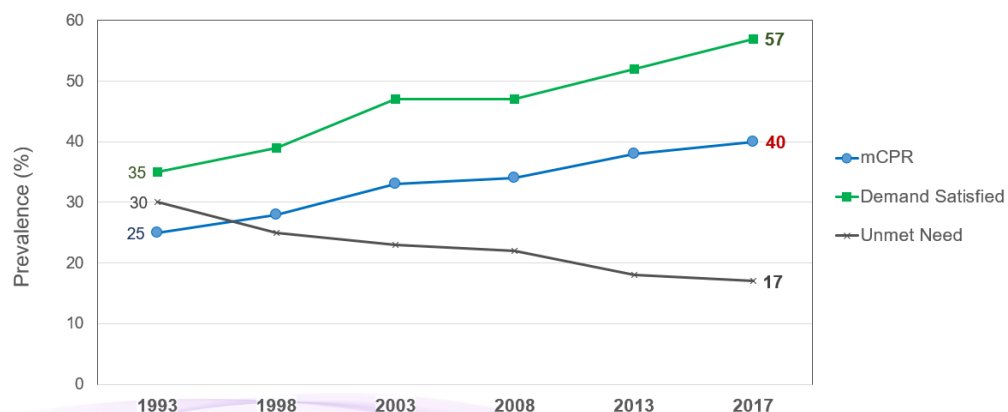
Source: NDHS 1998-2017



Source: NDHS 1998-2017

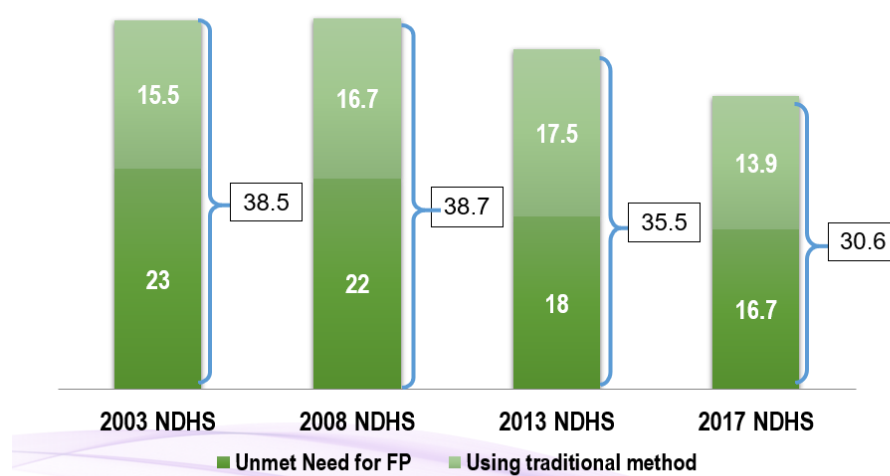
KRA 2: Family Planning

Family Planning Outcomes



Source: NDHS 1993-2017

Family Planning Outcomes

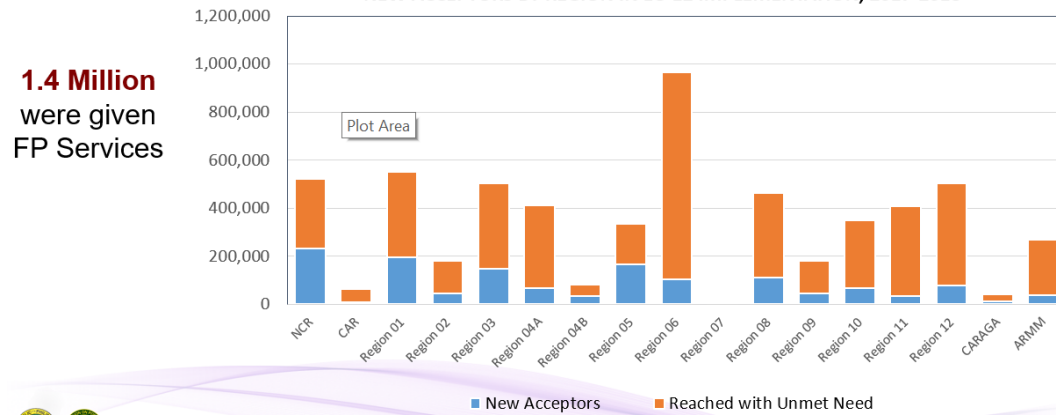


Source: NDHS 1993-2017

Family Planning Outputs

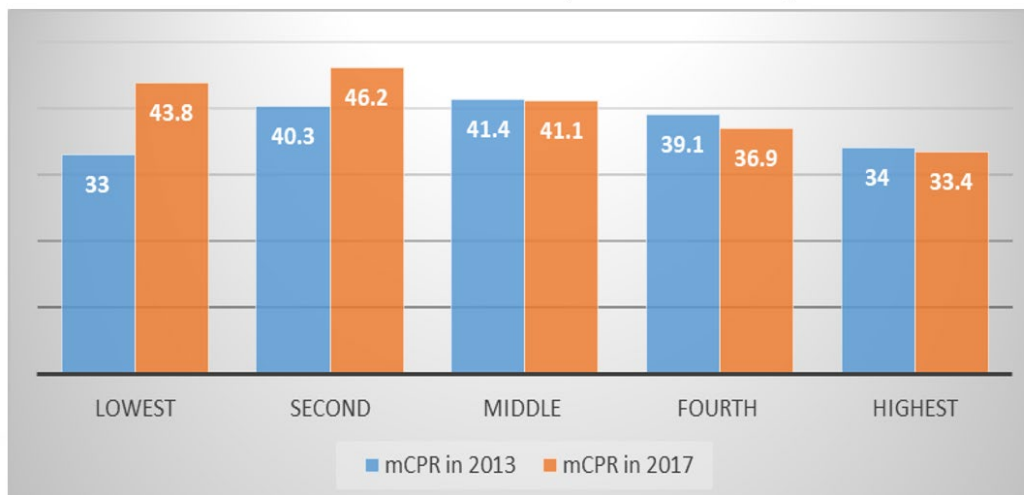
EXECUTIVE ORDER NO.12, S. 2017 "ZERO UNMET NEED FOR FP" CAMPAIGN

NEW ACCEPTORS BY REGION IN EO 12 IMPLEMENTATION, 2017-2018



Source: EO 12 Monitoring Report 2017-2018

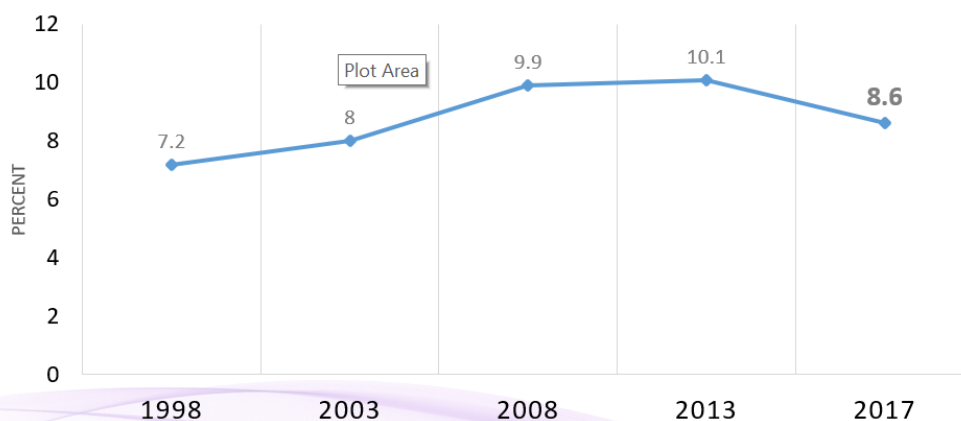
Modern FP Use by Economic Quintile



Source: NDHS 2013-2017

KRA 3: Adolescent Sexuality and Reproductive Health

TEENAGE PREGNANCY (15-19 Y/O)



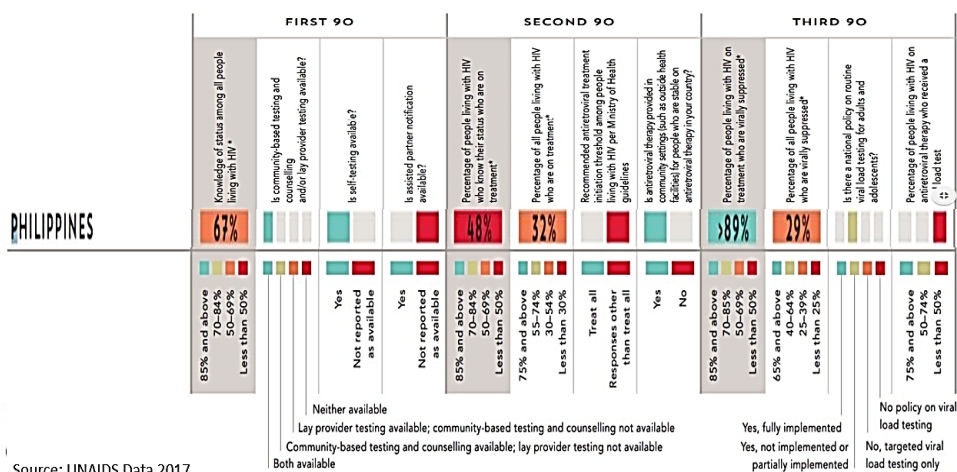
Source: NDHS 1998-2017

KRA 4: STI/ HIV-AIDS

STI, HIV and AIDS

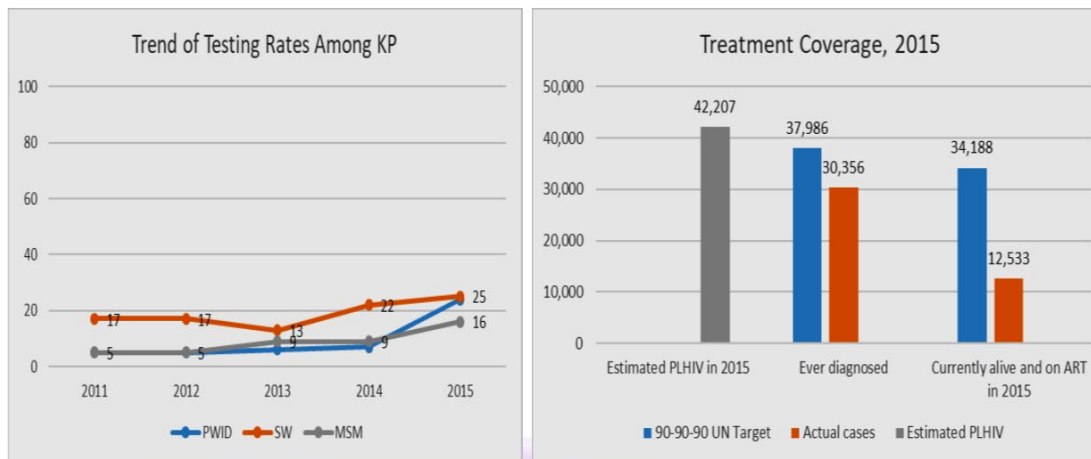
ASIA AND THE PACIFIC

90-90-90 Country Scorecards



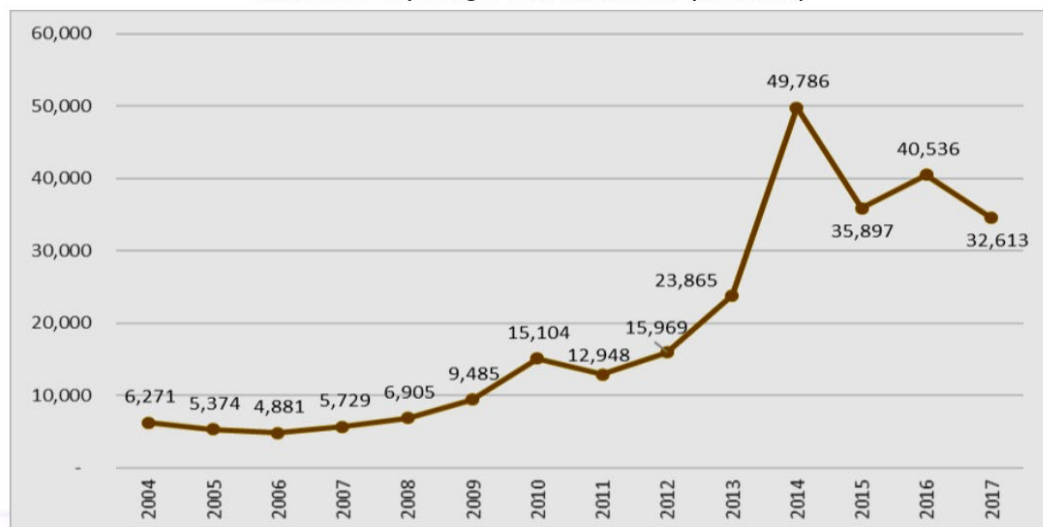
Source: UNAIDS Data 2017

STI, HIV and AIDS



KRA 5: Elimination of Violence against Women and Children

Trends in the Reporting of VAW Cases to PNP (2004-2017)



Source: PNP-Women and Children Protection Center (PNP-WCPC)



SUCCESS STORIES

Financing

Town Breaks Financial Barriers to Maternal and Child Health Services

In 2013, 31-year-old Estela Tudio of northern Luzon, gave birth at home to her first child despite the risks of home delivery. “We didn’t have money so I just gave birth at home,” recounted Estela, a homemaker who is married to a tricycle driver.

In 2017, Estela delivered her second child at the Bayambang Rural Health Unit. She also availed herself of free contraceptive pills from the facility after receiving family planning counseling. “I was happy to give birth here at the rural health unit. Everything is

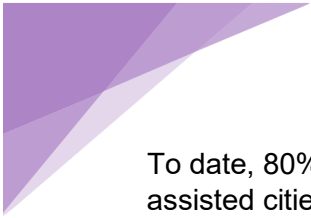
now free courtesy of the Point of Service Program,” Estela shared. In July 2017, PhilHealth, the national health insurance agency, launched the Point of Service Program, a new financing scheme that allows on-the-spot enrollment of underserved clients.



Estela Tudio, with husband Almar and their two children, is a happy beneficiary of PhilHealth’s Point of Service Program. (Photo by RTI International)

Estela is one of 500 beneficiaries of improved health financing in Bayambang. In collaboration with the Department of Health Regional Office for Ilocos Region, USAID, through LuzonHealth project, has partnered with Bayambang Rural Health Unit to build the capacity of staff to provide maternal and family planning services. As a result, the rural health unit was able to meet PhilHealth’s accreditation requirements for the maternity and newborn care packages. The facility became the first in Pangasinan Province to offer PhilHealth’s Point of Service Program.

Today, all pregnant women, including those in the lowest income quintiles, in Bayambang can now safely give birth in the rural health unit and access their chosen family planning methods without having to worry about out-of-pocket expenses. The facility has also improved its financial viability by claiming PhilHealth reimbursements amounting to 1.5M annually which helps improve clinic operations and augment salaries of health personnel. “Sustained financing leads to better health services. In turn, this brings higher demand which means that more PhilHealth reimbursements and resources can be used to improve our services,” Dr. Paz Vallo, Bayambang’s Municipal Health Officer said.




To date, 80% (295 out of 364) of the rural health units and health centers across all USAID-assisted cities and municipalities in Luzon have been accredited by PhilHealth for its maternity care package.

Health Facilities Gain Benefits from Philippine Health Insurance



The PhilHealth claims enables the Naga City Health Office to help fund family planning training and other health activities. Dr. Porferia Daclan, after being trained by USAD, is now an active trainer on subdermal implant insertion. She demonstrates implant insertion on an arm model (top photo) and leads the discussion (bottom photo). Photos by LGambe/EngenderHealth



The Philippine Health Insurance Corporation (PhilHealth) was created in 1995 to implement universal health coverage in the Philippines. PhilHealth coverage includes family planning benefit packages for men and women, like intrauterine contraceptive device insertion, subdermal implant insertion, and no-scalpel vasectomy.

The PhilHealth family planning benefit package covers consultation and counseling; professional fee; use of the facility, the contraceptive and other medical supplies; and follow-up services. Accredited facilities can reimburse these expenses from PhilHealth. Reimbursements go to the facility (health care institution fees) and to the providers (professional fees) to help increase access to the services and help increase sustainability of financing the services.

An assessment conducted by USAID, through the VisayasHealth project implemented by EngenderHealth, revealed that the family planning PhilHealth benefits were not optimally utilized. A primary reason was the inadequate number of trained family planning service providers accredited by PhilHealth.

Recognizing this barrier and in partnership with the Department of Health, USAID in the Visayas region trained 1,500 health service providers in family planning. USAID also facilitated post-training evaluation and fast-tracked the trained providers' certification by the Department of Health and accreditation by PhilHealth. These efficiencies reduced facilities processing time for accreditation from PhilHealth. As a result, the number of facilities that filed claims for the family planning benefit package grew by 374 percent, from 53 in 2014 to 251 in 2017. Over the same period, the number of claims filed rose by 425 percent, from 2,000 to 10,500. Hence, the value of the reimbursable claims rose by 254 percent from \$460,000 to \$1.66 million.

Dr. Porferia Daclan, City Health Officer of Naga City in Cebu Province, was among the first set of providers trained by USAID to provide contraceptive implants. Health service providers, like Dr. Daclan, also receive a share from PhilHealth reimbursements. "I am grateful for these reimbursements. Our health facility uses the reimbursements to purchase medical supplies and commodities, train more providers, and conduct other family planning activities," Dr. Daclan said. "It helps motivate us to continue providing quality services to our constituents," she added.

Inspired by these developments, USAID continues to work with the Government of the Philippines to make health services more accessible to all Filipinos by ensuring that the PhilHealth family planning benefit package is available at accredited health facilities and offered by trained health provider.

Service Delivery

USAID Helps Sustain Family Planning Services in Times of Disaster



Monaluna Bolanos (left) 27, mother of three and an evacuee from a village in Albay visits the Family Planning Clinic at an evacuation center for her scheduled injectable (DMPA) injection. (Photo by VEstevez/RTI International)

Mayon Volcano shows its fury.
(Photo credit: Denbighshire Free Press)



Mayon Volcano's eruption in January 2018 displaced over 17,000 families (66,500 individuals) from three cities and six municipalities of Albay province, south of Manila. The Mayon Volcano — which rises some 8,077 feet (2,462 meters) above the Albay Gulf — is the Philippines most active volcano. By the end of March 2018, the disaster alert level was lowered and families were allowed to get back to their homes from 58 evacuation centers.

In February 2018, USAID and RTI International's LuzonHealth project, in collaboration with local health offices and local government units in Albay, tested its newly-developed Family Planning Rapid Assessment checklist to help ensure continuity of family planning services to these displaced families. Using the checklist, Albay provincial and municipal health offices staff conducted an inventory of current family planning users among women in the evacuation centers. Women with unmet need for family planning were also identified. Family planning supplies were then sent to the evacuation centers and health providers were mobilized to provide family planning counseling to potential clients and to dispense commodities to current users.

Through this initiative, nearly 2,000 women of reproductive age were identified, 40 percent of whom were family planning current users. About 85 percent of these current users were provided with family planning supplies. Nearly 800 potential new users of family planning also received counseling services at the evacuation centers.

“This is the first time that we have used this type of tool,” said Olga Belen, Albay Provincial Family Planning Coordinator. “We are familiar with rapid assessments and disease surveillance but this checklist helps us to assess the capacity of the local government unit to ensure continuity of family planning service delivery. It also helps us to maintain quality recording and reporting of family planning services provided to displaced populations,” Olga shared.

The development and use of the Family Planning Rapid Assessment checklist is part of LuzonHealth’s climate risk management plan. Climate risk management is a USAID policy that involves assessing, addressing and adaptively managing climate risks to ensure resilience of development efforts amidst changing climatic conditions, such as community displacement. The checklist is being further tested based on its application in Albay before it is adopted and used in other disaster-prone areas.



Using the Rapid Assessment Checklist, the Provincial Family Planning Program Coordinator of Albay (left), interviews a nurse assigned at an evacuation center. (Photo by VEstevez/RTI International)

FP Support and Contribution from the Development Partners

In partnership with DOH Regional Offices, provincial/city health offices and other stakeholders, the USAID Regional Implementing Partners' (LuzonHealth, VisayasHealth and MindanaoHealth) technical assistance contributed to the overall FP/MNCHN accomplishments for 2018.

Table 27. Summary of USAID Regional Implementing Partners Contributions	
FP/MNCHN Outcomes: <ul style="list-style-type: none"> Served a total of 3,651,886 FP current users. Generated 1,790,778 couple years protection for long-acting reversible and permanent methods (IUD, PSI, BTL and NSV). Averted maternal deaths due to post-partum hemorrhage by administering uterotonics to 95,505 women in the 3rd stage of labor or right after delivery of baby Saved 2,097 newborns not breathing at birth through resuscitation. 	
Key intervention Areas	Project Activities
Demand Generation	<ul style="list-style-type: none"> Reached 16,238,808 audiences with FP/RH/MCH messages through various channels. Assisted 1,032 municipal/city LGUs to track or map unmet need for FP in the public and private sectors.
Service Delivery	<ul style="list-style-type: none"> Assisted 2,412 RHUs/HCs/hospitals and public and private LICs to become FP SDPs. Strengthened FP programs in 140 public hospitals. Supported 65 public and private hospitals to provide adolescent friendly services, including FP services to pregnant and post-partum youth to delay repeat pregnancy. Supported 22,174 community health workers (CHWs) to provide family planning (FP) information, referrals, and/or services. Assisted 55 SDNs to achieve varying degrees of functionality, making FP/MNCHN services widely available and seamless.
Capacity Building	<ul style="list-style-type: none"> Broadened the range of available FP services by supporting 4,451 health workers (doctors, nurses and midwives) to provide BTL/MLLA, PPIUD and Interval IUD.
Commodity Security	<ul style="list-style-type: none"> Improved commodity availability through 50% reduction in stockouts of FP commodities across United States Government (USG)-assisted sites.

Defying Geographic Barriers to Access Health Services




Merca happily carries one of her three children. (Photo by AGonzales/Jhpiego)

Merca Lagutod and her husband's dream for their three children is simple -- provide them better care and send them to school. For Merca, this would mean being able to prevent another pregnancy. Although she lives in a geographically isolated area in Davao City, Merca was still able to access needed family planning services.

With support from USAID's MindanaoHealth project implemented by Jhpiego, Davao City strengthened its service delivery network to reach underserved clients like Merca. The network, comprised of public and private health facilities in the City, provides effective health referral systems.



Merca joins her neighbors for an afternoon chat where she also shares her experience in accessing family planning services. (Photo by AGonzales/Jhpiego)



When Merca received family planning counseling from a health provider trained by USAID's MindanaoHealth Project, she was motivated to visit the nearest health facility and opted to receive an intrauterine device. The contraceptive now protects her against unintended pregnancies.

Despite living in a far away community, Merca and her husband felt they needed to plan their family to protect their dream for their children. “My decision to adopt a family planning method has changed my life for the better. I now encourage other women in my community to practice family planning too,” Merca shares.

Health Promotion

Health Worker Goes On-Air to Discuss Family Planning



USAID-trained Family Health Associate and nurse Ailleene Jhoy Verbo uses the toolkit provided by MindanaoHealth project to aid health workers like her to deliver correct family planning messages.

(Photo by Jerald Jay de Leon)

In the implementation of the Responsible Parenthood and Reproductive Health Law, the Department of Health has deployed Family Health Associates (FHAs) who are nurses assigned in every municipality and city throughout the Philippines. Their services are crucial to meet the goal of addressing the unmet needs for modern family planning, especially in generating demand.

USAID, through its MindanaoHealth project with Jhpiego, provides technical support with training for FHAs assigned in areas covered by the project. MindanaoHealth has trained about 250 FHAs on various family planning courses. One of the USAID-trained FHAs is Ailleene Jhoy Verbo of Siay in Zamboanga Sibugay. Following her training, while providing needed family planning information and services to clients at Siay Rural Health Unit, she goes on-air once a week at the community radio station, discussing family planning. She shares information on the different modern family planning methods and responds to queries from her listeners, who are mostly women and men from remote areas. By doing this, Ailleene helps clarify myths and misconceptions on family planning.

The radio program started as a one-time information campaign about the broad range of family planning methods and services; however, the influx of questions via text messages received after the said campaign led the radio station to offer a weekly timeslot to Ailleene so she can

continually respond to queries of listeners. Ailleene usually receives 10 to 20 text messages while on-air, which she addresses using the knowledge she acquired from various USAID-supported training and using materials and references provided by MindanaoHealth.

Aside from Siay, her radio program reaches the other municipalities of Alicia, Payao, Imelda, Kabasalan, Olutanga, Talusan and Mabuhay with an estimated population of 280,000 from 183 *barangays* (villages), 63 of which are far-flung and underserved.

"By doing this, I am not only helping my community in Siay but also women and men in nearby municipalities or communities who are difficult to reach," Aileen said. These communities do not have electricity and any other forms of media except transistor/battery-operated radio. Her radio program on family planning gives the people opportunity to learn without having to spend and travel to health facilities. "We already have occasions when listeners were referred to health providers in facilities nearest them and were actually provided family planning services," Ailleene proudly shared.



Ailleene goes on-air and addresses questions from her listeners over Zamboanga Sibugay's community radio station, Radyo Suhnan. (Photo by Jerald Jay de Leon)

