

Journey to the RPRH Law

The 2nd Consolidated Report
on the Implementation of the
Responsible Parenthood and
Reproductive Health Act of 2012



Introduction

2015 marks the second year of implementation of Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health (RPRH) Law of 2012--a legislation that guarantees and enables measures for the sexual and reproductive rights of women, men, young people and families through comprehensive and accessible reproductive health care services, including family planning.

Universal access to responsible parenthood services and reproductive health care are indispensable building blocks to the sustainable growth and development of the Philippines. Its importance, particularly in helping Filipino mothers survive pregnancy and childbirth, giving couples and individuals the tools to make informed choices about their families, and contributing to the improvement of the sexual and reproductive health of young people, to the eradication of gender-based violence, and to the prevention of sexually transmitted diseases, including HIV/AIDS, make the RPRH Law a critical piece of legislation.

This Report seeks to highlight the combined successes of the Department of Health (DOH), together with the Commission on Population (POPCOM), other government agencies at the national, regional and local levels, civil society organizations, and development partners as they continued to implement the provisions of the Law--developing policies, procuring drugs and supplies for the poor, conducting trainings to RPRH service workers, generating demand for RPRH services and essential commodities, educating and mobilizing communities, financing RPRH programs, and overseeing the implementation of the RPRH Law.

Several milestones are noted in the Report. First, it covers the first full year of implementation of the RPRH Law since it was declared “not unconstitutional” by the Supreme Court in April 2014. Second, it highlights the establishment of implementing mechanisms within the DOH--the National Implementation Team (NIT) and Regional Implementation Teams (RITs)--that linked national with local health systems and broadened the participation of other government agencies, civil society organizations and development partners. Finally, it marks the first time that the DOH is leading the logistics procurement, distribution, monitoring and evaluation, and management of family planning programs from the national down to the local government level.

Building on the country’s progress in achieving the Millennium Development Goals (MDGs), 2015 also marks the beginning of our work toward achieving the Sustainable Development Goals (SDGs) for 2030. Thus, the report will focus on data surrounding the five “unfinished” MDG targets that have carried over as SDGs and now complete the five Key Result Areas for the RPRH Law.



Message from the Health Secretary

The Department of Health (DOH) is pleased to present "The 2nd Consolidated Report on the Implementation of the Responsible Parenthood and Reproductive Health Act of 2012 (R.A. No. 10354)". The Report details the accomplishments and challenges in the implementation of the RPRH Law, particularly in dealing with the issues on the ground.

In compliance with the reporting requirements mandated by Section 21 of R.A. 10354 and Rule 15 of its Implementing Rules and Regulations, the Report describes the second year accomplishment of the DOH together with other agencies from national, regional, and local levels, civil society organizations, and development partners.

The report is presented along RPRH program elements or key result areas (KRA) on maternal, neonatal, child health and nutrition; family planning; adolescent sexual reproductive health; sexually-transmitted infections and HIV/AIDS; gender-based violence; and other RPRH elements.

The organization and operationalization of the National Implementation Team (NIT) and its counterpart at the regional and local levels further strengthened the RPRH Law implementation. The mechanisms developed to ensure systematic coordination, planning, monitoring and evaluation of systems and procedures, especially at the national and regional implementation levels, also contributed to key accomplishments for the year.

The enactment of the RPRH Law, after 14 long years, is a victory of the Filipino people. Since its conception, the highlight of the RPRH Law is to reach every Filipino and give them the much needed information and services they rightfully deserve.

As such, we, at the DOH believe that the efforts exerted will significantly contribute in ensuring universal access for all women, men, and young people to comprehensive reproductive health care.

I trust that the Report documented the significant contribution of the government and its stakeholders to the well-being of all Filipinos--empowering couples to exercise their reproductive rights and cultivating an environment for people to achieve their development goals.

Hon. Janette Loreto-Garin, MD, MBA-H Secretary of Health



Investing in Reproductive and Sexual Health

SOURCES OF FUNDING

In 2015, PHP 40.70 billion was allocated to implement the RPRH Law. From this amount, the national government continued to provide the largest share of the funds, with the DOH allocation alone making up 53% of the RPRH budget at PHP 21.74 billion. The rest of the government funds came from POPCOM who appropriated around PHP 240 million conduct demand generation activities for RPRH and from PhilHealth who reimbursed PHP 12.80 billion for benefit payments of RPRH-related services. In addition to government funds, development partners and Civil Society Organizations spent PHP 5.92 billion and PHP 238 million, respectively, to support RPRH implementation.

DOH BUDGET

The DOH allocated PHP 21.74 Billion from its line budget items for the implementation of the RPRH Law. This represents a substantial increase of PHP 7.17 Billion from its 2014 allocation. The use of these funds also mark significant improvements in utilization rates. The budget allocation for Health Facilities Enhancement Program posted a 32% improvement at 89% from only 57% in 2014. For the Expanded Program on Immunization, the utilization rate increased to 99% from 95% in 2014. And by the end of 2015, 78% of funds for Family Health and Responsible Parenting has been used, compared to only 61% during the previous year.

PHILHEALTH CLAIMS PAID

In 2015, PhilHealth paid almost PHP12.80 billion for RPRH-related benefits--13% higher than the previous year. RPRH-related benefits covered by PhilHealth include Family Planning, MNCHN, post-abortion care, STI and HIV, Breast and Gynecologic Conditions, and Men's Health. The bulk of these claims, at PHP10.14 billion, were paid for 992,441 women that gave birth at a facility. This is a substantial increase from the PHP7.64 billion that PhilHealth paid for the 736,707 women that gave birth in a facility in 2014.

As of December 2015, more than 750 PhilHealth accredited public hospitals and infirmaries are accessible to PhilHealth beneficiaries. In addition to these, there are more than 2,553 accredited Primary Care Benefit providers and 2,981 accredited Maternity Care Package providers in various cities and municipalities in the country.



Strengthening Implementation through Improved Governance

IMPROVING LEADERSHIP AND OVERSIGHT

In January 2015, the DOH issued Administrative Order 2015-0002, to define the responsibilities and functions of the RPRH National Implementation Team (NIT) and the Regional Implementation Teams (RITs). Created to serve as the oversight and steering committee for RPRH implementation, the NIT, with the support of RITs, led in addressing several challenges in implementing the RPRH Law and its IRR. Some of these challenges include coordinating the work and financial plans of all RPRH programs, streamlining the how family planning commodities are monitored to address stock outs, and dealing with resistance from LGUs.

PROVIDING TECHNICAL GUIDANCE

The DOH awaits the creation of the Family Health Bureau as specified in the IRR of the RPRH Law to “provide the needed technical guidance and coordination support for the systematic and integrated provision of reproductive health care to all citizens, prioritizing women, the poor, and the marginalized population groups”. The creation of the Family Health Bureau is now awaiting the endorsement of Office of Organization, Position, Classification and Compensation Bureau of DBM, to the Office of the President for final approval.

EXPANDING ACCESS

Together with its development partners, the DOH assisted LGUs in building models for organizing and strengthening functional RPRH Service Delivery Networks. Salient features tested in operational models include mapping public and private health service delivery capacities at different levels, creating agreements on patient referral systems, organizing effective management teams, and establishing appropriate MandE mechanisms. Lessons learned from these models will serve as inputs in instituting an Service Delivery Network (SDN) mechanism to support RPRH program implementation.

BETTER TRACKING AND RECORDING

The DOH helped LGUs organize, track and update records on the quantity of commodities received, dispensed to clients, issued to frontline service providers, and available in stock. This allowed LGUs to track commodity availability and incidences of stock outs, allowing them to immediately respond to commodity gaps at the facility level.

ESTABLISHING DATA ACCURACY

The DOH conducted nationwide capacity building activities to improve data accuracy by assisting LGUs to establish a process for validating, updating and correcting data

at the source before entering them into their reports. Through a data quality check, the DOH was able to resolve issues on the validity of Field Health Surveillance and Information System (FHSIS) reports coming from local health facilities in the country.

STREAMLINED REPORTING

POPCOM led in drafting the Planning, Monitoring and Evaluation Guide, which provided guidance not only for the development of RPRH Work and Financial Plan for 2015, but also for monitoring progress of its implementation. More specifically, the PME identified the process of collection, consolidation and processing of data coming from the reports of the different agencies and units, civil society organizations and other implementation partners.

CIVIL SOCIETY PARTICIPATION

The DOH, POPCOM and other agencies involved in RPRH implementation collaborated and worked closely with several NGOs in the areas of policy issuances, securing budget and financing, community mobilization, capacity building activities, commodities procurement and delivery, service delivery, establishing governance mechanisms, and other areas related to FP/RH/MNCHN program implementation.

1,549,846
Estimated live births

1,200,000
Estimated live births
covered by DOH facilities



KEY RESULT AREA 1

Maternal, Neonatal, Child Health and Nutrition

Through the RPRH Law, the Philippines can ensure pregnant mothers, newborns and children receive quality maternal, neonatal and child care so that pregnancy and childbirth no longer have to be life threatening events in a woman's life. It helps create an environment that will let mothers live, not die--while carrying their babies, during childbirth and after birth.

BASELINE INDICATORS

In 2015, Maternal Mortality Ratio (MMR) has not substantially declined and remains at almost similar levels as the 1993 National Demographic and Health Survey (NDHS) and the 2011 Family Health Survey (FHS) at 209 and 221 per 100,000 live births. A similar slow decline in MMR has been observed with administrative data from DOH, which show lower MMR at 78 per 100,000. This information, however, is limited to partial reports coming from public facilities and may have excluded those who have no access to health care facilities and those who access health services in private health care facilities and providers.

With regard to child health and nutrition, a Food and Nutrition Research Institute Survey in 2015 revealed that the prevalence for both underweight and stunting among under-five children has

increased from 2013 to 2015. Prevalence of underweight children increased from 20 to 21.5 percent, while the prevalence of stunting increased from 30.3 to 33.4 percent within the same period.

DEMAND GENERATION

To generate demand for Maternal, Neonatal, Child Health and Nutrition (MNCHN) services, and as part of its Universal Health Care High Impact Five (Hi-5) Strategy, DOH conducted the KP Caravan/Roadshows and the Buntis Congress as a "means of reaching target populations and improving access to relevant health information, health services and commodities". Family Development Sessions (FDS), through the 4Ps program of the DSWD, were also used as opportunities to generate demand for MNCHN services.

Another initiative is RAIDERS or "Reach and Innovate Desired Rational Scores", a DOH project designed to trace client defaulters for immunization, pre- and post-natal care, exclusive breastfeeding and other MNCHN services. In media, demand generation activities include the "Happy Baby" TV commercial and campaign, and various TV, radio and cinema ads on immunization, safe motherhood and breastfeeding.

The DOH and local health units also

conducted activities promoting breastfeeding, including integrating exclusive breastfeeding messages in other information campaigns and disseminating information through text messages. These efforts resulted in 53 new breastfeeding community support groups. Over 1 million women received the message on exclusive breastfeeding.

From these demand-generation activities, DOH-led maternal and child health communication campaigns reached 18.6 million men and women of reproductive age, from which 56% or close to 10.3 million recalled the core message correctly--the need to attend "Regular checkups for pregnant women to avoid complications and ensure the health of the child."

CAPACITY-BUILDING

The DOH and its partners continued to strengthen its delivery of high quality MNCHN services by conducting trainings on emergency obstetric care, essential intrapartum and newborn care, newborn screening, lactation management, infant and young child feeding, child injury prevention, pregnancy tracking, and interpersonal communication counseling. Civil society organizations also supported training activities for service providers, community health



workers, barangay health workers, NFP practitioners and NGOs.

Training activities for Service Delivery Teams on Basic Emergency Obstetrics and Newborn Care (BEmONC) were also offered to doctors, nurses and midwives in birthing centers. By October, BEmONC training has covered 1,636 BEmONC facilities, or 94% of the total 1,735 facilities. It resulted in 1,996 service providers trained.

SERVICE DELIVERY

Maternal health services provided through the National Safe Motherhood Program of the DOH consist of basic interventions that aim to provide safe delivery services for pregnant women and improve maternal health outcomes. Out of the 1,549,846 total live births covered by DOH facilities, 75% received at least four pre-natal check-ups, while 80% were given at least two post-natal checkups. Deliveries attended by service providers (skilled birth attendance) is 82%, with women giving birth in health facilities (facility-based delivery) at 80% in 2015.

On infant and child health, DOH reported that infants below 12 months old with complete immunization (fully-immunized children) is at 77% as of the last quarter of 2015, below the 2014 accomplishment at 85%. Newborn screening, which includes screening of 28 congenital disorders, has improved with 77% coverage, from only 58% last year. Lastly, Vitamin A supplementation also improved, with 63% coverage for children 6 to 59 months old, from only 51% in 2014.

CREATING A SAFE ENVIRONMENT DURING CHILDBIRTH

To support the implementation of the RPRH Law, the DOH implemented Administrative Order 2015-0020 to help prevent maternal death by empowering nurses and midwives to administer life-saving drugs

during maternal care emergencies. They also implemented Administrative Order 2015-0021 to strengthen the capability and augment the human resources of government hospitals in rural and underserved areas by deploying resident and specialist physicians from the DOH. And Administrative Orders 2015-0028 and 2015-0033 to provide guidelines that will intensify routine operations and implement breakthrough activities to reduce maternal, infant and under-five mortality rates in 15-month periods.

CHALLENGES AND RECOMMENDATIONS

Challenge 1

Stagnant MMR that is higher in some regions and is associated with below-target coverage of basic maternal care services (four prenatal checkup, skilled birth attendant, two postnatal checkup and facility-based delivery).

Recommendations

- Make sure there are enough trained midwives or skilled birth attendants, based on the estimated number of live births in every town, province, and city.
- Strengthen the capabilities of health providers in providing emergency care through training and equipping facilities with emergency obstetric medicines, supplies, and emergency transport.
- Increase efforts in contracting private and NGO service providers to augment limited service capacity of local service providers. This should also be coupled with building the capacity of the DOH in managing contracted services.
- Strengthen the capacity of communities to identify, support and refer the most common life-threatening maternal complications.

- Routinely undertake Maternal Death Reviews to analyze the medical and social causes of each maternal death undertake strategies in order to prevent a next one.

- Reduce the number of unintended pregnancies through the active promotion of Family Planning before and after a pregnancy, and in all levels of health care.

Challenge 2

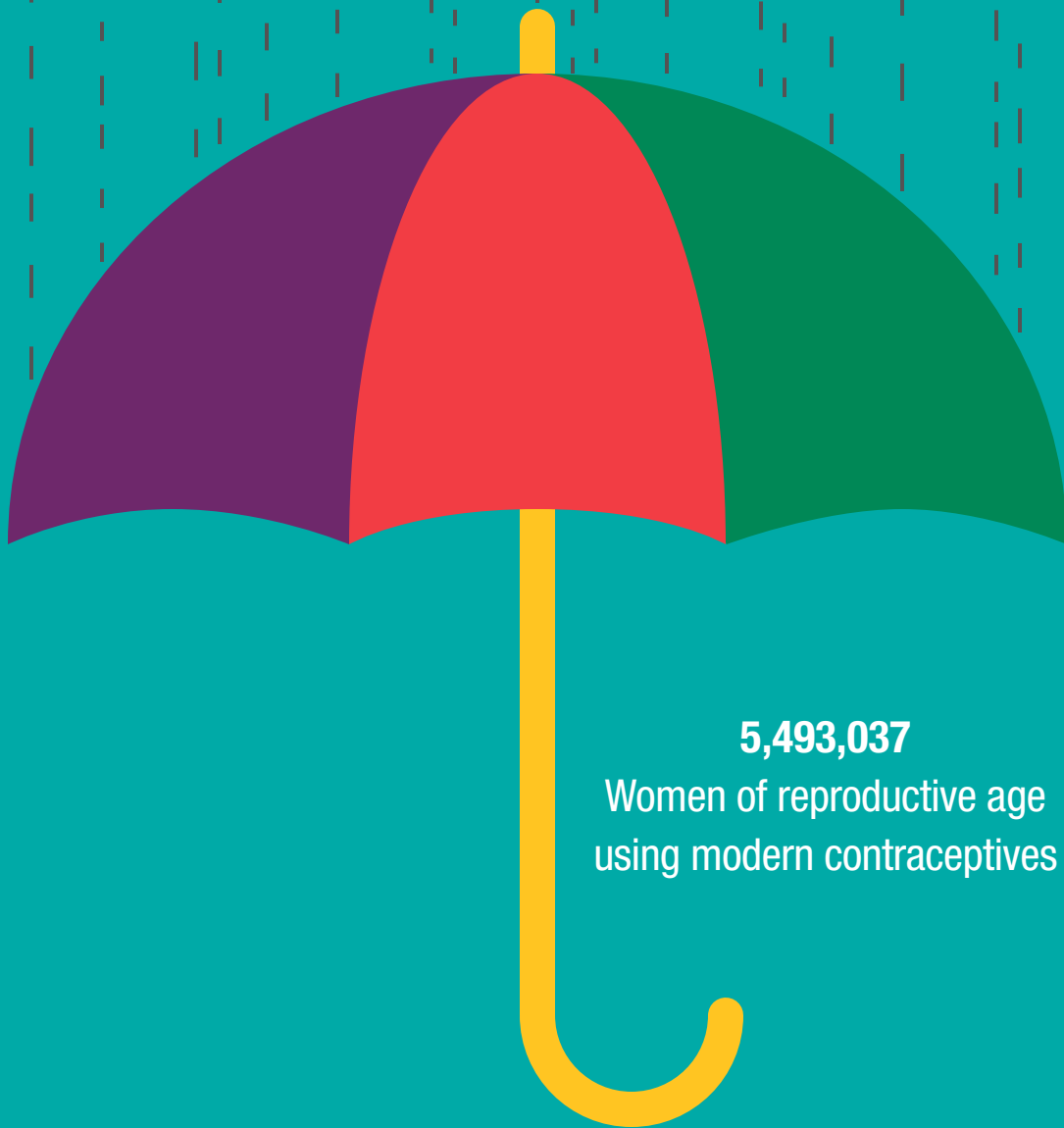
Poor newborn, infant, child health and nutrition. Even if infant and under-five mortality rates are declining, the prevalence for both underweight and stunting among under-five children has increased. The rate of fully-immunized children (FIC) has also declined.

Recommendations

- Assess the effectiveness of MNCHN programs at the local level. This may involve unbundling health system components and identifying solutions together with other local stakeholders.
- Strengthen the integration in the local health service delivery of evidence-based newborn, infant and child survival strategies, including early initiation of breastfeeding, hygienic cord care, kangaroo care for preterm infants, vitamin A supplementation for infants from six months of age, and antenatal corticosteroids for preventing neonatal respiratory distress syndrome in preterm infants.
- Actively promote breastfeeding for up to 2 years. The DOH and its health facilities, must promote an environment that is supportive of women who want to breastfeed, such as lactation stations and milk banks. They should also maintain links with child nutrition institutions and programs that research and develop interventions for malnutrition, including the development of dietary supplements.

12,543,816

Women of reproductive age



5,493,037

Women of reproductive age
using modern contraceptives

KEY RESULT AREA 2

Family Planning (FP)

The RPRH Law gives Filipino couples and individuals the right to choose the timing, spacing, and number of children they want to have, or if they want to have children, at all. By focusing responsible parenthood and family planning programs toward helping the poor and underserved, these measures help prevent Filipinos from getting locked into poverty.

BASELINE INDICATORS

In 2015, the use of modern FP method is at 43.8%. It has been steadily increasing over the years—from 33.4% in 2003 to 34% in 2008 and 37.6% in 2013. Between 2013 to 2015, however, growth in national modern Contraceptive Prevalence Rate (mCPR) remained almost the same and has not been able to catch up with the corresponding increase in eligible population—the total eligible population of women in reproductive age grew by 1.9% every year during the period but mCPR only increased by 1.78%.

Despite the increasing trend in CPR, unmet need for modern family planning is still very high at 18% in 2013, where 7% want to space births and 11% want to stop giving birth. Women without any form of formal education also have the highest levels of unmet need (24%), while women with higher levels

of education have the lowest (16%). Among the available modern FP methods, prevalence rate for pills has increased from 36.9 in 2014 to 38.7 in 2015, while IUD has dropped from 10.9 in 2014 to 8.0 in 2015. This is a reflection of the lack of IUD commodities, instruments, and training for service providers. Almost 5.5 million women are using modern family planning methods. For the short acting methods, current use was highest for pills (1,952,190), followed by DMPA injectables (817,750), and condoms (251,593). Current users of long acting methods, on the other hand, prefer IUDs (400,071) and implants (100,869) prior to the TRO; while current users of permanent methods were highest for BTL (718,553) and NSV (12,863).

DEMAND GENERATION

POPCOM, in partnership with the Department of Social Welfare and Development (DSWD) and LGUs, conducted demand generation activities (RPRH classes, Usapan Serye, PMC sessions). Through 55,493 Barangay RPRH classes, POPCOM reached 599,310 clients from RPRH classes for 4Ps beneficiaries and 101,425 clients from RPRH classes for NHTS Non-4Ps clients. They also reached 117,583 couples through Pre-Marriage Counseling, and 25,063 clients from the Usapan Serye. From these numbers, POPCOM was able

to identify 208,654 individuals with unmet need for modern FP. Of those 99,777 were referred and served at the various health facilities. US Government assisted sites also reached 441,777 clients.

As for the Multimedia Campaign Activities, the DOH built on the success of the previous year by beginning Phase 2 of its media campaign strategy, which aims to debunk the myths and misconceptions about family planning. The campaign message carried the theme, “Ang planadong buhay ay maayos na buhay.” Meanwhile, the TV commercial “Inakup, Arekup” which aired in 2014 was again aired in August 2015 in celebration of FP month.

The multimedia campaign also included engagements in TV, radio, web and print, through press releases, radio interview programs and television interviews, as well as web-based communications through official websites and social media accounts. The multi-media campaign was complemented by Interpersonal Communication and Counseling (IPCC) by health workers, which is aimed at changing behaviors of individual clients on Family Planning. POPCOM also produced and disseminated promotional materials in print, video, audio, and other media that were distributed to LGUs, partner agencies and end-users.



CAPACITY-BUILDING

To increase the number of competent providers of family planning services, efforts have been made to engage and certify institutions as training partners of the DOH. Training of trainers and health service providers were also conducted in US Government-assisted projects and are being implemented by regional partners covering 28 provinces in Luzon, Visayas and Mindanao. In 2015, the projects reported training 3,535 trainers and service providers in Competency-Based Family Planning Trainings (FP CBT 1 and 2).

Additionally, a total of 1,570 service providers were also trained on other FP courses conducted by DOH Regional Offices, accredited training institution, development partners, CSOs and LGUs. From this, 60% (952) were trained on basic FP CBT Level 1 training, 20% on FP CBT2 training for PPIUD (174) and interval IUD insertion (154) training, and 15% (242) on the new program method Progestin Subdermal Implant insertion.

Commodities Procured and Distributed. The passage of the RPRH Law has allowed the DOH to centrally procure and distribute family planning commodities. In 2015, the DOH distributed 11,125,623 cycles of Combined Oral Contraceptive (COC) pills; 1,338,162 cycles of Progestin Only Pills (POP); 3,228,950 vials of DMPA or injectables; and 82,918 IUDs. Also distributed during the first half of 2015 were 449,464 Progestin Subdermal Implants. However, a Temporary Restraining Order issued by the Supreme Court in June temporarily put on hold the DOH's ability to "procure, selling, distribute, dispense, advertise and promote" Progestin Subdermal Implants. As of December 2015, 49% or 797 out of the 1,630 service delivery points have received their allocated family planning commodities, while the remaining 59% are in transit. UNFPA also donated 74,546 subdermal implant units to POPCOM, other DOH-retained hospitals, LGU health facilities and CSOs providing FP services.

These were then translated to PSI users.

Service Delivery. In 2015, various efforts to have stronger links between demand generation and service provision were established. POPCOM continued to track identified clients with unmet needs who are referred for appropriate FP services in the communities. Based from POPCOM database, a total of 208,654 clients were identified with unmet needs through the various demand generation activities. From this number, 99,777 were referred and served.

In support of family planning services in public and private facilities, PhilHealth provides reimbursements for maternal health services, including family planning, to 7,421 health facilities and service providers.

ENABLING COUPLES AND INDIVIDUALS TO MAKE INFORMED DECISIONS

The DOH issued Administrative Order 2015-0006 and Department Circular 2015-0300 to provide couples and individuals the choice to use Subdermal Implants as a family planning method. Administrative Order 2015-0027 was issued to prevent disruptions at service delivery points from conscientious objectors and exempt health facilities. And Department Memorandum 2015-186 was implemented to make sure hospitals, medical centers, and civil society organizations have access to family planning commodities.

CHALLENGES AND RECOMMENDATIONS

Challenge 1

Legal barriers to providing family planning services and supplies. Aside from restrictions on progestin subdermal implants, the TRO issued by the Supreme Court on June 17, 2015 also prohibited the Food and Drug Administration from certifying and recertifying other family planning commodities, posing a serious threat to the availability of modern contraceptives in the local market--both public and private.

Recommendations

- Mobilize other sectors to lobby for the lifting of the TRO
- Maximize the capacities of civil society organizations and private providers in providing RPRH services, including implants.

Challenge 2

Lack of effective Family Planning service delivery, especially in regions with low CPR. The challenge remains in linking identified clients with an unmet need for family planning to the appropriate service providers.

Recommendations

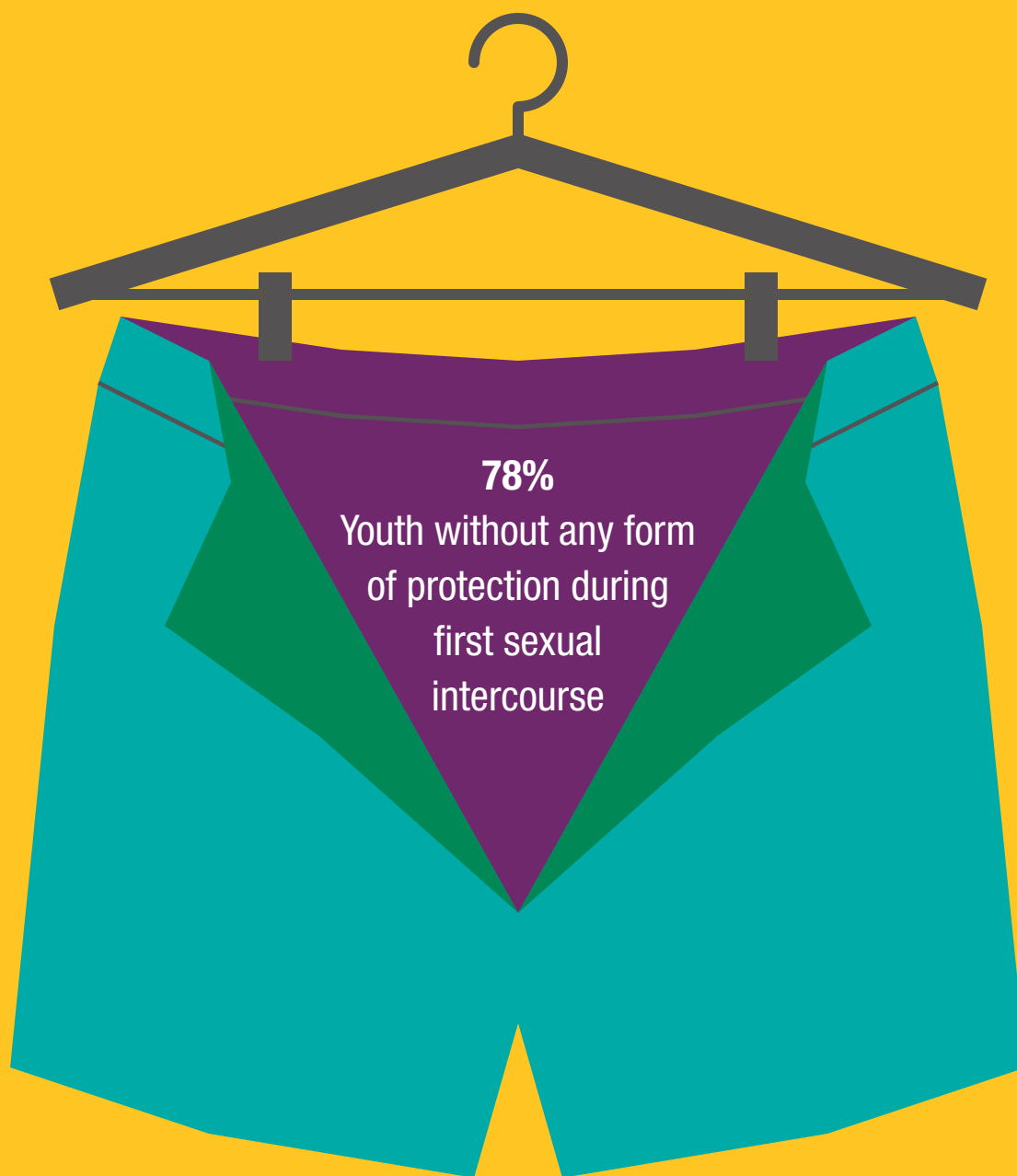
- Institute enabling mechanisms and support systems such as securing trained and competent providers, ensuring the availability of instruments and medical supplies in all service delivery points, both in the public and private sector.
- Conduct regular checks on the accuracy of data recording and reporting.
- Monitor the delivery of services closely.
- Strengthen public-private partnerships.

Challenge 3

Lack of nationally-led behavior change communication campaign and effective demand-generation strategies. Although several demand generation activities were conducted to promote family planning, the high level of awareness these activities created did not translate to behavioral changes or the use of family planning services.

Recommendations

- Re-strategize to determine the media that will be most effective in reaching the clients.
- Link every demand generation activity to service delivery.
- Mobilize community stakeholders
- Support and replicate the best practices from civil society organizations.



KEY RESULT AREA 3

Adolescent Sexuality and Reproductive Health (ASRH)

The RPRH Law improves the health and well-being of adolescents and young people by ensuring they have access to appropriate information, life skills, and services that will enable them to cope with their full development into adulthood. By investing in their health and well-being, they are empowered to fulfill their potentials and move the nation forward.

BASELINE INDICATORS

According to the 2013 National Demographic and Health Survey (NDHS), 506,082 or one in ten adolescent girls 15 to 19 years old is either already a mother or pregnant with her first child. This is equivalent to an 8% increase from 2003. The Young Adult Fertility and Sexuality Survey (YAFSS), noted a similar trend, reporting a 150% increase in the rate of teenage pregnancies. The increase is attributed to the increasing prevalence of sexual activity among teenagers, with sexual initiation among adolescent women before the age of 18 at 19%, or over 860,000 adolescents—a 14.6% increase from 2003. A cause for alarm, given that 78% of youth surveyed did not use any form of protection against sexually transmitted diseases during their first sexual intercourse.

On HIV/AIDS, only 1% of sexually active

young women aged 15 to 24 years old were tested in the 12 months preceding the survey. Using the 2015 data of the HIV/AIDS Registry of the Philippines, less than half (43%) of the estimated 18,983 adolescents and young people with HIV infection were actually diagnosed, with only a few adolescents showing up in testing centers.

DEMAND GENERATION

To generate demand for ASRH, POPCOM launched its U4U Teen Trail initiative that engaged 18,140 adolescents, “UsapTayo”, Festivals of Talents and film festivals to create awareness on adolescent health and youth development concerns. Other programs and projects focused on demand generation include Interactive Peer Educations Sessions, establishing functional youth centers, and providing support to youth events aimed at addressing issues of teenage pregnancies.

LGUs have also implemented programs aimed at making adolescents aware of relevant health issues, instilling life skills, and linking young people to available ASRH services in their communities. These programs include Adolescent Health Summits, Youth Symposia on ASRH concerns, interactive peer education sessions, events that harness creativity,

and health information sessions that instill positive health seeking behaviors amongst adolescent mothers. The DOH campaign “Babae Mahalaga Ka” is another initiative aimed at increasing adolescent access to specific health services such as cervical screening and HPV vaccination.

CAPACITY-BUILDING

To translate the demand being generated for ASRH to actual service delivery, a number of capability enhancement activities for health care providers and peer educators were conducted by the DOH, POPCOM, civil society organizations and development partners.

Training on the use of the use of the Adolescent Job Aid Manual covered 673 ASRH service providers. This manual is an essential tool for health workers to be able to provide comprehensive adolescent-friendly health services. The DOH also trained 194 health care providers on comprehensive skills development on adolescent health for health care providers, which supplements Adolescent Job Aid. A number of Peer Educators and Counselors’ Training on ASRH were also conducted targeting students, young people, school nurses and guidance counselors. Trained counselors and peer educators are



key components for the operations of the Teen Centers and also facilitate the conduct of demand generation activities such as the U4U Teen Trail.

SERVICE DELIVERY

Creating Teen Centers to provide adolescents with age-and-development-appropriate information on ASRH is a common response of various sectors to the pressing sexual and reproductive health needs of adolescents. In Cavite, a three-pronged approach to reducing teen pregnancy is being pursued involving a health referral and service delivery network that includes school-based, RHU-based as well as hospital-based Teen Health Centers.

There are also efforts to provide ASRH services in hospitals. One of these is the Program for Young Parents (PYP) introduced in 25 hospitals all over the country. It offers a comprehensive menu of obstetric, gynecological, and pediatric care, antenatal and postnatal care for the child-mother. In 2015, it provided counseling services to 134,000 young people.

On other aspects of adolescent health, school-based immunization programs gave tetanus, diphtheria and measles rubella vaccines to over 1.7 million Grade 7 students for “lifetime immunity” against tetanus. DOH also launched a human papillomavirus (HPV) vaccination campaign to save young girls from cervical cancer—the second leading cause of cancer deaths among women. The campaign vaccinated 228,721 girls with their 1st dose of HPV immunization.

TO INTEGRATE RPRH ELEMENTS INTO ASRH PROGRAMS

The Department of Education issued DepEd Order No. 10, s. 2016 to ensure effective hygiene and sanitation especially on

helping young girls deal with menstrual hygiene. To expand the delivery of ASRH services, the Department of Social Welfare and Development (DSWD) developed its Youth Development Session module, a parallel intervention to DSWD’s Pantawid Pamilyang Pilipino Program (4Ps) Family Development Session. It aims to empower the youth, by educating them on topics concerning self-esteem, personality, skills and even responsible parenting.

CHALLENGES AND RECOMMENDATIONS

Challenge 1

Lack of clear legal authority to manage and oversee the implementation of ASRH programs. Implementing ASRH programs often needs multi-agency and sectoral support to be successful. However, despite the existence of the RPRH Law, as well as the NIT and RITs, some adolescent health programs such as immunization are still met with opposition by implementing partners with a different stand on reproductive health.

Recommendations

- Develop a clear legal and ethical justification in providing services for ASRH.
- The DOH, together with its partners, must oversee, monitor and evaluate the various initiatives on ASRH to make sure they all lead to the desired outcomes—reducing the risks of teen pregnancies, sexually transmitted infections and HIV and improving adolescent health.

Challenge 2

Lack of evidence-based technical guidance to effectively direct programs and strategies. Efforts to advance ASRH in 2015 leaned heavily toward capacity building activities for health care providers and peer educators and toward demand

generation activities in the form of interactive learning sessions, symposiums and congresses. However, there has been no meticulous evaluation on the effectiveness and sustainability of these interventions, especially commonplace initiatives such as Teen Health Centers, in increasing access to ASRH services.

Recommendations

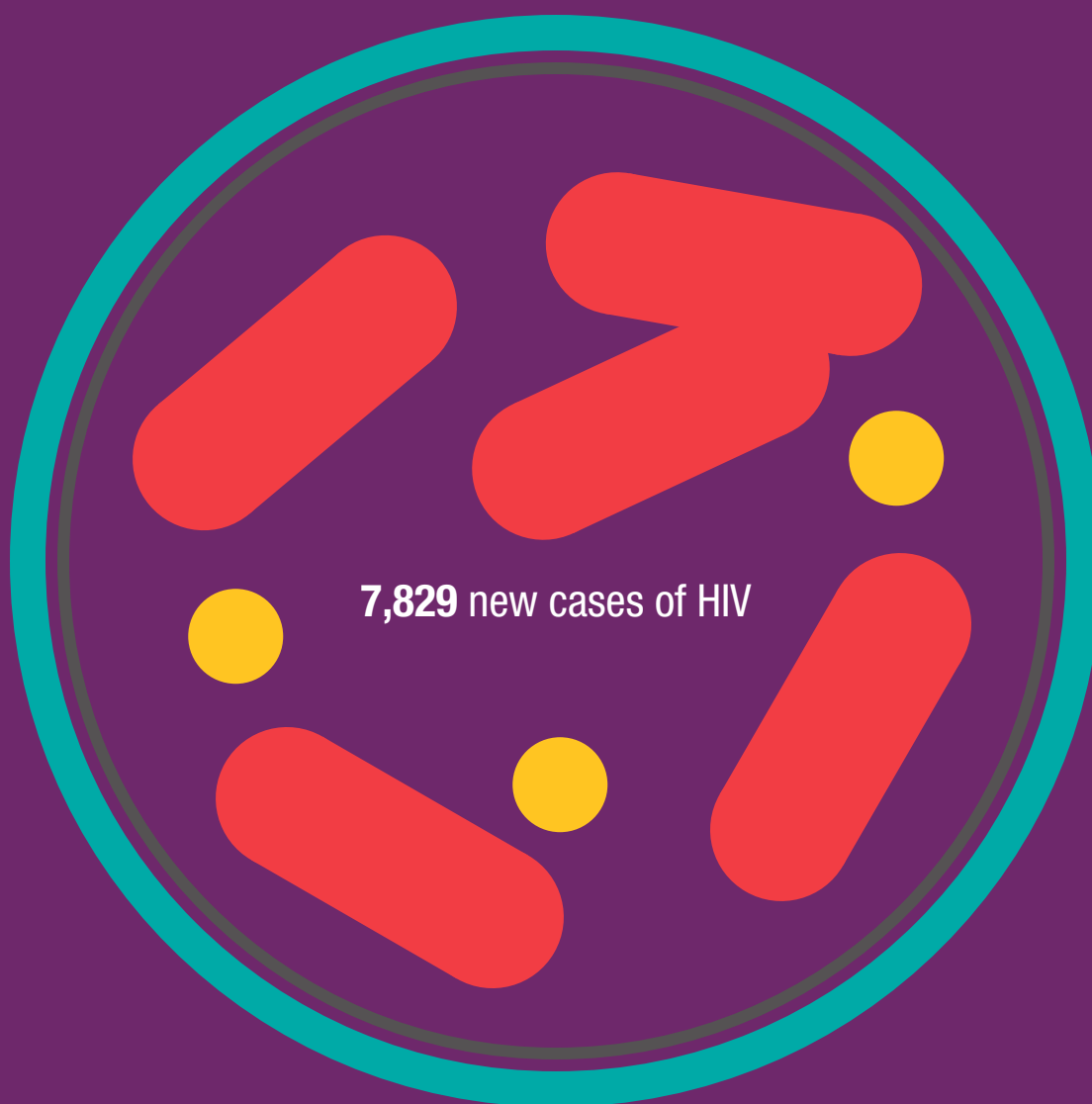
- Develop an evidence-based Manual of Operations to guide ASRH policy-making and programs.
- Train ASRH program managers.

Challenge 3

Lack of routinely collected age and sex disaggregated data on health service utilization. No separate reports on adolescents are generated from existing national reports on FP, MNCHN, STI/HIV AIDS, GBV and other RH services. Current limitations in ASRH-related data undermine rigorous analysis of program performance, which should be guiding policy and investment decisions.

Recommendations

- Develop age-appropriate, development-appropriate and gender-sensitive policies and issuances with corresponding budgetary allotments.
- Develop recording mechanisms to monitor the identified set of core ASRH services.
- Link the monitoring and evaluation of output and outcome indicators for ASRH as defined in the RPRH MandE guide.



KEY RESULT AREA 4

Sexually Transmitted Infections and HIV/AIDS

As an important element of reproductive health, the RPRH Law aims to ensure services that aid in the prevention, treatment, and management of Sexually Transmitted Infections (STI) and HIV/AIDS. By encouraging members of key populations to get tested and exercise safe practices, it works to prevent further transmission, while providing measures to protect the poor and at-risk populations.

BASELINE INDICATORS

The rate of new HIV infections in the Philippines increased by 7,829 from January to December 2015--30% higher compared to the same period last year. This brings the cumulative number of HIV cases diagnosed in the Philippines to 30,356 since January 1984. From the new HIV cases, 94% were transmitted through sex (20% from male-female sex and 74% from male-male sex or males who have sex with both males and females), 4% through sharing needles among people who inject drugs, and less than 1% through vertical transmission (transmission from mother to child).

STI symptoms (discharge, ulcer, or warts) were experienced by 5% of males who have sex with males and transgender people, and 10% of female sex workers in the past 12 months. Syphilis prevalence within

these two groups remained essentially unchanged since 2009, but has steadily increased in the same timeframe.

DEMAND GENERATION

Demand generation activities for STI and HIV/AIDS include nationwide campaigns for HIV awareness and voluntary counseling and testing, held during the International AIDS Candlelight Memorial and National HIV Testing Week. It also featured an HIV testing hotline.

Information dissemination through forums, high-impact events, media briefings, interactive learning sessions, and advocacy runs on HIV/AIDS engaged 23,798 participants from Manila, Quezon City, Rizal, Palawan, Cebu, Zamboanga, CAR, and other regions. Ten infomercials on HIV/AIDS were produced in 2015. Activities directed for adolescent and youth reproductive health, such as Youth Camp, and U4U, have also integrated STI prevention and awareness.

A pilot project integrating STI and HIV/AIDS awareness into the family planning program was implemented by the City Government of Angeles, in collaboration with the Center for Health Solutions and Innovations and UNFPA. It aims to increase access for female entertainers to sexual reproductive health information and services on HIV/AIDS, family planning and gender-based violence. The

project has made good progress in introducing topics and services for family planning and gender-based violence into the existing STI and HIV/AIDS prevention program.

CAPACITY-BUILDING

The DOH delivered various capacity building activities on STI and HIV/AIDS targeting direct health service providers, youth peer educators and counselors, LGU officials and staff, and other stakeholders. A total of 1,239 service providers attended trainings on Basic STI and HIV Education, Orientation on HIV and STI, HIV counseling and Testing Training, and HIV Primary Care Training.

Civil society organizations also spearheaded the conduct of activities which focused on developing individual competencies in delivering actual service, patient counseling, and increasing awareness on HIV/AIDS among various stakeholders. Some of these organizations not only provided specific capability building activities dealing with M/TSMs, but also worked directly with local chief executives and local health officers to improve their awareness and response on addressing HIV and AIDS in their LGUs.

COMMODITIES PROCURED

Commodities, drugs, supplies and materials that were procured and delivered in 2015

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include antiretroviral drugs, drugs for STIs and opportunistic infections, HIV test kits and laboratory supplies, syphilis test kits, CD4 testing; condoms and water-based lubricants.

Antiretroviral drugs procured amount to 220 Million PHP. The drugs are expected to be delivered on the 1st quarter of 2016, benefitting more than 15,000 people living with HIV who need antiretroviral therapy (ART). As of December 2015, the current number of people living with HIV on ART is at 12,533.

SERVICE DELIVERY

HIV counseling and testing and STI diagnosis and treatment are accessed at Social Hygiene Clinics run by the local government units. Provider-initiated HIV counseling and testing is offered in facilities offering TB-DOTS for TB patients. Community-based organizations and other civil society organizations also provide prevention activities, referrals for HIV counseling and testing. Antiretroviral drugs and other care and support services can be accessed at DOH-designated treatment hubs and satellite treatment hubs. Psychosocial care and financial support services were also provided by the DSWD for people living with HIV and their Families.

Despite the availability of these services, coverage among key populations remain low. HIV testing is the key to linking PLHIV to care and providing treatment. Currently, it remains a challenge to the HIV/AIDS program, especially among adolescents.

Overall, there is an estimated 42,207 people living with HIV in the country. However as of December 2015, only 30,356 has been diagnosed and 12,533 with access to ART. The percentage of diagnosed versus estimated HIV infections is also below the UNAIDS 90-90-90 targets where 90% of estimated cases should be diagnosed, 90% of all diagnosed cases should be started on ART, and 90% of all receiving ART will have durable viral suppression.

Among those who had STI symptoms, only a small number of key affected populations consulted a public or private health facility. Specifically among younger males who have sex with males, transgender people, and female sex workers, there was a low percentage of access to STI services at 24% and 35%, respectively.

ENCOURAGING MORE PEOPLE TO GET TESTED

To encourage key populations to get tested for HIV, the DOH issued Department Memorandum 2015-8843: "Declaring May 11-15, 2015 as National HIV Testing Week", which aims to promote and de-stigmatize HIV testing among key affected populations nationwide.

Clinical guidelines on diagnostics, management, and reporting, as well as management guidelines for treatment hubs and testing centers were also issued. These includes Guidelines on the Performance Evaluation of In-Vitro Diagnostic Reagents for HIV, Hepatitis B Virus, Hepatitis C Virus, and Syphilis Screening, Confirmatory and Disease Monitoring Test Kits. Policies and guidelines were also issued on the Use of Antiretroviral Therapy among People Living with HIV and HIV-exposed Infants. PhilHealth Circular 19 s. 2010 was also issued to clarify what items and procedures are included in the Outpatient HIV/AIDS Treatment (OHAT) Package.

CHALLENGES AND RECOMMENDATIONS

Challenge 1

Continuing growth of HIV epidemic especially among key affected populations.

Recommendations

- Conduct free, private and secure HIV testings. To encourage voluntary HIV testing, tests should be offered and advertised as free, private and secure. Results should be made

available within a reasonable period of time.

- Diversify HIV testing options, simplify counseling tools, and further promote HIV services.
- Conduct awareness campaigns for the youth, both in-school and out-of-school.
- Strengthen the integration of the HIV and AIDS program with the RPRH program. The integration should be facilitated in the National Implementation Team (NIT) and DOH Technical Working groups.

Challenge 2

Poor service coverage due to stigma and discrimination.

Recommendations:

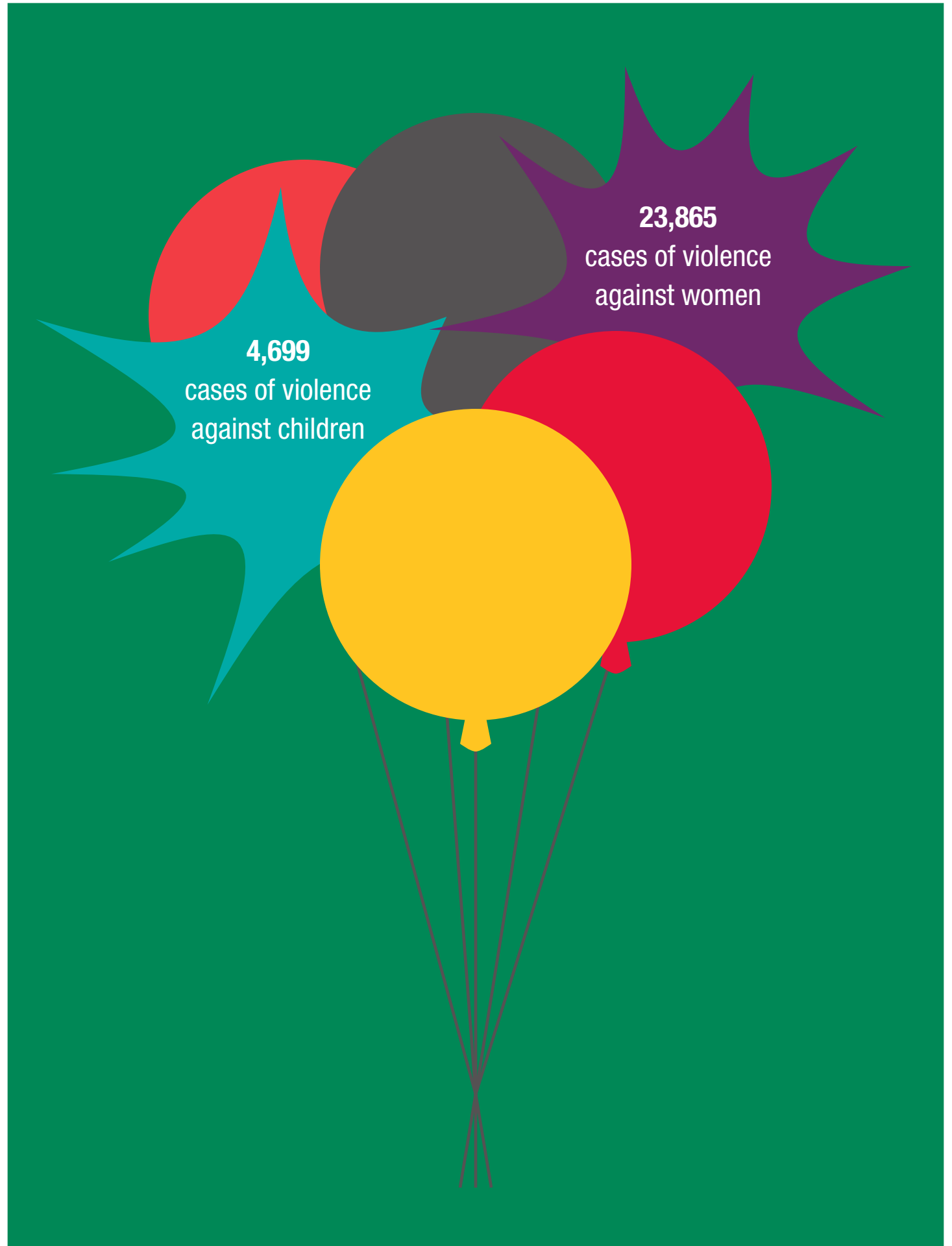
- Intensify audience-targeted information awareness and prevention strategies. The campaigns should cover information about the nature of the disease, testing, prevention, access to treatment, and follow-up.
- Intensify Condom campaigns. Condoms play a critical role in HIV prevention. The DOH should take a firm stand on its role in controlling the epidemic.
- Strengthen HIV program in the service delivery network.
- Formulate law amendments that would allow for the enforcement of a needle exchange program, critical to eliminating shared needle transmission.

Challenge 3

Need to augment funding for comprehensive STI-HIV preventive, diagnostic, and treatment programs.

Recommendation

- Restore the budget for prevention.
- PhilHealth must pursue the OHAT benefit package, to clarify the issue of whether the package covers the cost of certain laboratory tests. This will offset the high cost of service delivery, particularly in private facilities.



KEY RESULT AREA 5

Gender-Based Violence

Eliminating violence against women and children (VACW) and other forms of sexual and gender-based violence is a critical component of the RPRH Law, both as a human rights and public health issue. In the broadest sense, it is a violation of a woman's rights--her personhood, mental or physical integrity, and freedom of movement. It can also take a toll on a woman's health--suffering physical, sexual, or psychological harm.

BASELINE INDICATORS

According to the 2013 NDHS survey, one in five women aged 15 to 49 years old has experienced physical violence since age the age of 15, while almost 6% of them experienced physical violence in the past 12 months. The survey also probed if married women among the same age group instigated physical violence against their husbands. It was found out that 16% of these women have initiated physical violence, with 8% having done so in the past 12 months.

Administrative data on cases involving violence against women handled by police, health and social workers and prosecutors have shown an increasing trend in reporting over the past years. In fact, the number of these cases reported to the Philippine National Police-Women and

Children Protection Center increased by 40% in the past 5 years. The data suggest that more women are being emboldened to break their silence and seek help.

The Philippine Commission on Women reported that in 2013, 76% of the 18,215 cases of violation of the Anti- Violence Against Women and Children Act have been resolved by the Department of Justice. From these cases, 67% were cases filed in court and the remaining 33% were either dismissed or given other actions. Moreover, DOJ also handled 9,445 rape cases, of which 76% have also been resolve--59% were filed in court, 14% were dismissed, and the remaining 3% were either suspended or deferred. For violations against the Anti- Trafficking in Persons Act, PCW reported that 80 percent of the victims were women. The cases decreased by 47% in 2013.

The DOH, through the Women and Children Protection Unit recorded 4,699 cases of violence against children nationwide. The most common form of violence against girls is sexual abuse, accounting for more than half of the total incidences, followed by physical violence and minor perpetrations. Boys, on the other hand, are more commonly abused physically. Both kinds of abuse are commonly initiated against children 13 to 15 years old.

SERVICE DELIVERY

Critical services devoted to victims of violence are mandated in national and administrative policy issuances. The Magna Carta of Women, for example, mandates the establishment of barangay VAW desks nationwide and tasked the DILG to monitor them. As of December 2015, 36,577 or 87% of the 42,029 barangays have established VAW desks, already surpassing its 83% target for 2016. In total, 3,256 new VAW Desks were established in the last year. Western Visayas had the most number of VAW desks, with 99% of its barangays complying, while ARMM had the fewest at only 11 percent.

Data collection on VAWC cases has remained a concern, with a number of Women and Child Protection Units (WCPUs) not submitting annual reports. To address this problem, the Violence Against Women and Children Registry System (VAWCRS) was developed by the DOH in 2015. The VAWCRS is an online registry of patients served in WCPUs to ensure the uniformity of reports, a timely follow-up of patients, and reliable data collection to guide program planning and implementation. System testing and training of VAWCRS users in 17 DOH hospitals as pilot sites were completed in the same year.

DEMAND GENERATION

Demand generation activities were conducted by national and local governments as well as non-government organizations to raise gender-sensitivity awareness among employees, constituents, and community members. Advocacy campaigns were also initiated to enhance public consciousness to pertinent laws and possible actions to prevent victimization and re-victimization.

Male involvement plays a vital role in promoting gender equality and preventing gender-based violence. Thus, the Philippine Commission on Women organized “Promoting Safe Communities: A Forum with Male Advocates Against Violence Everywhere”; a one-day forum aimed at bringing together male advocates from various organizations nationwide in an effort to bring about real and concrete changes to end VAW.

POPCOM also implements the KATROPA, or “Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya”, and MR GAD, “Men’s Responsibility in Gender and Development”. Both programs conduct responsible parenthood and reproductive health classes tailored and directed toward men. The aim is to transform outdated gender norms, instill a progressive attitude and teach relevant skills among the male population, and engage men as partners and advocates against gender-based violence.

CAPACITY-BUILDING

In 2015 a number of gender and development (GAD) orientation activities were conducted to mainstream GAD among employees throughout the country. Civil society organizations also assisted in conducting a series of Trainer of Trainers in GBV prevention and response, and in creating GBV watch groups in various regions.

It is important to note that, while GBV in this report is more generally understood

as VAW—and rightly so because of the nature of GBV, there is a need for a more comprehensive definition that encompasses issues relevant to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Intersex (LGBTQI) groups. Nonetheless, data for this are still missing.

PROMOTING WOMEN’S RIGHTS

Institutionalization of Women Friendly Space (WFS) in Camp Coordination and Camp Management to serve as a venue for the delivery of convergence support services to the youth and survivors of any forms of gender-based violence. 18-day campaign to end violence against women to encourage all LGUs to commemorate the campaign and conduct activities that will reinforce it.

CHALLENGES AND RECOMMENDATIONS

Challenge 1

Dated and restricted laws on VAWC. Some of these laws include provisions of the Family Code of the Philippines that automatically gives preference to the male’s decision as husband or father when disagreeing with the wife on family matters. The Revised Penal Code also contain provisions that impose criminal liabilities on women based on patriarchal notions of how women should behave.

Recommendations

- Review and update existing laws.
- Develop a definition of Gender Based Violence that goes beyond VAWC and encompasses development issues relevant to LGBTQI groups.

Challenge 2

Slow access to justice, legal remedies, protection and related services. Legal procedures is observed to be slow, tedious, and costly due to resource constraints, capability gaps, culture, and attitudes.

Recommendation

- Monitor and evaluate whether these efforts indeed make justice and services more accessible to women

Challenge 3

Inadequate health and psychosocial care and support for victim-survivors due to lack of facilities and capacities, and a non-fully functional referral system among service providers.

Recommendations

- Strengthen the Regional Committees on Anti-Trafficking and VAWC and their local counterparts to ensure that LGUs have the capacity to provide the necessary health and psychosocial support to victims-survivors.
- Provide the necessary human and financial resources to effectively respond to cases of GBV at the local level, including creating women and child-friendly facilities.
- Establish and strengthen the referral system at the regional and local levels for GBV cases.

Challenge 4

Not all Barangay VAW desks are fully functional.

Recommendation

- LGUs must strengthen the capability and referral system of the barangay VAW desk to harmonize interventions with the national level for VAW victims-survivors.

Challenge 5

Lack of dedicated WCPU staff and facility.

Recommendations:

- Provide adequate human resources and facility for functional WCPUs.
- Provide adequate budgetary allocation to the WCPUs



CASE STUDY 1

Reducing Maternal Deaths

Maternal deaths were very high in Surigao del Sur. In 2005 there were 269 deaths per 100,000 live births-- much higher than the national average. The poor quality of maternal health care was identified as a key factor, with many of the health facilities in the province already dilapidated, understaffed, and inadequately equipped. As such, people did not want to go to the health facilities, and expectant mothers would rather give birth at home. Either way, whether in the dilapidated health facility or at home without a professional birth attendant-- the lives of mothers were put at risk.

The province partnered with the World Bank for a Women's Health and Safe Motherhood Project. With funds from the World Bank and its provincial government counterpart, rural health units were constructed and upgraded for either BEmONC or CEmONC capability. Halfway homes were built to temporarily house pregnant women nearing their due dates. A "Women's Health Team" composed of doctors, nurses and midwives were formed in barangays to provide health care services and educate pregnant women going in for prenatal care.

To discourage home deliveries, the province passed an ordinance mandating all births to be delivered in health facilities, and penalizing women who would deliver at home, as well as the traditional birth attendant who would perform the delivery. A pregnancy tracking system was implemented to monitor all pregnant women in the province and to make sure they receive regular checkups and deliver in a birthing facility. Municipalities were also clustered into Local Area Health Development Zones to facilitate sharing resources (funds, equipment and service providers) for health services.

By 2012, the maternal death count in the area has dropped to 49 per 100,000 live births. Since then, Surigao del Sur has been a showcase for local interventions that have successfully reduced maternal deaths.



 RPRH

CASE STUDY 2

Community Empowerment

To address the high maternal mortality rate in the Autonomous Region in Muslim Mindanao (ARMM), Dr. Kadil M. Sinolindang Jr. of DOH-ARMM initiated Project MECA--Midwives for Every Community in the ARMM.

The strategy is to deploy registered midwives in every barangay within the region, especially those in remote and far-flung areas without a permanent nurse or midwife. Before deployment, MECA midwives are required to complete trainings in family planning, community management, and in maternal, neonatal, and child health care. Thus, they should not only be qualified in delivering births, but also in giving vaccinations, administering Vitamin A supplementation, providing family planning services (except IUD insertion), and providing essential newborn care.

To get the project off the ground, Dr. Sinolindang lobbied the Department of Budget and Management to allocate funds that will cover the salaries of the first 300 deployed MECA midwives. Since then, more have been deployed. The project also received assistance from the USAID, who mobilized about 4,000 support teams to assist the MECA midwives.

By 2012, the project has augmented the region's health workforce by almost 54%. Then, in 2013, 300 more midwives were hired for the project. Today, there is a midwife in almost every barangay in the ARMM looking after the health of mothers and their babies. As a result, the project has contributed in reducing the incidence of maternal and newborn deaths in communities within the region.



CASE STUDY 3

Economic Freedom

Niña Ricablanca works as a street sweeper. She is 33 years old and married and a beneficiary of 4Ps, but unlike most women in her community, she only has two kids--a five year old and a three year old. She has been planning her family through pills and, according to her, life has been better off because of it.

After Niña gave birth to her second child, she and her husband decided they don't want to get pregnant again. So, they took advantage of the local health clinic's family planning services. However, as a breastfeeding mom of two, she had concerns. If she were to take contraception, she wanted a method that will let her continue breastfeeding. She also wanted something easy to maintain and non-invasive--she's scared of injections. It was decided that she will start taking contraceptive pills that are safe for breastfeeding mothers.

It has been three years since the birth of her second child. Niña is happy to say that she is still a mother of two and has been taking her pills for three years and three months now. What kept her on the pill? "I'm a barangay aide. I cannot get pregnant because I have a job...I don't want to have more kids. I need to keep working for their future", she says. She adds that being on the pill has allowed her to keep her job and contribute to her family's finances. Though small, they make a difference.

She also likes the fact that by staying on the pill, she and her husband are in a better position to take care of their children, provide their needs and give them attention. Not to mention, having only two children has helped lessen their worries.

Today, Niña is thankful for the government's family planning services. In fact, she often recommends family planning, specifically pills, to her friends, most of whom have many children. However, she laments that most of them don't care and are too stubborn to consider family planning. She doesn't mind though. She knows she is in a better position compared to them, so she keeps trying.



CASE STUDY 4

Sundown Clinic

Klinika Bernardo operates under the Quezon City Health Department as a Social Hygiene Clinic that caters to the young male population. Popularly known as a “sundown clinic”, it operates beyond the usual hours--from 3pm to 11 pm from Monday to Friday--just after the regular clinic beside it closes.

Like other Social Hygiene Clinics, Klinika Bernardo offers pre- and post-testing for HIV; counseling and education; STI diagnosis, treatment and management; and referral. But because of the extended clinic hours and its commitment to a “stigma-free, non-discriminatory and safe environment”, the clinic makes it easier to access prevention services and improve HIV/AIDS diagnosis, especially for its primary clientele--young men, which includes males who have sex with males and transgender people.

Since it opened, demand for the clinic’s services has been high--conducting almost 250 HIV counseling and testing in its first two months, alone. To date, the clinic has tested 125 clients per month, on average. It has also become a “model clinic” with other Asean cities adapting it locally. Klinika Bernardo also reaches out to church groups, religious leaders, law enforcement, and media groups to help promote acceptance of and remove the stigma against its key populations. A second sundown clinic has opened in Novaliches in 2015

The establishment of the sundown clinic for males not only shows the commitment of the local government in addressing sexually-transmitted infections, including HIV/AIDS, but also how providing health services in a gender-responsive and friendly way can make a difference when reaching out to individuals at risk of contracting sexually transmitted infections.

LIST OF ACRONYMS

ARMM Autonomous Region in Muslim Mindanao
ART Antiretroviral Therapy
ASRH Adolescent Sexuality and Reproductive Health
BEmONC Basic Emergency Obstetrics and Newborn Care
COC Combined Oral Contraceptive
DOH Department of Health
DSWD Department of Social Welfare and Development
FHS Family Health Survey
FP Family Planning
FP CBT Competency-Based Family Planning Trainings
GAD Gender and Development
GBV Gender-Based Violence
HPV Human Papillomavirus
KATROPA Kalalakihang Tapat sa Responsibilidad at Obligasyon sa Pamilya
KRA Key Result Area
LGBTQI Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Intersex
MCPR Modern Contraceptive Prevalence Rate
MDG Millennium Development Goal
MECA Midwives for Every Community in the ARMM.
MMR Maternal Mortality Ratio
MNCHN Maternal, Neonatal, Child Health and Nutrition
NDHS National Demographic and Health Survey
NIT National Implementation Team
OHAT Outpatient HIV/AIDS Treatment
PCW Philippine Commission on Women
PLHIV People Living with HIV
POP Progestin Only Pills
POPCOM Commission on Population
PYP Program for Young Parents
RAIDERS Reach and Innovate Desired Rational Scores
RH Reproductive Health
RIT Regional Implementation Team
RPRH Responsible Parenthood and Reproductive Health
SDG Sustainable Development Goal
STI Sexually-Transmitted Infections
USAID United States Agency for International Development
VAW Violence Against Women
VAWC Violence Against Women and Children
VAWCRS Violence Against Women and Children Registry System
WCPU Women and Child Protection Unit
YAFSS Young Adult Fertility and Sexuality Survey

