Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

September 7, 2022

DEPARTMENT MEMORANDUM
No. 2022- 0417

TO: **ALL DIRECTORS OF THE CENTERS FOR HEALTH DEVELOPMENT AND MINISTRY OF HEALTH OF BARMM, REGIONAL FAMILY PLANNING PROGRAM COORDINATORS, AND REGIONAL EPIDEMIOLOGY AND SURVEILLANCE UNIT**

SUBJECT: **Guideline on the New Indicator *Demand Satisfied with Modern Family Planning Methods* for the Program Expenditure Classification (PREXC) for Family Planning**

In reference to the Department Memorandum No. 2022-0117, entitled *"CY 2022 Program Expenditure Classification Performance Indicator Matrix and Guidelines on the Reporting Mechanism of Budget Accountability Report"*, and to address the queries of implementers and technical assistance providers, the Disease Prevention and Control Bureau provides this guidance to the Centers for Health and Development (CHDs) in relation to the indicator **Demand Satisfied with Modern Family Planning Methods**, herein referred to as "*Demand Satisfied*", for the monitoring and evaluation of the Program Expenditure Classification (PrExC) for family planning.

The change in PREXC indicator to *Demand Satisfied*, from Modern Contraceptive Prevalence Rate (mCPR), aims to set the FP program to be more responsive to the demands of its intended beneficiaries – women of reproductive age (WRA) and couples who want to space or limit the number of their children, and the contraceptive prevalence rate, which are the bases for determining the *Total Demand for FP* (eligible population).

Annexed in this issuance is the metadata of the indicator *Demand Satisfied with Modern Family Planning Methods (Annex A),* the rationale for changing the PREXC indicator for family planning *(Annex B),* and the FP Dashboard *(Annex C).*

For any concern or further clarification, kindly contact Mr. Ken Raymund Borling of the Disease Prevention and Control Bureau - Adolescent and Maternal Health Division through email: krbborling@doh.gov.ph or telephone number (02) 6517800 local 1726-1727.

For information and guidance.

By the Authority of the Secretary of Health:

BEVERLY LORRAINE C. HO, MD, MPH
OIC- Undersecretary of Health
Public Health Services Team

Annex A. Metadata: *Demand Satisfied with Modern Family Planning Methods*

Definition	Refers to the proportion of women of reproductive age (WRA) 15-49 years old who have demand for family planning (FP) and currently using, or whose partner is currently using, any modern FP methods.
Unit of measure	Percent (%)
Numerator	Total number of WRA who are currently using, or whose partner is currently using, any modern FP methods during a given period.
Denominator	*Total Demand for FP* is the number of WRA and couples who want to space or limit the number of their children and are: • currently using modern and traditional methods of FP, and • not using any contraception at all (unmet need for FP)
Multiplier	100
Formula	$\textit{Demand Satisfied} = \frac{FP\ Current\ Users\ (Ending)}{Total\ Demand\ for\ FP\ (Total\ Population\ x\ 11.6\%)}$ x 100
Data Sources	Numerator: • Field Health Service Information System (FHSIS) Denominator: • National Demographic and Health Survey (NDHS) Family Planning Estimation Tool (FPET) (DM No. 2020-0336)
Interpretation	Levels of *Demand Satisfied with Modern FP Methods* of 75% or more are generally considered high, and values of 50% or less are generally considered very low. *[1]*
Other Technical Definitions	
Modern Contraceptive Prevalence Rate (mCPR)	The percentage of women aged 15–49 years who are currently using, or whose sexual partner is using, any modern FP method at a given point in time. Modern FP methods include artificial methods, such as Female Sterilization or Bilateral Tubal Ligation (BTL), Male Sterilization or No-Scalpel Vasectomy (NSV), Condom, Intrauterine Devices(IUD), Oral contraceptive pills, including Progestin-Only Pill (POP) and Combined Oral Contraceptive (COC), Injectables, Implants, and natural methods, such as Cervical Mucus Method (CMM), Basal Body Temperature (BBT), Symptothermal Method (STM), Standard Days Method (SDM), and Lactational Amenorrhea Method (LAM). *[2]*
Traditional Contraceptive Prevalence Rate (tCPR)	The percentage of women aged 15–49 years who are currently using, or whose sexual partner is using, traditional FP methods. Traditional FP methods include calendar, rhythm, periodic abstinence, and withdrawal *[3]*
Unmet Need for FP	Refers to the number of WRA 15-49 years old who are fecund and sexually active but are not using any method of contraception. *[2]*
References and Document Links	
[1]	Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods *(https://tinyurl.com/UN-SDG-371-Metadata)*
[2]	Page 39, Field Health Services Information System (FHSIS), version 2018 Manual of Operations *(https://tinyurl.com/FHSIS-MOP-2018)*
[3]	Page 88, Philippines National Demographic and Health Survey, 2017 *(https://tinyurl.com/Philippine-DHS-2017)*

Annex B. Rationale for changing PREXC Indicator to *Demand Satisfied with Modern Family Planning Methods* from *Modern Contraceptive Prevalence Rate (mCPR)*

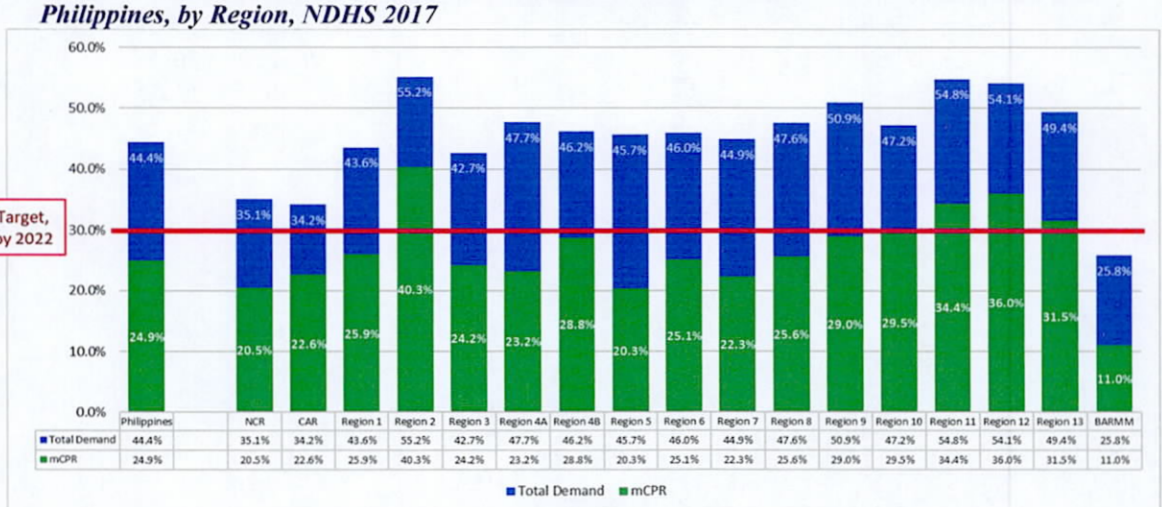
The Republic Act No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012 guarantees equitable access to reproductive health services, including family planning (FP), in accordance with the individual's religious conviction, ethics, cultural beliefs, and the **demands of responsible parenthood**.[1]

The change in PREXC indicator to *Demand Satisfied with Modern Family Planning Methods,* herein referred to as *Demand Satisfied*, from Modern Contraceptive Prevalence Rate (mCPR) aims to set the FP program to be more responsive to the demands of its intended beneficiaries – women of reproductive age (WRA) and couples who want to space or limit the number of their children, and the contraceptive prevalence rate,[2] which are the bases for determining the *Total Demand for FP* (eligible population).

While the DOH is mandated to guarantee universal access to FP services, not all WRA avail and/or require the said services. The most recent survey showed that less than half (44 percent) of WRA need FP services in the country,[3] while others have no demand for FP at all – these are women who are currently pregnant or want to get pregnant, postpartum amenorrheic, not sexually active, infecund, among others.

Also, the *Total Demand for FP* varies across regions (blue bars in Figure 1) – where it is highest in Region 2 at 55 percent and lowest in BARMM at 26 percent. The *Total Demand for FP* serves as the upper limit or ceiling for mCPR growth in the area. The baseline mCPR also differs region-to-region. Hence, setting a national target in mCPR may not always be applicable and appropriate across the regions. In this illustration, the mCPR target in National Objectives for Health (NOH) was set at 30 percent by 2022. This national target cannot be applied in Regions 2, 11, 12, and 13, with their baseline mCPR (green bars) already above the national target (red line). Meanwhile, BARMM, with its *Total Demand for FP* of just 26 percent (ceiling), will most likely not achieve the national target even beyond the year 2022. This target setting is problematic to a greater extent at lower administrative levels (e.g., Provincial/City level).

Figure 1. Setting National Target and Comparing Total Demand for FP and mCPR in the Philippines, by Region, NDHS 2017



	Philippines	NCR	CAR	Region 1	Region 2	Region 3	Region 4A	Region 4B	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	BARMM
Total Demand	44.4%	35.1%	34.2%	43.6%	55.2%	42.7%	47.7%	46.2%	45.7%	46.0%	44.9%	47.6%	50.9%	47.2%	54.8%	54.1%	49.4%	25.8%
mCPR	24.9%	20.5%	22.6%	25.9%	40.3%	24.2%	23.2%	28.8%	20.3%	25.1%	22.3%	25.6%	29.0%	29.5%	34.4%	36.0%	31.5%	11.0%

[1] Section 2, Declaration of Policy, Republic Act No. 10354

[2] Section 8.02, Supply and Budget Allotments, Implementing Rules and Regulations, Republic Act No. 10354

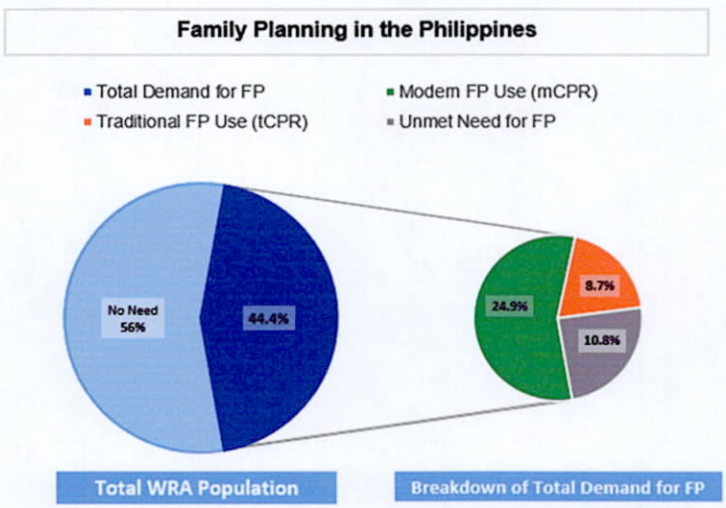
[3] Table 7.11.2, National Demographic and Health Survey, 2017

The indicator mCPR for FP cannot be patterned to other program indicators such as Immunization where targets can be set to cover the entire cohort of the target population (e.g., Fully Immunized Children at 95 percent among infants) since, as previously discussed, not all WRA need FP services. Also, mCPR as a sole indicator for FP may not be able to provide the needed context as to the extent of service coverage among those who need the services. The mCPR, as being calculated, used the *current users of modern FP methods* as a numerator while the *total population of WRA* as its denominator regardless of the need for FP services. Target setting in mCPR without considering the demand of the population might be misconstrued and possible violation of Informed Choice and Voluntarism (ICV).[4]

Demand Satisfied with Modern FP Methods is a useful indicator in assessing the overall levels of coverage for FP programs and services. This indicator adopts and aligns with the Sustainable Development Goal (SDG) Indicator 3.7.1.[5] This indicator is based on the modern contraceptive use among WRA who needed or have demand for FP services. The numerator is the *current users of modern FP methods* while the denominator is the *Total Demand for FP*. The numerator can be sourced from the FHSIS while the denominator from National Demographic and Health Survey or Family Planning Estimation Tool (DM No. 2020-0336).

Demand Satisfied tackles three critical components of the FP program, namely mCPR, traditional contraceptive prevalence rate (tCPR), and unmet need for FP. The three components constitute the *Total Demand for FP* (shown in Figure 2). Technically, *Total Demand for FP* is the summation of mCPR, tCPR, and unmet need for FP.

Figure 2. Demand for FP among WRA in the Philippines and Breakdown of the Total Demand for FP, NDHS 2017



As to the relationship between these variables and the indicator *Demand Satisfied*, the *mCPR* is directly proportional (i.e. as *mCPR* increase, the *Demand Satisfied* also increase) while the *tCPR* and *Unmet Need for FP* are inversely proportional (i.e. as *tCPR* and *Unmet Need for FP* decreases, *Demand Satisfied* increases and vice versa). The *tCPR* and *Unmet Need for FP* are also the focus of Executive Order No. 12 on *Zero Unmet Need for Modern FP Methods.*

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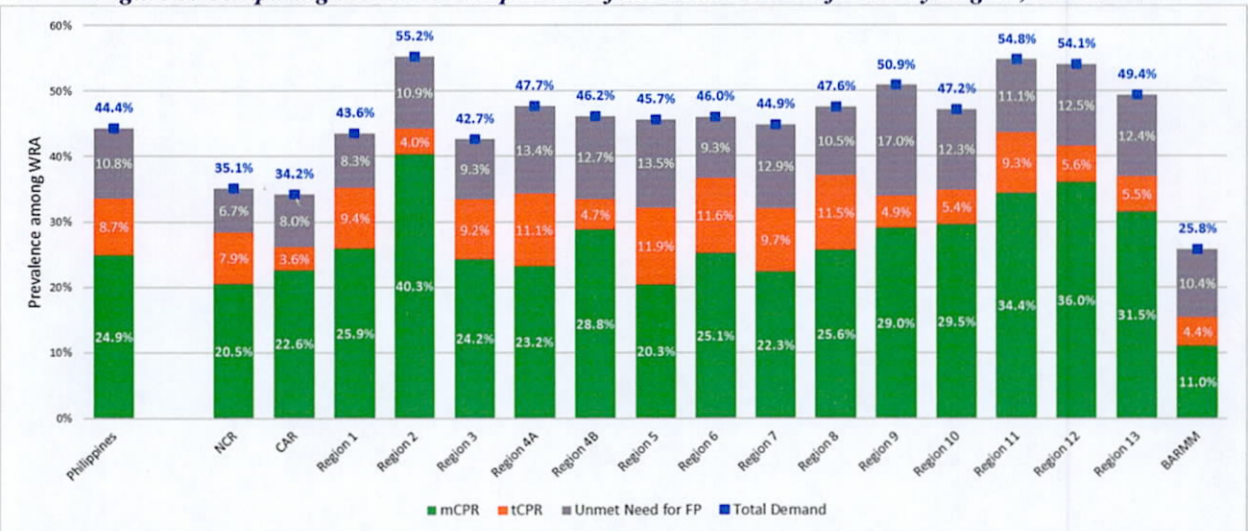
[4] DOH AO 2011-0005, IV.1.f: *"Service providers shall not be subjected to target/quota, or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning that may run contrary to clients' decision."*

[5] SDG Indicator 3.7.1: *"Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods"*

Figure 3 compares the three components of the *Total Demand for FP* by region.

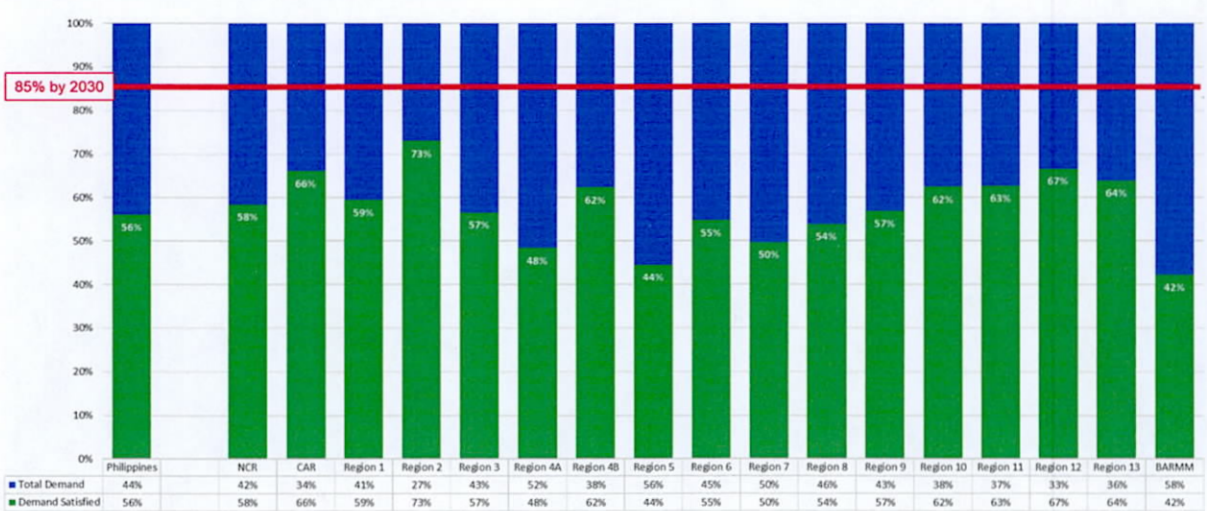
Figure 3. Comparing the Three Components of the Total Demand for FP by Region, NDHS 2017



With the indicator *Demand Satisfied*, program managers can set the target to cover the entire eligible population - *Total Demand for FP,* of the area. Also, the target setting can be calibrated uniformly across the regions, and can also be applied at the lower administrative levels (e.g., provincial, municipal, and barangay).

Figure 4 shows the national target in *Demand Satisfied* set at 85% by 2030 and compares the current levels of *Demand Satisfied* and the gap relative to the target by region.

Figure 4. Comparing Demand Satisfied with Modern FP Methods and Target by 2030 in the Philippines, by Region, NDHS 2017



	Philippines	NCR	CAR	Region 1	Region 2	Region 3	Region 4A	Region 4B	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Region 12	Region 13	BARMM
Total Demand	44%	42%	34%	41%	27%	43%	52%	38%	56%	45%	50%	46%	43%	38%	37%	33%	36%	58%
Demand Satisfied	56%	58%	66%	59%	73%	57%	48%	62%	44%	55%	50%	54%	57%	62%	63%	67%	64%	42%

The target of 85 percent in *Demand Satisfied* was based on the metadata of the SDG indicator 3.7.1. where levels of *Demand Satisfied with Modern FP Methods* of 75 percent or more are generally considered high, and values of 50 percent or less are generally considered as very low.[6] Consequently, the target of 85 percent in *Demand Satisfied* by 2030 is also the Philippines' commitment to the FP2030 Global Partnership and this was set in an incremental increase from 56 percent in 2017 to 85 percent by 2030.

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[6] https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4988

Annex C. FP Dashboard

About the *FP Dashboard* and Purpose

The *FP Dashboard* is an Excel-based tool that presents information and analyses on FP derived from the most recent available data such as national surveys (e.g., NDHS), demographic data such as population estimates for women of reproductive age (WRA) from the Philippine Statistics Authority (PSA), FP service provisions, projected trends of various FP indicators, health system infrastructure, FP commodity forecasts, among others. It aims to help program managers in their evidence-based decision-making.

The *FP Dashboard* provides area-specific estimates of *Total Demand for FP* from the national down to the local level. By inputting the data on *current users of modern FP methods*, the *Demand Satisfied with Modern FP Methods* is calculated and benchmarked with the national target.

The FP Dashboard is password-protected. Users can only edit portions of the Excel sheets where inputs are needed, such as in the setup portion and when benchmarking the indicator *Demand Satisfied.* For any concern or clarification, please contact Mr. Ken Raymund Borling of the Adolescent and Maternal Health Division through email: krbborling@doh.gov.ph or telephone number (02) 651-7800 local 1726-1727.

Intended Users

The *FP Dashboard* is intended for FP program managers and coordinators from the National, Regional and Provincial levels. It should help them monitor the indicator *Demand Satisfied* in their catchment areas.

How to Access the *FP Dashboard*

Access the *FP Dashboard* via this link https://tinyurl.com/FP-Dashboard-2030. Download the zip file with the name *FP Dashboard - Achieving 85% Demand Satisfied with Modern FP Methods by 2030* and save it on your device. Extract the Excel file and save it in a secure folder. Open the file and enable all functions. There will be prompts and select *update* and *continue* to proceed.

How to Use and Interpret the *FP Dashboard*

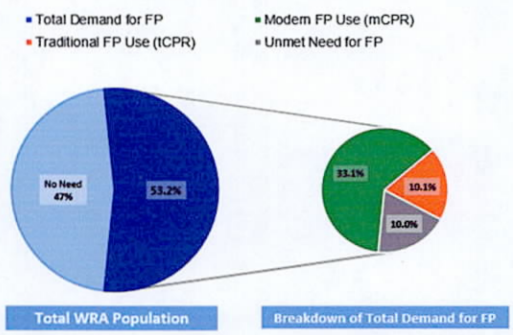
The *FP Dashboard* is composed of 2 sheets: 1) *Dashboard_Total Demand for FP* and 2) *Commodity Forecasting*. In the sheet *Dashboard_Total Demand for FP,* there are 6 sections that you can scroll through.

Setting up and Basic Demographic Information: This section is where users can select the area and year of interest. This section provides the estimates for the total population and the WRA.

Family Planning Snapshot: This section presents a snapshot of family planning in the area. The graph shows the *Total Demand for FP* among its WRA population from the latest national survey, as well as its breakdown in terms of *mCPR, tCPR,* and *Unmet Need for FP*. Using the WRA population estimate for the selected year, data is extrapolated to estimate the number of WRA who want to space and limit the number of their children (*Total Demand for FP*) and are using modern (*mCPR*) and traditional (*tCPR*) methods, and those who are not using any method of contraception at all (*Unmet Need for FP*), assuming that the existing trends will continue or similar situations in FP are applicable. The indicator *Unmet Need for Modern FP* is also shown (in red) to assess or report on the progress relative to the Executive Order No. 12 on *Zero Unmet Need for Modern Family Planning Methods.*

Family Planning Snapshot: Davao Del Sur*

Family Planning in Davao Del Sur



Source: NDHS 2017

Family Planning Indicators	Prevalence	No. of WRA
Total Demand for FP	**53.2%**	**355,100**
Modern FP Use (mCPR)	33.1%	220,700
Traditional FP Use (tCPR)	10.1%	67,500
Unmet Need for FP	10.0%	66,900
Unmet Need for Modern FP	**20.1%**	**134,500**

In Davao Del Sur, the Total Demand for FP is at 53.2% among Women of Reproductive Age (WRA), which is equivalent to around 355,100 women who need FP services.

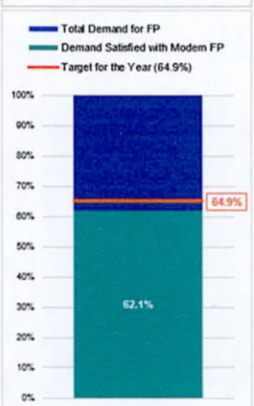
These are the women who want to limit or space the number of their children and are currently using modern and traditional methods of FP, including those who are not using any method at all (unmet needs for FP).

* Data on prevalence is sourced from the 2017 National Demographic and Health Survey and used to extrapolate the number of women with the WRA population estimate for year 2021

Progress towards achieving target Demand Satisfied with Modern FP Methods: This section provides some analysis of the progress towards the achievement of the target *Demand Satisfied* for the selected area and year. It provides estimates in terms of service gaps and the needed new acceptors of modern FP. It also provides the target shifts in prevalence in *mCPR, tCPR,* and *Unmet Need for FP* by end of the year 2030.

Progress towards achieving target Demand Satisfied with Modern FP Methods: Davao Del Sur

Demand Satisfied by Modern FP in Davao Del Sur



The National Target for the indicator: Demand Satisfied with Modern FP Methods is 64.9% for the year 2021.

To achieve this year's target, the province of Davao Del Sur should be able to serve around 230,500 women.

Of the Total Demand for FP in 2017, 62% was satisfied with modern FP (or 205,700 women using modern FP methods), while the rest remained to be a service gap. This gap equates to around 149,400 women needing FP services but are not being addressed.

The National Family Planning Program aims to achieve an overall Demand Satisfied with Modern FP Methods of 85% by 2030. To achieve this, Davao Del Sur must achieve an annual increment of 1.8% points growth. Currently, the annual growth is at 0.8%.

This means increasing mCPR from 33.1% in 2017 to 44.2% by 2030, and reducing tCPR from 10.1% to 4.7% and Unmet Need for FP from 10.0% to 3.1% over the same period.

Interpretation: *Levels of Demand for Satisfied with Modern FP Methods of 75% or more are generally considered high, and values of 50% or less are generally considered as very low.*

Indicator: Demand Satisfied with Modern FP Methods
Definition: Refers to the proportion of women of reproductive age (WRA) 15-49 years old who have demand for family planning (FP) and currently using any modern methods.

This indicator is an adoption of the SDG indicator 3.7.1: "Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods"

Formula:
Numerator: Total number of WRA who are current users of modern FP method during a given period

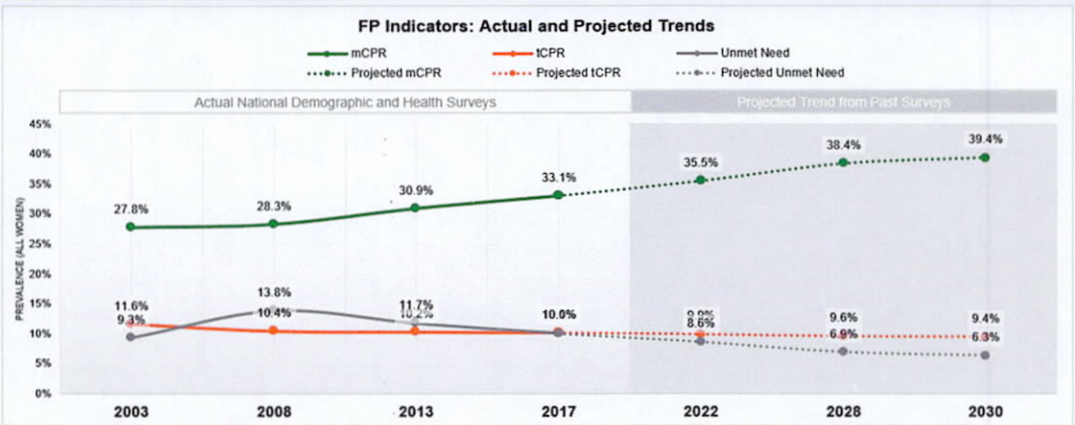
Denominator: Total demand for modern FP methods (Total Population X 11.6%)

Multiplier: 100

FP Indicators Trends: This section presents the area's historical trends of its FP indicators (*mCPR, tCPR,* and *Unmet Need for FP*) - results from national surveys in years 2003 to 2017, and the projected trends until 2030. This shows the trends with the "business as usual" approach in programming. Program managers can compare the projected trend with the above target shifts in

FP indicators. This helps gauge if the current strategies and interventions are enough to achieve desired results for these indicators.

FP Indicators Trends in Davao Del Sur



The graph shows the trends in FP Indicators of Davao Del Sur from past surveys (solid lines) and the projected trends (broken lines).
This shows the trajectory of the three components of the Total Demand for FP (mCPR, tCPR and Unmet Need for FP) with business as usual approach.

Average FP Clients served per Health Facility: This section provides the volume of FP service provision in public health facilities in the area (i.e., government hospitals, rural health units, and barangay health stations). This shows the average number of clients being served by public health facilities each year assuming that each facility has at least 1 health service provider with the capacity (including supplies and commodities) to provide the whole range of modern FP methods. These estimates are derived from the NDHS data on contraceptive access in the public sector and the data on public health facilities from the National Health Facility Registry. The program manager is asked if the current resources are enough to achieve the target number of FP users based on the target growth in the *Demand Satisfied*.

Average FP Clients served per Health Facility in Davao Del Sur*

Question?

Are the current resources enough - trained providers, commodities, facilities, to meet the demand for modern FP in Davao Del Sur?

Facility Type:	Government Hospitals	Rural Health Units	Barangay Health Stations
Facility Count:	2	29	421
Annual Clients per (1) facility:	19,915	451	147

In Davao Del Sur, there are a total of 2 Government Hospitals in the province, where each facility caters to 19,915 FP clients each year. Also, each RHU caters 451 FP clients and each BHS caters 147 FP clients on an annual basis.

*The illustration above shows the average number of FP clients being catered in public health facilities each year assuming each facility can provide all the modern FP methods. The estimates could go higher if one or more facilities do not provide any of the FP services, thus could overwhelm the existing service delivery points.

LGU-level Total Demand for Modern FP: This section provides the estimates for *Total Demand for FP* per LGU. This is where users can input the data on *Current Users (Ending)* from their FHSIS to calculate the percent *Demand Satisfied*. The sample calculations shown are not real data. The tool automatically calculates the percent *Demand Satisfied* and indicates with color codes the progress in achieving the target. Green means equal and above 75 percent, red means equal and below 50 percent, and yellow indicates between 50 percent and 75 percent *Demand Satisfied*.

LGU-level Total Demand for Modern FP: Davao Del Sur — the Top

Davao Del Sur	Total Demand

LGUs (Municipality/City)	Estimated Total Demand and Area of Prioritization
BANSALAN	9,470
CITY OF DIGOS	26,550
DAVAO CITY	255,950
HAGONOY (DDS)	8,360
KIBLAWAN	7,660
MAGSAYSAY (DDS)	8,440
MALALAG	6,070
MATANAO	8,900
PADADA	4,170
SANTA CRUZ (DDS)	14,260
SULOP	5,270

Calculate Demand Satisfied with Modern FP Methods with the Data from FHSIS
(Formula = Current Users / Total Demand x 100)

LGUs (Municipality/City)	Current Users (Ending) Input your data below:	Demand Satisfied with Modern FP (%)
BANSALAN	5,963	63.0%
CITY OF DIGOS	18,532	69.8%
DAVAO CITY	150,113	58.6%
HAGONOY (DDS)	6,520	78.0%
KIBLAWAN	3,323	43.4%
MAGSAYSAY (DDS)	5,010	59.4%
MALALAG		
MATANAO		
PADADA		
SANTA CRUZ (DDS)		
SULOP		

Target for 2021 = 64.9%

Note:
Levels of Demand Satisfied with Modern FP Methods of 75% or more are generally considered high, and values of 50% or less are generally considered as very low.

Regional estimates of Total Demand may not always equal to the aggregated Total Demand of its Provinces due to the use of Province-specific prevalence and population to the estimate their Total Demand for FP.

LGU-level estimates for Total Demand are distribution Provincial Total Demand and allocated based on the population distribution within the province.

Comments and Limitations:

The indicator *Demand Satisfied* is calculated using the data from FHSIS as the numerator (*Current Users Ending*) and the NDHS as the denominator (*Total Demand for FP*) following the definitions and concepts described in Annexes A and B. Considering the differences in the methodologies and design between the FHSIS and NDHS, including their standard errors and unknown margin of error particularly for FHSIS recording and reporting, there might be instances where FHSIS reports a number of modern FP users more than the estimated *Total Demand for FP* estimated in the tool, or vice versa.

If this is the case, program managers must revisit their FHSIS data and conduct data quality checks, particularly in reviewing for the following known possible data quality issues:

- FHSIS reporting coverage is mostly public health facilities which might result in very low accomplishments. This is particularly common in Highly Urbanized Cities or Local Government Units with numerous private providers;
- Omission or underreporting of FP users who obtained contraceptives via out-of-pocket and over-the-counter purchases through various shops or stores (e.g., 7/11), retail pharmacies (e.g., Mercury drug stores), particularly for short-acting methods such as oral contraceptives and male condoms;
- Omission or underreporting of FP users, especially those methods that do not require commodities, such as male and female sterilization methods, fertility-based awareness;
- Possible double counting of FP users who enter the service delivery system at more than one point in time;
- Unreliable data on Lactational Amenorrhea Method (LAM); and
- Poor data quality and reporting due to a number of factors, such as increased workload pressure among health service providers, various indicators to monitor other than FP, tedious monitoring forms, among others.

It should be recognized that reaching a *Demand Satisfied* of 100 percent may not be a necessary or even desirable outcome with respect to reproductive rights. Some women may prefer to use a traditional method in FP, despite the accessibility and availability of a full range of modern methods, and despite the awareness of differences in the effectiveness of methods in preventing pregnancies. Other women might have ambivalent preferences regarding their next pregnancy which may influence their contraceptive choice.

The factor/multiplier 11.6 percent may be used to estimate the *Total Demand for FP* (Total Population multiplied by 11.6%) if the *FP Dashboard* is not used or an estimate for the area is not available.

The *FP Dashboard* and the data used for calculations shall be continually updated and improved once a more recent national survey, demographic data, health system infrastructures, and model-based estimates, among others, are available.