

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



PHILIPPINES

[HTTP://WWW.FAMILYPLANNING2020.ORG/PHILIPPINES](http://www.familyplanning2020.org/philippines)

In September 2016, the government of the Philippines shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).

POLICY & POLITICAL UPDATES

The Government of the Philippines has engaged in the following activities to establish a national policy on reproductive health and population development and to allocating funds to implement the policy:

- The National Implementation Team (NIT) and Regional Implementation Teams (RITs) created in 2015 served as the oversight and steering committee for RPRH implementation across the country. As provided in Department of Health (DOH) AO No. 2015-0002, they served as venue to discuss and resolve issues confronting implementation of the RPRH Law at all levels. Moreover, they also served as the coordinating bodies at the national and regional levels in harmonizing work and financial plans for various RPRH programs and monitor progress of implementation. Among the key NIT accomplishments of 2015 are: the development of the Monitoring and Evaluation Framework for the 5 Key Areas on Reproductive Health (Maternal and Newborn Health, Family Planning, Adolescent Reproductive Health, STI and HIV-AIDS, and Gender-Based Violence), the development of the Philippine Health Insurance (PHIC or PhilHealth) benefit packages to improve access to services (such as the progestin subdermal implant and post-partum IUD), the active involvement of other national government agencies (such as the DSWD, DepEd, DILG, NAPC and PCW) in RPRH Law implementation; and the development of modalities for greater participation of civil society organizations and professional groups in government's RH program.
- The Women, Men's Health Development Division and Children's Health Development Divisions (WMCHDDs) under the Disease Prevention and Control Bureau (DPCB) also provided technical oversight to the implementation of the RPRH Law. Through its various programs and resources, the WMCHDD were able to provide national, regional, and local technical guidance on the conduct of capacity building and demand generation activities, and provision of care, including distribution of essential RPRH commodities. The DOH awaits the creation of the Family Health Bureau (FHB) through an Executive Order as specified in the IRR of the RPRH Law to "expand organizational structure that will ensure provision of 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 FHB is now awaiting the endorsement of Office of Organization, Position, Classification and Compensation Bureau (OPCCB) of Department of Budget and Management (DBM) to the Office of the President for final approval.
- POPCOM led in drafting the Planning, Monitoring and Evaluation (PME) 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, CSOs and other implementation partners.
- In support of the various provisions under the RPRH Act and its Implementing Rules and Regulations, the DOH in coordination with other agencies and with technical assistance from CSOs and other development partners issued the following Administrative Orders (AO) related to Family Planning in 2015.
 - Administrative Order No. 2015-0006 Re: Inclusion of Progestin Subdermal Implant as One of the Modern Methods Recognized by the National Family Planning Program. This AO provides for guidelines in introducing Progestin Subdermal Implant as a new family planning program method to both the public and

private sector providers as well as program managers and key stakeholders. It specifically described the key elements on how it will be integrated in existing FP services in the field.

- Department Circular No. 2015-0300. Re: Clarification of Annex A Section 4 of Administrative Order 2015-0006 entitled "Inclusion of Progestin Subdermal Implant as one of the Modern Methods recognized by the National Family Planning Program." Note however that implementation is temporarily on hold due to the TRO issued by the Supreme Court.
- Administrative Order 2015-0037 Re: Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities Pursuant to the Responsible Parenthood and Reproductive Health Act. The DOH issued these guidelines for the registration and mapping of conscientious objectors and exempt health facilities to ensure delivery of the full range of reproductive health services and minimize encumbrance to clients seeking such services.
- Department Memorandum No. 2015-0186 Re: Access to the Family Planning (FP) Commodities by DOH Regional Hospitals and Medical Centers and Provincial Hospitals. In support of the setting up family planning services in hospitals, this Department Memorandum was issued to provide guidance in the allocation and distribution of FP commodities to DOH retained hospitals and medical centers and provincial hospitals. It also includes the allocation of FP commodities to Civil Society Organizations.
- Department Memorandum No. 2015-0174 Re: Reiteration of Compliance to the Policy on Informed Choice and Voluntarism in Delivery of Family Planning Services. The Department Memorandum directs all DOH Bureaus, Offices, Medical Centers and attached agencies and Regional Offices to organize the key staff and monitoring mechanism to observe compliance with the policy on Informed Choice and Voluntarism in the delivery of Family Planning services nationwide.
- Administrative Order 2015-0021 Re: Guidelines on the Deployment of Physicians Graduating from the Residency Training Programs in the Department of Health (DOH) –Retained Teaching and Training Hospitals. This AO responds to the growing inequitable distribution of medical professionals in the urban and rural areas thru expanding its residency training programs as human resource for health complements in government hospitals in priority poor and underserved areas.
- Department Memorandum No. 2015-0341 Re: Reiteration of Access to Family Planning (FP) Commodities by DOH Regional Hospitals and Medical Centers, Provincial Hospitals and Civil Society Organizations (CSOs). This Department Memo further defines instrumentalities that will be used by Regional Offices in engaging the civil society organizations as partners in the delivery of FP services to include the use of appropriate forms such as the revised FP Form 1, and the reporting forms for service utilization
- Department Memorandum No. 2015-0366. Re: Hiring of Consultants for the Fast Tracking of Service Delivery of Family Planning (FP) Services. The DM supports Section 6 of the RPRH IRR specifying the hiring and engagement of skilled health professionals for Maternal Health Care and Skilled Birth Attendance at the local levels with assistance from the DOH.
- Department Memorandum No. 2015-0357. Re: Use of the Revised FP Form 1. This DM provides instructions to all health providers on using the revised FP Form 1 as standard client record of family planning acceptors at the service delivery points.
- Department Memorandum No. 2015-0384. Re: Establishment of the Family Planning Logistics Hotline. This DM supports Section 8.10 on Tracking and Monitoring of health products purchased or received and distributed to local health systems. The FP Logistics Hotline monitors distribution and status of commodity stocks at the distribution points (local health service delivery points).
- Other national agencies such as the DSWD and DILG also contributed to policy development covering FP concerns as specified in the RPRH IRR. DSWD has a finalized Memorandum Circular which deals with Institutionalization of Women Friendly Space in Camp Coordination and Camp Management. DILG has issued Memorandum Circular No. 2015-145: Reiteration of Local Government Unit's Role and Function in the Implementation of RA No. 10354

or The RPRH Act Of 2012 and its IRR. The circular addressed to all DILG field units and LGUs reiterate the observance of the RH Law's provisions to the LGUs. It also specifies that each LGU to designate a Reproductive Health Officer (RHO) and to submit all data related to RPRH implementation to the DOH.

Since 2013, the DOH has been centrally procuring FP commodities that are then distributed to various service delivery points.

- In 2015, the DOH distributed FP commodities to public facilities like RHUs, hospitals, and CSO FP providers. The following are the quantity of commodities distributed by the DOH: 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; 82,918 IUDs; and 449,464 Progestin Subdermal Implants (PSI).
- Some of the DOH Regional Offices procured various modern FP commodities to augment the supply coming from the DOH Central Office. The procurement, distribution and use of these commodities were in accordance with existing government rules and regulations. These also include recertification of FP commodities by the Food and Drugs Administration as non-abortifacient, as required by the RPRH Law.
- In addition, UNFPA donated 74,546 subdermal implant (PSI) units to POPCOM, other DOH-retained hospitals, LGU health facilities and CSOs providing FP services. These were then translated to PSI users. Note, however, that in June 17, 2015, a Temporary Restraining Order (TRO) was issued by the Supreme Court preventing the DOH and its attached agency, the Food and Drug Authority, "granting any and all pending application for reproductive products and supplies, including contraceptive drugs and devices; and DOH and its agents and representatives from "procuring, selling, distributing, dispensing or administering, advertising and promoting the hormonal contraceptive Implanon and Implanon NXT".
- Distribution of Progestin Subdermal Implants were temporarily put on hold after the issuance of the TRO. The issuance of the TRO has affected not only the provision of PSI services at the service delivery level but eventually will impact on the availability of all FP commodities in the local market. This has to be addressed with urgency at the national level.
- Commodities that were proposed for procurement in 2015 by the DOH are expected to be delivered in the 1st quarter of 2016 to the service delivery points. CSOs can also access and utilize DOH FP commodities delivered to the DOH Regional Offices as provided in the DOH Department Memoranda (DM) No. 2015-0186 and DOH DM No. 2015-0341.
- The DOH, with technical assistance from development partners established a Technical Working Group for Supply Chain Management. In addition to recommending evidence-based policy and operational reforms, USAID further assisted in establishing a tracking system for family planning commodities. Through the FP Hotline, reports from the field via emails, phone calls, short messaging system and Facebook posts, the Department of Health is alerted when there are stock outs and low stock levels in specific geographic areas and facilities, enabling a rapid response to replenish stocks. While the FP Hotline provides a quick assessment on commodity stock status on the service delivery level, however, there is a need to establish a more long term system that will be able to track field level consumption data to capture the commodities that are actually being required in the service delivery points. This way a more realistic way of computing allocation of FP commodities based on actual MFP needs will be more effective.

FINANCIAL UPDATES

In 2015, the total budget allocated to implement the RPRH Law is around Philippines Peso 40.7 billion. With this amount, the national government budget continued to provide the largest share in funding the RPRH implementation.

- The DOH alone comprised more than half of this amount (53 percent) or around P21.74B from its 2015 budget. There was also substantial increase in the DOH budget allocation for RPRH-related line items compared last year. There were a total of 1630 service delivery points listed as recipients of commodities that were allocated. The allocation was based from computing unmet needs (projected data) given the lack of information on the actual FP requirements from the field level

Line Item	2014 Allocation (PhP)	2015 Allocation (PhP)	2016 Allocation (PhP)
Family Health and Responsible Parenting (FHRP)	2,538,869,000.00	3,266,980,270.00	2,275,078,000*

- For 2016, the DOH proposed budget of P3,275,078,000 for FHRP, one billion of which was intended for contraceptive supplies, was cut at the Bicameral Conference. It is being replaced by the realignment of funds amounting to about PhP900M from other sources within the Family Health Office programs.

PROGRAM & SERVICE DELIVERY UPDATES

PhilHealth claims for family planning among sponsored program members and dependents of NHTS Poor Households, is still low.

- In 2014, it amounted to PhP20,588,060.00 out of total RH-related claims of PhP11,264,689,551.00 or .18% of RH funds. In 2015, it decreased to PhP13,558,000.00 out of total RH claims of PhP 12,799,262,129.00 or .10%). Many reasons can explain this low utilization including the fact that until last year, only 3 FP methods were accredited by PhilHealth -bilateral tubal ligation, vasectomy and interval IUD. Bilateral tubal ligation used to be lumped together and counted as part of Caesarean section. Vasectomy rates are low, i.e. less than 1% (as of DOH 2013). In 2015, PhilHealth benefits included a separate post-partum IUD and progestin subdermal implant, but trained and accredited facilities and providers are still low, and government accredited provision is on hold by the TRO.
- While the health insurance claims for FP by poor populations was so negligible, services and commodities at the public health facilities are given for free.

As mentioned in the policies section, many policies were enacted between 2015 and 2016 which created an enabling environment for the broadest FP service providers cutting across profession (midwives, nurses, general practitioners and ObGyns) and across the public-private divide (public providers, private providers and NGO providers).

- Among these policies are Administrative Order or AO 2015-0006 on the PSI which includes midwives and nurses among professionals allowed to provide; AO 2015-0021 on the deployment of physicians graduating from DOH-sponsored residency training programs into DOH-retained teaching and training hospitals and provide human resources for secondary care services, including surgical contraception; Department Memorandum (DM) No. 2015-0186 and its reiterative amendment, DM No. 2015-0341, on the allocation and provision of FP commodities to DOH Regional Hospitals and Medical Centers and Provincial Hospitals and CSOs via the DOH Regional offices; DM No. 2015-0357 on standardizing the FP Form 1 to be used by all FP providers; and DM No. 2015-0384 on the establishment of the FP Logistics Hotline, which allows all FP providers to feedback on the status of FP commodities received and consumed. The Hotline supplements a logistics report required of all providers that details FP supplies received, consumed and projected need.
- DM No. 2015-0366 on the fast tracking of service delivery of Maternal Health Care and Skilled Birth Attendance through the hiring and engagement of consultants by the DOH at the local levels has now been expanded to cover FP and is being piloted for 6 months in the National Capital Region. Under this pilot modality, CSO providers are hired for a total of PhP 1.9M to provide 3,000 contraceptive users in 6 months.
- FP providers were trained in the following FP courses in 2015: FP Competency-Based Training Level 1 (FPCBT1) on oral and injectable hormonal contraceptives and Natural Family Planning (Fertility-Based Awareness); FP Competency-Based Training Level 2 (FPCBT 2) on interval IUD insertion and removal; InterPersonal Communication (IPC); FPCBT Level 2 on Post-partum IUD insertion and removal; FPCBT Level 2 on Progestin Subdermal Implant insertion and removal; FPCBT Level 2 on BTL Minilap under Local Anesthesia; and FPCBT Level 2 on No Scalpel Vasectomy (NSV).

- Many of the trainings were conducted by the US Government (USG) assisted projects, including the training of trainers (TOT). In 2015, USG trained 746 trainers, 334 for Level 1 and 412 for Level 2. They also trained 2789 providers, 1259 for Level 1 and 1530 for Level 2.
- In addition to the trainings by the USG, the DOH, UNFPA, LGUs and accredited NGO training institutions also conducted FPCBT Level 1 and Level 2 trainings. A total of 1570 providers were trained, 60% of whom (952) providers were trained in FPCBT 1; and 36% (570) in FPCBT 2 – 174 in PP IUD, 154 in interval IUD, and 242 on PSI.
- There are no wide scale reports of facility enhancements for FP, unlike for maternal care facilities which have to meet DOH licensing and PhilHealth accreditation standards. NGO's that provide FP establish and improve facilities based on quality of care standards established by the DOH in the 1990's. A move to have PhilHealth accredit outpatient, nonsurgical FP facilities is underway which would lead to the revival and standardization of primary health care FP facilities.

The DOH established a broad partnership platform in the National Implementation Team (NIT) of the RPRH Law which allows it to engage partners, provide guidance, coordinate, monitor and provide remedial actions to RPRH Law implementation, including FP, throughout the country.

- The NIT includes representatives from national government agencies (e.g. National Economic Development Authority, Dept. of Social Welfare and Development, Dept. of Education, Dept. of Interior and Local Government, National AntiPoverty Commission, Philippine Commission on Women, National Youth Commission, Phil. Council for Disability Affairs, etc.), health providers' groups (midwives, nurses, MDs), other civil society organizations (community, women, FP NGOs, youth, interfaith), private companies (Zuellig, Merck), international NGOs (Medicins Sans Frontieres, Oxfam), and development agencies (USAID, UNFPA, the EU). The NIT has task forces or technical working groups that identify barriers to FP access and work to address these. Examples are the TWGs that work on AOs around maternal death reduction, stand-alone nonsurgical FP facilities and post-abortion care; monitoring and evaluation of 5 RH core areas (including FP); adolescent health and comprehensive sexuality education; FP logistics, training; the FP ban in Sorsogon City; the Supreme Court TRO, HIV, etc.
- The NIT is anchored within the DOH by the Family Health Office, which ensures the implementation of RPRH programs in all of the health system, esp. in the LGUs, and by the Population Commission which links FP to macro population and development issues, while creating demand and advocating for enabling policies. .POPCOM led in drafting the Planning, Monitoring and Evaluation (PME) 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.
- Through the NIT, DSWD has strengthened the Family Development Sessions that it runs for families of the poorest families and linked these with FP service provision. DILG has issued a memorandum that reiterates the obligations of Local Government Units (LGUs) to implement the RH Law. This is important in the light of the de facto ban on FP in the city of Sorsogon by the mayor. 2 other government agencies—the Commission on Human Rights and Phil. Commission of Women have both warned the Sorsogon City Mayor that the ban violates human rights and the RPRH Law.
- The DOH, in partnership with development partners, 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 M&E mechanisms. One example is the establishment of FP Logistics Hotline. This Hotline allows the DOH to quickly assess the status of stocks and monitor the distribution of FP commodities at the service delivery points. It also helps facilities track consumable commodities, especially drugs and medical supplies, which helped mitigate incidents of stock-outs. Lessons learned from these models will serve as inputs in instituting an SDN mechanism to support RPRH program implementation.
- CSOs provided complementary resources and services in the implementation of various RPRH programs. NGOs contributed to the development of policy issuances, securing budget and financing, community mobilization, capacity building activities, commodities procurement, service delivery, establishing governance mechanism, and other areas related to FP/RH/MNCHN program implementation.

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



PHILIPPINES

[HTTP://WWW.FAMILYPLANNING2020.ORG/PHILIPPINES](http://www.familyplanning2020.org/philippines)

The following text is the commitment made by the government of the Philippines at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/philippines>.

The Philippines has long believed that access to family planning information, services and supplies is a fundamental and essential right that is key to inclusive growth and sustainable development. The government is working to establish a national policy on reproductive health and population development, and to allocate funds to implement this vital policy. The Philippines will commit \$15 million in 2012 for the purchase of family planning commodities for poor women with an unmet need. Family planning services will be provided to poor families with zero co-payment. In addition, the government will be upgrading public health facilities and increasing the number of health service providers who can provide reproductive health information. We are also intensifying efforts with partners who can help give women the information and counseling they need.

POLICY & POLITICAL COMMITMENTS

The Philippines will establish a national policy on RH and population development, and allocate funds to implement policy. The Responsible Parenthood and Reproductive Health Act of 2012 was recently signed into law in December 2012, but has not yet been implemented (decision is pending from the Supreme Court).

FINANCIAL COMMITMENTS

The Philippines commits \$15 million in 2012 for FP commodities for poor women with unmet need.

PROGRAM & SERVICE DELIVERY COMMITMENTS

The Philippines commits to provide FP services to poor families with zero co-payment, and to upgrading public health facilities and increase the number of health services providers who can provide RH information. The Philippines will work with partners to provide information and training.