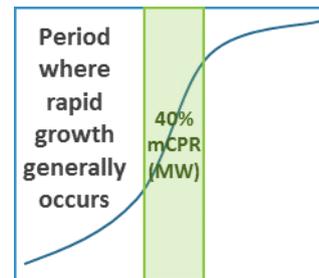
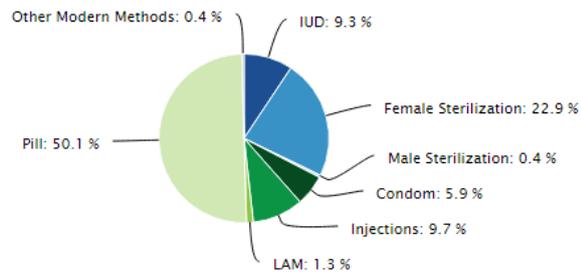


# Philippines Actions for Acceleration



## Country Snapshot

Modern Contraceptive Method Mix



mCPR (2016)	24.7% (AW)/ 39.7% (MW)
FP2020 CPR goal	31% (AW)/ 46% (MW)
Unmet need (WW)	33.1%
Demand satisfied (MW)	54.5%
*Source: FPET run based on 2013 DHS data.	

### FP2020 Commitment

Policy commitment (Updated)	<p>The Philippines has long espoused access to family planning information, services and supplies is a fundamental and essential right of every Filipino and serves as key to inclusive growth and sustainable development. The Philippines will establish a national policy on RH and population development, and allocate funds to implement the policy. The Responsible Parenthood and Reproductive Health Act of 2012 was signed into law in December 2012, and was fully implemented in April 2014 following a Supreme Court decision on its constitutionality. A Temporary Restraining Order (TRO) on the registration and/or certification of contraceptives, and the procuring, selling, distributing, dispensing or administering, advertising, and promoting of contraceptive implants (implanon and Implanon NXT) issued by the Supreme Court has significantly affected the implementation of activities geared towards meeting targets for Zero Unmet Needs. An Executive Order issued by President Rodrigo Roa Duterte early in 2017 aims to mitigate the effects of the TRO. DOH issued an Administrative Order on guidelines for achieving desired family size, also in 2017.</p>
Financial commitment	<p>The Philippines committed \$15 million in 2012 for family planning commodities for poor women with unmet need.</p> <p>As of 2017, we commit to \$78 million for commodities, demand generation activities, contraceptive security, policy development, advocacy and mitigation of Temporary Restraining Order (TRO) and partnerships with CSOs and private groups</p>
Programmatic commitment	<p>The Philippines commits to provide family planning 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 reproductive health information. The Philippines will work with partners to provide information and training.</p>

### Strategic Priorities from the CIP (2017-2020)

1. Improve access of women of reproductive age with unmet need for modern FP methods and sustain provision of FP services, commodities and supplies to current users.
2. Develop sub-national operational plans to implement the Executive Order on Zero Unmet Need and the Administrative Order on Achieving Desired Family Size through the following strategies:
  - a. Supportive political, social and health systems environment which include effective information, education, and communication to improve behavior in seeking reproductive health services, community mobilization, and effective counseling
  - b. Engendering social acceptance through evidence-based information and education and rights-based care
  - c. Leadership and management which include the establishment of FP Unit, designation of province-wide management team, operation of a demand driven supply chain management system, adequate and competent human resources, and functional monitoring and evaluation system
  - d. Enhancing Service delivery with demand generation at the following settings:
    - i. Community-based which in the long run, relying on midlevel providers (nurses and midwives) but assuring quality care, which now includes respect for human rights.
    - ii. Post-partum Family Planning services in health facilities
    - iii. Routine facility-based service with integration to other services, ex. EPI and the Philippine Health Agenda check-up
3. Ensuring self-reliance through continued financing as a top health priority, through national and local government budgets, Philhealth and other sources including but not limited to donations, loans, or resource pooling.

## Philippine Priorities

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health and Development Strategy, or the like.*

1. Mitigate effect of TRO by maximizing FP delivery of available stocks and engaging alternative service delivery points while addressing Supreme Court TRO
2. Standardize and harmonize FP data collection, monitoring and evaluation, from the basic centers to the cities and provinces, up to the regions and the FHO (the main user of data in the DOH)
3. Quickly assess human resources per region/province if adequate to meet demands, esp. for LARCs and sterilization and make human resource plan accordingly
4. Provide FP+ (facility-based, outreach and PFPF) in regions with the highest burden on unmet need including young people
5. Ensure sustainable and adequate funding in the implementation of FP Program
6. Enhance CSO activities to promote gender and rights-based FP

### Focal Point, Secretariat and Partners Actions

**Priority #1:** Mitigate effect of TRO by maximizing FP delivery of available stocks and engaging alternative service delivery points while addressing Supreme Court TRO

Focal Point Actions	Who	Timeline
1a. Lead in the compliance with the SC decision following the filed Motion for Reconsideration for TRO and prepare for <b>contingency</b> plans whatever decision the Supreme Court	DOH	Filed
1b. Gathering of signature petitions for the lifting of the TRO	DOH (NIT)	Up to 1 million signatures until TRO is not lifted
1c. Explore acceptable means to prevent stock-outs of FP commodities (Comprehensive Logistics Management System)	DOH (NIT) POPCOM FDA	June 30, 2017
1.d. Support alternative service delivery approaches to FP service delivery through CSOs and the Private sector (e.g. UNFPA support to Philippine Society for Responsible Parenthood on FP service delivery; UNFPA supported Business Action for Family Planning access project with business establishments)	UNFPA	2017-2018 (ongoing)
1.e. Mobilization of non-DOH procured PSI that could be used in service delivery while the TRO on the DOH is still in effect	UNFPA	2017 (ongoing)
1.f. Provide technical assistance in the development of guidelines for compliance as mandated by the Supreme Court	USAID, UNFPA	2017-2018
1.g. Support the capacity building of private providers to provide quality FP services within the service delivery network	USAID	2017
1.h. Assist the Regional Health Offices and the LGUs in monitoring commodity stock levels and in redistribution of commodities to ensure	USAID	2017

availability at all time.		
1.i. Plan and implement advocacy campaign to press for quick resolution of Supreme Court TRO and government's expedited response to whatever decision. Assess and plan other campaigns on other policy barriers to FP access, such as the requirement for parental consent for adolescents.	CSO Advocacy groups in the Purple Ribbon for RH (PRRH) movement	May – August 2017; assess after August
<b>Secretariat Actions</b>		
1a. Connect experts who will provide technical assistance to FDA to mitigate effects of TRO	Secretariat	May 31, 2017
1b. Share information on evidence based practices (High Impact Practices) on Social Marketing; Leveraging the private sector to improve contraceptive access, choice, and use, and Drug Shops and Pharmacies; Sources for family planning commodities and information (per Focal Point Action 1d)	Secretariat	2017-2018
<b>Partner Actions</b>		
1a. Shall promote reproductive health rights in their initiatives for women's empowerment and gender equality;	Philippine Commission on Women (PCW)	2017 - onwards

**Priority #2:** Standardize and harmonize FP data collection, monitoring and evaluation, from the basic centers to the cities and provinces, up to the regions and the FHO (the main user of data in the DOH)

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
2.a. Strengthen FP Commodity Hotline to monitor distribution and utilization of FP commodities and supplies	DOH	On-going
2.b. Convene regular M&E technical working group (TWG) meeting to recommend strategies and serve as a venue for consensus validation of data	DOH	2017 (Quarterly)
2.c. Provide technical assistance to the Department of Health to develop FP M&E tools (data and logistics)	UNFPA, USAID	2017
2.d. Provide capacity building to Regional and facility-based Family Health Associates in quality data and logistic recording, reporting and analysis	USAID, UNFPA	2017-2018
2.e. Orient CSO Program managers to use standard measures and methods such as rapid surveys to objectively assess contraceptive delivery output and utilization.	CSO FP Program Managers	October 2017 and onwards
2.f. Document high impact, proven effective interventions and practices for replication and scale up	DOH USAID UNFPA CSO	2017 - onwards

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
2.a. Provide structured platform to discuss country experiences and future directions	Secretariat	Biennial
2.b. Support in organizing trainings for M&E Officer at the national and subnational level	Secretariat	
2.c. Connect with Track20 for sharing information on the DHIS-2 FP indicators (per Focal Point Action 2.e)	Secretariat	October 2017

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
2.a. Shall monitor compliance of LGUs with the implementation of the RPRH Law	DILG	

**Priority #3:** Quickly assess human resources per region/province if adequate to meet demands for FP services, esp. for long acting and permanent methods

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
3.a. Deployment of Family Health Associate	DOH	July 2017 onwards
3.b. Continues training and certification of service providers	DOH	On-Going
3.c. Establish service delivery networks with special focus on mapping of service providers, creating a registry and addressing gaps	DOH	2017-2019
3.d. Support capacity building activities at the subnational and local government levels for LAPM such as skills training/supportive supervision/mentoring	UNFPA, USAID	2017
3.e. Design comprehensive training module (FPCBT skills, logistic, information management) for the Family Health Associates	USAID, UNFPA	2017
3.f. Map CSO providers and deploy them to priority areas with high unmet need	CSO	July 2017 onwards
3.g. Provide technical assistance to DOH and Regional Offices to facilitate accreditation of CSOs and private sectors to receive government grants to promote and deliver FP services	USAID, UNFPA	2017-2018

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
3.a. To be determined		n/a

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
3.a. To be determined		n/a

**Priority #4:** Provide FP+ (local clinics, hospital-based, outreach and PFPF) in regions with the highest burden on unmet need including young people

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
4.a. Provide grants to accredited CSOs to create demand and provide FP services	DOH	On-going
4.b. Continues RH capacity building (facility upgrading, equipment), planning and resource generation activities for LGUs	DOH	On-going
4.c. Provide grants to expand FP services in Private and CSO sectors.	UNFPA, USAID	2017 ongoing
4.d. Expand service delivery models to areas with high unmet need and teenage pregnancy rates	USAID UNFPA	2017 ongoing
4.e. With logistical and budget support from DOH and using PhilHealth accreditation, plan and execute rapid mobilization of CSO providers and community mobilizers to areas with high burden of unmet need for FP. Begin providing quality (including rights-based) FP services in these priority areas as soon as possible.	CSO FP providers and community mobilizers in RPRH	Beginning July 2017

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
4.a. Provide information and documentation on evidence based high impact practices (HIPs) on FP for replication	Secretariat	2017- onwards

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
4.a. Adopt the attainment of zero unmet need for modern family planning, particularly in assisting couples and women to achieve their desired family size and child spacing and to reduce maternal and neonatal mortality.	POPCOM	2017 onwards
4.b. Develop and Implement proven effective age appropriate Comprehensive Sexuality Education (CSE) including link to ASRH services	DepEd	2018 - onwards

**Priority #5:** Ensure sustainable and adequate funding in the implementation of FP Program

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
5.a. Review and update costed implementation plan and adapt at the regional, provincial and city levels	DOH	2017
5.b. Lobby for higher General Appropriation Act (GAA)	DOH	On-going

budget for FP	POPCOM CSO	
5.c. Expand PhilHealth enrolment and FP benefit packages and pay premiums for those who qualify	DOH PhilHealth	On-going
5.d. Provide technical assistance in maximizing other resources such as PhilHealth reimbursement, donors' contribution in analyzing the funding gaps	USAID	2017-2018
5.e. Facilitate PhilHealth accreditation and improve utilization of benefits by the clients	USAID	2017- ongoing
5.f. Provide technical assistance to DOH and POPCOM on evidence-based budgeting to develop 2019 budget request	USAID	2018

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
5.a. Share information on Rapid Response Mechanisms (RRM) with institutions implementing time sensitive projects in FP	Secretariat	2017 - onwards
5.b. Share information on evidence based practices (High Impact Practices) on: Policy; Building the foundation for systems, services, and supplies; Galvanizing Commitment: Creating a supportive environment for family planning programs; and Financing Commodities and Services: Essential for meeting family planning needs	Secretariat	2017-2018

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
5.a. Integrate RPRH strategies in the national poverty reduction and social protection programs	Social Welfare and Development (DSWD)	
5.b. Ensure the integration of adolescent reproductive health concerns in youth development agenda and strategies	National Youth Commission (NYC)	
5.c. Integrate RPRH strategies in the Philippine Development Plan	National Economic and Development Authority (NEDA)	
5.d. Shall implement benefit packages that ensure maximum benefits for family planning services, in addition to other mandates provided for by the RPRH Law and its IRR	Philippine Health Insurance Corporation (PhilHealth)	

**Priority #6:** Enhance CSO activities to promote gender and rights-based FP

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
6.a. Develop rights based FP program among marginalized groups specifically young people and urban and rural poor	CSO	July 2017 onwards
6.b. Expand CSO stakeholders among legal and academic sectors	CSO	June 2017 onwards
6.c. Develop watchdog mechanisms to monitor and respond to violations of the right to FP	CSO	July 2017 onwards
6.d. Organize, activate and mobilize multi-sectoral advocates at the national and subnational levels to make FP a norm	CSO	July 2017 - onwards

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
6.a. Share information and toolkits on rights-based family planning; and evidence-based practices (High Impact Practices) on Enabling voluntary and informed decision-making	Secretariat	2018-2018

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
6a.		

## Looking Ahead

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and also to identify potential Rapid Response Mechanism opportunities in your country.*

Starting 2017, under the Duterte Health Agenda, the DOH aims to achieve 0 unmet need for family planning by 2020 among all Women of Reproductive Age (WRA) belonging in the 60% quintile. This target entails a 2% yearly growth rate in mCPR or an additional 500,000 new users/acceptors per year. The targeted WRA consists of those who 1) have an unmet need or are not using any FP method at all, 2) are using traditional methods, and 3) are currently using a modern method but will need support from government to maintain their use. The DOH shall adopt 2 additional two strategies to achieve its target – 1) FP outreach missions and 2) post-partum FP services. These strategies are proven to effectively increase mCPR based on global evidence. FP outreach missions allow coverage of a high number of women, who, otherwise, would try to reach health facilities individually. Women who had given birth can be easily provided FP information and services when they come to health facilities for postpartum care.

The DOH plans to deploy in 2017 more than 1,600 nurses nationwide as Family Health Associates. This augmentation in human resource will focus on the provision of FP services, ensuring adequacy of FP inventory, timely monitoring and reporting, and overall operation of FP program in their area of assignment.

To gain the support of the local chief executives in an effort to recognize exemplary initiatives of LGUs in the implementation of the RPRH Law, the DOH introduced the Purple Ribbon Awards in 2016 which will start in 2017.

## Funding Opportunities

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

Based on the family planning costed implementation plan, for 2017, additional Php1,838,093,160 budget is needed to fund Technical Assistance/Monitoring and Evaluation, Advocacy, Communication and Social Mobilization/Marketing, Family Planning Supplies, Support to Regions, Hospitals and Other Operating Units, Packed RBC Blood processing fees and FP grants and Operational cost to support systems and leadership and management to reach 2M women.