

# FP2020 Commitment Update Questionnaire 2018-2019 PHILIPPINES



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for the Philippines, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage — <http://www.familyplanning2020.org/philippines> —so in-country and global stakeholders alike can follow the Philippines' progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for the Philippines is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith ([msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org)) and Chonghee Hwang([chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org)).

Should you have any questions or concerns, please contact Chonghee Hwang at [chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org).

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

# FP2020 Commitment Update Questionnaire 2018-2019 PHILIPPINES



The questionnaire includes 1) the 2017 revitalized commitment and elements of the Philippines' original commitment that still stand, and 2) 6 standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

## SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

### COMMITMENT OVERVIEW

1. **COMMITMENT:** The Philippines will establish a national policy on RH and population development, and allocate funds to implement the policy.

*a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

A National Policy on RH was established with the passage of Republic Act No. 10354 or the "The Responsible Parenthood and Reproductive Health Act of 2012" (RPRH Law) in December of 2012. The Law stipulates the reproductive health as part of a person's basic human rights to health. It guarantees universal access to comprehensive information and services on reproductive health care including family planning.

The total cumulative budget allotted by the DOH amounted to PhP224 Billion (or \$4.4 Billion<sup>1</sup>) for the operation of the RPRH programs from fiscal year 2014 to 2018.<sup>2</sup> This budget covers procurement of RH commodities such as contraceptives supplies, micronutrient supplementation for mothers and babies, vaccines, payment for the benefit packages for social health insurance program, upgrading of health facilities ex. Barangay Health Stations, Rural Health Units, Hospitals, etc., policy and standards formulation, capacity building activities, among others.

Important laws relevant to the RPRH implementation were passed during the 17th Philippine Congress which as follows:

- The “*Universal Health Care Act*” passed on Feb. 20, 2019. This law reorganizes the way health services and commodities (including reproductive health such as FP) are financed, procured, delivered, and accessed;
- The “*105-Day Expanded Maternity Leave Law*” approved on Feb. 20, 2019 which increases the maternity leave period to 105 days for all female workers; with an option to extend for an additional 30 days without pay; and an additional 15 days for solo mothers;
- “*An Act Institutionalizing the Pantawid Pamilya Pilipino Program (4Ps)*” (Bridging Program for the Filipino Family) was signed on April 17, 2019. It is the national poverty reduction strategy and human capital investment program that provides conditional cash transfer to poor households for a maximum period of seven years to improve the health (particularly maternal and child health), nutrition and education aspects of their lives.
- “*Magna Carta of the Poor*” signed in April of 2019 which aims to champion the cause of the underprivileged by ensuring their full access to basic services to help alleviate poverty.
- The “*Safe Streets and Public Spaces Act*” enacted in 2019 which seeks to ensure the protection women and all members of the lesbian, gay, bisexual and transgender community by punishing gender-based sexual harassment and catcalling in the streets and public spaces, including online.
- The “*Philippine HIV and AIDS Policy Act*” approved on Dec. 20, 2018 which strengthens the country’s policy on HIV/AIDS prevention, treatment, care, and support. It also lowered the minimum age requirement (from 18 to 15 years old) for the availment of HIV testing and counseling without parental or guardian’s consent; and
- The “*Kalusugan at Nutrisyon ng Mag-Nanay Act*” (Health and Nutrition of Mothers and their Baby Act) approved on Nov. 29, 2018 which scales up the national and local health nutrition programs for pregnant and lactating women, adolescent girls, infants, and young children in the first 1,000 days.
- The “*Integrated Cancer Control Act*” passed in July of 2018 which aims to prevent cancer and improve cancer survivorship by scaling up essential programs and increasing investments in cancer screening, diagnosis, treatment, rehabilitation, among others.

**b) Please mark X below how you assess progress toward elements of your commitment:**

**Achieved OR On-Track ( X ) / In-Progress OR Off-Track ( )**

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<sup>1</sup> Exchange rate of PhP51 : \$1

<sup>2</sup> Annual Consolidated Report on RPRH Law Implementation, 2014-2018

2. **COMMITMENT:** As of 2017, the Philippines commits to \$78 million for commodities, demand generation activities, contraceptive security, policy development, advocacy and mitigation of TRO and partnerships with CSOs and private groups.

*a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

In 2019, the DOH allotted around PhP765 Million (or \$51 Million) for the procurement of FP commodities. Since the start of the FP2020 Global Partnership in 2012, which also coincided with the enactment of the RPRH Law, the cumulative allotment of the DOH for the procurement of FP commodities alone amounted to PhP5.2 Billion (or \$102 Million)<sup>3</sup> overall. The DOH has also allotted PhP8.5 Million (or \$166 Thousand) for other FP-related activities such as development of integrated Family Health Service Packages, strategic and planning workshops, trainings, printing of manuals and IEC materials, among others.

The DOH, together with the Focal Points, updated the Costed Implementation Plan (CIP) on Family Planning. This will serve as guide for the DOH and POPCOM in the implementation of the National Family Planning Program under the joint management arrangement for the year 2020-2022.

*b) Please mark X below how you assess progress toward elements of your commitment:  
Achieved OR On-Track ( x ) / In-Progress OR Off-Track ( )*

3. **COMMITMENT:** 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 service providers who can provide reproductive health information. The Philippines will work with partners to provide information and training.

*a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

In the 2018 Stats and Charts<sup>4</sup>, PhilHealth reimbursed a total of PhP121.04 Billion (or \$2.37 Billion). Of this amount 26% (PhP31.12 Billion or \$610 Million) was paid for the government-sponsored members and at least PhP20.93 Billion (or \$410 Million) was paid for RPRH-related benefits. The benefit payment for RPRH-related services steadily increased in the last four years of RPRH implementation from PhP11.3 Billion (or \$222 Million) in 2014 to PhP23.8 Billion (or \$467 Million) in 2017.<sup>5</sup> However, benefit payment for RPRH-related

<sup>3</sup> *Work and Financial Plan, Family Health, Nutrition, and Responsible Parenting, 2012-2019*

<sup>4</sup> *Accomplishments of PhilHealth, lifted from the 5<sup>th</sup> Annual RPRH Report 2018*

<sup>5</sup> *4<sup>th</sup> Annual Report of the RPRH Law Implementation, 2017*

services is 11 percent lower in 2018 compared to 2017. This may be because some claims are still in process.

<b>Table 1. Benefit Payment (in PhP Million) for FP-Related Services for 2014, 2015, 2016, 2017 and 2018</b>					
PhilHealth Reimbursements for FP Benefit Packages	2014	2015	2016	2017	2018
	17.25	14.52	21.51	374.15	366.22

Based on 2018 FHSIS data, a total of 601,113 are new and other acceptors of long acting and permanent methods (LAPM). Correlating the total number of new and other acceptors of LAPM with PhilHealth paid claims for FP services, 19% or 111,903 claims were reimbursed by PhilHealth at the time of reporting.

With the new Universal Health Care (UHC) Law, all Filipinos regardless of socio-economic status are automatically enrolled in PhilHealth. The UHC Law ensures that every Filipino family is matched to a primary care team, who ensures that they get the appropriate services they need in the appropriate facility. The Law also mandates that every Filipino family’s health spending is predictable. The PhilHealth will ensure they are protected from financial risk.

The DOH spent around PhP28.3 Billion (or \$555 Million) for the upgrading and repair of health facilities through its Health Facility Enhancement Program.

Currently, the DOH is working on the implementing guidelines of the UHC Law. To ensure the comprehensiveness and effectiveness of the guidelines, several consultations with various stakeholders were carried out and 33 advance implementation sites were selected.

*b) Please mark X below how you assess progress toward elements of your commitment:  
Achieved OR On-Track ( x ) / In-Progress OR Off-Track ( )*

## **SECTION II: STANDARD QUESTIONNAIRE**

*Please respond to all parts of the following 6 questions:*

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country’s FP technical working group or country engagement working group?**

The FP2020 Focal Points called for nomination of leaders of youth organizations working on family planning to attend the 3<sup>rd</sup> Asia Pacific Regional Focal Points Workshop in Kathmandu, Nepal as Youth Representative, in which three youth-led and youth-serving organizations responded – the Family Planning Organization of the Philippines (FPOP), Philippine Society of SRH Nurses Inc. (PSORHN), and Youth Peer Education Network Pilipinas (YPeer). The Focal Points rated each youth leader following the selection criteria and with its corresponding score: good standing in youth organization (20%); leadership skills (30%); track record in influencing policies (25%); and ability to influence other organizations (25%).

Following the above mentioned criteria, PSORHN, a youth-led professional organization advancing the specialty practice of SRH nursing was selected as Youth Representative, and eventually incorporated in the Philippine Focal Point structure as Youth Focal Point.

Even prior to its integration in the country's Focal Point's team, young people have been actively involved and in the forefront of pushing for adolescents' and youth's access to family planning information and services – from advocating for CSE implementation in schools, conduct of peer education activities in communities, to lobbying for the passage of then RPRH Bill and now the realization of its full implementation.

Young people, together with other marginalized groups, were also engaged during the FP2020 CSO Workshop held in Manila last May 2017.

As of this report, PSORHN is also the current youth representative to the RPRH Law National Implementation Team.

On involving marginalized groups, this happens at 2 levels: the NIT and the CSO Focal Point, Likhaan. The NIT includes CSO representatives of 3 marginalized groups – poor community women, youth (including adolescents), and mixed People with Disability (PWD), Indigenous People (IP) elderly, LGBT etc. The representatives attend regular NIT meetings, raise their issues and concerns, and participate in relevant NIT activities. For this period, there were discussions on the state of FP supplies and services at the national and local levels. Representatives also participated in some of the NIT TWGs as well as in the development of the annual report on the implementation of the RPRH Law.

As for Likhaan, it works with marginalized women's groups to help strengthen their capacities to understand and respond to their SRH concerns – including FP; including through engaging with national and local governments. For this period, Likhaan trained 94 women leaders from 22 community organizations (urban poor women, rural women, women workers, women with disability, LGBT, adolescents and young women, and indigenous women) to use a Likhaan checklist and reporting tool adapted from WHO's *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations* 2014 document.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

One of the major achievements with engagement of youth organization is it helped in the lobbying for the issuance of the Department Order No. 2018-0031 on guidelines in the implementation of comprehensive sexuality education (CSE) standards by the Department of Education. The Order establishes a common understanding of CSE key concepts and

messages and ensures consistent implementation of CSE protocols. This is in keeping with the RPRH Law provision on the development of an age- and development-appropriate curriculum on reproductive health and gender-based violence.

Marginalized women, esp poor and very young women, comprise approximately 40% of the population; have very high, if not the highest unmet need for FP; and are underserved by government services, including for family planning. Using a rights-based approach to FP restores their dignity and agency, and enables them to make wise and responsible decisions on many aspects of their lives, including using contraception to have only the number of children that they want. In Likhaan's primary RH clinics, 6 of which are based in slum communities in MetroManila, 69% of over 55,000 RH services and 70% of almost 4,000 ARH services provided in 2018-2019 were for FP. Likhaan's focused-on-marginalized-women and rights-based-approach was documented in a project that ran from 2012-2015 by a 3<sup>rd</sup> party research institution (the Demographic Research and Development Foundation). DRDF cites Likhaan's program as substantially contributing to increasing CPR, reducing adolescent fertility, and promoting informed choice in Tondo, Manila (DRDF, Study on Access to Information and Services on Family Planning among Women in Urban Poor Areas in Manila Final Report, December 2015).

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

**2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

Family planning services, as one of the elements of reproductive health and as mandated by the RPRH Law, are already being integrated as part of the essential health care service package across the life stages (i.e. from adolescents to adulthood) and across the various levels of care (primary, secondary, tertiary levels of care) in accordance with the UHC act. In addition, the FP services are being covered by the health insurance program of the country through the PhilHealth. PhilHealth benefit packages were developed for the contraceptive subdermal implant, IUD, BTL, and NSV.

The DOH is currently working on the implementing guidelines of the UHC Law, which should improve the current benefit packages for FP and should ensure financial risk protection of the Filipinos.

### 3. Has your Government organized the 2019 data consensus workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

Yes, there are 2 country documents that set the national target for mCPR to be achieved by year 2022: 1) the Philippine Development Plan (PDP) by the National Economic and Development Authority at 65% mCPR for married women, and 2) the National Objectives for Health by the DOH at 30% mCPR for ALL women.

Previous Philippine DHS results showed that the annual trend in mCPR growth is at 0.6% for married and 0.4% for all women. Setting the target mCPR to 65% would require an annual growth of at least 5% points. The recent DHS in 2017 is at 40.4% mCPR for married 24.9% for all women. It was pointed out in the meeting that the target set in the PDP is very ambitious and "achieving" this target would yield a total fertility rate of less than 1 (*Spectrum-FamPlan Module*). The PDP is scheduled for a mid-term review, and recalibration of targets is underway.

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Not yet, Family Planning Spending Assessment is currently in progress. Also, a National Health Expenditure Survey which includes FP is being completed .

### 4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

To begin with, several policy issuances laid out the framework and principles on improving resiliency on Minimum Initial Service Package for Sexual and Reproductive Health, that includes Family Planning as one of its components--- namely: (1) Administrative Order No. 2016-0005 on "National Policy on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Health Emergencies and Disasters," which provides guidelines to all concerned agencies and stakeholders on its implementation, defines the core package that will constitute the MISP for SRH and ensures provision of FP services during disasters and emergencies. It also directs the prepositioning of FP commodities in disaster-prone areas; (2) Joint Memorandum Circular 2017-0001 "Guidelines on the Implementation of MISP for SRH in Emergencies and Disasters and its Integration into the National Disaster Risk Reduction and Management Plan (NDRRMP) and Local Disaster Risk Reduction and Management Plans (LDRRMPs)," among the Department of Health (DOH), Office of Civil Defense (OCD), Department of Social Welfare and Development (DSWD), and the Department of Interior and Local Government (DILG) which aims to ensure the implementation of the MISP for SRH during emergencies and disaster at the national, regional and local levels and its integration in the national and Local Disaster Risk Reduction and Management Plans (LDRRMPs); and Community-Based Disaster Risk Reduction and Management Plans (CBDRRMPs); (3) Department Personnel Order on the National Reproductive Health Coordinating Team (RHCT)

with the specific functions of the different partner offices at the national level as reflected in the MISP-SRH AO 2016-0005.

As an initiative to decrease Maternal and Child Health mortality and morbidity during emergencies and disasters, HEMB is allocates funds for the procurement and distribution of Hygiene Kits. In 2018, PhP9.5 Million (or \$186 Thousand) was allotted for the procurement of 10,000 units of hygiene kits while P17 M is being allotted for the procurement of 20,000 units for 2019.

In 2018, United Nations Population Fund with support from the Australian Government prepositioned sexual and reproductive health and rights (SRHR) items in-country. These SRHR items are in support of the policies related to the implementation of the Minimum Initial Service Package on Sexual Reproductive Health Rights in Emergencies. Total value of the supplies is 319,231.69 USD and the total coverage of 55,607 individuals.

<b>Key Prepositioned Support</b>	<b>Value (USD)</b>	<b>Coverage</b>
Emergency Maternity Tent Facilities	67,503	6,400
Hygiene Kits and Maternity Packs	87,641.32	2,916
Reproductive Health Kits	23,111.73	11,880
Hygiene Kits for Teen Kits	21,996.95	600
Women Friendly Spaces	121,570.01	33,811
<b>Total</b>	<b>319,231.69</b>	<b>55,607</b>

In coordination with UNFPA, Emergency Maternity Tents were provided to three (3) DOH hospitals – Jose B. Lingad Memorial Regional Hospital in Region III; Eastern Visayas Regional Medical Center in Region VI; and Dr. Jose N. Rodriguez Memorial Hospital Nicanor Reyes Memorial Hospital in NCR.

For its capacity building initiatives, in the past year, DOH-HEMB allocated PhP 302.4 Million (or \$59.3 Million) for the conduct of the Training of Trainers for MISP-SRH (May 15-18, 2018) which equipped program managers, Disaster Risk Reduction and Management in Health (DRRM-H) Managers and representatives from other partner agencies. For 2019, HEMB's initiative is on localizing the MISP-SRH training module such that trainings will align with national policies and mandates, e.g. Universal Health Care, thus improve the program

implementation in the Local Government Units (LGUs). Technical Assistance as Resource Person was also provided on the conduct of Basic MISP-SRH Training for Centers for Health Development to capacitate program implementers.

2018: CHD VI, X, Caraga, and BARRM

2019 (January to June): CHD IX (3 batches)

Selected Metro Manila LGUs were oriented on the program in partnership with the Family Planning Organization of the Philippines (FPOP), December, 2018

Initiated the primer on MISP for SRH for local chief executives as advocacy material.

In addition, there are several preparedness activities on strengthening MISP-SRH in the Philippines.

- The integration of the MISP-SRH in the Department of the Interior Local Government's (DILG) *Listo Program* whose aim is to provide guidance to the Local Chief Executives on the key preparedness activities in the local government units. MISP is now part of the governance indicators of the DILG. This will ensure that local government units will be encouraged in strengthening the DRR planning for Health.
- Conduct of Situational Analysis as a preparatory activity for developing the **Strategic and Costed Implementation Plan 2020-2022** for the MISP-SRH. This strategic plan will include the continuity of Family Planning services during emergencies.
- USAID's inclusion of Climate Risk management in all its projects and programming; and collaboration with Zuellig Family Foundation through its resilient service delivery network and FP roadmap.

**5. Have you worked to improve quality of care/rights based family planning in your programs?**

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Yes, apart from the RPRH Law that mandates the States to ensure universal access to RH services including FP, the Philippine Family Planning Program is also anchored on four pillars of FP as stipulated in the DOH Administrative Order No. 50-A, s. 2001, namely: 1) respect to sanctity of life, 2) respect to human rights, 3) respect to freedom of choice and voluntary decisions (informed choice and voluntarism or ICV), and 4) respect to the clients' right to determine their desired family size. These principles along with the recent national policies protect and uphold the rights of the Filipinos to have access to quality RH services and promote the will and abilities of couples and individuals to freely choose which method to use according to their religious beliefs, ethical values, and cultural background. With the new National Objectives for Health 2017-2022, the Program now considers expanding its

clientele to include ALL women of reproductive age, not just for those married and in-union.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Yes, health facilities have suggestion boxes and client satisfaction survey. Also, Non-Government Organizations use different forms to elicit client feedback such as client satisfaction forms and clinic exit survey used mainly for new clients (to remove selection bias).

- c. Are your clinics open to improve accessibility and availability of services?

Yes, the DOH ensures accessibility and availability of quality RH services in the health facilities through its Health Facility Enhancement Program of which PhP28.3 Billion (or \$555 Million) was spent in 2018 for the upgrading and repair of health facilities nationwide.

In 2014, the DOH issued a guidelines (Administrative Order no. 2014-0042) implementing mobile outreach services for FP. The policy provides standards, protocols, and management arrangement for FP outreach services particularly in the provision of long-acting and permanent FP methods in geographically isolated and disadvantaged areas. In 2018, there were 173 outreach teams (from public and private/CSO facilities) that conduct regular outreach missions serving around 890 clients per team.

Some NGOs are open on Saturdays to accommodate in-school youth and busy mothers. Outreach clinics are sometimes held on Sundays, depending on clients' availability and preferences. As a framework guiding the provision of FP information and services, CSOs have long been working to enhance the active involvement of non-government persons and groups in the Family Planning programs; this, as a matter of human rights, but also as an approach that has been shown by evidence and local experiences to be effective in attracting and sustaining FP user. As cited in the previous section, the use of the rights approach was demonstrated by the active involvement of traditionally marginalized sectors in the processes of the NIT, FP2020 Focal Points, and Likhaan. For its part, Likhaan is popularizing the use of the WHO's framework for integrating human rights in FP information and services, as articulated in two documents, *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations*, 2014 [https://apps.who.int/iris/bitstream/handle/10665/102539/9789241506748\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/102539/9789241506748_eng.pdf?sequence=1); and *Monitoring human rights in contraceptive services and programmes*, 2017, <https://apps.who.int/iris/bitstream/handle/10665/259274/9789241513036-eng.pdf?sequence=1>. The tools adapted by Likhaan are anchored on 9 human rights principles – Nondiscrimination; Availability, Accessibility, Acceptability and Quality of contraceptive information and services; Informed decision-making, Privacy and confidentiality, Participation, and Accountability. They are intended to guide Likhaan FP providers and managers to insure HR in FP-RH facilities and

programs. But they are meant to guide community women advocates to engage government, health providers and and the private sector to improve access to quality FP information and services in many areas of the Philippines.

- 6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

Restless Development got in touch with the Youth Focal Point to complete an online survey and did a WhatsApp interview sometime in March 2019 on FP2020's Meaningful Youth Engagement. While the focus of the consultation is on MYE, the interview also talked about the partnership post-FP2020, specifically on how young people can further be engaged.

Likhaan (CSO representative) participated through interview and survey. In both processes, we were provided with ample time and space to analyze FP strategies and challenges, and express our vision and proposed actions for FPpost-2020.

*Please provide the following information for the Government's point of contact for this update*

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