

INITIAL PROGRESS REPORT
January – June 2017 Accomplishments

Executive Order No. 12, s. 2017:
“Zero Unmet Need for Modern Family
Planning” Through the Strict
Implementation of the Responsible
Parenthood and Reproductive Health Act



DEPARTMENT OF HEALTH
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Abbreviations and Acronyms

AO	Administrative Order
DOH	Department of Health
EO	Executive Order
FHB	Family Health Bureau
FP	Family Planning
IRR	Implementing Rules and Regulations
LGU	Local Government Unit
M & E	Monitoring and Evaluation
MFP	Modern Family Planning
NDHS	National Demographic and Health Survey
NIT	National Implementation Team
PHA	Philippine Health Agenda
PMT	Project Management Team
POPCOM	Commission on Population
RA	Republic Act
RH	Reproductive Health
RPRH	Responsible Parenthood and Reproductive Health
TRO	Temporary Restraining Order
TWG	Technical Working Group
WRA	Women of Reproductive Age

Executive Summary

Executive Order (EO) No. 12, *Attaining and Sustaining “Zero Unmet Need for Modern Family Planning (FP)” through the Strict Implementation of the RPRH Act, Providing funds therefor, and for other Purposes*, was signed on January 9, 2017, to intensify and accelerate implementation of critical actions necessary to attain and sustain zero unmet need for modern family planning (MFP)^{1,2} for all poor households by 2018 and all of Filipinos thereafter within the context of RPRH Law and its implementing rules. This initial progress report describes the various efforts of Department of Health (DOH) and its partners from January to June 2017.

Within the first six months of the EO No. 12 implementation, activities included the issuance of its operational guidelines through the DOH Administrative Order (AO) No. 2017-0005, creation of an FP unit and the execution of the P186.5 million budget for the FP program of the DOH. A number of capacity-building activities were also conducted, such as the Regional Operational Planning Workshops for the Luzon, Visayas and Mindanao clusters, the training of trainers on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies, and the conduct of Family Planning Competency Based Trainings (FPCBT). In terms of demand generation, advocacy and information campaigns were undertaken in partnership with other agencies and Civil Society Organizations (CSOs) at the community level and in schools.

There are approximately 6 million women of reproductive age (WRA)³ who have unmet need for MFP, of which 2 million are poor⁴. The DOH aims to cater WRA belonging to the 1st to 3rd economic wealth quintile of the population accounting to 3.7 million Filipino women in total. As of June 2017, 610,998 or 31% of poor WRA were identified with unmet need for MFP, of which 356,460 or 58% received FP counselling and services. Meanwhile, partner CSOs served 138,854 WRA, with some 117,715 WRA belonging to the DSWD *Listahanan*.

Several challenges were encountered in the first six months of implementation such as supply chain management; health human resource deployment and capacity building; coordinating and managing implementation of devolved health systems; policy gaps in FP implementation; and, the Supreme Court Temporary Restraining Order (TRO) to DOH on the use of Implanon and Implanon NXT and FDA on Certification of FP Products.

¹ *Unmet Need for MFP* are those couples and individuals who are fecund and sexually active, and report not wanting any more children or wanting to delay the next pregnancy but are not using any modern method of contraception (natural and artificial methods). This also includes those who express desire to shift from traditional method to modern FP

² *Modern Family Planning (MFP) Methods* are methods to prevent unplanned/unintended pregnancy using either natural FP methods (i.e. billings ovulation method, basal body temperature, standard days method, lactational amenorrhea, and sympto-thermal) or artificial FP methods (i.e. temporary: pills, male condom, injectables, and intrauterine device; and permanent: bilateral tubal ligation and vasectomy) which are FDA-approved as safe, legal, non-abortifacient and effective.

³ *Women of Reproductive Age (WRA)* – women age 15 to 49

⁴ Philippine National Demographic and Health Survey, 2013

Introduction

According to the Philippine National Demographic Health Survey (NDHS) 2013, Filipino women have a total fertility rate⁵ of 3 as opposed to the desired or wanted fertility rate of 2.2. Meaning that on average, Filipino families wanting 2 children ended up having 3 instead. On the other hand, forty-three percent (43%) of women in the Philippines consider two children as the ideal family size, while 28% prefer three children, 13% prefer four children and 8% prefer five or more children. The prevailing high fertility especially among poor women is mainly because of the lack of access to family planning services as indicated in the country's modern contraceptive prevalence rate at 37.6% and unmet need for family planning at 17.5%. Moreover, there remains a high prevalence of using traditional methods of about 17.5% which when combined with unmet need for MFP methods, there would be a total of 35% unmet need for MFP methods.

The Socio-economic agenda and Philippine Health Agenda (PHA) under the current administration includes, among others, the strengthening of the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 (Republic Act no. 10354), its implementing rules and regulations, and corresponding DOH policy issuances.

On January 9, 2017, Executive Order (EO) No. 12, *Attaining and Sustaining "Zero Unmet Need for Modern Family Planning (FP)"* was signed to intensify and accelerate implementation of critical actions necessary to attain and sustain zero unmet need for modern family planning for all poor households by 2018 and all of Filipinos thereafter within the context of RPRH Law and its implementing rules. Section 4 of EO No. 12 specified the reporting on the status or progress of implementation within the first six (6) months of its issuance.

This report describes the current efforts of relevant government agencies towards the attainment and sustenance of zero unmet need for MFP in the Philippines within the initial period of implementation, from January to June 2017.

⁵ Total Fertility Rate number of children who would be born per woman

Progress of Interventions in the First Six Months of EO No. 12 Implementation

OPERATIONAL GUIDELINES FOR THE IMPLEMENTATION OF THE EO NO. 12

The Executive Order (EO) No. 12 identified several accelerating mechanisms and strategies, such as: mapping of areas to locate couples and individuals with unmet need for MFP; capacity-building and mobilization of local structures; demand generation and referral; and, engagement, collaboration and partnership with Civil Society Organizations (CSOs) and the private sector. Relevant government agencies were also tasked to include and mainstream FP in their programs, projects and activities, such as Philippine Development Plan, educational curricula, poverty reduction and social protection programs, youth development agenda, in activities for women's empowerment and gender equality, financing health services through benefit packages and inclusion in the country's population management strategy. Several consultation meetings were conducted with relevant stakeholders in drafting the operational guideline of EO No. 12.

On March 30, 2017, the DOH issued the AO No. 2017-0005, entitled "*Guidelines in Achieving Desired Family Size through Accelerated and Sustained Reduction in Unmet Need for Modern Family Planning Methods*" which laid down the specific instructions to the various key stakeholders for its implementation in support to the EO No. 12. This AO was contextualized as a human rights-based intervention and anchored on the following principles: respect for life, respect for human rights, informed choice and voluntarism (ICV), and respect for the rights of the clients to determine their desired family size. The priority population included men and women belonging to the 1st to 3rd economic quintile. Specific strategic interventions and approaches include: a) demand generation activities to identify women with unmet need for MFP; b) conduct of outreach missions; and c) strengthening of MFP services for post-partum women in hospitals and birthing facilities. Also, to accelerate and intensify the delivery of FP services, the following activities were instructed: (1) reduction of unmet need in high burden areas and documentation of lessons learned during rollout in the high priority areas; (2) improvement in the utilization of MFP; (3) capacity-building for FP providers; (4) provision of adequate financing, logistics, and other support mechanisms; and (5) improvement in the monitoring and reporting of performance.

The DOH is the overall lead in the implementation efforts. The POPCOM was tasked to facilitate conduct of and training of non-health service providers on demand generation strategies and activities, and provide Secretariat functions to the National and Regional Implementation Teams. The Department of the Interior and Local Government (DILG) was tasked to issue a circular on the establishment of service delivery network for FP and other RH programs, ensure RPRH funding is included in LGU plans and monitor performance at the local level. The Department of Education (DepEd) was tasked to create a policy on Comprehensive Sexuality Education (CSE) and provide necessary provisions to ensure implementation of CSE in the school curriculum for both public and private. PhilHealth was tasked to review and expand existing benefit packages for FP services. The Food and Drug Administration (FDA) was tasked to provide timely certification and re-certification FP product registration. Other relevant government agencies such as National Economic and Development Authority (NEDA), Department of Social Welfare and Development (DSWD), National Youth Commission (NYC), Department of Labor and Employment (DOLE), Philippine Commission on Women (PCW), and National Council on Disability Affairs (NCDA) were also encouraged to provide a supportive role to the DOH in its implementation.

Development partners, Non-Government Organizations (NGOs), private sector, CSOs, and Faith-based organizations were tasked to assist the provision of FP services in poor communities and geographically isolated and disadvantaged areas; create an enabling policy environment for FP by working with policy makers and local chief executives; provide capacity-building and trainings on FP; and, support the functionality and sustainability of service delivery networks.

In support to the AO, the guideline on Purple Ribbon Award (PRA) was institutionalized. The PRA is a strategy to recognize LGUs, CSOs and individuals for their good and exemplary practices and initiatives in improving contraceptive prevalence rate, and innovation that contribute to the rapid reduction of maternal death and achieve the desired family size of Filipinos.

Dissemination of EO No. 12 and AO No. 2017-0005

A Special Expanded DOH Executive Committee (ExeCom) meeting was held on March 3, 2017 in Cagayan De Oro City. This was attended by all DOH and POPCOM Regional Directors including ARMM and select stakeholders. The Secretary of Health *Called for Action* on the full implementation of the EO No. 12. Also, the AO 2017-0005, operational guidelines of EO No. 12, and the Purple Ribbon Award were discussed in the meeting.

The DOH also organized four (4) Regional Geographical Cluster Summits where AO No. 2017-0005 and PRA were the major agenda. These Summits were attended by City and Municipal Health Officers all over the country from April to June 2017.

The DOH developed a communication plan aimed for stakeholders at all levels of governance, from the executive and national agencies, development partners, NGOs, CSOs, private sector, service providers, and clients. This is to ensure consistency of information dissemination and communication, increase awareness of potential clients to access FP services, and ensure effective FP service delivery.

Regional Operational Planning Workshops

Following the dissemination of the AO No. 2017-0005, the Office for Technical Services (OTS) of the DOH through the Women and Men's Health Development Division (WMHDD) organized a series of Operational Planning Workshops for the 4 regional geographical clusters of the DOH: Northern Luzon, Southern Luzon including Bicol and NCR, Visayas, and Mindanao. The venue offered an opportunity to discuss and clarify some provisions in the guideline, share good practices and strategies, and learn collectively from each other's experiences. In this workshop, the priority provinces with the highest number of unmet need for MFP were identified using 2013 NDHS estimates. These are the provinces of Abra, Pangasinan, Cagayan, Pampanga, Quezon, Palawan, Camarines Sur, Negros Occidental, Cebu, Leyte, Zamboanga Del Sur, Bukidnon, Davao Del Sur, North Cotabato, Agusan Del Sur, Maguindanao, Basilan, Sulu, Tawi-Tawi, Lanao Del Sur, and the City of Manila.

POLICY AND HEALTH SYSTEMS SUPPORT

Adoption of Zero Unmet Need and Teenage Pregnancy Reduction in the Philippine Population Management Program (PPMP) of POPCOM

Section 3 of EO No. 12 mandates POPCOM to adopt the attainment of zero unmet need for MFP as a population management strategy. Stemming from this is a directive to assist couples and women to achieve their desired family size and to reduce the incidence of teenage pregnancy. Heeding this directive, POPCOM included such matters in its Philippine Population Management Program (PPMP) Directional Plan (DP) for 2017 to 2022. The major program components of the PPMP is divided in terms of 1) Responsible Parenthood & Family Planning (RFPF) which aims to help couples realize their desired timing, spacing, and number of children in accordance with the family's socio-economic, emotional, psychological capacity, and religious beliefs; and 2) Adolescent Health & Development (AHD) which addresses issues and concerns related to adolescent sexual and reproductive health with the appropriate information and life skills to enable them to cope with concerns on their sexuality and full development into adulthood. The PPMP 2017-2022 adopted the said program components in its objectives and strategies.

Creating the Project Management Team and Family Planning Unit

The DOH through the OTS/WMHDD identified organizational structures that are critical in the implementation of this endeavour. Under the Management Arrangements of AO No. 2017-0005, a Project Management Team (PMT), which is Chaired by the OTS Assistant Secretary of Health and Co-Chaired by the Office for Field Implementation Management (OFIM) Regional Cluster Heads, is the lead in the overall implementation of the AO in close coordination with the National Implementation Team. The PMT provides technical oversight and coordination within the DOH in terms of policy development, standards setting, advocacy, resource mobilization, capacity building, networking and coordination, and monitoring and evaluation of EO No. 12 and AO 2017-0005. The PMT reports directly to the Secretary of Health on the organizational, programmatic and communication arrangements in the implementation of the EO No. 12 and AO 2017-0005. Meanwhile, the Family Planning Unit under the WMHDD functions as secretariat to the PMT.

Financing, Logistics and Other Support Mechanisms for FP Activities

The DOH-WMHDD allotted P186.5 million for National FP Program from its 2017 Family Health and Responsible Parenting (FHRP) funds. Eighty-seven percent (87%) or P165.4 million of the total budget allocation is intended for the procurement MFP commodities. The remaining 13% were allocated for other FP activities, such as setting up FP services in hospitals, FP conferences, monitoring, and training. Furthermore, P24.1 million was sub-allotted by DOH to its Regional Offices to support (1) CSOs and private sector engagement, collaboration and partnership activities; (2) Regional Implementation Team (RIT) activities; and, (3) setting-up and improvement of FP services in hospitals⁷. POPCOM allotted P34.4 million in the conduct of demand generation activities. Other partner agencies continued to mobilize resources to accelerate reduction of unmet need for MFP.

To ensure availability and sustainability of FP service provision on the ground, the DOH issued the AO No. 2017-0002, "Guidelines on the Certification of Free Standing Family Planning Clinics" dated February 6, 2017. This AO prescribes the guidelines and procedures

⁷ DOH Department Order No. 2017-0177: Guidelines on the Utilization of Fund Sub-allotment to Support the Implementation of Executive Order No. 12 and Family Planning Program Activities

in the certification of free standing private family planning clinics for PhilHealth reimbursements.

Deployment of Nurses as Family Health Associates

The DOH developed the guideline on the deployment of 1,644 nurses as Family Health Associates (FHAs), i.e., one nurse for every municipality and city. The FHAs will augment the current health staff at the municipal and city level. They will provide support to the Municipal Health Officers and primary health teams in the implementation of the RPRH Implementing Rules and Regulation in terms of addressing the unmet needs for MFP. They will be trained to perform tasks such as, but not limited to, demand generation, service provision, and monitoring.

CAPACITY-BUILDING AND STRENGTHENING LOCAL GOVERNANCE

One essential element to consider in the achievement of zero unmet need for MFP is the availability of population and health workers who are trained and competent on FP counselling and service delivery.

Training of Trainers on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) is a coordinated set of priority activities designed to prevent and manage the consequences of sexual violence, prevent maternal and newborn morbidity and mortality, reduce HIV transmission, and plan for comprehensive RH services at the onset of an emergency in a coordinated manner by trained staff.

The Training of Trainers on the MISP for SRH in Emergencies is an intensive five-day inter-agency workshop that aims to ensure the continuity of MISP mainstreaming and integration in various programs and services of government agencies. This was in line with the DOH AO No. 2016-0005 and the Joint Memorandum Circular No. 2017-0001 signed by DOH, DSWD, DILG, and OCD which directs the provision of comprehensive RH and Gender-Based Violence (GBV) services at the onset of every humanitarian crisis. MISP is an internationally recognized standard at par with global guidelines.

A total of 49 trainers covering Luzon, Visayas and Mindanao, were successfully trained in MISP for SRH in Emergencies between March to May 2017. The training of trainers was attended by representatives from DOH, DSWD and OCD from the central, regional and provincial offices. The capacity development activity was supported by UNFPA in coordination with DOH Health Emergency Management Bureau (HEMB) and in partnership with the Philippine Society for Responsible Parenthood, Inc. (PSRP).

Capacitating Population and Health Workers on Family Planning Interpersonal Communication and Counselling (IPC/C) and Provision of Commodities

Effective IPC/C enhances the quality of couples' and individual's contraceptive decision-making as they make voluntary and informed choices on FP. This also promotes higher rates of both contraceptive usage and continuation, improve client satisfaction, and facilitate partner communication in deciding family size. As such, the need to capacitate population and health workers on IPC/C becomes more apparent.

In response to this need, a total of 638 population workers were trained on Interpersonal Communication. The trained population workers were mobilized to conduct house-to-house visits with the objective of mapping women with unmet need for MFP in the community.

To date, 6,284 personnel were trained on Family Planning Competency-Based Training (FPCBT) Level 1 while 2,413 personnel were trained on FPCBT Level 2, resulting to a total of 8,697 health workers, both from public and private institutions across 15 regions in the country except for Region V and ARMM.⁹ This ensures the availability of competent FP service providers not only at the community and RHUs but also at the level of secondary and tertiary-care health institutions.

Likewise, LGU hospitals served as training hubs for FPCBT 1 which enabled hospital service providers to safely administer FP services, and impart correct information on the different FP methods for inpatient clients at the municipal and provincial levels. Other FP trainings at the regional level were conducted for DOH retained hospitals to provide FP services within their health facility. It ensures that potential FP clients in health facilities are guided to make a well-informed and voluntary decision that is best suited to address their reproductive health need. Also, trainings were conducted on monitoring and reporting of performance in FP service delivery among FP team or staff in the health facility

DEMAND GENERATION AND LINKING CLIENTS WITH SERVICE PROVISION

Demand generation activities are very critical in increasing access to modern FP services, thus, health workers, population workers and community volunteers are mobilized to conduct Responsible Parenthood and Family Planning (RPFPP) classes, identify couples and individuals with unmet need for MFP and refer these clients to the nearest facilities to avail their preferred FP method.

For the period of January to May 2017, the POPCOM, in partnership with the DSWD, CSOs and LGUs, conducted 22,364 RPFPP classes through Family Development Session of *Pantawid Pamilyang Pilipino Program* (4Ps) reaching 235,943 clients and 210,260 Non-4Ps clients; Pre-Marriage Counselling with LGUs reaching 98,053 clients; and, interactive *Usapan Serye* reaching 35,856 clients. From these number of clients reached, a total of 77,292 individuals with unmet need for MFP were identified, of which 56,240 individuals were referred and served at various health facilities by health service providers. Based on POPCOM data alone, this constitutes 11% of those reached and identified with unmet need.

Community and School-based Demand Generation Activities

In line with the directive to assist couples and women to achieve their desired family size and to reduce the incidence of teenage pregnancy, various avenues of demand generation and information dissemination were undertaken for couples and adolescents, particularly, RPFPP classes linked with FP service delivery and Adolescent Sexuality and Reproductive Health (ASRH) awareness raising activities.

You-for-You (U4U) Teen Trail Initiative

The U4U Teen Trail initiative is a collaborative project undertaken by the United Nations

⁹ POPCOM administrative data as of June 2017.

Population Fund (UNFPA) and the Center for Health Solutions and Innovations Philippines, Inc. (CHSI). The project aims to use online and mobile technologies to educate Filipino teens in preventing teen pregnancy and sexually transmitted infections. The project maintains an Interactive and Dynamic Website and an Interactive Voice Response System, wherein youth were able to access critical information on the abovementioned issues. Aside from the said existing systems, teen trail promotional events or orientation and youth peer counsellor's trainings were also conducted. Eighty one (81) roll out teen trail events were conducted reaching 10,563 adolescent participants, and 44 Training of Trainers/Facilitator were conducted reaching 1,270 participants in January to June 2017.

Demand Generation Activities by the CSOs

Partner CSOs conducted 676 demand generation activities through forums, conferences, and dialogues among stakeholders on the continuing advocacy for RH and FP, especially on the Supreme Court's Temporary Restraining Order (TRO) on FP. In the communities, discussions focused on family planning including mobilizing support to lift the Supreme Court TRO through a signature campaign. A total of 17,224 women from several communities in NCR, Pangasinan, Cavite, Laguna, Mindoro Oriental, Palawan, Bohol and Cebu participated in the campaign. Among these women, 5,808 in need of FP were linked to service providers.

Engagement, Collaboration, and Partnerships with CSOs

The provision under Section 65 of the General Appropriation Act (GAA) of 2017 allowed the government agency to transfer public fund to CSO in order to implement government program or project. With this, both the DOH¹⁰ and POPCOM¹¹ have issued guidelines on the accreditation of CSO as implementing partners of the agency funds. The said guidelines provide process for the DOH and POPCOM to ascertain the capacity and qualification in the selection of CSOs. These guidelines ensure that funds are utilized effectively and efficiently within the realm of government auditing rules and regulations. This accreditation process enables eligible CSOs to partner with the DOH and POPCOM including its Regional Offices in the implementation of programs and activities critical for EO No. 12.

The DOH engaged three (3) NGOs, through the Philippine Center for Population and Development (PCPD), to deliver FP information and services in 2016. The DOH-CSO FP partnership has expanded to seven (7) regions (namely Regions I, IV-A, IV-B, V, VI, VIII and CAR) which resulted to 3,513 new acceptors for MFP services in 2017.

The POPCOM was able the process and issue four (4) CSO Certificates of Accreditation for: Marvelous Light Missions International (Technical Coverage: RPPF; Geographic Coverage: CALABARZON); Jesus Endtime Generation Christian Ministries (Technical Coverage: RPPF; Geographic Coverage: CALABARZON); Population Services Pilipinas Inc. (Technical Coverage: RPPF; Geographic Coverage: All Regions in the Philippines); and, Friendly Care Foundation Inc. (Technical Coverage: RPPF; Geographic Coverage: All Regions in the Philippines).

¹⁰ Department Memorandum No. 2017-0280: Accreditation of Civil Society Organization (CSO) as Implementing Entities of Department of Health (DOH) Funds

¹¹ Accreditation of Civil Society Organization (CSO) as Implementing Entities of Commission of Population (POPCOM) Funds

MONITORING THE IMPLEMENTATION OF EO12 AND AO 2017-0005

To facilitate the process of reporting as mandated in Section 4 of EO No. 12, the DOH, through the Technical Working Group for RPRH Law Monitoring & Evaluation, issued the guidelines on the monitoring and reporting of family planning performance in the implementation of AO 2017-0005¹². This guideline provides the set of key indicators to be monitored and reported monthly from the enactment of EO No. 12, from January 2017, to December 2018.

According to the NDHS 2013, there are approximately 6 million WRA who have unmet need for MFP, of which 2 million are poor. The DOH aims to cater WRA belonging to the 1st to 3rd economic wealth quintile of the population accounting to 3.7 million Filipino women in total. As of June 2017, 610,998 or 31% poor WRA were identified with unmet need for MFP, of which 356,460 or 58% received FP counselling and services. (See Table below)

Table: Number of Estimated, Identified, and Served Women of Reproductive Age (WRA) with Unmet Need for Modern Family Planning (UmFP) in the Philippines as of June 2017.

Regions	Estimated WRA with UmFP 2017	Identified WRA with UmFP	WRA with UmFP provided with MFP services
CAR	63,372	3,101	5,607
NCR	473,903	22,647	7,038
I	184,969	67,747	21,047
II	127,017	30,947	29,418
III	412,846	161,378	101,388
IV-A	530,486	6,366	2,640
IV-B	109,056	4,366	950
V	213,338	98,322	45,019
VI	277,350	36,313	15,261
VII	272,218	17,798	6,013
VIII	163,404	14,462	7,628
IX	133,582	36,006	20,938
X	172,573	14,519	6,072
XI	180,082	22,637	18,159
XII	167,273	52,897	52,897
Caraga	95,563	9,624	6,526
ARMM	139,161	11,868	9,859
PHILIPPINES	3,716,193	610,998	356,460

Source: DOH Progress Report using the DM No. 2017-0273

Meanwhile, partner CSOs served 138,854 WRA, with some 117,715 WRA belonging to the DSWD *Listahanan*. Among the 9.4% who were provided with FP services, around 104,376 (29.8%) women were reported to have accepted MFP method.

¹² Department Memorandum No. 2017-0273: Interim Guidelines for the Monitoring and Reporting of Family Planning Performance in the Implementation of AO 2017-005

CHALLENGES AND RECOMMENDATIONS

The following challenges have been identified in the implementation of the Executive Order 12 and AO 2017-0005.

Strengthening Supply Chain for FP Commodities

Maintaining the adequacy of FP commodities at the service delivery points remains as a bottleneck. To ensure that FP commodities in all public health facilities are adequate and delivered on time, additional FP Logistics staff were hired and stationed in all the Regional Offices of the POPCOM to track and monitor commodity distribution. DOH assistance in responding to requests related to FP stocks warrants strengthening of the supply chain management. This ensures the continuous availability of wide range of FP method at the facility level, where women can access their preferred methods.

Capacity Building and Deployment of Personnel

There is a need to expand and scale up the number of skilled service providers in the field. This would entail training providers both at the public and private facilities to increase number and improve competency of FP providers especially on post-partum MFP services. To scale up the number of competent providers in the field, the DOH Regional Offices have identified and accredited partner institutions to help build capacities of service providers. DOH Regional Offices have also engaged existing development partners in the region to provide technical assistance and post-training mentoring and coaching.

Funding and Human Resource for FP in municipalities

There is a problem on funding/salary cap at the LGU level, which limits the hiring of dedicated personnel for FP program. This resulted to LGUs not meeting the recommended health service provider to client ratio. This may be addressed by the deployment of FHA as augmentation to the current workforce to deliver FP services. However, there is a need to hire population officers for other activities such as demand generation, referral and monitoring. The review and amendment of current policies related to plantilla positions and staffing of health facilities should be explored.

Strengthen collaboration and partnerships with Local Government Units

There are still some challenges in the full implementation of the EO No. 12 and AO No. 2017-0005 in a devolved and autonomous LGU setting. The DOH should strengthen its collaboration and partnership with the LGUs. This is through the Development Management Officers in the DOH Regional Offices who are tasked to regularly engage and dialogue with the LGU health counterparts through their Local Health Boards.

Policy Gaps within the RH/FP Implementation

The increasing number of teenage pregnancies in the country requires RH and FP service delivery option targeting the adolescent population through institutionalization of RH/FP programmes at the RHU. Revisiting existing legal and institutional frameworks in the coverage and delivery of RH/FP services for pregnant adolescents should be pursued.

Supreme Court Temporary Restraining Order (TRO) to DOH on the Use Implanon and Implanon NXT and FDA on Certification of FP Products

The Supreme Court TRO dated June 17, 2015 is a major stumbling block for the full implementation of the EO No. 12 and the RPRH Law, as a whole. The recent Supreme Court ruling dated April 26, 2017 and the foregoing decision dated August 24, 2016 provided 4 (four) procedural requirements for the DOH and FDA to comply. In response, 3 technical working groups¹³ were formalized in order to fast track the formulation of (1) FDA guidelines on the certification of FP products as non-abortifacient following due process; (2) DOH guidelines on procurement and distribution of FP commodities; (3) revised IRR of RPRH Law conforming to the April 8, 2014 Supreme Court decision; and, (4) complete list of RH programs and services available, and distribute to all healthcare service providers. Once the said procedural requirements are complied by the DOH and FDA, the June 17, 2015 TRO will be automatically lifted.

¹³ Department Personnel Order No. 2017-2996: Creation of Technical Working Groups in Response to the Supreme Court Decision regarding the Temporary Restraining Order on Reproductive Health Commodities

