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UNFPA

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Draft country programme document for the Philippines

Proposed UNFPA assistance:	\$26 million: \$20 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2005-2009)
Cycle of assistance:	Sixth
Category per decision 2000/19:	B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	12	4.5	16.5
Population and development strategies	5	0.5	5.5
Gender	2	1.0	3.0
Programme coordination and assistance	1	-	1.0
Total	20	6.0	26.0

I. Situation analysis

1. The population of the Philippines, estimated at 84.7 million in 2003, is growing at an annual rate of 2.36 per cent and is expected to reach 103 million by 2015. The male-to-female sex ratio is 101/100. In 2002, life expectancy was 67 years for men and 72 years for women. Over one third of the population is below the age of 15.

2. In 2000, more than one third of the population was living below the poverty line. Thirteen out of 77 provinces had a poverty incidence of 50 per cent or higher, while 31 had a poverty incidence of 40 per cent or higher. Income poverty is higher in the Philippines than in any country in Southeast Asia.

3. Sexual and reproductive health education is not integrated into the school curriculum. Violence against women and children in the form of battering, trafficking and sexual abuse is a growing concern. About 2.2 million Filipino women report having been physically abused by their partners.

4. Between 1998 and 2003, the infant mortality rate decreased from 35 deaths per 1,000 live births to 29 deaths per 1,000 live births. The under-five mortality rate also declined, from 48 deaths per 1,000 live births to 40 deaths per 1,000 live births.

5. The maternal mortality ratio is estimated at 172 deaths per 100,000 live births, with wide variations across regions and provinces. Of 2.4 million Filipino women who become pregnant every year, about 360,000 experience a major obstetrical complication. Approximately 400,000 unsafe abortions take place each year; induced abortion is the fourth leading cause of maternal death.

6. Nearly all women within the poorest quintile of the population give birth at home. Skilled professional attendants are present at only 21 per cent of births to the poorest women. Inadequate access to emergency obstetric services, the high incidence of home deliveries and poor health behaviour are constraints to improved maternal health.

7. In 2003, the total fertility rate was 3.5 children per woman, with the rate three times higher for the poorest quintile. There is a high unmet need for family planning. Only 33 per cent of married women used modern contraception in 2003. The shortage of modern contraceptives is a serious concern, especially since support from a bilateral development partner is being phased out and there is a reluctance to use funds from the national budget to procure contraceptives.

8. Young people aged 10-24 make up more than 25 per cent of the total population. About 16 million youth are sexually active. Teen pregnancies are increasing: they accounted for 11 per cent of pregnancies in 1998, compared to 9 per cent in 1993. Young women aged 15-24 account for 17 per cent of induced abortions and 75 per cent of maternal deaths.

9. Despite the low prevalence of HIV/AIDS (less than 0.1 per cent), the disease poses a threat to the country. High-risk behaviour, such as the low usage rate of condoms, could accelerate the spread of the disease. From 1986 to mid-2003, the country registered 636 AIDS cases.

10. Rapid urbanization has swelled the population in urban slums to 1.3 million, compromising the health and nutritional status of the population. The ill effects of population pressure on the environment are evident in many parts of the country.

11. Civil society organizations, the private sector, academic institutions and development partners have voiced the need for a strong and consistent population policy.

II. Past cooperation and lessons learned

12. From 1969 to 1994, UNFPA assistance focused on family planning, population education and advocacy. From 1995 to 1999, the programme shifted its focus from family planning to reproductive health. The fifth country programme (2000-2004) aimed to integrate reproductive health

services into the health system in accordance with the Programme of Action of the International Conference on Population and Development (ICPD).

13. The programme achieved modest gains in the area of policy. Such gains include the 2003 Anti-Trafficking in Persons Act, which addresses the sexual exploitation and abuse of women and children through trafficking. In addition, Muslim religious leaders issued a national *fatwah*, or decree, declaring support for reproductive health and family planning.

14. The 2002 midterm review and the 2003 annual country review revealed that significant progress had been made in providing high-quality, integrated reproductive health services in nine UNFPA-assisted provinces and through seven non-governmental organizations (NGOs) specializing in adolescent reproductive health. The reproductive health and advocacy training modules, protocols, supervisory checklists and monitoring tools strengthened the technical capacity of reproductive health service providers. Training in results-based management and the log frame approach improved programme effectiveness and accountability.

15. One of the lessons learned was the need to strengthen the gender and rights-based orientation of the country programme and to expand the coverage of population and development strategies beyond the publication of the *State of the Philippine Population Report* and the installation of the population database.

16. Another lesson learned was that fostering a sense of community ownership and mobilizing community support for new and improved services were essential for the success of the programme. Empowering women's groups and civil society organizations to negotiate effectively with local legislative and executive authorities for reproductive health and rights was also necessary. Reaching poor and vulnerable populations with high-quality services and improving their reproductive health status continue to be challenges.

III. Proposed programme

17. The goal of the proposed programme is to improve the reproductive health of the people of the Philippines through better population management and sustainable human development. Strategic interventions will focus on reducing fertility, improving maternal health, promoting adolescent reproductive health and preventing HIV/AIDS, especially for poor and vulnerable populations. The proposed programme is based on the national priority areas identified in the United Nations Development Assistance Framework (UNDAF).

18. Building on the experiences of the previous country programme, the proposed programme will work initially in 10 of the 31 poorest provinces. Several UNFPA-supported provinces will be included as models to provide technical assistance to new intervention areas.

Population and development strategies component

19. The outcomes of the population and development strategies component are: (a) an enhanced policy environment that supports population and reproductive health programmes, particularly for vulnerable and poor populations; (b) improved utilization of age- and sex-disaggregated population data; and (c) national, subnational and sectoral policies, plans and strategies that take into account population and development linkages.

20. Output 1: Relevant government institutions, NGOs and private-sector groups are able to identify poor and vulnerable groups and to formulate, implement, analyse and monitor pro-poor policies, programmes and projects in reproductive health. The programme will strengthen national and local advocacy and alliance-building efforts to support the passage of a comprehensive law on reproductive health that is pro-poor, gender-sensitive and rights-based. The programme will also promote a better-defined adolescent sexual and reproductive health policy. It will seek to incorporate population and reproductive health concerns into the Millennium Development Goals

(MDGs) report and the new medium-term Philippine development plan.

21. The programme will develop appropriate methodologies and tools for a pro-poor reproductive health policy and intervention strategy. The programme will collaborate with academic and government institutions as well as with the World Bank, the Asian Development Bank and United Nations agencies and organizations. The new tools will be used to identify poor communities and to help civil society organizations achieve better results.

22. Output 2: Enhanced national capacity to conduct policy studies and research that link population with poverty and that utilize sex-disaggregated population data. The programme will conduct policy studies and research that examine the linkages between population and poverty and that document the advantages of a sound population policy. This will help to create a policy environment conducive to population and reproductive health programmes. The programme will generate, analyse and utilize updated demographic and socio-economic data for planning and decision-making, including data to monitor progress towards the goals and objectives of the ICPD Programme of Action, its five-year review (ICPD+5) and the MDGs.

23. Output 3: Upgraded capacities to integrate population and reproductive health dimensions into environmental policies, plans and programmes. UNFPA will support the development of environmental and natural resource policies, plans and programmes that integrate the population dimension. In addition, UNFPA will support the generation of data and in-depth studies on the linkages between population, the environment and poverty. It will fund activities to integrate the rights of women and children into environmental policy-making and programming. The programme will also support civil society organizations, environmental and energy agencies, academic institutions and other stakeholders to strengthen natural resource programmes.

Reproductive health component

24. The outcomes of the reproductive health component are: (a) increased demand for and utilization of comprehensive, high-quality reproductive health services; and (b) increased access to comprehensive, high-quality reproductive health services and information.

25. Output 1: Empowered women, men and adolescents seek appropriate reproductive health information and services. The programme will promote responsive community organization and mobilization efforts to create demand for effective service delivery and to promote healthy reproductive behaviour. Social mobilization efforts will sensitize the entire community, including political and religious leaders and scholars, elders, parents and young people, to ensure that services correspond to community needs. The programme will organize community networks of women to mainstream the participation of women into major decision-making processes in health-care delivery. The programme will also encourage the participation of youth in planning and implementing adolescent programmes. Advocacy and community networking efforts will support the involvement of men in reproductive health activities.

26. Output 2: Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services for women, adolescents and men. The programme will seek to increase the accessibility and availability of comprehensive, integrated reproductive health information and services. It will also strengthen culturally sensitive behaviour change communication programmes in reproductive health, especially for the poor, the Muslim population and indigenous persons. At the same time, the programme will strengthen family planning services, including the provision of modern, safe and effective methods of contraception. The programme will also strengthen efforts to prevent and manage sexually transmitted infections, including HIV/AIDS, and the capacity of service providers and communities to address domestic and gender-based violence. Another priority will be to strengthen referral systems for

emergency obstetric care services. The specific reproductive health needs of men will also be addressed.

27. The Government, with support from development partners, will replicate reproductive health service delivery models that were effective in the previous country programme. NGOs and local government units will be encouraged to design innovative, results-oriented, gender-sensitive, rights-based, cost-effective and sustainable reproductive health interventions for the poor. Social health insurance for reproductive health services will be expanded to reach poor and vulnerable persons through the accreditation of public and private health facilities and professionals.

28. Sexual and reproductive health information and education will be integrated into the school curriculum, teacher training institutions, out-of-school programmes, peer education and counselling programmes, and educational materials. The programme will promote knowledge of the regulations and policies that affect the rights and responsibilities of women, men and young people in family life. The programme will also establish a network of services for the recovery and reintegration of victims of abuse, violence and exploitation.

29. Output 3: Improved management systems and practices for reproductive health service delivery. Providing steady and regular supplies, particularly to *barangay* (local government unit) health centres, rural hospitals and primary health-care providers, is critical to the success of the reproductive health programme. The programme will support: (a) improved contraceptive logistics management and distribution; (b) the franchising, on a pilot basis, of private outlets for contraceptives and other reproductive health commodities; and (c) self-reliance initiatives for contraceptives, including budget allocations by local government units, increased involvement of the private sector and social marketing efforts.

Gender component

30. The outcome of the gender component is the strengthening of institutional mechanisms and sociocultural practices to promote and protect the rights of women and girls and to advance gender equity and equality.

31. Output 1: Enhanced capacity to mobilize resources and to formulate, implement, evaluate and monitor policies and programmes to ensure reproductive rights and to combat gender-based violence and harmful practices. The programme will support interventions that protect the rights of women and girls in vulnerable and difficult circumstances, including victims of gender-based violence and trafficking, female migrant workers and women living in slums. The programme will also provide technical assistance to government agencies and civil society organizations to popularize and monitor international, national and local policies that ensure reproductive rights and combat gender-based violence. Government and civil society organizations will implement gender-related protocols developed under the previous country programme. The programme will also seek to enhance the skills of health-care providers and managers in dealing with victims of sexual abuse.

32. Output 2: Strengthened capacities of civil society organizations, community and religious leaders, parliamentarians and the media to advocate women's and girl's empowerment. The programme will strengthen the leadership, advocacy and organizational skills of women's groups in order to increase their participation in the decision-making process in reproductive health and rights. Linkages to livelihood programmes will help to empower women economically and better enable them to exercise their reproductive rights. The programme will mobilize interfaith groups to establish dialogues with various religious leaders and will also promote South-South cooperation.

IV. Programme management, monitoring and evaluation

33. UNFPA execution will include procuring commodities and equipment, monitoring and

evaluation, and selected national capacity-building activities. Planning, monitoring and implementing reproductive health and population activities will be undertaken at national, provincial and municipal levels. NGOs and community-based organizations will provide additional support to the UNFPA programme.

34. The programme will improve the community-based management information system and make it accessible to those working in population and reproductive health. Monitoring and data collection will be continuous and systematic. Information regarding best practices and lessons learned will be made accessible nationwide.

35. The UNFPA country office in the Philippines consists of a Representative, two Assistant Representatives, one national programme associate and administrative support staff. Programme funds will be earmarked for four national programme posts and five administrative support posts, within the framework of the approved country office typology. A regional support team (consisting of a programme officer, an administrative assistant and a secretary) for the southern Philippines, a government priority area, will be established and funded from specific projects. The UNFPA Country Technical Services team in Bangkok, Thailand, will provide technical support for the programme.

RESULTS AND RESOURCES FRAMEWORK FOR THE PHILIPPINES

National priority: macroeconomic stability with equitable growth; to win the fight against poverty through macroeconomic stability and sustained growth of income and employment across sectors, socio-economic groups and regions				
UNDAF outcome: by 2009, increased income for women and men in poverty groups in priority areas through enabling policies, public and private partnerships, and asset reform measures that lead to the expansion of sustainable livelihoods, community enterprises and employment opportunities, increased productivity and managed population growth				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	<p><u>Outcome 1:</u> An enhanced policy environment that supports population and reproductive health programmes, particularly for vulnerable and poor populations</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Explicit integration of reproductive health and gender priorities into the medium-term Philippine development plan and MDG report • Population and poverty linkages explicit in national development policies and plans and in poverty-reduction strategies • National and subnational laws and policies ensuring access to reproductive health information and services, especially for youth, and delaying the age at marriage • Proportion of the national health budget allocated to contraceptives 	<p><u>Output 1:</u> Relevant government institutions, NGOs and private-sector groups are able to identify poor and vulnerable groups and to formulate, implement, analyse and monitor pro-poor policies, programmes and projects in reproductive health</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Reproductive health law passed • Adolescent reproductive and sexual health policy and programme defined • National reproductive health budget allocated • Methodologies and tools for pro-poor reproductive health policy-making developed • Population and development strategies and reproductive health integrated into Philippine MDG report and the medium-term Philippine development plan <p><u>Baseline:</u> Not available for first four indicators; population and development strategies and reproductive health integrated into current MDG report and the medium-term Philippine development plan</p>	<ul style="list-style-type: none"> • Department of Health; Population Commission; Department of Education; Department of the Environment and Natural Resources; National Anti-Poverty Commission; National Commission on the Role of Filipino Women; local government units • NGOs 	<p>Regular resources: \$5 million</p> <p>Other resources: \$0.5 million</p>
	<p><u>Outcome 2:</u> Improved utilization of age- and sex-disaggregated population data</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Sex- and age-disaggregated data from national and subnational databases are used to monitor the national development plan 	<p><u>Output 2:</u> Enhanced national capacity to conduct policy studies and research that link population with poverty and that utilize sex-disaggregated population data</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Policy studies and research utilizing databases for planning and decision-making • Maternal mortality and migration surveys done <p><u>Baseline:</u> Maternal mortality ratio survey; 1998 national demographic and health survey; migration survey; data from 2000 census; policy studies still to be conducted</p>	<ul style="list-style-type: none"> • Philippine Institute for Development Studies; University of the Philippines Population Institute; other research institutions • National Statistics Office; National Statistical Coordination Board; National Anti-Poverty Commission 	

National priority: comprehensive human development and protecting vulnerable populations				
UNDAF outcome: by 2009, increased and equitable access to and utilization of high-quality, integrated and sustainable basic social services by poor and vulnerable persons				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> Increased demand for and utilization of comprehensive, high-quality reproductive health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of the population aged 15-24 with comprehensive, accurate knowledge of HIV/AIDS • Proportion of women who have a final say in decisions about their own health care • National and subnational mechanisms that advance civil-society participation in planning and monitoring high-quality reproductive health services <p><u>Outcome 2:</u> Increased access to comprehensive, high-quality reproductive health services and information</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate (modern methods) • Proportion of births attended by skilled health personnel • Condom use among youth at last high-risk sexual encounter • Caesarean sections as a proportion of all births 	<p><u>Output 1:</u> Empowered women, men and adolescents seek appropriate reproductive health information and services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage increase in the number of women, adolescents and men seeking reproductive health information and services in government health facilities, teen centres, schools and clinics in the workplace • Percentage increase in the number of community networks of women organized to advocate reproductive health issues <p><u>Output 2:</u> Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services for women, adolescents and men</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage increase in health facilities providing high-quality, integrated core reproductive health information and services • Percentage increase in poor women covered by social health insurance for reproductive health services • Number of municipalities reporting zero maternal deaths • Integration of adolescent reproductive and sexual health into formal and non-formal education <p><u>Baselines:</u> Data for health facilities available only for UNFPA-assisted areas; others not available</p> <p><u>Output 3:</u> Improved management systems and practices for reproductive health service delivery</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Social franchises for contraceptives and reproductive health commodities issued • Transparent and cost-efficient administrative and financial systems and procedures installed • Effective reproductive health monitoring and evaluation systems established 	<ul style="list-style-type: none"> • Department of Health; Population Commission; Department of Education • NGOs; the media • Department of Education; Department of Health; Philippines Health Insurance; local government units • NGOs; private sector • National Anti-Poverty Commission; National Commission on the Role of Filipino Women • Department of Health; Department of Education; Department of Social Welfare and Development; Department of the Environment and Natural Resources; Department of Labor and Employment • NGOs; private sector • University of the Philippines Population Institute; Philippine Institute for Development Studies; other research institutions 	<p>Regular resources: \$12 million</p> <p>Other resources: \$4.5 million</p>

National priority: good governance and the rule of law UNDAF outcome: by 2009, good-governance reforms and practices are institutionalized by the Government, local government units, civil society organizations and the private sector at all levels with a view towards reducing poverty, protecting rights and promoting sustainable development				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Gender	<p><u>Outcome:</u> Strengthening of institutional mechanisms and sociocultural practices to promote and protect the rights of women and girls and to advance gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> National and subnational mechanisms in place to monitor and reduce gender-based violence Discriminatory provisions against women and girls removed from national and subnational legislation Civil-society partnerships actively promote gender equality, women's and girls' empowerment, and reproductive rights 	<p><u>Output 1:</u> Enhanced capacity to mobilize resources and to formulate, implement, evaluate and monitor policies and programmes to ensure reproductive rights and to combat gender-based violence and harmful practices</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Gender-related policies and programmes formulated Gender frameworks integrated in local development plans Gender dimensions strengthened in reproductive health modules and protocols <p><u>Output 2:</u> Strengthened capacities of civil society organizations, community and religious leaders, parliamentarians and the media to advocate women's and girl's empowerment</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Local laws and resolutions passed in support of reproductive health Percentage increase in the annual budgets allocated for reproductive health at local levels 	<ul style="list-style-type: none"> Department of Health; Population Commission; Department of Social Welfare and Development; local government units NGOs National Commission on the Role of Filipino Women NGOs; civil society organizations; parliamentarians; the media; interfaith groups Population Commission; National Commission on the Role of Filipino women National Statistics Office; National Statistical Coordination Board 	<p>Regular resources: \$2 million</p> <p>Other resources: \$1 million</p>
National priority: to balance the needs of the production sectors with the country's ecological carrying capacity and thereby contribute to long-term sustained growth UNDAF outcome: by 2009, increased capacity of stakeholders to protect and enhance the quality of the environment and to manage natural resources in a sustainable manner				
Population and development strategies (continued)	<p><u>Outcome 3:</u> National, subnational and sectoral policies, plans and strategies that take into account population and development linkages</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Population and environment linkages explicit in national development policies and plans 	<p><u>Output 3:</u> Upgraded capacities to integrate population and reproductive health dimensions into environmental plans, policies and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Integration of population dimensions into environmental plans and protocols Increased use of family planning by poor and vulnerable communities in fragile ecosystems 	<ul style="list-style-type: none"> Department of the Environment and Natural Resources; local government units NGOs University of the Philippines Population Institute; Philippine Institute for Development Studies; other research institutions 	<p>Programme coordination and assistance: \$1 million from regular resources</p>