

## COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR PHILIPPINES

*First regular session 2024*

<b>Comments by Germany</b>	<b>UNFPA country/regional office response to comments</b>
GER fully supports the goals set out in the draft	This is well noted and appreciated.
GER agrees with the analysis, which underlines the particular vulnerability to natural disasters and the consequences of climate change as well as the structural discrimination of women and girls in society, especially considering the lack of access to sexual and reproductive health.	This is well noted and appreciated.
Considering this, the choice of target regions seems reasonable.	This is well noted and appreciated.
In conclusion, the program and Germany's extensive bilateral involvement work in conjunction with each other.	This is well noted and appreciated.
<b>Comments by United States of America</b>	<b>UNFPA country/regional office response to comments</b>
UNFPA is encouraged to collaborate with the Philippine government and USAID to support the implementation of the CSE-ARH Convergence <sup>1</sup> to expand its work on CSE. The CSE-ARH Convergence focuses on the integration of scientific, age- and developmentally appropriate, and culturally and gender-responsive information on the cognitive, emotional, physical, and social aspects of sexuality in the K-12 Curriculum. The ARH component, on the other hand, focuses on the establishment or strengthening of health facilities providing information for responsible parenthood and reproductive health concerns, including capacity building and health promotion activities for learners and DepEd personnel, and on ensuring the provision of counselling and age-appropriate RH services for learners' reproductive health concerns. Collaborating with the Philippine	<p>This is well noted.</p> <p>UNFPA recognises the importance of collaboration and engagement with the government partners and other stakeholders in the development and implementation of the 9th country programme. In preparation for the new country programme operationalisation, the 9th Country Programme Implementation Plan is being developed and it includes CSE-ARH convergence – through strategic partnerships and by playing a brokering role with the Department of Health, Department of Education, the Commission on Population and Development, and with a consortium of CSOs working with and for young people.</p> <p>UNFPA will build on the successful interventions from the current country programme, such as the work with the Department of Education for CSE in</p>

<sup>1</sup> DepEd, DOH, CPD (formerly POPCOM) Program Launch Convergence of Comprehensive Sexuality Education and Adolescent Reproductive Health <https://www.deped.gov.ph/2021/09/16/icymi-deped-doh-popcom-launch-convergence-of-comprehensive-sexuality-education-and-adolescent-reproductive-health/>

government to support the CSE-ARH program's implementation could help to ensure that the continuum of care for adolescents/teens, especially for ages 10-15, is fortified.	schools, which will be scaled up along with the ongoing work to enhance demand generation and service delivery (e.g. training of teachers for CSE in schools and health workers for adolescent sexual and reproductive health (ASRH). UNFPA has already mapped and initiated the discussion with national and international partners, including USAID, working on this area to bring a more coherent approach.
UNFPA's comparative advantage on the advocacy initiative is very important in driving enabling laws that will benefit the adolescents and mobilization of RH CSOs to implement existing laws such as the "Prohibition of Child Marriage Law" which is still facing resistance from some cultural groups. It would be great to see models and documentation of the law's implementation in UNFPA sites as well as generating data that would improve the advocacy for local and national executives, such as economic gains and contributions to the demographic dividend.	<p>UNFPA notes the recommendation.</p> <p>The models of implementation of all existing laws, including CEFM, will be developed and evaluated as per our 9th Country Programme Implementation Plan. These models, implemented at local and regional level, will serve as the evidence base for advocacy with the executive and legislative branches for replication and scale-up at the national level.</p> <p>UNFPA will continue to support the local government units and the national agencies to develop their respective costed implementation plans, which will help them to advocate with the Department of Budget and Management and with Congress for sufficient funding.</p> <p>UNFPA already supported the Commission on Population and Development (CPD) and the National Economic and Development Authority (NEDA) to develop the Philippine Population and Development Plan of Action (PPD-POA) which provides the Government with the strategies to maximize the demographic dividend (i.e. first dividend, second dividend, silver dividend, gender dividend).</p>
We are happy to see that UNFPA will reach out to out-of-school youths and adolescents for CSE; however, we suggest including linkage to the provision of services.	<p>This is well noted and appreciated.</p> <p>The design of the programme includes the linkage between CSE and the provision of service. Details on this have already elaborated in the 9th Country Programme Implementation Plan. UNFPA is also supporting the establishment of a consortium of CSO partners working on out-of-school CSE and linkage to ASRH services.</p>
A reference was made in the draft CPD to strengthen access of persons with disabilities and indigenous people to health facilities. Considering	Under the current country programme, to bring services closer to geographically isolated and disadvantaged areas, as well as to

<p>the distance of, and the hesitancy to utilize, health facilities, what other innovative approaches can UNFPA introduce to address these potential barriers?</p>	<p>disadvantaged groups like women with disabilities and indigenous women, UNFPA has worked with governments at the regional, provincial and municipal levels, bringing SRH and GBV services closer to them.</p> <p>Through the mobile health strategy, which includes Women Health on Wheels, SRH services, including maternal health, family planning and GBV prevention services, are made available to far-flung barangays.</p> <p>UNFPA works with the Commission on Human Rights to capacitate women with disabilities to raise awareness about SRH and GBV and to facilitate access to services.</p>
<p>What is UNFPA/Philippines' capacity to be a population data agency? A meaningful and useful task would be to provide information, dissemination and data analysis, focused on specific LGUs to demonstrate viability.</p>	<p>Leveraging the UNFPA expertise on population data, the agency is in the process of transforming its Population and Development Unit into the Demographic Intelligence Analysis and Planning Unit (DIAP), strengthening the unit's capacity for evidence generation and analysis of population data.</p> <p>Through this unit, UNFPA has been providing technical contributions, such as demographic intelligence to inform the analysis and interpretation of political, social and environmental situations relevant to SRHR, so that this is reflected in policy papers, strategic documents, national development plans, or development frameworks and programme targets, among others.</p> <p>UNFPA has also contributed to the development of the country's Common Operational Datasets (CODs) by producing the <i>CODs on Development and Humanitarian</i>, with particular focus on population subset indicators to ensure that information on vulnerable groups is easily accessible and used in both development and humanitarian settings.</p> <p>In 2022, UNFPA also helped strengthen the capacity of the government agencies in the production of census-based population projections at national and regional levels, with the technical support of the U.S. Census Bureau.</p> <p>Under the 9th country programme, UNFPA will build the capacities of the Philippines Statistics Authority (PSA) and other national and local agencies to disseminate and analyse population data to support decision-making and policymaking at national and local levels.</p>

<p>The longitudinal cohort study on the Filipino child shows that 2.6% of adolescents are pregnant. Can the CPD provide a more specific description of the pregnant adolescents' profile?</p>	<p>More specific data, which was also used to inform the country programme development, is as follows:</p> <p>Among the 2.6% adolescents within the cohort who got pregnant:</p> <ul style="list-style-type: none"> <li>- 89.6% had their pregnancy at ages 15-16 years;</li> <li>- 95% of them reported that they got pregnant once; 5% got pregnant 2-3 times.</li> </ul>
<p>Is UNFPA following a specific framework for its humanitarian and climate action? There is a potential for UNFPA and the U.S. vis a vis USAID collaboration to pursue streamlining government strategies such as disaster risk reduction and management for health (DRRMH), local climate change action plan (LCCAP), national environment in health action plan (NEHAP) and related programs to facilitate LGU compliance and implementation.</p>	<p>UNFPA follows the global frameworks on SRH and GBV in emergencies. UNFPA co-leads, with the Department of Social Welfare and Development (DSWD), the GBV Sub-Cluster at national and subnational levels and has supported the development of the sub-cluster strategic plan. It will continue to roll out the plan at national and local levels and build institutional capacities to implement and monitor the plan in the new country programme.</p> <p>For the Reproductive Health Working Group, UNFPA supported the capacity building of the national and regional offices to develop localized training modules on implementing the Minimum Initial Service Package for SRH. UNFPA contributes to climate action by strengthening the resilience of the SRH and GBV systems, at national and subnational levels, in response to disasters and natural hazards. The potential for UNFPA and USAID collaboration will be pursued under the new country programme.</p>
<p>It is good to note that UNFPA will continue to pursue strong involvement in policy advocacy. Can UNFPA be more explicit on its strategies to socialize the enacted policies?</p>	<p>The models of implementation of all existing laws will be developed and evaluated as per our 9th Country Programme Implementation Plan. Models that were already pilot-tested in the previous cycle will be documented and used as the evidence base for advocacy with the executive and legislative branches, for replication and scale-up at the national, regional and local levels.</p>
<p>How does UNFPA intend to address the program evaluation finding to identify clear ways to replicate and sustain initiatives that it has pilot tested?</p>	<p>UNFPA will ensure ownership by the Government of these SRH/RR initiatives that were pilot-tested and evaluated at national and local levels. It will also facilitate and broker the convergence of different sectoral agencies to be able to scale up and sustain these initiatives.</p>

	<p>To leverage domestic resources towards SRH and GBV, technical assistance will be provided by UNFPA to these agencies on planning, costing and budgeting to ensure the adoption and institutionalization of these initiatives in mainstreaming national and local programmes.</p>
<p>The discussion on MMR misses the fact that five or six years ago, the Philippines posted substantial improvements in MCH and child survival. It is a good reference point because something's changed from that period of time, such as less attention to MCH, including, for example, much delayed social health reimbursements for MCH to private clinics and reductions in budget for RH.</p>	<p>The 2021 Philippine National Health Accounts (PNHA) showed that spending on SRH more than doubled, from PhP 489.1 billion (\$11.02 billion) in 2014 to PhP 1.1 trillion (\$22.06 billion) in 2021. This increase was for HIV/AIDS and other STDs, but there was a decrease for reproductive health, maternal conditions, and perinatal conditions.</p> <p>Based on analysis by UNFPA, health expenditures for maternal conditions were PhP 42.5 million (\$0.96 million) in 2014 and was down to PhP 40.46 million (\$0.81 million) in 2021. In addition, the growth rates for maternal health expenditures declined, from 0.5% in 2014 to -18.6% in 2021.</p> <p>For reproductive health/family planning expenditures, the growth rates declined from 8.7% to -4.6%, while for expenditures on perinatal conditions, the growth rates declined from 21.3% to -8.0% for the same period. The COVID-19 pandemic further deprioritized maternal services and posed significant challenges to an already fragile health system.</p>
<p>Please discuss the results and/or progress of the CSE (comprehensive sexuality education) initiative with the Department of Education. The implementation of CSE remains sorely inadequate, an opportunity missed to strengthen life skills and agency of adolescence in school.</p>	<p>During the previous country programme, UNFPA supported the Department of Education to develop the CSE curriculum based on international standards, the multi-year CSE Costed Implementation Plan, the learning modules, and training of teachers in pilot regions.</p> <p>Under the 9th Country Programme Implementation Plan, UNFPA will support the Department of Education to significantly scale up the CSE roll-out in more regions while sustaining the advocacy to considerably increase government spending on CSE implementation.</p>